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Introduction to the Special Issue: New Scholarship in Institutional Ethnography

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Special Editors

Twelve years ago the *Journal of Sociology and Social Welfare* (JSSW) published a special issue devoted to institutional ethnography, "Institutional Ethnography: Theory and Practice" (Winfield, 2003). This alternative sociology, founded by Dorothy E. Smith, begins from the standpoint of the experiences of particular, active subjects and sets out to discover and describe the social relations shaping those experiences (Smith, 1987, 2005, 2006). JSSW, dedicated to publishing new, cutting-edge theoretical and methodological articles, was the first academic journal to devote a special issue to this new mode of inquiry used to investigate the social world. Over the ensuing years, the number of international practitioners of institutional ethnography has increased across a diverse array of disciplines, opening up new areas of investigation and methodological strategies, and in the process increasing our knowledge of "ruling relations," that "expansive, historically specific apparatus of management and control that arose with the development of corporate capitalism and supports its operation" (DeVault, 2006, p. 295).

New Contributions to Institutional Ethnography

The articles in this special issue highlight the work of a new generation of institutional ethnographers as they have taken up investigations of the everyday world to explicate the connections between local settings where people are at work in Norway, Canada, the United States or Thailand, and the translocal relations that both implicate and organize peoples' day-to-day work. Although all the studies included in this issue begin at different sites and in different time periods, each unfolds a similar set of organizing and governing processes that are spread across a wide array of institutional contexts, including health, welfare, education, employment, rehabilitation, and disaster aid services.

In "Captured by Care: An Institutional Ethnography on the Work of Being in a Rehabilitation Process in Norway," Janne Paulsen Breimo demonstrates that in Norway recent reforms regarding rehabilitation practices have made the processes more difficult in some ways for both recipients and coordinators of rehabilitation services. Changes that began in the 1980s, under the banner of New Public Management or "managerialism," were purported to make the services more client-centered or customer-centered. The result, however, is that service users' lives have become more complicated and busier. Administrators and social workers report that the coordinating of services has become less personal and more technical, as formal criteria have replaced the professional judgments of social workers.

Furthermore, as reforms have continued over years, the criteria that are used to categorize applicants are in a constant state of flux, and the units providing services are constantly changing and being renamed. This produces more work and greater confusion for the rehabilitation clients who must repeatedly build new relationships; likewise, the service providers must begin anew with clients and other service providers. Instead of being client-centered, people in rehabilitation find their lives under the direction of the service providers. Breimo concludes that "the system's need for change leads to the abandonment of service recipients' and service providers' need for stability."

Jessica Braimoh's article, "A Service Disparity for Rural Youth: The Organization of Social Services across the Urban Youth Centre and Its Rural Branch," reveals that the process of applying for and receiving Employment Services in Ontario, Canada, is not actually as formally standardized as it would appear to outsiders. Employment Services' mission to assist people in need of jobs is compromised by the conditions under which service providers work. Units were required by their agreements with the funder to meet certain targets for securing employment and returning to school by their clients. Work with clients with a number of difficult "barriers" became challenges with respect to meeting the success quotas required by the funder; therefore, service plans were designed to meet the greatest likelihood of success rather than to meet the service providers' perceived needs of the clients.

By investigating two different offices, the Rural Branch and the Urban Youth Centre, Braimoh was able to determine that intake practices and service plans varied depending upon the availability of services in the local areas. Issues related to homelessness, addiction, mental health, and others, presented problems for workers at the Rural Branch, since the needed services did not operate in the area. Thus, youth with these concerns received different service plans at the Rural Branch than those at the Urban Youth Centre. The result is that the perceived needs of the youth were eclipsed by the institutionalized social relations.

The work of women released from incarceration as they struggle to attain welfare benefits is the point of departure for Megan Welsh's research. Her article, "Categories of Exclusion: The Transformation of Formerly Incarcerated Women into 'Able-Bodied Adults Without Dependents' in Welfare Processing," shows in detail how the complexities and messiness of the women's lives is textually removed in the processes by which they apply for assistance. The women become categorized simply as "Able-Bodied Adults Without Dependents," a restrictive label for those confronting federal and state policies based in a discourse defining women as the caretakers of children. The women's priorities—securing food and housing, meeting with their supervisors and counselors, reuniting with children and other family members, and finding

employment—are impeded by the state’s requirements for assistance.

Aaron Williams and Janet Rankin’s article on “Interrogating the Ruling Relations of Thailand’s Post-Tsunami Reconstruction: Empirically Tracking Social Relations in the Absence of Conventional Texts,” though methodological in focus, examines the disaster recovery work in southern Thailand after the December 2004 earthquake off Sumatra and the tsunami that travelled the Indian Ocean and Andaman Sea to coasts across the region. Their study traces the methodological problems they faced, but ultimately overcame, in explicating the actual activities that enacted reconstruction and recovery processes, as well as the uneven outcomes this reconstruction process had on people’s lives. They note that although conventional texts on paper outlining policies and government plans for reconstruction appeared to have little to no activation on the ground in the recovery process in the villages they investigated, the presence of fences, protest signs, along with new satellite dishes, roads, electrical poles, garbage piles required textual processes that link to the institutional (ruling) practices of a capitalist economy. Drawing upon a discourse of sustainability and social reproduction circulating among those doing disaster research, Williams and Rankin show how the everyday activities of villagers, in conjunction with the military, non-profit organizations, international aid agencies, land developers, and local governments are mutually coordinated and result in disparities among people and villages equally devastated by the environmental disaster.

Unlike the previous articles, Lisa Watt’s “(Un)safe at School: Parent’s Work of Securing Nursing Care and Coordinating School Health Support Services for Children with Diabetes in Ontario Schools” and Nicola Waters’ “Taking Up ‘the Explorer’s Interests and Cartographic Skills’ to Discover the Ruling Relations in Nurses’ Wound Clinic Work” begin from their own experiences. Watt, a mother of a child who was diagnosed with Type 1 diabetes, uncovers the invisible work she must do in relation to the school, her child’s doctor at the clinic, school nurses, and community care coordinators, all of whom are mandated by the requirements of the Canadian Charter of Rights and Freedoms to guarantee the right to education for

every child, regardless of the child's health conditions and/or disabilities. As an expert who is able to converse knowledgeably about her child's health, she draws on very rich data sources to uncover the ruling relations that organize school administrators, nurses, physicians, and other health coordinators to show how school health operates and to illustrate some of the interests that the School Health Support Services serve and protect.

Nicola Waters, in her investigation of wound care work done by nursing specialists, combines her own expert knowledge and that of collegial nurses to trace how healthcare reform in Canada has reorganized the ways in which nurses work with patients in clinical settings. While mapping how local work processes hook into other work processes at sites located elsewhere has been a standard practice in institutional ethnography, in the process of Waters' research, she stumbles upon new managerial practices of process mapping used by consultants for the Skin and Wound Review Project. Using insights from the practices of counter cartography and her skills as an institutional ethnographer, she illustrates how this "Other Mapping Project" created an objectified version of wound care work, carrying with it institutional priorities that fit with the strategic direction of managers financing the project, rather than a version of wound care work grounded in the actual work and work knowledges of nurses doing wound care with their patients. Methodologically, her paper provides a model of how institutional ethnographers think through the line of fault between actual experience and official versions of that experience and work to refine a problematic that can be investigated.

The Reorganization of the Social Welfare Regime

Much like Alison Griffith and Dorothy Smith's recent edited volume, *Under New Public Management* (2014), collectively these articles point to an adoption of standardization and/or accountability practices in the public sector in the name of efficiency and cost reduction. The researchers in this special issue point out that not only do these practices make it more difficult for social service workers to carry out their

work, but they operate to exclude those who are already marginalized and in need of services. Furthermore, these studies make clear how the policies and practices of managerialism erode the venerable standards of professional expertise and judgment autonomy among public sector workers who now must align their work with the objectives of organizational managers and political officials within the social welfare regime. Finally, and more importantly, these papers suggest that these same standardization and accountability processes help organize class relations that transcend more familiar notions of race, class, and gender differences used in other methodological approaches (Mykhalovskiy, 2008). Rather than arguing that access to health, employment, housing, and rehabilitation is a function of an individual's social background or financial status, each study suggests that classing practices are produced as part of the organization of social service work as they intersect with the work processes of funding agencies, evaluation teams, other social welfare organizations, doctors, teachers, physical therapist, etc.

Other social welfare researchers often use bureaucratic/managerial procedures or impersonal economic processes to explain the difficulties and challenges front-line workers and others face without attention to the strategies and work of those located elsewhere (DeVault, 2008), but these papers show how it actually happens and the specific ruling relations and work processes that are implicated at the state and/or international level. Each study shows how the work processes at the local site bring into being the ruling relations organized elsewhere—by the work of public officials, social workers, and others implementing policies of the new managerialism in Norway; by the work of Employment Services and its funding agencies in Canada; the work of state officials, probation officers and other social workers in the provision of welfare assistance in the United States; the work of non-governmental agencies, public officials, private land developers, and disaster aid agencies in Thailand; the work of health care consultants in Canada; and the work of physicians, school nurses, and community care coordinators in the provision of access to education in Canada.

Finally, in expanding to other contexts, these researchers have begun to identify methodological practices that have

further informed the work of those doing institutional ethnographic research. Drawing upon previous methodological work done by Campbell and Gregor (2004), Campbell (2006), DeVault and McCoy (2006), Griffith (2006), McCoy (2006), and Turner (2006), among others, these new researchers point out that standardizing, coordinating, and governing often occur through textually mediated organization in the form of policies, standard forms, and discourse; however, several of these authors employ novel ways of collecting data to unfold these relations. As new researchers in the field, they locate a variety of non-conventional texts, including signs, satellite dishes, letters, process maps, blogs, and medical orders. These inquiries have provided new ways of thinking beyond conventional texts about how the social is coordinated. Analytically, these articles draw attention to the whole question of which texts are 'active/activated' in different settings and raise interesting questions about time (with respect to currency of texts) and visibility of texts for institutional ethnographers.

Acknowledgements: This special issue was made possible by the work of many reviewers. The editors extend a special thank you to an international group of scholars doing institutional ethnography who generously participated in the review process. Many of the reviewers are part of an informal network of researchers who meet regularly as part of the Institutional Ethnography Division of the Society for the Study of Social Problems and the Thematic Group on Institutional Ethnography of the International Sociological Association.

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Captured by Care: An Institutional Ethnography on the Work of Being in a Rehabilitation Process in Norway

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The Norwegian rehabilitation policies and new public management reforms share some features and are divided by others. The features that divide them are so contradictory that they create difficulties for people who are in a process of rehabilitation. Having studied the everyday life of people being in a process of rehabilitation, I argue that the continuous change in organizational structures in general makes the processes hard to endure for service users, specifically the reforms characterized by neo-liberalism, because they, to a large extent, contradict the holistic rehabilitation ideology. This further illuminates the paradox that the greater and more complicated the functional impairments are, the more work related to the rehabilitation process a person must do, and by extension, the greater the risk of deprivation.

Key words: rehabilitation, institutional ethnography, Norway, policies, public management, holistic rehabilitation

In Norway, the beginning of the millennium entailed a shift in policy of rehabilitation towards a more holistic approach inspired by Oliver's (1990) and others' social model of disability. This new policy diverged from the former more medically-based approach by arguing that persons in a process of rehabilitation need more than medical attention or repair in order to reach the goal of social participation in society. The means to reach this end was to strengthen the capacity of the service user herself, and to strengthen the cooperation between various actors in service production, making services more holistic and tailor-made for each individual service user.

This policy is part of new ideological trends putting the

individual at the center and holding up tailor-made services as an ideal in welfare states. This is inspired by the disability movement's focus on the needs and wishes of the persons themselves. Also, the New Public Management reforms that started in the early 1980s advocated the strengthening of the citizen as a user of services or as a customer. Service users are defined as customers in a market and should, therefore, be allowed to choose between various services.

The pro-business ideology, usually referred to as managerialism or New Public Management (NPM), swept over the western world from the beginning of the 1980s (Pollitt & Bouckaert, 2000), and Norway was no exception to this trend, although it was described as a reluctant reformer by observers (Christensen, 2006). Although NPM reforms focused on user-governance, other elements in the reforms contradict the holistic rehabilitation ideology. Examples of this are the focus on single administrative 'result service units' with separate budgeting and reporting, which are administrative arrangements that have made coordination of services even more difficult (Christensen, 2006). In Norway there has traditionally been strong legitimacy of the public sector, and the neoliberal reforms have not changed this picture in any substantial way. However, as I will argue in this article, the way public services are administered has changed, by establishing quasi-markets and making the system more businesslike. By ethnographically describing the difficulties faced by persons who are in a process of rehabilitation, I will illustrate how the NPM ideology collides with the holistic rehabilitation policy, making the everyday life of service users more difficult.

Background – The Field of Rehabilitation in Norway

In Norway the field of rehabilitation is centralized legally; however, the actual rehabilitation practice is the responsibility of the municipalities. In other words, the municipalities are important instruments of implementation of national rehabilitation policies. The political developments on the national level over the past 15 years have led to an expanded definition of rehabilitation and, in turn, led to an expansion of the field. The new rehabilitation policy, which has been adopted to varying degrees in municipalities and health authorities,

conceptualizes rehabilitation in relatively broad terms. Solvang and Slettebø (2012) summarize the change in focus as both a bureaucratic and social turning point that intends a move from seeing rehabilitation strictly as the training of physical functions to seeing it as tied to both training and to the adaptation of the environment. Participation is, therefore, the main goal of rehabilitation as an activity. I have elected to use the formal, statutory definition of the term as a starting point, as this definition can be seen to have resulted from the policy changes:

Habilitation and rehabilitation are time-limited, planned processes with clear goals and measures, where multiple actors collaborate to provide necessary assistance to the recipient's own efforts to achieve optimal functioning and coping skills, independence and participation in social settings and in society. (Ministry of Health and Care, 2001)

In other words, the definition does not detail who the actors can or should be; it is broad and open to multiple interpretations, and may, in the worst case scenario, even be overlooked. It encompasses multiple areas of life and, thus, involves a broad range of actors in health and the social sector.

Rehabilitation was introduced as an overarching concept as early as 1999 in a White Paper that stated that "everyone with an impaired functional capacity who need planned, complex and coordinated assistance to reach their goals" was in the target group. Since 2001, "persons with impaired functional capacity" has meant anyone with the "loss of, damage to or deficiencies in a body part or in one of the body's psychological, physiological or biological functions" (Ministry of Social Security and Health, 2001, p. #?). The definition of functional impairment is important to the field of rehabilitation because it defines the service recipients and service agencies that are to be part of the field.

In practice, the major changes that this new rehabilitation policy entailed were the mandating of individual service planning for people in a process of rehabilitation, of coordinating units of rehabilitation in the municipalities, and of planning the rehabilitation practice in the municipalities. The problem is that New Public Management reforms have slowly made

their impact on the municipality level, causing problems for the implementation of the holistic rehabilitation policy and the coordination of services around individuals, which I will demonstrate ethnographically in this article.

My Use of Institutional Ethnography

In my research I used the experiences of service users and service providers and their descriptions of the work that is performed to identify the institutional issues from their point of view by mapping how the work is performed in practice and how their work is connected with the work of others. I mapped rehabilitation processes by interviewing those involved. My interviews were conducted as conversations or, in other words, as unstructured interviews in which I asked the informants to describe the rehabilitation process from their point of view. As recommended by McCoy (2006), I encouraged them to talk in as much detail as possible about who is involved, the ways in which they were involved, who did what, who contacted whom and how, who initiated what and how it was done in practice. For example, if the informant talked about having had a meeting, I asked who initiated the meeting, what was the purpose of the meeting, who participated, which tasks were allocated to those in attendance, etc. In other words, instead of asking "How does your collaboration with agency x work?" I tried to map the procedures for collaboration in as much detail as possible by, for example, asking about a concrete course of events, or what DeVault and McCoy (2006, p. 39) call mapping institutional chains of action.

I interviewed service recipients twice over a period of one to two years. As mentioned, there were various reasons why they were in a rehabilitation process, but their diagnoses or functional impairments were not the focus of the study. Instead, the study focused on the collaboration that took place between service providers and service recipients; therefore, I also interviewed the service providers involved. The number of service providers involved and the extent to which they were involved varied from person to person, but each service recipient had extensive contact with service-providing agencies. Additionally, I interviewed next of kin in some instances.

After mapping the rehabilitation processes based in the service recipients' experiences, I next interviewed service

providers, who McCoy (2006) calls second-level informants, who had been involved in the recipients' processes to explicate and further develop the map. They represented many different professions, service providing agencies, and levels. In total, I conducted forty interviews lasting between 30 minutes and four hours. Additionally, I had access to some written documentation that in one way or another was used in connection with the rehabilitation processes.

The Work of Adjusting to Change

Entering the field of rehabilitation I had no experience with it neither as a service user, relative, nor service provider. My first impression from the meetings with the people who were in a process of rehabilitation, and in some cases their relatives, was that rehabilitation entails a lot of work from all actors involved. Smith's (2005, p. 229) generous notion of work as "anything people do that takes time, effort, and intent" opened my eyes to noticing the huge amount of work in which the service users and their relatives were engaged. The work that, according to them, took most of their time and effort was coordinating the services they received from various service providers.

When a person enters the system of rehabilitation in Norway on the municipality level, this usually is done through what is called a 'coordinating unit of rehabilitation.' This unit was established in 2001 in all municipalities in order to meet the problems of coordination in the field of rehabilitation. The administrators I interviewed who worked at these units reported that the establishment of the units had made it easier to get an overview of those who were in need of rehabilitation and made the inclusion processes fairer; however, another consequence was that the processes became more technical and impersonal. Previously, the service worker who was in touch with the service user decided whether a decision should be granted or not, whereas now the coordinating unit makes the decisions based on formal criteria. The problem is that the mandating of coordinating units coincided with the purchaser-provider split in many Norwegian municipalities, making the coordinating units more like decision-making offices than actual units with a coordinating function.

Ellen is a single mom struggling with both psychiatric and somatic health problems. Her everyday life is filled with

appointments with various service providers, either concerning her or her children. She collected the written decisions she has gotten from various municipal service units over the last few years. The headings of these decisions show that the municipality rearranged their service units organizationally many times during that time period, and the names are constantly changing. Ellen states that it is difficult to know which service unit is in charge of what. The coordinating unit only dispatches applications and has no coordinating function. When I analyzed the documents produced in the rehabilitation process, one issue emerged very clearly. The different logos on the documents, as well as their senders, tended to change during the period in which an individual was in a rehabilitation process, though the same services or cases were being discussed in the documents. One of the reasons for this is that the names of the agencies often change as a result of organizational changes or attempted changes.

Cecilie is a young girl also struggling with both psychiatric and somatic health problems. She describes the process of being allocated a Labour and Welfare Administration case worker thus:

They have organized a new system for the cases. Now, it goes by the year you were born. Previously, it was by the alphabet. So this is the third case worker I have had. For the previous year, there was a different system. They change all the time and it all gets mixed up.

Her caseworker in the Labor and Welfare Administration confirms that she has changed case workers three times over the course of the year because the welfare administration had changed the criteria for being in a specific category. First, they changed the way they categorized the service recipients, from using the alphabet to using date of birth. Later, they reorganized the cases according to whether the individuals had an employer or not, because they believed that those who did not have an employer constituted a "special group." It is understandable that those who work within an institution want to specialize professionally, but the problem is that for those who must repeatedly relate to new case workers, this is very

exhausting. The things that appear to the system to be logical and to constitute organizational improvement, appear frustrating and disruptive for those who are subjected to the changes. Repeated changes of case workers ends up being a labor that must be performed by the service recipients, in that they must repeatedly talk about their situation to new people and they must create relationships with them. Øystein, a middle-aged man who has suffered from an accident where he broke his neck and was paralyzed, describes it like this: “you constantly have to repeat a story that is not specifically pleasant to repeat.”

The service recipients are not the only ones expressing dissatisfaction with the frequent reorganizations. Many of the service providers I interviewed also talked about their frustrations in this regard. Some talk about professional meetings in which professional questions are not prioritized due to the need to discuss issues related to organizational changes. Others expressed dissatisfaction about having to repeatedly relate to new constellations of service recipients and collaborators. According to the service providers, it takes time to build new collaborative relationships with service recipients and other service providers, and when these relationships are repeatedly broken, the processes must be started afresh. There is also a risk of reorganization becoming a task in and of itself, or a goal in itself, which takes attention away from the issues the organizations are actually tasked with solving.

Ruling relations are defined by Smith (2005, p. 227) as “objectified forms of consciousness and organization, constituted externally to particular people and places, creating and relying on textually based realities.” The informants’ stories clearly illustrate the problems that arise from the reorganization of structures in the municipal sector. The written decisions show that the number of service units the persons have to relate to has increased. All of the municipalities in which I conducted my interviews had, to varying degrees, rearranged their organizational structure several times in the last few years. For the service recipients I interviewed, the primary consequence of this was the number of appointments they had and the work they otherwise had to do, for example, to meet documentation requirements imposed by the different agencies. Thus the

fragmentation that the differentiation and professionalization of the welfare apparatus created has been further exacerbated by the flattening of municipal structures and the creation of units focused on results. The coordinating units that were mandated in order to cope with these problems merged with the purchaser-provider split, which made them useless for their primary mission, separating the service workers from the administrators, and, in consequence, making the rehabilitation practice more 'managerial.'

The Work of Being Present

Without me asking for it, Ellen showed me her filofax and the appointments she had in the coming week, which, according to her, was representative for a normal week in her life:

Monday: dentist appointment with her son, appointment with the psychiatric nurse in the municipality and meeting with a lawyer concerning a child custody case

Tuesday: appointment at the family center, appointment with the child protection services and a child psychiatrist

Wednesday: parent conference at school

Thursday: meeting with her GP and a meeting at her children's school

Friday: meeting with a case worker at the Labor and Welfare administration

In addition, she often had appointments at the hospital which was an hour away from where she lived. All these appointments took most of her time and strength, and as she said, "Even if I had managed to work, I wouldn't have had time for it." She describes the work of always having to follow up the written decisions this way, "You always have to push them (the service workers), always have to show that you are paying attention, now this date is coming up, nothing happens automatically, and there is no cooperation between them."

Terje is a middle-aged man who has suffered from a stroke, and is therefore in a process of rehabilitation. His wife

describes the feeling of always having to be home when the home care services are there and of coping with the large amount of service workers:

So many different people are walking in and out of our home. Terje is in the bathroom and suddenly a person he hasn't met before comes in. It's terrible, we don't have any private life at all. This is a public arena really.

She explains that they have had up to 30 different service providers in their home during one single month. Similar to Campbell's (2008) description of the case in Canada, home care services have been made more managerial in Norway and have been labeled 'stop- watch services,' pointing to the limited time the service workers have with each client.

The Work of Proving You're Deserving

The coordinating units make decisions regarding the services to which a person is entitled. Thorbjørn is a young man who has suffered from a stroke, which caused a need for rehabilitation. During the last year he has received eight written decisions on services to which he is entitled. The written decisions clearly show that they are formulated a certain way in order to warrant a particular form of action. The documents are written in the second person, although it is clear that the decisions are not written for the person. For example: "you have a minor learning disability," or "you are being fed by a tube" or "you need help going to the bathroom." Clearly these statements are not written for Thorbjørn, but still the decisions are written in a personal "you" form. The written decisions often have a duration of six months to a year, and then a new application must be filled out. The case officer I interviewed about this said, "since the reason why Thorbjørn receives services is that he has a minor learning disability, it makes no sense that he has to fill out these applications for eight different services each year."

This is a case of what Smith (2005, p. 116) calls institutional categories that need to be filled in order to fit institutional procedures. The decisions have to be written in a certain way in order to warrant that the service recipient is actually entitled to

the services. The service workers have to write that Thorbjørn has 'a minor learning disability' in order for him to receive the services needed. Even so, the services only last for one year, and then he has to apply again. It may be argued that these decisions are written in a way that objectifies the service recipient and may be perceived as humiliating. The purchaser-provider split has made documentation more important, and the application procedures have become more complicated and more standardized, leaving less room for individual adjustment and the use of professional discretion.

Some of the service recipients I interviewed were frustrated by how difficult it is to get admission to rehabilitation institutions. The wait is generally a year or longer, although this varies from institution to institution. A physiotherapist at a municipal rehabilitation institution talked about the relationship the institution had to the coordinating unit of rehabilitation. She said the rehabilitation institution had a list of the service recipients who had been there and who they thought would benefit from returning. Those not on the list were unlikely to be given a place again if they applied for one. Service recipients must contact the decision-making office to apply to return to the rehabilitation institution:

We have a list (laughs) ... so regardless of what the service recipient says, we make up our mind about the benefits we think they have had from their stay. They may want to come back though we do not think there is any point to that. Then we have a dialogue with the granting office and ... now I should be a bit careful, but most likely they will be rejected. Probably. Because there is quite a lot of pressure on this unit, so that getting someone who is not motivated or who just has a room here ... then someone else who needs [the place] may as well get it. But then there are some who we think will benefit from returning. They will be put on a list where they get to stay here a specific number of times per year.

Representatives of the rehabilitation institution and the coordinating unit meet once a week to discuss whether those who have applied for a place there should be offered one. The coordinating unit has an overview of the entire municipality, and

their recommendation determines the outcome. Interviewing people working at the coordinating unit reveals that there is a reason why they have to prioritize the way they do. Actually, managerial reforms require municipalities to pay a daily fee to hospitals (that are state owned) if they do not manage to receive patients who have been cleared for discharge. Therefore, they use the rehabilitation institution as a substitute to care homes. These management relationships (Smith, 2005) are not visible to the people affected by them. People who are in a process of rehabilitation are probably not aware of the fact that whether they will get a place in a rehabilitation institution in the future depends on the effort and willpower they expend in training their functional abilities.

The Work of Fitting Into Categories

Everyone I interviewed has received services from the Norwegian welfare administration in one way or another. Harald is a middle-aged man in a process of rehabilitation due to having suffered from a stroke. His wife looked at her husband's individual plan during one of the interviews, and she laughed when she read: "Wants to return to work." She did not think this was a realistic goal at all, but also did not feel that she could raise the issue during joint meetings with the service providers in charge of her husband's rehabilitation process. She did not want to take away her husband's dreams, and also she felt that suggesting that this goal was unrealistic would be like saying, "Now we'd like to go on permanent disability benefits." In order to remain in the category in which they had been placed, she could not suggest that the goal ought to be changed. If the goal of returning to work was to be changed, her husband would need to move to another of the welfare administration's categories. Neither of them wanted the husband to be in the alternative category, because the permanent disability benefits would be lower than his temporary disability benefits. Thus, the welfare administration's system for categorizing benefit requirements got in the way of renewing the individual plan and making it more realistic.

The welfare administration uses different forms of benefits depending on an individual's functional ability and how likely the administration perceives the individual will be able to return to work. At the time this study was conducted, these

forms of benefits included medical rehabilitation allowance, occupational rehabilitation allowance, time-limited disability benefit (which has since been replaced by work assessment allowance), and permanent disability pensions. I was told by the caseworker of the young woman mentioned earlier, Cecilie, that they had assessed her case in such a way that a rehabilitation allowance was the best alternative at the time. She was too ill to be placed on what the case worker called an “occupational rehabilitation track,” and she was also too young for this type of benefit. The case worker had discussed this with a representative of the welfare administration, and they had agreed that it was too soon to think of occupational rehabilitation. The benefits the service recipient was to receive were nevertheless assessed on an ongoing basis, and Cecilie described the participants in the individual plan group thus:

Cecilie: There is a case worker from the Labour and Welfare Administration who is only called in when there is some financial matter, then they call this person, or if there is some major change in my mental health, right, then this person comes in.

Janne: That’s when the Labour and Welfare Administration comes in?

Cecilie: Yes, because sometimes we have to take a break in the treatment for a bit or something like that and then they have to know if we need to take break in the treatment and stop the progress.

Janne: Why?

Cecilie: I get medical rehabilitation allowance and you get that while under treatment. And they want to be informed about everything that happens, because then they know what the status of the illness is, so then they know whether the person is well enough that the rehabilitation can end or is so ill that they go on disability ... that’s what I have been told.

This segment of the interview shows that Cecilie has understood the situation to be such that it is financially preferable

for her illness to remain classified as it currently is. If she takes a turn for the worse, she may move to permanent disability, which neither she nor the welfare administration wants. If she improves too much, she may lose her medical rehabilitation allowance. In other words, she must strike a balance between different managerial logics to maintain the benefits she receives, which in turn makes it possible for her to complete her education. Mäkitalo and Säljö (2002, p. 166) point out that this is a large part of the work that is done in the employment office: to “monitor” and move people between the existing categories. Järvinen and Mik-Meyer (2003) point out that one of the paradoxes of social work is that the service providers are to both provide services and at the same time assume a monitoring function. The Norwegian Labour and Welfare Administration is especially prone to this double function because it contributes to individual rehabilitation processes and at the same time guards the state coffers. On the one hand, they are to ensure that the individuals enter paid work, or at the very least meaningful activity. On the other hand, they must ensure that the individuals do not receive more than the law entitles them to with regard to financial benefits. The service providers who work in the Labour and Welfare Administration, thus, relate to a variety of texts and objectives. The texts arguably frame what shall and can happen in and between institutions (Smith, 2005).

Discussion

People who are in a rehabilitation process experience their everyday lives as fragmented, planned, and directed according to the schedules of the service providers. This means that their daily lives are directed by systemic issues to which they must adapt. Their everyday lives must be planned according to the appointments they have with service providers. They must get up when the homecare service arrives in the morning, they must stay at home when the homecare service returns later in the day, or they must see their children off in time to make their appointment with the welfare authorities. In many ways, these appointments become what they *do* with their lives, because they do not have the time or energy to do much else.

It is also a paradox that the service agencies produce so many appointments and meetings that they make the actual purpose of the rehabilitation processes—enabling the recipients to participate socially and in society at large—more difficult. Thus, there is a conflict between the agencies' requirements regarding appointments and other everyday activities. The issue is located in the conflict between everyday life and interactions with service agencies. Everyday life is fragmented as a result of the work that being in a rehabilitation process entails.

Many service workers find that the work they perform in relation to the rehabilitation processes has no purpose and seems endless. They see this as a circle in which documents must be obtained and submitted, though they do not quite know why. It is a kind of Sisyphean work, endless and useless. The work is often complicated, and many of the participants feel like they do not have the competence required to perform it. They find the work exhausting because there are so many uncertainties involved. What is the goal of the work they are doing? Will the work ever end? Many find the feeling of being in a constant battle to be a burden. These are the main characteristics that emerge from the experiences of my main informants regarding the process of rehabilitation: it is a lot of work; it is difficult work that comes with a lot of responsibility; it is emotionally exhausting; it is sometimes humiliating work that the informants find stigmatizing; and the purpose of the work is often unclear.

These issues are related, are partly co-produced, and are mutually reinforced. The more fragmented a process is, the more work required of the involved parties. In other words, the individuals who are facing the most difficulty (many services and a lack of direction) are also subject to the most stressful work. It is a paradox that the greater and more complicated the functional impairments are, the more work related to the rehabilitation process a person must do, and by extension, the greater the risk of deprivation.

As I have shown in this article, a lot of the work that has to be done is connected to managerial reforms making the system more administratively complex and (contrary to the intentions) more bureaucratic. The frequency of organizational changes has grown significantly in Norway during the past 20 to 30 years. Røvik (2007) explains this in terms of both the

demand and supply of new organizational recipes having increased rapidly during this period.

Reforms tend to lead to changes in the organizations that make them less stable for service providers and users alike. Attempts to implement changes in the organization lead to changes in categories, that in turn lead to reorganization of the service providers in charge of the rehabilitation processes. For the informants in this study, the reforms are felt through changes that make their everyday lives more unstable. For the users of the services, the changes result in a constant turn-over of the service providers they must relate to, which in turn makes their everyday lives more fragmented. Additionally, the planning of the rehabilitation processes is made more difficult when service providers are constantly being replaced. Though arguably the changes in organizational structures rarely cause changes in goal achievement or changed patterns within the organization (Brunsson & Olsen, 1993), the changes do impact the individuals that are both within and outside of the organizations and who must relate to the changed structures in one way or another.

The managerial reforms are manifested in the informants' everyday lives in that they must relate to a large number of units that do not have any formal points of contact for collaboration. The managerial reforms produced so-called "result units" that were to "manage themselves" to a greater extent. Through the reforms, more responsibility was to be delegated to unit managers, which in turn was to make municipal bodies more efficient. This process, however, does not include considerations of service recipients who require services from different units and who need these units to interact. The municipalities needed to categorize the services in the different units and allocate responsibility for a service area to each of them. However, reality is not divided into these categories, and these reorganizations, therefore, make the everyday lives of people receiving services from the different units more difficult.

Conclusion

The new public management of municipalities has intervened into the holistic rehabilitation ideology, turning it into a less fortunate blend for service recipients in the field of

rehabilitation in Norway. It can be concluded that the system's need for change leads to the abandonment of service recipients' and service providers' need for stability. In terms of the problems the rehabilitation field has faced, these have tended to be solved as organizational problems. Seen through the lens of institutional ethnography and the informants' points of view, the solution to the problems are to be found in the opportunity to see the service providers as negotiating structures that acknowledge that there is a discrepancy between the complexities of everyday life and the system's ability to capture this complexity. Instead, the system is constantly changing the structures according to the latest organizational fashions.

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A Service Disparity for Rural Youth: The Organization of Social Services Across the Urban Youth Centre and its Rural Branch

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Drawing on 14 interviews with services providers and over 80 hours of participant observations, I examine what happens when young people enter into Employment Service, a program of Employment Ontario and the Ministry of Training Colleges and Universities. This program is delivered through an organization operating in two sites in Ontario, Canada that I refer as the Urban Youth Centre and the Rural Branch. On paper, it looks like service providers are doing the same work across these sites because the organization as a whole uses the same intake texts to deliver this program and documents the same institutionally imposed outcomes. However, in practice people who work in these sites employ different interpretive schemas to map young people's actual needs onto the pre-determined service outcomes. This occurs because of an unequal distribution and availability of social services within these organizational sites and the communities where they are located. In practice, these work processes obscure the identification and response to rural youths' diverse needs. This article argues that the conditions under which the delivery of Employment Service unfolds are embedded in relations that differentially shape disadvantaged youths' access to social resources.

Key words: Institutional ethnography; institutional relations; documentary practices; social services; youth

The Urban Youth Centre and its Rural Branch operate as a single organization in Ontario, Canada. They split funding dollars, deliver provincially-funded programs, and even share staff. The research for this article began in my talk with staff working in these organizational sites. I spoke with employment counselors from both settings about how their work responded to the needs of young people. Specifically, I focused on young

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people's involvement with *Employment Service*, a program delivered across both organizational sites that is funded by Employment Ontario and the Ministry of Training Colleges and Universities (the Ministry). The purpose of this program is to help people in Ontario find and keep employment.

In the Rural Branch, employment counselors told me that young people's experiences of homelessness, inadequate shelter, addictions, and sexuality did not make it into the intake forms required for Employment Service. Yet, in the Urban Youth Centre, employment counselors said that their documentary practices captured these same needs. Here is where the ethnographic problematic for this article emerged. Across both work sites staff agreed that intake forms functioned as a guideline for how they decided what services, resources, and opportunities to which young people were entitled. How was it that in the rural site some of young people's experiences did not make it into service providers' work?

In this article, I use this problematic to illuminate the institutional processes that transform youths' experiences of being "unattached to the labor force" into actual organizationally actionable service plans. Throughout I show how employment counselors' textual production of young people's needs shapes different service opportunities across the two sites, despite reports that young people come to the two sites with similar experiences of disadvantage. How this happens is itself an organized process. In short, employment counselors' textual work of producing clients in this program—and by extension an organizationally visible need to demonstrate successful placement of clients—is connected to the work or services that staff can provide to youth through each work setting and community. At the local level, this is how the service disparity occurs for rural youth and how inequality is sustained and reproduced.

Institutional Ethnography

Institutional ethnography (IE) (Smith, D. E., 1987, 2005) seeks to discover the ways that people's actual activities and everyday worlds are socially organized. Starting from the standpoint of people situated within a particular local setting—in my case, staff providing service to young people entered into

Employment Service as clients through both sites of this organization—IE aims to uncover the institutional relations that coordinate how people's experiences are put together. In this way, institutional ethnography does not stay in experience, but rather draws on people's everyday worlds to open up an investigation of ruling relations (Campbell & Manicom, 1995).

Smith (D. E., 1990, 2001) argues that people's everyday activities are embedded in discursive and ideological practices. Texts are fundamental to examining how this happens, because they elucidate the links between local experiences and institutional processes which are happening and are organized in various other places (Hicks, 2009; Nichols, 2008; Ng, 1995; Smith, D. E., 2006). Textual analysis, in other words, is focused on the ways that texts enter into what people do. While not central in IE studies, unexplored are the ways that text-mediated processes happen across different sites that are "recognized as representing the same kind of social form," in this case social service organizational sites such as the Urban Youth Centre and its Rural Branch (Smith, D. E., 2005, p. 166). Addressing this omission is important for making visible the inter-organizational dimensions that contribute to an "engine of inequality" (Griffith & Smith, 2005, p. 133). Such a focus also draws attention to the ways in which institutional arrangements afford and constrain the agency of those who provide and use social services.

In this article I investigate the text-mediated work processes involved in bringing young people into Employment Service in the Urban Youth Centre and its Rural Branch. Emerging from staffs' talk about their work activities, this article explores how outcomes for youth are different across the Urban Youth Center and the Rural Branch. To do this, I start the analysis examining what happens during the intake process for Employment Service when youth first meet with employment counselors to assess their individual needs.

Data and Research Activities

I began this project conducting open-ended interviews with employment counselors in both sites about what they did when young people came to see them. This talk led to discussions about how they used standardized forms to determine

eligibility for Employment Service. I then asked where these forms went, who saw these forms, what happened next for youth, and about any subsequent documentary work they were required to do. In total, I conducted 14 interviews with staff across both organizational settings and collected organizational documents that were raised in these conversations. I also spent over 80 hours observing what young people did when they came to the Urban Youth Centre and its Rural Branch and how they were connected to its services. All names and identifying information of participants have been removed and replaced with pseudonyms.

The Employment Service Intake Process

Employment Service, a program of Employment Ontario, helps people find work. In order to achieve this mission, this program is expected to provide information to people about the labor market (i.e., job research boards, local training opportunities, and community supports). In addition, employment counselors often work one-on-one with clients to locate job opportunities and help them prepare for the labor market through job preparation workshops, for example, which include interviewing skills and writing resumes. In Ontario, Employment Service is delivered by 415 local organizations (Employment Ontario, 2014a). Of these organizations, 117 are specific to, or focus on youth (Employment Ontario, 2014b.). The intake process, specified by Employment Ontario and the Ministry guidelines, shapes the work of employment counselors. These guidelines also standardize how staff determine what services will actually be delivered to youth who access this program through the Urban Youth Centre and the Rural Branch. In these sites the intake process involves two forms.

Intake Form One

In order for employment counselors to produce clients in Employment Service, young people must be “out of school, out of work, or underemployed.” These items are referred to as “eligibility criteria” by Employment Ontario (2011, pp. 17, 48) and appear in the first form used in the intake process. On this form, employment counselors check off boxes indicating that

any, or all, of these eligibility criteria are present. Unchecked boxes mean that the young person can still seek support around employment but must do so without the one-on-one support of the employment counselor or other individualized services offered through the organization. In short, employment counselors use this first form to screen youth for entry into Employment Service based upon their employment and education status. However, decision-making around program eligibility is not so black and white.

Employment Ontario and the Ministry define who should be most served through Employment Service. These “strategic priorities” organize how employment counselors use this first form to identify young people’s needs (Employment Ontario 2011, p. 18). For example, staff say that “a lot of youth might be out of school and out of work” (Laura, Rural Branch), but what matters is identifying characteristics like “being under 18 years of age, having less than a high school education, being new to Canada, having Aboriginal status, and/or having a diagnosed disability” (Tessa, Urban Youth Centre). Making visible these explicit characteristics on this first form “ensures that service providers are providing services to clients who are most in need” (Employment Ontario, 2011, p. 33). Thus, in addition to determining eligibility criteria, this first form generates institutional accounts about particular populations that the program serves.

Importantly, employment counselors also use this first form to understand young people’s lives. James, an employment counselor in the Rural Branch, tells me that this first form is:

something like 11 x 17 and double-sided. It’s huge. And most of it is statistical collection with half of an 8 x 11 piece that allows the employment counselor to fill in the blanks on *what they feel is necessary to include*.” (emphasis added)

While there is some autonomy in what employment counselors write down, how they actually document young people’s experiences is still loosely defined by Employment Ontario and the Ministry. For example, employment counselors say that they listen for “subjective things like job search skills, your work skills, how good are you on the job and your

communication skills" (James, Rural Branch). "Subjective things" are depicted by staff as providing "wiggle room" in how they document young people's eligibility for Employment Service. James explains how "subjective things" are equivalent to the "suitability indicators" listed in the program guidelines that categorize people's lives based on "workplace performance and interpersonal skills" (Employment Ontario, 2011, p. 20). James' account illustrates this point.

There are guidelines to meet the more intensive one-on-one support where youth are on a caseload and they have an employment counselor managing their action plan and helping guide them through the steps, and then also maybe even eventually through job matching placement incentives putting them into a job. There's 16 different profile factors ... so there's actually a little bit of wiggle room with a couple of those factors that you can kind of write, well they're not really a strong communicator; there's a profile factor.

In practical terms, the formal guidelines shape how young people's experiences get translated into "indicators" and "criteria" recognized by Employment Ontario and the Ministry and how young people are actually served by the Urban Youth Center and its Rural Branch.

Intake Form Two

Once the employment counselor fills out the first intake form, a second self-assessment form is completed by the youth. Tessa (Urban Youth Centre) and James (Rural Branch) tell me that the first intake form is centered on the Employment Service guidelines, while this second form, constructed by management in the organization, uses knowledge about other issues tied to unemployment. Like the first form, the second form is used in both the Urban Youth Centre and its Rural Branch. Employment counselors say that they use this second form in conjunction with the first to determine the "other barriers that are preventing them [youth] from starting their career or getting their survival job that aren't exactly employment related but very much can be the reason they are out of work" (Carla, Urban Youth Centre). Youth read through the second form and check off all of the items that apply to their lives.

There is no space provided for youth to elaborate or provide additional items. Barriers contained on this form include statements such as, “I feel my gender prevents me from getting some jobs”; “I feel employers might not hire me because of how I look”; or “I sometimes have a hard time controlling my anger.” James explains why the organization uses this self-assessment form like this:

The purpose is to help us figure out a little more about them, the youth, that might not be covered in the first intake form, and to learn about how they view themselves. It also can help see which areas they feel insecure about and can give *insight on which areas to focus on*. For example, you can see from reading it that somebody might have anger issues; that usually comes through. You know, things like that; things that aren’t usually statistically caught. (emphasis added)

Together these two forms help determine the subsequent action of employment counselors, other services providers, and youth that will follow. For example, James (Rural Branch) explains how this second intake form helps him determine why a young person is currently “out of work.” He says:

The first form, and the way that the stat is captured might suggest job retention issues. Well, if they haven’t had a job before, you might look at that and examine a little further. Then, on the second form, you find out that they admit to having trouble with anger or getting in trouble with the law. As an employment counselor we want to remember this. *You want to teach them those workplace skills; how do they keep their job before they lose it*. (emphasis added)

Although the items captured on this second self-assessment form are not required for participation in Employment Service, James’ account makes visible how the documentary reality the form produces orientates his subsequent work within this program. Finding out and documenting why the young person has “job retention” issues helps James decide what he does to support the client in learning about how to keep a job. Notably, while this documentary activity on the second

intake form also organizes what services will be provided to youth through the Rural Branch or Urban Youth Center, it does not alter the information that is collected for funders; What is recorded in EOIS-CaMS (Employment Ontario Information System Case Management System) is that the youth has job retention issues rather than trouble with anger. In other words, while the documentation of young people's needs organizes what happens next, these needs are made accountable to Employment Ontario and the Ministry in ways that fit into the larger institutional order (de Montigny, 1995).

Service Plans

Employment counselors move from the intake forms to the actual delivery of services through the service plan. The service plan is an outline of the activities that the young person will do to achieve his or her employment and training goals. Employment counselors document these goals at the bottom of the first intake form and the youth and staff sign the consent and participation agreement portion. In this way, the service plan operates as an institutional response that intervenes in people's experiences of unemployment in order to help them find and keep work.

Employment Ontario (2011) defines these service plans as necessary for "achieving successful outcomes" (p. 48). Often these plans include employment and training workshops and one-on-one appointments with staff that focus on finding jobs for youth (Employment Ontario, 2011). However, Employment Ontario and the Ministry also note that through the intake process, service providers may refer clients to other services "either before or concurrently with Employment Service" (Employment Ontario, 2011, p. 49). Across both the Urban Youth Centre and its Rural Branch, these plans allow staff to address the multiple forms of disadvantage in young people's lives. Tessa, an employment counselor in the Urban Youth Centre, explains how this works:

Every time you see them it could change. So, yeah, 'cuz it is like I said, they can be all over the place. When they first come in, I do a lot of ranking systems with them, like on a scale of 1-10 where would you say you are in terms of needing a job, or needing to finish your high school. At that initial snapshot I can get a sense of, "OK

where's this person at? Is their main priority today just maintaining their Ontario Works [provincial social assistance program] cheque and they're coming to us because OW [Ontario Works] said 'go to the Centre or you're cut off!'" And so, it just helps me to better know, like, do I have to book a resume workshop and start talking about job strategies tomorrow, or do we have time that we can really work on their other stuff? That's how I determine. But every time I see them it's gonna be different, 'cuz the next time they come in it could be like, "Ok I got kicked out. I need a job yesterday!" So then I work with what I see. So they could be doing very well and so you bring them into Employment Service and next thing you know they're homeless and all this life is happening. I think they see the Centre as a place where they can come for all kinds of different things and not just, "I go to see Tessa 'cuz she's going to help me find a job." I think it's like, "I go to see Tessa 'cuz she can help me find resources for everything." So yeah, I'm still going to take them in as a client, but we're gonna have to figure out a plan to get the stats.

Importantly, how employment counselors use pre-determined institutional outcomes to understand young people's lives occurs in a way that also shapes how young people's needs are actually responded to by counselors.

Employment Service Outcomes and "Good Stats"

Youths' service plans are inextricably tied to specific service outcomes which employment counselors' work is expected to achieve. Here is what Carla (Urban Youth Centre) tells me:

Part of the model that we're working under needs someone unattached to the labor force and unattached to school in a full-time way in order for them to qualify for Employment Services. So those indicators have to be present. [...] Also I try to look for other barriers; that's what our programs are designed to help—those who are highly barriered. [...] But we do want someone to be successful in the program, so that's another kind of something that you have to listen for—is the client too highly barriered they aren't going to be successful in the program?

Carla's account makes visible the intricate relationship between documenting "indicators," providing service to "highly barriered" youth, and achieving "success" in accordance with the Employment Ontario and Ministry accountability standards. Thus, it is not just the complex lives of young people that makes it difficult for employment counselors to put together a service plan but also the expectations surrounding what Employment Service is expected to achieve.

Staff in the Rural Branch also speak about the intersection between the program expectations and the reality of young people's lives. For example, Sam, a program facilitator involved with clients in Employment Services in the Rural Branch, tells me that:

We are having problems with people [in the program] having a certain level of hygiene when working with food. So that makes it really tough; *but then you need those people for the stats to keep the funding, so then you're in a catch 22. What do you do?*" (emphasis added)

In situations like this, reporting program outcomes takes precedent over providing service to more vulnerable populations. These accounts reveal that it may be harder to provide services to those persons with more than employment needs, because despite representing a "strategic priority" on paper (Employment Ontario 2011, p. 18), in practice these types of clients are harder to transform into successful outcomes as defined by Employment Service.

Despite these constraints, the Urban Youth Centre and its Rural Branch are required to have 70 percent of clients leave Employment Service as employed in either full-time work or in something better than what they had when they came in. In addition to this, 10 percent of clients must "exit" the program as having returned to school or having entered some form of employment training (Carla, Urban Youth Centre; Employment Ontario, 2011, p. 105; Leni, program manager in both organizational sites). Consultants from the Ministry regularly come into the organization throughout the fiscal year to assess the work being done by the Urban Youth Centre and the Rural Branch in meeting these targets (Tessa, Urban Youth Centre).

Together, the Urban Youth Centre and its Rural Branch have

continued to receive ongoing funding to deliver this program (Annual Reports¹, 2009-2010, 2011-12; 2012-13). Although this might suggest that the organization has been successful at meeting program outcomes, Tessa (Urban Youth Centre) tells me that reporting these outcomes is challenging when working with youth. She says, “[Youth] can be in school. But really that doesn’t ... being in school doesn’t really... it counts. It sounds really weird, but the best thing ever is to have them have a job.” When I ask her to elaborate about what this means in terms of reporting outcomes, she says:

The stats are scary. With Employment Service it’s like, if you hear they’re employed you exit them right now. Even if they have to come back next week, you bring them back in. To me it’s frustrating because I’ve closed so many people as being employed, even though I know this is not sustainable employment; this isn’t going to last. But I have to have the stat so I’m gonna close them knowing that they’re going to come back a week later and we’re gonna have to go through this paperwork again. And they’re gonna wonder, “I already did this, why am I doing it again?” And you don’t want [them] knowing that they’re a stat within this big thing, because it doesn’t make them feel very special.

What counts as a reportable outcome also comes into play in the ways that employment counselors interpret education outcomes. Tessa says:

Education gets tricky, ‘cuz when you’re working with youth so many of them go back to school and unfortunately you can’t have that high of an education stat ‘cuz you’re working towards having 70% employed. And 70% employed it’s like, you know, you get some wiggle room for education. So you want to celebrate the success of education, but in the same sense you’re like, “OK, Do you want a part-time job?” And they don’t. They’re like, “No, I’m in school, I’m happy.” And it’s like, “I’m not happy.”

Thus, program outcomes not only organize what is expected

to happen for/to youth, but also how service providers think through their work.

The notion of accountability circuits (Smith, D. E., 2005) can be used to describe how the activities of employment counselors are standardized and regulated. Smith (D. E., 2005) describes accountability circuits as occurring when “work is tied into text and text into work” (p. 184). In this case, the activities of employment counselors align with the Employment Service guidelines, the funding agreement, and the outcomes the program is expected to generate. Figure 1 illustrates this process; it shows how the work involved in intake forms, service plans, and program outcomes are all organized by and fitted back into this institutional framework.

Figure 1. The Accountability Circuit in Employment Service

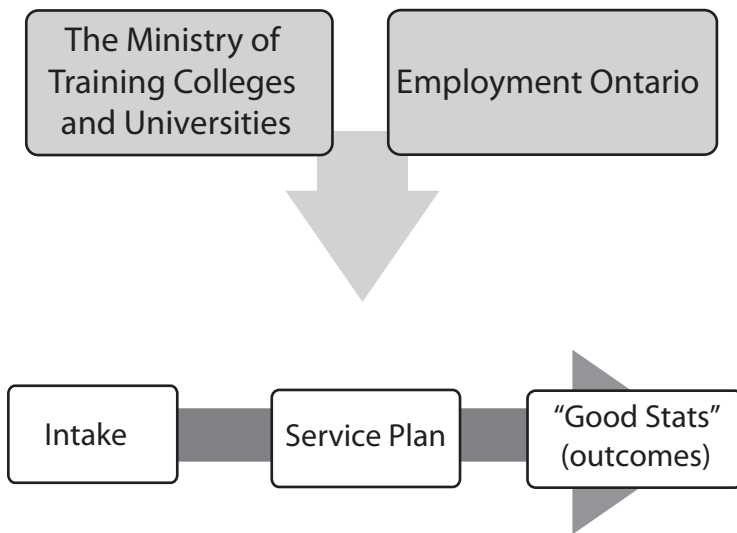


Figure 1 shows how the program guidelines enter into the work of employment counselors when they initiate the intake process with a youth, as described earlier with intake forms one and two. Here employment counselors’ work focuses on “demonstrating” and “rationalizing” that young people are suitable for the program (Employment Ontario, 2011, p. 48). The activation of the intake forms is tied to the subsequent service decisions that are documented by employment counselors on service plans and signed by the client. While at first

glance it seems sensible that the identification of youth needs would be tied to direct services, figure 1 shows that these service decisions are actually tied to program expectations and outcomes outlined in the funding agreements between Employment Ontario, the Ministry, and the entire organization; for example, 70% of youth taken into the program will leave as employed. Thus, rather than service outcomes that are unique to young people's lives, institutional frameworks or accountability circuits organize how employment counselors produce clients and "good" outcomes.

Producing "Good Stats" and the Activation of Other Social Services

Young people come into the organization for many reasons beyond employment including poverty, homelessness and insecure housing, addictions, issues surrounding sexual health and sexuality, mental health, and education. In the Urban Youth Centre and its Rural Branch, Employment Service clients receive support for their multiple needs while in the program. Determination of these other needs is expected to occur during the intake process for Employment Service, where service providers then facilitate clients access to additional social services (Employment Ontario, 2011, p. 58). Linking Employment Service clients to other services is important for documenting "performance management indicators," or outcomes, to funders (Employment Ontario, 2011, p. 69).

In the Urban Youth Centre and its Rural Branch I find that the coordination of Employment Service with other services happens in two ways. First, in the intake process employment counselors give information to youth about "referrals" (James, Rural Branch; Carla, Urban Youth Centre) and "resources for everything" (Tessa, Urban Youth Centre). In these instances, youth are expected to take this information and initiate services independently. Through my participant observations, I find that, in practice, this usually only happens with food and basic needs programming.

Second, information contained on the Employment Service intake forms is shared physically and virtually with other staff from the Urban Youth Centre and its Rural Branch, as well as other service providers external to these sites. In this way, what gets written down on Employment Service intake forms

gets “reactivated” (de Montigny, 1995, p. 115) such that multiple service providers both inside and beyond these sites simultaneously work with young people’s diverse needs. For example, James (Rural Branch) tells me that information contained on the intake forms is shared between employment counselors, youth, and other staff in a way that creates “client centered support” and “good stats” for Employment Service (field notes, February 24, 2012, April 4, 2012). Carry, a program manager of a training program delivered in the Urban Youth Centre, but outside of Employment Service, explains how she gains information about youth involved in Employment Service like this:

The blended service comes from the intake with an employment counselor. That’s where it’s identified that we have [this other training program]. And then I connect with the employment counselor. Usually the employment counselor sends me the first form and comes to me and says, “I’ve got this really great client. I think they’re ready. This is what they have. These are the barriers, etc.” I can see this on the form, too. I set up an interview (with the youth). We interview. And based on how the interview goes, bring them through our program for the next available spot. So the youth is both in Employment Service and in our program.

Carry’s account reveals that the intake process for Employment Service activates the work of other services providers (Devault & McCoy, 2006). In addition to sharing information contained on intake forms, employment counselors and other organizational staff use “webtracker,” an online organizational reporting system, to document any services including, and beyond, Employment Service that clients used. Tessa (Urban Youth Centre) explains why this happens like this:

It’s to track their every movement; “Oh they [the client] did a workshop, make sure you make a note about that. Oh they did that, make note of it.” And so you have to really document in your notes almost the wording that Employment Service wants to see. ‘Cuz they’re like, “Oh we want to know exactly what did they do.”

And so sometimes you'll meet with clients and you're thinking to yourself, "Oh, you went into one of our other workshops? I should probably talk about this 'cuz then I could link it to getting a stat."

Notably, the work involved in producing these multiple service opportunities for youth are crucial for achieving "good stats" in Employment Service. Tessa tells me that when she works with transgender youth, the issues of gender and sexuality come up and have to be addressed by multiple service providers through support services. In these situations, accessing other service providers still achieves the Employment Service outcomes. She says:

You have to keep telling [the Ministry] these clients' stories so that they're hearing that, "yeah it might have taken me 9 months to get an employed stat, but here's all the stuff that we've had to do to get to that point. And so you need to know that it's not just me dropping this client. It's [all of] us doing all of these little things."

Although there are multiple service providers involved in young people's participation in Employment Service, Tessa still achieves an "employed stat" that is fitted back into the institutional reporting framework for this program.

Other Social Services Delivered to Employment Service Clients

Although the Employment Service intake process in the Urban Youth Centre and its Rural Branch requires that employment counselors fit young people's lives into categories focused on employment and training, young people's lives consist of more than just difficulties with unemployment. Because the production of Employment Service outcomes by employment counselors is often improved when clients are referred to services beyond the program, the availability of resources located within the Urban Youth Center and the Rural Branch is an important aspect of their ability to produce "good stats." Compared to the Urban Youth Centre, in the Rural Branch a lack of resources constrains the ways that employment counselors determine what services are delivered to youth. Making visible how "good stats" are produced and reported to Employment Ontario and the Ministry shows how

the unequal distribution of resources across the two sites is implicated in the organizational response to the actual needs of youth.

Rural Branch: "Other" Service Opportunities Linked to Employment Service

In the Rural Branch Employment Service, clients often partake in the Self-Employment Business Program (SEB) that is delivered on site. This program is not offered in the Urban Youth Centre. The SEB program runs for 12 weeks consecutively and involves training workshops including Workplace, Hazardous Material and Information System (WHMIS) and First Aid and information sessions aimed at teaching young people about how to start their own businesses. To be entered into this program, young people first meet with the employment counselor where they are produced as clients in Employment Service as described above. The information gained by employment counselors through the intake process is shared with the program facilitators in the SEB program. In addition to the SEB program, the Rural Branch has a Resource Centre that lists available housing, employment opportunities, an afternoon snack program, and recreational programming. Youth learn about all of these other services from their employment counselors. In the Rural Branch, staff easily document in the Employment Service reporting system when clients access the SEB program. This happens because the SEB program requires that young people be screened by staff before enrollment in the program. However, staff also tell me that when clients use other services inside the Rural Branch that are more "self-serve" (i.e., snacks, and the resource room) it is "tough" to keep track and document these activities (James, Sam, Rural Branch).

In addition to other services provided by internal staff, employment counselors also connect clients to external organizations whose services are delivered within the Rural Branch. Leni, the program manager for Employment Service across both sites, tells me that this is called an "in-kind contribution" that is a "partnership between service providers without money being exchanged." For example, Employment Service clients are often referred to Ontario Works and

community counseling services. When clients use services beyond Employment Service, employment counselors and other staff in the Rural Branch document these activities using the online reporting system. In other words, connecting clients in Employment Service to these external services is made visible in EOIS-CaMS and webtracker. Like programs offered by the Rural Branch, using these external organizations is important for meeting successful outcomes as designated by Employment Service. James explains:

I would say counseling is the number one thing that comes up. You really have to focus on their basic needs and their ability to focus on work. They could come in and if they've got abuse going on at home, 9 times out of 10 they aren't gonna hold down any job you helped them get.

Despite the importance of these external services to meeting Employment Service goals, young people are put on waitlists and are at the mercy of external service providers' schedules (Leni, program manager). However, unlike the Urban Youth Center, many of the external service organizations connected to the Rural Branch offer services intermittently.

Interestingly, in the Rural Branch youth needs surrounding homelessness, addictions, and sexuality are less likely to make it onto employment counselors' documentary practices. Rural Branch staff explain that this happens because when employment counselors decide to bring a youth into Employment Service their work focuses exclusively on producing "good stats" (employment, education or training). This work, Laura tells me "counts." But if the young person is also dealing with homelessness or issues around sexuality, staff say that their response is to "do nothing" (Laura, Rural Branch) because "there are no places to go. There's nothing" (Maureen, Rural Branch). These comments suggest that there is a limited service framework available in this setting to address the multiple needs of rural youth.

Importantly, this limited service framework does not mean that support is not provided or that staff are unable to meet the expectations required for Employment Service. For example, Sam tells me that when staff in the Rural Branch learned of a

homeless youth connected to Employment Service who did not have appropriate outdoor gear, they started a drop-in program where they made a blanket using the sewing machines and scrap pieces of recreational supplies because there were no other organizational service options. Ironically, this activity was never tied to this homeless youth but rather was documented as a recreational activity that involved three other youth. In other words, providing a blanket was not counted towards the production of a “good stat” in Employment Service. In the Rural Branch, documenting youths’ experiences of homelessness through the reporting system for Employment Service would appear like an unmet need because there are no services available in the rural setting that can respond to this particular need. Instead of detailing the institutional constraints in using other services to produce “good stats” in Employment Service, the experience of youth homelessness among those who use Employment Service at the Rural Branch disappears.

Urban Youth Centre: “Other” Service Opportunities Linked to Employment Service

Unlike in the Rural Branch, employment counselors in the Urban Youth Centre say that when they learn that young people are dealing with homelessness, addictions, poverty, mental health, and sexualities they “write down everything” (field note, April 2, 2012), and “include it all on the first or second form” of the intake process (field note, April 3, 2012). They tell me that this information becomes important for generating service plans and producing “good stats.” Emma, a Program Facilitator in the Urban Youth Centre explains:

Often these other services focus on the basic needs. The way it ties into our Employment Service is that we know that it is really hard to look for a career or a job or get into school and be successful in that if you don’t have your basic needs met first; it’s just human nature to make sure that you have those needs met first.

Employment Service clients in the Urban Youth Centre have access to a broader array of services delivered by onsite staff than in the Rural Branch. Services in the Urban Youth Center

include: industry-specific employment training programs, recreational programming, a Resource Centre, a monthly food bank, meal programs, needle-exchange and safe needle drop bins, laundry services and hygiene supplies, and transitional housing programs. Compared to the Rural Branch, there is a much wider array of resources and services that shapes how the involvement of youth in Employment Service unfolds in the Urban Youth Centre. Table 1 provides a list of the services available in the Urban Youth Center and the Rural Branch that young people come into contact with through their participation in Employment Service.

Compared to the services offered by external organizations in the Rural Branch, Employment Service clients in the Urban Youth Centre have access to in-kind partnerships that are more stable (Annual Report¹, 2012-13). These external service opportunities are an essential part of the regular on-going programming offered within the Urban Youth Centre. Services provided by external service providers include weekly anonymous HIV testing and other health services, counseling, parenting groups, access to an Ontario Works Trustee, and alternative education programming including GED testing. Like the Rural Branch, all of these external resource opportunities are located inside the Urban Youth Centre. What differs, however, is the number and range of services available to young people. This difference is attributed to the fact that many of the external service organizations do not operate in this rural community.

In the Urban Youth Centre, access into these integrated resource opportunities is embedded in the Employment Service intake process. Josie provides an example of how sharing information contained on intake forms with other staff initiates young people's access into non-employment services opportunities. She says:

We help them with food. Whatever we have here on site they're welcome to take home. We also help them with our local food banks. We have to teach them where you can get food, where all the food banks are, how often you can go, baby food banks—if they don't know, we give them booklets on where everything is. And unfortunately, as a community all of our social service

hours run until 4 o'clock. So, we schedule work time around getting to the food bank to make sure they have food at home. *This is important so they're successful at work. 'Cuz the goal of the end of the program is to either have them with a goal to go to school and/or be employed. That's our goal. But, they're not employable if they don't have food.* (emphasis added)

Table 1: Services Beyond Employment Service Accessed by Youth

	Urban Youth Centre	Rural Branch
Services delivered by internal staff	<ul style="list-style-type: none">• Meal programs (3x a day)• Industry-specific employment training programs —(“Endeavour”)• Recreation• Resource Centre• Monthly food bank (including baby food)• Needle-exchange program and safe needle drop bins• Laundry services and hygiene supplies• Transitional housing and affordable housing programming	<ul style="list-style-type: none">• Snack (1x day)• SEB Program• Recreation• Resource Centre
Services delivered by external service providers	<ul style="list-style-type: none">• Ontario Works• School Board—Alternative Education, GED testing• RHIV Aids—Harm Reduction and HIV education• Community Health Agency —Counseling, Anonymous HIV testing• Other community organizations—recreational activities, housing support, addiction support	<ul style="list-style-type: none">• Ontario Works• School Board —alternative education• Family Community Agency—Personal Counseling• Other community organizations —recreational activities

Josie illustrates how the work of connecting youth to multiple service opportunities both inside and beyond the Urban

Youth Centre is important for accomplishing the outcomes required for Employment Service. However, in practice, how this is achieved across these organizational sites institutionally differentiates the response to young people's needs.

Conclusion

Throughout this article I have demonstrated that even though the Urban Youth Centre and its Rural Branch are ostensibly delivering the same programs and producing similar outcomes, rural youth experience a service disparity relative to urban youth. In the Urban Youth Centre, there are many more services available to employment counselors that can help transform young people's complex needs into "good stats." These multiple needs are included in the documentary process of intake forms because they can be linked to existing services. In practice, then, a "good stat" reflects a more comprehensive social service experience for urban youth. By contrast, employment counselors in the Rural Branch are not able to enact the same service response for rural youth because of a lack of other services within the site and community. Needs that cannot be addressed with a concrete service or that are difficult to track are not documented by employment counselors. Young people's experiences of homelessness, addictions and issues around sexualities are less visible in the Employment Service intake process at both sites; however, invisibility has greater consequences for rural youth, since employment counselors cannot translate their needs readily into successful program outcomes for Employment Ontario, and the Ministry of Training Colleges and Universities. In other words, in Employment Service linking youths' needs to available community service providers means success. In sites with few or intermittent service providers, young people's diverse needs in relation to working or returning to school are treated institutionally as if they do not exist (Diamond, 1995).

I started this article highlighting the dissonance between staffs' documentary practices in the Urban Youth Centre relative to the Rural Branch. The analysis uncovers that this is not an issue of organizational inefficiency, but rather a problem with the availability and organization of social services across these organizational settings that can actually respond to the

diverse needs of youth. On this basis, I argue that the availability and organization of service resources is important to how institutional relations obfuscate the experiences of young people (Smith, G. W., 1990). Maureen, a staff member in the Rural Branch, tells me that if youth are in the organization "they're here for a reason." However, in practice relative to the Urban Youth Centre, these institutional processes fail to convey the breadth of reasons that youth come to the Rural Branch. Thus, even across a single organization, standardized provincial programs do not always translate into uniform services for youth.

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Note:

1. Annual Reports for 2009-2010, 2011-2012, and 2012-2013 are produced by the organization and are made publicly available on their website. Items contained within these reports include: executive reports, yearly reviews of programming, and revenues and expenditures.

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Categories of Exclusion: The Transformation of Formerly Incarcerated Women into “Able-Bodied Adults Without Dependents” in Welfare Processing

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For people who have just been released from incarceration, the work of getting out and resuming life on the outside often includes numerous institutional contacts. Applying for and maintaining public assistance—cash aid and food stamps, commonly referred to as welfare—is a central component of what I call “reentry work.” I argue that discourses around welfare and punishment have perpetuated the erasure of formerly incarcerated women’s experiences. Utilizing an institutional ethnographic perspective, I show how the work of applying for and maintaining welfare is organized around a standardized textual discourse of children, and women as caretakers of children. Formerly incarcerated women do not fit easily into such a category, thus they are systematically excluded from the assistance they need. I examine the multiple layers of unrecognized work juggled by these women, and suggest avenues for welfare reform.

Key words: Women’s incarceration; welfare; General Assistance; institutional ethnography.

A growing vein of research has examined the “collateral consequences” of incarceration: difficulties such as restrictions on voting (Mauer, 2002), housing (Rubenstein & Mukamal, 2002), and employment (Pager, 2003, 2007), as well as restitution (Dickman, 2009) that must be paid before privileges such as having a driver’s license can be fully restored. Critical scholars have argued that the accumulation of such restrictions renders the full reintegration of former prisoners back into society nearly impossible (Beckett & Western, 2001; Maruna, 2011). It is a sad—but unsurprising—fact that the rate of return to prison for someone who has previously been incarcerated is

quite high: nationally, roughly 40 percent of former prisoners return to prison within three years (Pew Center on the States, 2011). The trying conditions under which formerly incarcerated people must struggle to rebuild their lives after incarceration are made even worse by the various institutions they must navigate. As I will show, formerly incarcerated people do not fit neatly into institutional categories. Dorothy Smith has written about the “practical interchange between an inexhaustibly messy and different and indefinite real world and the bureaucratic and professional system which controls and acts upon it” (1975, p. 97). This interchange informs the problematic I examine here: how the act of standardizing people’s lives for the sake of welfare processing excludes women whose lives are already “inexhaustibly messy.”

Using an institutional ethnographic approach, I draw on formerly incarcerated women’s accounts to show how the work of applying for and maintaining welfare is organized using a standardized textual discourse of children, and women as caretakers of children. I argue that current welfare policy systematically erases the difficulties of formerly incarcerated women, many of whom are actually mothers but are not categorically defined as such for the purposes of welfare eligibility determination. Thus, as my data reveal, recently-released women tend to exist in the liminal space between being an adult “without dependents” and being a mother.

In advancing this argument, in no way do I contend that women with custody of their children have it any easier in the welfare system. Rather, my aim is to pry open the literature about women on welfare, which currently is coterminous with the literature about *mothers* on welfare, and make space for women who do not neatly fit into this category. As I will show, the present welfare-to-work system, which critical scholars have attributed to a neoliberal “war on dependence” (Katz, 2001; Miller, 2013), ignores the ways in which incarceration history makes future employment more tenuous. I argue that restrictive welfare policies punish women who have already “done their time” in prison. The harsh time limits on the assistance they receive, the lack of access to useful work training opportunities, and in many cases, ineligibility for food stamps, all contribute to a growing nexus of “invisible punishments” (Travis, 2002; Welsh & Rajah, 2014) which prolong and amplify

the repercussions for criminal involvement far beyond the formal sentence received.

In the sections that follow, I first consider how formerly incarcerated women's situations render them invisible in both the feminist welfare and penal state literatures: the former neglects women who do not fit into the welfare category of caretakers of children, while the latter conceptualizes "prisoner reentry" as a process experienced exclusively by men. I then explicate the social relations organizing women's work in seeking and maintaining welfare. I present a typology of the women in my sample by the assistance they are eligible to receive. I then examine the multiple layers of unrecognized work juggled by these women: the work of sorting through what assistance one might be eligible for based on one's criminal record; the futile work of participating in required welfare-to-work programming that fails to include specific training for individuals with criminal records; the work of weighing the value of meager welfare assistance against competing demands associated with regaining custody of children; and the textually-mediated work of presenting oneself as a "good" mother in the welfare office.

The Exclusionary Discourses of the Penal and Welfare States

For as long as governments have provided assistance to the poor, policymakers have sought to distinguish between the "worthy" and "unworthy" poor (McCarty, Aussenberg, Falk, & Carpenter, 2013; Piven & Cloward, 1993). Throughout the history of the American welfare system, this has meant a complex maze of federal, state, and local policies that reflect prevailing societal expectations about both family structure and compliant behavior (Abramovitz, 1996; McCarty et al., 2013; Smith, 1993). A vast—and vastly important—field of critical welfare scholarship has shed light on the myriad ways in which welfare policies have marginalized single mothers and people of color, permanently confining them to an under-caste of low-wage labor (Abramovitz, 1996; Butler, Corbett, Bond, & Hastedt, 2008; Edin & Lein, 1997; Solomon, 2003; Weigt, 2006). Yet welfare discourse is very much shaped around those who are eligible to receive it. As critical scholarship on mothering

discourse has shown (Brown, 2006; Weigt, 2006), worthiness for receiving institutional assistance is typically tied to children, and to women as “good” caretakers of children. Feminist scholars have thus paid little attention to the “safety net of last resort”: state-administered General Assistance (GA) programs for poor adults who do not qualify for other forms of assistance.

Applicants for GA include people who do not have custody of minor children, people who are not sufficiently disabled to qualify for the Supplemental Security Income (SSI) program, or who are waiting on a disability determination, and those who are not elderly (Schott & Cho, 2011). Under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the federal welfare policy term for an individual who might qualify for GA is “Able-Bodied Adult Without Dependents” (ABAWD) (United States Department of Agriculture [USDA], 2014). Individuals categorized as such are not eligible for federal cash assistance under the current program (Temporary Aid to Needy Families, or TANF). Instead, they may only receive food stamps (formally known as SNAP, the Supplemental Nutrition Assistance Program) for three months out of every three years (USDA, 2014). Because there is no federally-funded cash safety net for individuals categorized as ABAWD, they are at the whim of state provision of such aid, which varies widely. Thirty states provide some assistance, but only 12 states do not require recipients to have a documented reason for being unemployed—typically, a disability (Schott & Cho, 2011).

In her seminal piece on the politics of need interpretation in welfare, Nancy Fraser (1987) argues that welfare, through its discursive framing as a “feminine” system, constructs its clients as dependents in need of therapeutic intervention. This construction is reinforced by positioning women—the large majority of welfare recipients—as caretakers of children. Fraser contrasts this with “masculine” systems of aid such as unemployment insurance, in which men are the majority of clients. Recipients of masculine forms of aid are constructed as participants in the workforce and thus as having “rights” instead of “needs.” Fraser’s typology has a gap, however: individuals who are categorized as ABAWD and who therefore do not neatly fit into either type of system. Because of their

precarious situations, formerly incarcerated individuals often seek out GA, which is neither a conventionally “feminine” nor “masculine” system, per Fraser’s definition. Although nationwide demographic data on GA recipients are not available, state-level data indicate that a slim majority of GA recipients are men (Shannon, 2013). Thus, female recipients of GA, and formerly incarcerated women in particular, are rendered invisible because they are not receiving the expected form of aid for their gender. This invisibility has only been considered in passing by other researchers (Brown & Bloom, 2009).

A similar erasure of women’s experiences occurs in the critical literature on punishment. Contact with the criminal justice system has become a routine site of interaction with the government (Weaver & Lerman, 2010). Yet, although women have comprised the fastest-growing prison demographic for the past three decades (Frost, Greene, & Pranis, 2006; Mauer, 2013), discourses around incarceration—and prisoner reentry in particular—are predominantly about men (Richie, 2012). Loïc Wacquant, a leading critic of prisoner reentry discourse, reinforces this “separate spheres” notion, as this passage illustrates:

Indeed, the renovated reentry chain is for lower-class criminal men, *the penal counterpart and complement to punitive workfare* as the new face of public aid for derelict women and children—who happen to be their mothers, sisters, wives, and offspring, since the welfare and criminal justice arms of the state fasten onto the same households located at the foot of the socioracial hierarchy according to a gendered division of control. (2010, p. 616, emphasis in original)

Wacquant recognizes an important fact about America’s “prison nation” (Richie, 2012): that there is a convergence of the penal and welfare states in the lives of poor people of color. However, his argument positions women as bystanders to mass incarceration, when in reality, thousands of women are themselves being swept up into the criminal justice system every year. In this way, the welfare and penal states are functioning to co-produce the exclusion of formerly incarcerated women.

The institutional ethnographic perspective is useful for unveiling the marginalization perpetuated by these discourses. Allison Griffith (1998), for example, employed this approach to reveal how she and Dorothy Smith, through their situations as single parents, were constructed as “deviant” in the relationship between their families and their children’s schools (p. 371). In a similar way, I seek to highlight here the ways in which women with incarceration histories are positioned as deviants, both in trying to present themselves as eligible for assistance and, for those who are mothers, in presenting themselves as “good” parents. It is only through the actual activities that people carry out—and the specific knowledge and experiences they have of doing so—that we can begin to understand how people’s lives are socially organized (Smith, 2009). Yet these important forms of knowing are often erased through the use of generalized categories that remove lived experience from the account (Smith, 1983, 1987, 1993). The narratives of the women interviewed for this project reveal this erasure, and suggest possibilities for change.

The Social Organization of Women’s Reentry Work

Gabrielle is a quiet, 34-year-old Latina with a warm smile. She had been a “lifer,” serving almost 17 years in a California state prison before being released on parole. At the time I first met her, Gabrielle had been out for almost a year, but was still living in temporary housing, sharing a cramped three-bedroom house with three other women who had four young children among them. Gabrielle’s description of her first two weeks after getting out of prison were echoed by the other women who participated in this study:

When I first got out, I had a lot of different appointments that I had to go to. My first week out, it was real frustrating because I needed to go down to the county and get my food stamps and cash aid, and because I’d never had to do any of that, I didn’t know what to do. It took almost two weeks for everything to get situated because I didn’t have the right paperwork or I wasn’t filling things out. There was information missing. They told me I had to be in the county 14 days before they could process anything. And they knew... ‘cause they

asked, 'where have you been for the last 16 and a half years?' I said, 'in prison.' And so they said, 'well, we need you to be a resident of the county' before I could receive any kind of aid. So they gave me emergency food stamps, but they didn't give me the cash. So when the 14 days were up, then I had to go back and redo all the paperwork. It was just a hassle.

Gabrielle's experience points to an all too common irony for people coming home from prison: the disjuncture between what she needs to do to survive now that she has been released, and the institutional restrictions that impede her survival. The welfare office is typically one of the first institutional contacts a recently released individual makes, yet as Gabrielle learned, she needed to first establish "residency."

As a single woman with no dependents, Gabrielle was a member of the growing ranks of individuals who must seek state cash aid (GA) allocated at the county level. Unlike the food stamps she was able to get immediately, GA is not provided through federal funding. In the county in which Gabrielle was applying, the standard processing time for a GA application is 30 days. This means that, including the 14 days she had to wait to establish residency, Gabrielle had to wait up to six weeks after her release from prison to receive cash aid. Gabrielle and her fellow Californians are actually relatively fortunate: California is one of the 12 states that offer GA to individuals classified as ABAWD without requiring that applicants prove they are unemployable because of a disability. Still, the maximum amount of cash aid available to ABAWD-classified adults in California is less than one-quarter of the federal poverty line for an individual. There are strict time limits, too: because welfare policy classifies Gabrielle as "able-bodied" (employable), she could only receive this cash assistance—a maximum of \$221 per month in the county where this study took place—for nine months out of the year, as long as she participated in a job training program (Schott & Cho, 2011). As a point of comparison, individuals with dependent children can receive cash aid through TANF for up to 48 months in California, with no set time limit on food stamps (California Department of Social Services, 2011; Schott & Pavletti, 2011).

In addition to accessing public assistance, recently released

individuals like Gabrielle must: find permanent housing; comply with community supervision requirements (parole or probation); seek and obtain health and mental health care and substance abuse counseling; reunite with family and friends; pursue visitation with and custody of children; and find employment. Elsewhere, I have referred to these tasks collectively as “reentry work” (Welsh & Rajah, 2014). With the exception, perhaps, of the last task—finding employment—these essential forms of work are not recognized as such, arguably because they do not directly contribute to reshaping formerly incarcerated people as productive members of society. Rather, these unrecognized forms of labor are commonly considered to be part of the price one pays for being poor and engaging in criminal behavior.

Research Approach: Beginning from Women’s Experiences

In March of 2012, I began research for this project by volunteering for an organization that provides housing and social services for women coming home from prison and jail in a large metropolitan area of California. Over the course of the following year and a half, I conducted semi-structured, in-depth interviews with a purposively-selected sample of 24 women, in addition to roughly 400 hours of participant observation. As I have described elsewhere (Welsh & Rajah, 2014), I presented myself to the organization and the women it served as a doctoral student–researcher who also has social work credentials. Because the organization, a small non-profit agency, lacks the resources to have a social worker who could provide transportation for the women’s many appointments in the first few weeks of getting out, I began to fill this role.

Prior to interviews with and observations of each woman, I explained that I was interested in the various forms of work that women had to do to reestablish their lives after incarceration. Similar to other institutional ethnographers’ experiences, I found that my conceptualization of the reentry process as work was readily accepted and understood by the women, who appreciated that I recognized their work as such. As Mykhalovskiy & McCoy (2002) note, “talking about ‘work’

stimulated rich conversation since the term implies forms of effort and intentionality easily recognized by people in their everyday experience” (p. 26). In framing my interests in this way, my conversations with the women created a space for them to reflect on their reentry work in a way that was otherwise unavailable to them. Additionally, I told each woman that I had experience and training as a social worker and was willing and able to help her navigate various systems in any way I could, should she want my help. The women became local, or “standpoint informants” (Bisaillon, 2012) who kept the research anchored in their everyday experiences. Several of the women took ongoing, active roles in the project of their own volition, calling me when they had various appointments that they thought would be interesting for me to observe.

Table 1. Welfare Eligibility Classifications of a Sample of 24 Formerly Incarcerated Women

Welfare Aid Category (# of women in sample within this category)	Informants
Banned from receiving food stamps because of drug felony (10)	Alice, Carina, Jessie
Receiving GA (cash aid); categorized as ABAWD; no minor children or not pursuing custody (16)	Gabrielle, Alice
Receiving GA (cash aid); categorized as ABAWD; actively seeking custody of children (4)	Jessie
Receiving TANF (cash aid and food stamps); have custody of children (4)	Gabrielle,* Carina

*Gabrielle became pregnant with and gave birth to her first child during the course of the study.

For the purposes of my analysis here, I sorted the women in my study by their welfare categories of need (see Table 1). During my time with the women, four fell under the category of TANF: they had custody of their children and thus were receiving aid through federally-funded welfare programs (including Gabrielle, who later had a child of her own). Nine of the women were mothers of adult children, while another four were actively seeking custody of young children they had had prior to their most recent incarceration. These women, along

with the seven women who either did not have children or had chosen not to pursue custody, were only eligible for GA, as well as three months of “emergency” food stamps. Thus, they are categorized as ABAWD. At the time of their first interview or observation with me, all of the women in my study were in the process of applying for, or were already receiving, some form of aid. However, as I will examine here, 10 of the women were prohibited from receiving food stamps for themselves and thus could only receive GA or assistance for their children.

Category 1. “You Can Never Eat”: The Work of Applying for Welfare with a Drug Felony “Scarlet Letter”

The welfare reform legislation that took effect in 1996 was crafted at a time when crime rates of drug-related violence in particular were at their peak. Concern about drugs and their deleterious effects on communities began to replace a focus on normative family structure. Although crime rates have subsequently declined, crime-related welfare restrictions remain, and in some places, they are expanding (Mauer & McCalmont, 2013; McCarty et al., 2013; Soss, Fording, & Schram, 2011). A complicating factor in considering such restrictions is that they are inconsistent across federal, state, and local programs. As McCarty et al. (2013) note:

This variation may be considered important, in that it reflects a stated policy goal of local discretion. However, the variation may also be considered problematic if it leads to confusion among eligible recipients as to what assistance they are eligible for or if the variation is seen as inequitable. (p. 2)

Confusion was common among the women I interviewed. For some, policies had changed while they were incarcerated; others had lived elsewhere prior to their arrest in California, or they had never applied for public assistance before. Thus, many were unaware that California is one of 34 states that ban individuals convicted of a drug sales felony from receiving food stamps (Maurer & McCalmont, 2013). Alice, an energetic 55-year-old Black woman, describes it this way:

They make you grovel, you know? I had to go apply

for [welfare] to have some kind of money... But they asked me what was I in prison for, I told 'em drugs, and they told me I wasn't eligible for food stamps, which I didn't understand... if you have certain drug convictions, and I think it's like intent to sell, well, mine was a sales. You can't eat. You can never eat. What has that got to do with you eating? That's what I don't get. What does food stamps have to do with drugs? Because they give you, what, \$221 a month? If I was gonna buy drugs, I'd buy it with the cash. Now the hard thing for me is the fact that I've been in prison and it's behind me. Looking for a job. And then, every place you go, they're gonna do a background check. So that means that you're still doing time... Like I got a red scarlet letter on my chest. Now in school, my teacher knows I've been in prison and my classmates 'cause I don't hide it. But looking for a job, I don't go and disclose that information unless they ask. And I have disclosed that information and I've had people that tell me 'well, let me talk to my supervisor about it.' But I know that when I walk out the door they throw my application basically in the trash.

Alice, who was a nurse for 20 years prior to her incarceration, recognizes that although she desperately wants to return to the workforce and support herself, her employment opportunities are severely limited because she is "marked" with a criminal record (Pager, 2003, 2007). When Alice applied for welfare, the large stack of forms she filled out contained a questionnaire entitled the "Food Stamp Program Qualifying Drug Felon Addendum." The first section asked about any drug felony convictions Alice had incurred since welfare reform took effect in 1996, and listed the convictions that could render her ineligible for aid. Another section asked if she had completed, participated in, enrolled in, or been placed on a waiting list for a "government-recognized drug treatment program." Checking 'yes' for any of these items could have absolved Alice of her drug conviction and made her eligible for food stamps (though a threatening statement about the harsh prosecution of welfare fraud warned her not to lie). Yet because of an earlier conviction, Alice was ineligible for such a treatment program.

The textualization of Alice's everyday experiences facilitates the transformation of those experiences into ideological narratives. Smith (1987) has described this process as the ideological circle: a textually-mediated practice of extracting (and abstracting) facts from real experience, and then using these disembodied facts to explain and organize experience. The ideological circle involves selecting from an account only the details that fit within the context of an existing ideological scheme (see also Smith, 1990). In Alice's narrative, she wonders how her drug felony is connected to eating. Alice did not have a substance abuse issue that would make her eligible for a treatment program; she had been convicted for selling drugs, not using them. In the ideological account, it is not the fact of her prior behavior—which is inevitably embedded in a complex social-organizational context and personal history—that matters. Rather, it is the fact that she is a convicted drug seller. As someone who fits into this category, she is denied assistance.

Category 2. Welfare-to-work and the Problem of the Criminal Record

The central contribution of an institutional ethnographic inquiry is to “trace how women *participate* in these discourses in ways that subordinate them... [and to] map out the ways these discourses fit into a constellation of social relations organizing experience and knowledge” (Weigt, 2006, p. 335, emphasis in original). It is to this task that I turn here.

The welfare system, which still required Alice to look for employment in exchange for her cash aid, fails to recognize the additional burden that having a criminal record adds for an individual looking for work. The effectiveness of welfare-to-work programs is questionable, even for individuals without a criminal record (Butler et al., 2008; Harris & Parisi, 2008). Of the twenty women in my study who were receiving GA, none found jobs through the welfare-to-work program in which they were mandated to participate. It is important to note that none of the four women with children found jobs through the analogous job program for poor parents, though these women were self-admittedly less focused on finding work than on finding affordable, stable housing for themselves and their children. Arguably, the women who had custody of their children were

able to have this focus because they had assistance for a longer period of time. Alice, who has a grown son and one granddaughter, and thus was classified as ABAWD, describes the job search process like this:

What they do is they give you a list of jobs and you have to have so many 'points' at the end of the week. So you pick through them, and you have to do so many job searches a day. And you have to show them that you've done them. If it's a walk-in place you have to get a business card. And if you do it on the computer then you have to have paperwork. So that's why I bought a printer, so that I could do my job searches online and show them that I uploaded my resume. Then I bring them back the receipt to let them know that, actually I would rather have a job than to go over there and stand in the long line for two hours to get in [to apply for welfare]... They tell you how to dress, you know, a lot of people don't have clothes. They give you a \$50 voucher to go spend on a shirt or pants or shoes or whatever you need. And then they tell you to go look. And they give you these jobs and some of them are far away and some of them are places that likely aren't gonna hire you. And they have, like, Pizza Hut, you know what I'm saying?

At the time I interviewed her, Alice was finishing up training in basic computer programs such as Microsoft Word so that she could become an administrative assistant. Even for these types of jobs, a clean criminal record is often required. As of our last conversation, Alice had not found work and was planning to move out of state once she got off parole to live with relatives.

In her book about carework, DeVault (1992) observes that, through the performance of unrecognized forms of labor, "women are continually recruited into social relations that produce their own subordination" (p. 13). In speaking with Alice, I found support for DeVault's observation. Poor people with criminal records are swept up into a welfare-to-work system that fails to prepare them for a competitive job market in which having a criminal record is an additional hindrance. These individuals are then required to complete a

certain number of fruitless job searches in order to continue receiving assistance. Women like Alice, because of their criminal records and their categorization as “adults without dependents,” are thus set on a trajectory that is quite different from their counterparts with children. Alice has nine months to find a job before she loses her GA, which, at \$221 per month, is not enough for her to find stable housing. After three months off GA, she can reapply, but would have to also go through the welfare-to-work program all over again—a time-consuming process that yields little actual benefit.

Category 3. “They Want You To Do So Much”:

Formerly Incarcerated Mothers Juggle Competing Demands

Jessie, a young Latina, left her son in the care of her aunt when she went to prison. While in prison, Jessie began receiving letters from the family court that her aunt wanted to adopt her son. Distraught over the prospect of losing her son, Jessie got her court-appointed attorney to file a petition opposing the adoption. When she was released, Jessie was able to persuade the court to grant her reunification services, under which she could have gradually more contact with her son while completing parenting classes. Jessie describes her situation like this:

What sucks is that in my case, I’ve never beaten my son, never neglected my son, none of that. The only thing that was—I mean it was wrong, but I went to prison. And it was for something that I did two years prior [to having him]. So it was from my past. I was clean and I wasn’t doing drugs. And they came in my house and they got me. They had me under investigation for a long time before. So I went to prison for that, there was nothing really I could do. So my thing with my son... there’s women that beat their kids or neglect their kids and that don’t feed their kids and stuff like that. And they give them back. And I was like, ‘oh my god, they’re not gonna give me my little boy back because I went to prison and I was there for such a short period of time?’ But I went to every court date and I’m doing what I have to do.

Jessie struggles to reconcile her identity as a good mother and the identity the state has imposed on her as a criminal. This is particularly difficult for her because she was sober and not engaged in criminal behavior at the time she had her son. McMahon (1995) has referred to women who experience this conflict as “maternally unorthodox” (p. 264): through their criminal involvement, they have violated not just the law, but also expected female behavior. This conflict is quite common for women with incarceration histories: over 70 percent of incarcerated women are the primary caretakers of children prior to their imprisonment (Snell, 1994); many, like Jessie, must fight to regain custody of their children once they get out.

Jessie, who was living in the temporary housing provided by the reentry program when I met her, made reuniting with her son her highest priority. However, in order to stay at the program, she needed to apply for GA and food stamps so that she could pay rent and contribute to food expenses at the house she shared with four other women. Jessie, like Alice, learned at the welfare office that she was ineligible for food stamps because of her drug conviction. As other researchers have pointed out, the food stamp ban not only hurts the individuals who cannot receive assistance, but also harms organizations that provide shared housing to formerly incarcerated people (Mauer & McCalmont, 2013; Rubenstein & Mukamal, 2002). During the application process, Jessie also learned about the work requirements for GA, and discovered a conflict between her primary goal and the work she would need to do to receive assistance:

I went to the [welfare-to-work] assessment. I signed the papers and did all that. That was not really a lot. But then they started talking about how I have to go every day at such and such times and that it might interfere with my parenting classes. I decided if that happens then they're gonna they keep their money because that's more important to me. They want you to go for two months, every day, Monday through Friday. I'm like, 'no, I can't do it.' They want you to do so much. It's understandable 'cause I guess they do help you get jobs, and that's cool, but right now, where I'm at, I'm not able to.

Jessie's narrative pinpoints a key difficulty that many reentering women experience: because she is classified as "without dependents," she is expected to make finding a job her highest priority. Thus, job training sessions are scheduled for her with no consideration for her other obligations, which in addition to her parenting classes, also include drug testing, psychotherapy, Narcotics Anonymous meetings, and meeting with her probation officer. Jessie often had to take two to three buses to get to each of her appointments. Ironically, she is forced to choose her parenting classes and other tasks over getting the assistance she needs to pay her rent. Jessie's refusal to participate in the welfare regime eventually paid off. Because she was released from prison under a new program for people convicted of low-level crimes, Jessie's probation officer was able to arrange to pay for her housing for six months while she completed her parenting classes.

Category 4. The Textual Transformation of the Deviant Mother

In the following passage, texts mediate Carina's transformation from a "good" mother into a deviant mother with a drug conviction:

I was six months pregnant with my daughter. Before you can be on [TANF] you have to be six months pregnant. I went to apply. You wait there all damn day. They finally called me and I go into the interview room with 10 people in there interviewing in those little booths. It's loud in there and she's looking over my paperwork and saying 'your name is such and such,' going through all this stuff, 'how pregnant are you?' They get to the part where you have to write your convictions down and you can't lie to the county because they fingerprint you. As soon as I get to that part, it's 'this is how much we'll give you' and 'we're not giving you no money while you're pregnant, only food stamps, and unless the baby is born this is how much money you will get.'

Carina notes that the tone of her interaction with the eligibility worker shifted markedly as soon as the worker saw her convictions. As Ridzi (2009) and Taylor (2013) have observed, welfare eligibility workers and case managers tend to

use the copious amounts of paperwork they must fill out for surveillance purposes, not to provide services. Because she was six months pregnant, Carina knew that she was eligible for more assistance through TANF than she had been through GA. However, because of her drug convictions, she was only eligible for aid for her baby, not for her. Thus, the increase was less than a hundred dollars per month.

Carina's disclosure of her drug convictions on her application form "activates" a complex set of ruling relations which coordinate her work and that of her eligibility worker. These relations correspond with prevailing discourses about motherhood, which dictate that women should be law-abiding citizens who are able to work to provide for their children. Women like Jessie and Carina, by virtue of their "messy" lives, do not fit neatly into the institutional categories that determine their worthiness for welfare.

The multiple layers of work that women like Jessie and Carina must undertake are invisible in the current regime. In Jessie's case, this forces her to choose between the money she needs to live and the work she needs to do to get her son back. By limiting the amount of money Carina can receive while she is pregnant, the welfare system conveys that it is only concerned about the well-being of her unborn child, and thus ensures that Carina can eat while she is pregnant. Such ironies are not limited to the welfare system. Elsewhere, I have written about women's difficulties in obtaining permanent housing: Gabrielle, who became pregnant while she was at the reentry program, was told that because of her criminal record, she would not be a worthy candidate for government-subsidized housing until she had given birth to her son (Welsh & Rajah, 2014).

Conclusion

I have argued here that the welfare and punishment discourses that claim to speak for women and former prisoners have systematically erased the circumstances of formerly incarcerated women. I have sought to shed light on this erasure by showing how the categorization of formerly incarcerated women as "Able-Bodied Adults Without Dependents" in welfare eligibility determinations excludes them from the very

assistance they need to demonstrate that they are reformed citizens—and for many, that they are “good” mothers. This categorization sets women up to juggle multiple and often conflicting forms of unrecognized work.

The research presented here raises important questions about welfare policy: what role (if any) should the welfare system play in the prisoner reentry process? How can welfare programs account for people’s complicated lives post-incarceration? My analysis points to the need for broad reforms that make women’s well-being central, alongside—instead of at the margins of—the needs of children. Politically, crafting a more inclusive welfare system means rejecting neoliberal discourses around personal responsibility. As DeVault (1992) argues, “by locating blame with individuals rather than structures, these discourses legitimate the hierarchies of access to resources that produce inequities” (p. 230). For formerly incarcerated people in particular, a recognition of the numerous structural forces that have fueled mass incarceration must be a policy priority.

Table 2. Women’s Priority Tasks Post-release versus the State’s View of What Their Priorities Should Be

	Women’s Priority Task	State’s View of What Women’s Priority Should Be
Gabrielle	Get financial assistance	Establish residency
Alice	Eat, get a job	Get a job
Jessie	Reunite with son	Get a job
Carina	Get assistance for herself and her unborn child	Assist her unborn child

A consistent theme throughout my findings is that interactions with the welfare system frequently make women’s lives more difficult through exclusionary policies. The welfare system is not equipped to facilitate the prisoner reentry process in a holistic way; the aim in policy reform should be to ensure that accessing welfare assistance does not further impede people in rebuilding their lives post-incarceration. Table 2 provides a clue about how to do this. Gabrielle’s priority when she first got out was to obtain financial assistance so that she could keep her housing; the state’s priority was for her

to wait two weeks so that she could claim “residency” in the county. Jessie’s goal was to reunite with her son, and thus her priority was all the work associated with achieving that goal: substance abuse counseling, parenting classes, and complying with the conditions of her probation. The state, however, considered her priority task to be looking for a job. By making women’s priorities central, a more inclusive welfare system should allow for women to set and achieve their priorities while—not instead of—receiving assistance. In Jessie’s case, for example, she could be allowed to count the work she was doing to regain custody of her son toward the required hours of work for her food stamps and cash aid.

Alice’s priorities when she got out were to be able to eat and to get a job. Alienating policies that prevent individuals with criminal records from receiving food stamps must be repealed. Alice’s experience, which was common among the women I interviewed, reflects the legacy of punitive drug policies and discourses around the unworthiness of drug addicts for government assistance. Such discourses have had harsh effects on women. As Bush-Baskette (2010) has argued, the American “war on drugs”—the use of aggressive policing tactics coupled with long and mandatory prison sentences—has, in large part, been a war on women: between 1986 and 1991 alone, the number of women incarcerated in state prisons for drug crimes increased 433 percent, while men’s incarceration for drugs increased 283 percent during that period (p. 40). As of 2011, a quarter of women in state prison and 58 percent of women in federal prison were incarcerated for a drug conviction (Carson & Golinelli, 2013). Feminist scholars have argued that such trends are symptomatic of a prison regime that systematically exploits and marginalizes people of color and women in particular (Gilmore, 2007; Richie, 1996; Sudbury, 2002).

The larger point, however, is that Alice’s goal of getting a job matches what the state’s priority is for her, and yet she still has substantial difficulty in achieving it. A restructuring of welfare policies should account for the difficulties of finding employment when one has a criminal record. Such difficulties are not insurmountable, as the growing number of successful employment programs for formerly incarcerated people has shown (Council of State Governments, 2014). Welfare-to-work programs should not only train job searchers how to handle

their criminal histories on applications and in interviews, but also work to connect formerly incarcerated people with employers who are willing to hire them.

This institutional ethnographic analysis has allowed a vision of a real restructuring of welfare that places women's needs at the center and which recognizes the extra challenges associated with having a criminal record. Such reforms would enable women to carry out the already difficult work of rebuilding their lives post-incarceration.

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Interrogating the Ruling Relations of Thailand's Post-tsunami Reconstruction: Empirically Tracking Social Relations in the Absence of Conventional Texts

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This paper discusses methodological strengths and challenges in doing institutional ethnographic (IE) research in communities devastated by the 2004 Indian Ocean tsunami in Southern Thailand. IE is a mode of inquiry used to describe institutional mechanisms of reconstruction, aid, and recovery and to show how recovery efforts affected real people and communities over time. The chaotic nature of a disaster zone, combined with the more common difficulties of conducting research in a developing region relying on a translator, posed various challenges in the conduct of this IE study. Textual data, one of the important tools used in IE research, were scarce and what texts emerged were unusual. Our study reveals a disordered and uneven aid distribution. We show how private interests and pressure for economic redevelopment coordinated government practices which could be portrayed as "corrupt." Our paper highlights the strengths of the IE method in assessing reconstruction, aid, and recovery in a disaster zone by focusing on the everyday lives of people as they moved beyond the immediate turmoil. We discuss the methodological techniques used to uncover empirical data to support analytical work when actual texts were not available. Further, we describe how IE is an effective approach for examining peoples' recall of past events, where experiences described can provide insights into the current social organization and ruling relations. These insights lead to our understanding of changes and developments that occurred in the landscape and in the community after recovery. We discuss how the reconstructed environment,

including new buildings and signage, coordinated and changed people's day-to-day activities and their ways of making a livelihood.

Key words: *institutional ethnography, texts, disaster zone, Thailand, tsunami*

From February 2011 to December 2012, we employed institutional ethnography (IE) as a method to assess the everyday experiences, processes of aid, reconstruction and recovery, and the ruling relations that established and coordinated these processes in a region devastated by the 2004 tsunami in Southern Thailand. Institutional ethnography provided critical information in assessing the long term recovery of the specific Thai region following the disaster. It allowed us to investigate the actual everyday world of people affected, providing a rich, thick description of the issues, problems, conflicts and disjunctures that have characterized post-tsunami events. Using IE, we worked to discover the social and ruling relations that coordinated what happened in the immediate months and ensuing years following the tsunami. IE contributes an analysis of the "social organization" of the disaster recovery in contrast to the existing conceptual frameworks being used to describe and analyze what happened in Thailand. Our research offers new insight into the long-term recovery of a region that was severely damaged. Knowledge gained from tracing what happened at the local and trans-local levels produces a useful view into understanding the overall mechanisms and realities of reconstruction and recovery.

As with most IE research, we relied on the understandings and the actions and experiences of those who know the situation from living it. However, in contrast to IE that is conducted in highly textualized settings, the chaotic nature of a disaster, as well as the nature of tsunami aid and recovery policy implemented by the national government, required ongoing adaptations to the focus of the fieldwork. This is the simple contribution of this paper. Beyond a brief synopsis of the research findings, the paper provides an account of an IE study that did not unearth very many analytically useful textual documents but that, even with a scarcity of texts, developed a warrantable, empirical analysis of "the social" as it arose in people's actual experiences in specific locations.

The 2004 Tsunami Event in Southern Thailand

On December 26, 2004, a magnitude 9.3 earthquake occurred off the northwest coast of Sumatra (Bagla, Stone, & Kerr, 2005). The earthquake generated a tsunami that traveled across the Indian Ocean and Andaman Sea, striking coastlines directly in its path, including the west coast of the Malay Peninsula in Southern Thailand. The effect on human populations from the disaster was staggering, resulting in an estimated death toll of 240,000 people (R. A. Kerr, 2005; Paz, 2005; Thanawood, Yongchalermmai, & Densrisereekul, 2006; Wisner, College, & Walker, 2005). Although the majority of casualties occurred in Indonesia and Sri Lanka, portions of Thailand's Andaman Coast were also devastated by this tsunami. Phuket, Phang Nga, Krabi, Ranong, Trang and Satun provinces were most severely affected, with 5395 people killed and 2822 reported missing after the event (Thanawood et al., 2006).

However, these official figures from Thailand do not account for the population of illegal Burmese workers or other ethnic groups within Thailand with no official status or official record of living in the country (Thanawood et al., 2006). Subsequent to the disaster, it became evident that many survivors would face long-term economic, social, and environmental upheaval, which would have permanent repercussions for surviving populations of affected regions (Manuta, Khрутmuang, & Lebel, 2005; Rigg, Law, Tan-mullins, & Grundy-warr, 2005).

The Stages of Recovery and Sustainability as They are Currently Discussed

There is a considerable literature on the initial stages of recovery following the 2004 tsunami, including the natural mechanisms of the event, the disjointed and chaotic period of the immediate aftermath, policies of aid and recovery, and the environmental effect of the tsunami (see Keys, Masterman-Smith, & Cottle, 2006; Montlake, 2005; Paz, 2005; Rigg, Grundy-Warr, Law, & Tan-Mullins, 2008; Rigg et al., 2005; Thanawood et al., 2006; United Nations Country Team in Thailand, 2006). A number of literature sources we reviewed refer to strategies

and policies for the redevelopment and rehabilitation of the regions developed by different levels of government, private developers, the United Nations (UN), Non-Governmental Organizations (NGOs) and various relief organizations. Initial reports on the results of these rehabilitation and redevelopment initiatives showed a disjointed effort, which, according to these authors, has ultimately benefited only prominent and powerful stakeholders, such as local elites and resorts (Haynes & Rice, 2005). Although policies from various levels of government, the UN, aid agencies, and financial institutions were designed and expected to direct more equitable reconstruction and recovery processes, little is known regarding how or if they were implemented through action on the ground. We were interested in this apparent gap between these policies and plans and action and implementation on the ground in the years following the tsunami.

Research on disasters and disaster recovery on the 2004 Indian Ocean tsunami and other disasters have heretofore been theorized within the context of sustainability (see Asian Development Bank [ADB], 2007; Garcia et al., 2006; United Nations World Tourism Organization [UNWTO], 2005). Sustainability encompasses a broad discourse that includes cultural, environmental, and economic sustainability from multiple perspectives, interests and focuses (Bruntland, 1987; Draper & Reed, 2009; Haynes & Rice, 2005; Holden & Jacobson, 2007; Morris, 2004; Nadeau, 2002; Nathan & Reddy, 2012; Stone, 2003). Those authors researching and writing about sustainability frame it conceptually as "intergenerational equity," development and resource use must not benefit present generations at the expense of future generations, and "intragenerational equity," development and resource use must have benefits which are equitably shared among members of the current generation (Holden & Jacobson, 2007; Nadeau, 2002).

The discourse of environmental management, sustainability and sustainable development is often analyzed and critiqued within a framework that seeks to incorporate ideas about environmental protection within workable transformations of society, culture and economy (Draper & Reed, 2009). Specifically, in research on disasters and disaster recovery, sustainability is often conceptually framed in association with "resilience" (Adger, Hughes, Folke, Carpenter, & Rockström,

2005; O'Brien, O'Keefe, Rose, & Wisner, 2006; Rigg et al., 2008; Schipper & Pelling, 2006). In their work on the immediate aftermath of the tsunami in Thailand, Rigg and his associates (2008) assess the resilience of specific communities in the recovery process. Resilience is measured by considering each community's standing in Thai society in terms of its economics, its resources to recover, and its environmental vulnerability, in relation to the community's risk and location within the hazard zone.

Prior research conducted into the disaster aftermath that is most congruent with IE is the work of Katz (2008). In her paper on the aftermath and outcomes for communities in post-Katrina New Orleans, Katz uses the conceptual framework of "social reproduction," where social reproduction is defined as broad material social practices and forces that sustain production and social life in all its variations. Her framework outlines social reproduction as being influenced and encompassing three social practices: political economic, cultural, and environmental (Katz, 2008). Katz digresses from analytical processes that are congruent with IE in that she theorizes how pre-disaster "disinvestment in social reproduction" left many communities and individuals within New Orleans vulnerable to the hazard event and in recovery. While useful and interesting, Katz's revelation of disinvestment is not directed towards uncovering the "everyday practices" (D. E. Smith, 1987) that organize and coordinate systemic vulnerability to environmental disaster. This is the contribution that IE research can make to disaster and recovery; IE focuses on studying how recovery work produces uneven or perhaps even "disinvested" practices. IE offers a different approach to disaster research that directs the researcher to avoid theorizing about the problems, and, instead, to discover how people's experiences are coordinated with institutional practices.

Our research focused on how people activate and produce the material conditions of their lives, or their recovery under the most difficult conditions. The analytic focus of IE on ruling practices within people's everyday lives was the key tool to being able to better understand the processes and results of coordinated aid reconstruction and recovery that orchestrated peoples' livelihood and housing. It also uncovered the social organization of the distribution of aid and offered insight into

how the changed geographical and human environments were positioned inside ruling relations. Explicating the social organization of what happened within tsunami-affected communities is an important contribution to the specialized field of human geography. Most of the prior work by human geographers on this topic is focused on understanding the effects on the economy, culture, environment, politics, and demographics of people living in disaster regions. Our IE research is a unique contribution to the post-disaster field insofar that "the field" is not broken into economic environmental categories. Rather, using IE, the aim of this project was to knit all these facets together to allow a view into lives, livelihoods and land that cannot be categorically separated. Underlying this goal was the assumption that the post-tsunami landscape extends beyond the physical landscape to include all the features of survivors' daily lives. The complexities of these activities as they intersect with the mechanisms of the recovery process provide a rich ground for analysis to determine how post-disaster management arises as the social landscape in which people live and work.

Fieldwork and Strategies

The fieldwork for our study, part of a Ph.D. dissertation for Aaron Williams, with Janet Rankin as a graduate supervisor, was conducted from February 2011 to December 2012. It involved extensive fieldwork, conducted exclusively by Williams, who used an institutional ethnographic lens to describe the everyday experiences of aid, reconstruction and recovery in a small southern coastal region.

Recognition of the uneven aid, reconstruction, and recovery in Thailand that is reported in the literature is congruent with Williams' observations from his experience as an undergraduate field study instructor in Thailand. He gained this experience both before and after the tsunami event. We relied on this experience as a foundation for the research; however, for formal fieldwork to begin, we had to consider ethical and logistical considerations in conducting fieldwork. Accuracy and the method of Thai to English translation in fieldwork were important for securing informed consent, both written and verbal, and determining correct meaning in interpretation of

interviews from the informants. Translation services for interviews and transcription were secured through Williams' long-standing contacts in Thailand. A Thai reporter who works for a prominent U.S.-based news conglomerate in Bangkok was hired by Williams. In her day job as a reporter, she conducts interviews, interpreting and transcribing them from Thai to English. Her job requires accuracy of information on the ground as well considerable logistical skills to track down critical leads for information. Without this effective translation and logistical resource, this study could not have been conducted.

Analysis included paying attention in the field but also reviewing and discussing the data in between each subsequent trip to the field. Initially we focused the research on the perplexing puzzle of the grossly uneven distribution of aid across distinct but geographically proximal communities. While it is to be expected that a disaster of the magnitude of the 2004 tsunami would put the future lives of survivors into disarray, we uncovered certain aspects of aid distribution and reconstruction in Thailand that contributed to unevenness in recovery efforts and outcomes. The unevenness of the recovery efforts can be attributed to a number of complex conditions, many of which, heretofore, have not been fully understood or documented. We work here to explicate how serious disparities between groups equally devastated came about.

Our fieldwork focused on an area of Thailand's Andaman Coast. Williams visited the study area eight times, each visit lasting two to three weeks. To Williams, an outsider landing in the area, the effects of the tsunami were not immediately obvious. The 'human' aspects of the physical environment have, for the most part, been restored to a sense of 'life as the new normal.' There are people, homes, shops, hotels, roads and cars; however, nothing is as it was prior to the tsunami as the destruction of the built environment, community, and aspects of the physical landscape was almost completely total. The apparent normalcy of the day-to-day work of the tsunami survivors and their families, as well as newcomers and tourists, belies the magnitude of change that has accompanied the recovery work of local people and the ongoing tsunami relief work carried out in the municipal, national and international realm. This is work that sits behind the unremarkable "business as usual" impression of present-day life on the Andaman

coast. As analysts examining the field, in the face of the apparent coherence of daily life, we were cognizant that "reconstruction" is an ideologically loaded term that coordinates (ruling) practices embedded in the construction—the ongoing activity, physically taking place within 'the social' to be explicated.

To explicate the "reconstruction" process, Williams' fieldwork focused on people's actions and their memories of these activities. The fieldwork practices concentrated not only on the villagers' reality, including their recovery efforts following the tsunami, but also on the complex organization of power, politics, economy, aid, social structure, and religious affiliations, that together contribute to the emerging post-tsunami society. The methods employed can be characterized as a snowball sampling method approach wherein, during analysis, people's accounts were carefully analyzed for other people and the traces of the institutional processes that led from one informant to the next.

There were definitely no discreet "stages" to research—where initial attention is focused on the 'standpoint informants' and that data are analyzed as a foundational "stage" before deciding who else should be interviewed. The concentrated weeks of fieldwork required that every lead be followed, often that same afternoon, as villagers were introduced to Williams, remembered what happened and described what they knew. IE researchers use an empirical approach to understanding problems that drives data collection. We used the tools of IE as they have been designed, as a pragmatic method that requires researchers to pay attention, in a very specific way, to everything that has traces of institutional practices that may be useful to gaining understanding into how the participants' experiences are organized (Campbell & Gregor, 2005). In the field Williams needed to be constantly curious and overly sensitized to all the 'goings on,' even if at first they did not seem relevant to the analysis.

In this case, photographs proved to be an important analytical resource. It was in reviewing the photographs together—Rankin never having been in the field, and Williams expressing sensory overload—that we began to notice institutionally relevant data (such as power lines, garbage cans and satellite dishes). We used a somewhat haphazard analytical process wherein, during discussion, we were questioning,

noticing and linking as we worked together to reveal and map the forces, policies, and ruling relations that have influenced the overall outcomes of reconstruction, aid, and rehabilitation of affected communities.

Analysis

In the initial stages of our research we uncovered evidence of efforts of coordinated aid and recovery within the study area. However, the informants we interviewed revealed no clear connections between what was documented in the literature as policies and plans to be implemented by governments, NGOs and corporations, and the memories and descriptions of the aid and recovery efforts that the informants recounted. What was apparent on the ground was that Thai government policy produced uncoordinated access for many entities offering aid and recovery. To date we have uncovered no clear links to texts in the form of policies and plans that clearly defined and coordinated work and outcomes for reconstruction, aid, and recovery.

Moreover, data from the initial observations and interviews uncovered "corruption," or at least this is how the informants framed what happened. Initially it was this explanation of corrupt people that we, too, began to use to explain the uneven coordination of aid reconstruction and recovery within tsunami-affected communities. The lack of material evidence in the form of conventional texts tying powerful agencies accountable to local actions was confusing and created a juncture in the research process that led us to question whether and how IE could be effectively applied to this research setting. The body of IE publications did not seem to provide us with directions about how to understand the data emerging from the fieldwork.

In 2011, at the IE workshop of the Society for Social Problems Meetings in Las Vegas, we had two brief informal consultations with Dorothy Smith, whose work founded IE research. We explained the issue of not being able to find the direct linkages in the data between the written texts (the government strategy that many of the informants referred to but that remained elusively unavailable as a material document) and its coordination and activation on the ground. We briefed

Smith on the data, describing what we knew about the actions of people in the government, elites, and outside corporate institutions that were described in the accounts of the people in the villages—that the informants understood were the forces coordinating aid reconstruction and recovery. We explained that the empirical evidence of these practices seemed chaotic and difficult to trace. In this apparently less bureaucratic (from western standards) form of ruling relations and actions of reconstruction, there appeared to be no formal documentation of plans and action. Additionally, there were no textual traces implicating individuals who were reported to have gained from the reconstruction. Smith responded that the data being gathered and people's conceptualization of 'corruption' are all accomplished through activities—the material processes of social and ruling relations that, she insisted, could be empirically tracked in people's accounts and descriptions. Texts are not necessary to the discovery of ruling relations. Smith further noted that, while using textual data is one of the important contributions of the IE method, they are not absolutely essential to develop an IE analysis. Other data embedded in people's talk and activities can be used to link people's activities across time and geography.

This conversation with Smith and our subsequent meetings to discuss the analysis provided us with a way to think of the processes of aid reconstruction and recovery entirely differently from how Williams had first entered the field: that is, he was determined to locate texts. In the next visit to the field, rather than focusing and collecting evidence that the policy texts and post-tsunami literature referenced but that consistently led nowhere on the ground, Williams began to focus more intensely on the actions of people, the physical infrastructure that was being built, and the everyday lives of people which resulted from reconstruction processes. Consequently, by learning from people what had actually happened and what continues to happen as land disputes continue to unfold in the processes of reconstruction and recovery, a picture of the ruling relations being activated in each of the communities being investigated began to emerge. This did not mean that the processes of aid and recovery occurred independent of texts, and that the ruling relations that texts coordinate were

absent in this post-tsunami setting. Rather, we learned that the actual texts were buried behind layers of various people's activities and reconstruction and aid processes carried out by the military, NGOs, local governments and the villagers. In this setting, the texts and their authority seemed to hold less power within the various complicated events and histories that preceded the tsunami and during its aftermath.

Even though the official government dictates and the army's responses to the immediate post-tsunami efforts could not be located for this research, as we worked with the data, including the many photographs, it became apparent that there were other texts and 'signage' being activated that we had not immediately recognized as data. Billboards, for example, and public posters that were being erected were important clues into ongoing disputes and struggles over the changed post-tsunami landscape. We learned that in some villages, ethnic frictions regarding who had a right to live where had intensified and that land grabs were being made in the name of future tsunami safety and evacuation policy. Most often linked to commercially valuable 'tourist' properties, these disputes were mediated by the ruling relations at play prior to the tsunami. The interactions between levels of government, and the relationships between business interests and government—conceptualized by the locals as the corrupt activities of people working in their own interests—could be linked to an overarching urgency related to economic development and the need for rapid economic recovery. The ruling activities expressing these interests included signs that were erected. In lieu of building plans, and processes and guidelines developed by people working in aid and recovery, described vaguely in informants' accounts, the actions that arose locally, such as a 'no trespassing' sign on beach-front property that held traces of people involved in a land dispute, provided empirical evidence of the ruling relations.

Explicating Uneven Recovery

The Moken

Thuungwa is one of five communities within a 20 kilometer range selected for this study. The village, a Moken community

(ethnic minority group within Thailand), is seen to be a 'model' of effective reconstruction (T. Kerr, 2005; UNWTO, 2005). According to the United Nations World Tourism Organization report, the public infrastructure, homes and services have surpassed pre-tsunami conditions in Thuungwa. The villagers now have electricity and garbage removal, services that were not in place prior to 2004. Despite documentation of a "sustainable aid and recovery" (T. Kerr, 2005; UNWTO, 2005), we learned from the villagers that Thuungwa is not a thriving community that has successfully recovered from the tsunami, as claimed. Our field data revealed profound divisions among the residents on the future of the community. People's livelihoods had completely changed since the tsunami. Most notable was the deep concern of several village elders who were witnessing the disappearance of language and culture. They believed the future health of the community was threatened. This situation was being coordinated by a complex of local ruling relations and forms of service that the post-tsunami infrastructure (heralded by the experts) had introduced since the disaster.

Following the tsunami, the traditional houses of the Moken at Thuungwa could not be replaced. Villagers understood this was due to the lack of availability of trees, the traditional construction material. As a result, the new houses were built in a design that is completely different. One informant told us that the housing at Thuungwa had won an architectural award for its efficiency and quality, although we could not trace the organization that made the award. However, we also learned from the village elders that the new design has fundamentally changed the way the Moken live. When we looked at the photographs, we began to recognize how the introduction of services requires institutional and economic infrastructure to maintain. In Figure 1, a photograph of the reconstructed Moken community Thuungwa, note the garbage cans, the power poles and electricity lines.

The infrastructure of garbage collection, electricity, satellite dishes all require the community to have stronger connections to the local economy for livelihood that provides them with monetary income. Figure 2 is a replica of a pre-tsunami traditional style of house.

Figure 1. Housing Built in Moken Sea Gypsy Village of Thuungwa.



Copyright 2011 by Aaron Williams.

Figure 2. Replica of Traditional Moken House at Thuugwa Moken Village.



Copyright 2011 by Aaron Williams.

This photographic evidence of the stark contrast between the pre- and post-tsunami built environment at Thuungwa is

the data we used to explicate the troubles that the villagers described. The villagers had a subsistence livelihood prior to the tsunami; the former dwellings did not require much monetary income, and the villagers were not completely harnessed by capitalist economies. Analysis of the interviews with the villagers confirmed that the subsistence fishing livelihood and built environment that existed before the tsunami did not and could not support the economic costs of the new goods and services available since the tsunami. The practices of economic development that we discovered are a marker of successful relief efforts are starkly apparent in these photographic texts. However, the social upheaval that accompanied these relief practices, such as language loss, changed schooling, youth leaving and disruption of a traditional way of life are not apparent in the 'authorized' view of the successes of post-disaster 'recovery.' The empirical evidence of new needs for infrastructure that we examined in the photographs provided an important thread for this line of analysis that drew our ethnographic attention to the ruling relations that organized the post-tsunami lives of the Moken people. These insights developed after Williams had completed the fieldwork, and the textual analysis linked to paychecks, bills, banking and/or taxes remain the focus of future research.

Changes in the style of housing, the infrastructure and the addition of services in the reconstruction of Thuungwa village coordinated the cultural, social, and economic make up of Thuungwa. Historically, the Moken were nomadic and their traditional housing was designed to be practical and temporary due to the fact that they may not occupy the same house for long periods (Bernatzik & Ivanoff, 2005). With the building of permanent housing following the tsunami, the Moken at Thuungwa are now, in a sense, fixed to the land along with the trappings of modern living that require economic capital. Evidence of this transition is everywhere in the community, from satellite dishes, to garbage bins, and the Head Man's cell phone. At Thuungwa, this form of evidence on the landscape was compelling proof upon which we developed an analysis of the processes of reconstruction, aid and recovery in this village. Satellite dishes, roads, cell phones, electricity, and garbage collection all require textual processes of services and billing; they require interaction with and links into the

institutional (ruling) practices of a capitalist economy.

Other evidence contributing to the IE analysis included signs erected throughout the community documenting aid organizations, corporations and governments involved in supporting reconstruction at Thuungwa. For example, religious aid organizations erected signs documenting their delivery of aid to the community in the form of infrastructure. When Williams inquired about these signs, he was told that aid money to individuals and families from religious aid organizations came with the stipulation of attending church. This was a threat to the belief system and culture of the Moken, whose traditional religious beliefs are primarily based on Animism (Bernatzik & Ivanoff, 2005).

Other signs, indicating corporate donations to the reconstruction of Thuungwa, were a form of permanent advertising of corporate branding in the community. These were the textual clues into the complex set of practices that mediated processes of reconstruction—the ruling relations that were elaborated by the memories of the informants. In the absence of any further textual clues, they provided the data upon which we could make analytic assertions about what happened, and is still happening. The data did not match the United Nations World Tourism Organization (UNWTO, 2005) official characterization of the village of Thuungwa as the 'model success' for tsunami community reconstruction.

Ban Sak

In contrast to the government-imposed housing design and the rebuilding of Thuungwa on the pre-tsunami village site, in the coastal town-site of Ban Sak, the government prevented people from reconstructing their homes in the same location following the tsunami. Like Thuungwa, ethnographic observations in Ban Sak revealed material clues vested in signage and activities of construction. In this town-site, land use was a major source of conflict and uncertainty wherein the village people continue to seek the right to rebuild their homes on the village land that was impacted by the tsunami. One of our informants was actively contesting her right to rebuild on the location where her previous home had been destroyed. In an ongoing dispute, the local government was working to get the land where the village was formerly located dedicated for

a public park. As shown in Figure 3, the Village Head Man had erected signs stating that villagers should not be allowed to invade 'public land.'

Figure 3. Local Government Sign Condemning the Rights of Villagers to Rebuild on their Land at Ban Sak.



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Translation of above sign:

People of Bang Sak community in village 7 and 8 and people in Tambon Bang Muang are against everyone, every group, civil servants, politicians and everyone from every party who want to turn this 64 rais of land to be community deed for particular person.

Please stop what you are doing immediately

The sign is contesting villagers' rights to rebuild their homes on their former home sites prior to the tsunami. Further, the sign is also contesting the legal right of villagers to rebuild on "public benefit land," even though this was the site of the village of Ban Sak prior to it being destroyed by the tsunami. The text is written to declare the land as "public benefit," to be used in other ways than to rebuild the village. In addition, concrete construction waste has been dumped on the contested property, as shown in Figure 4.

Figure 4. Construction Waste Dumped on Property of Ban Sak Villager.



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This was an effort by the local headman to stop any construction on that plot of land by a village woman who had been given permission from the Princess of Thailand to rebuild on the site of her previous home. Williams obtained a copy of letter from the Princess of Thailand instructing the local government to allow the village woman to rebuild her home at its former location; the document is too lengthy to include in this paper. This is an example of the material processes involved in how contested land is being used and occupied. Another important observation related to the Ban Sak town-site is that the former village is adjacent to a beautiful undeveloped, golden sand beach that stretches many kilometers, as shown in Figure 5.

In our interview with the village woman discussed above, she showed us the plans created by the local government to build a public park in the location of the former village and her house. From other examples of 'land grabs' following the tsunami, we suggest that the building of the public park on the former village site is unlikely. This beach land is an extremely valuable tourism industry property. It is likely that public park plan is being used as ruse to control the land for future tourism

commercial development. This observation links to the practices encountered in the other villages studied, where development of tourism drove the post-tsunami decisions and practices. It is likely that a similar opportunity for industrial growth is organizing the regional government's strong opposition to return of the villagers of Ban Sak to their land on the coast.

Figure 5. Beachfront of Ban Sak Villager's property.



Copyright 2012 by Aaron Williams. (The contested land from Figure 4 with the concrete construction waste is beachfront property directly facing onto the beach above.)

In Ban Sak, as with Thuungwa, photographs became the textual data used for the IE analysis. In Ban Sak, the photos of the billboard signs and the construction waste along with reports about of what had happened gathered in interviews with local and extra-local informants were the data that provided analytical insight into the ruling relations being activated.

Ban Nam Khem

In a third community, Ban Nam Khem, villagers related how they worked to resist the pressure for fast decisions and speedy rebuilding. These actions happened in the immediate aftermath of the tsunami when the villagers were still living in an emergency tent city. It was inside the temporary housing that the villagers established a community organization to

respond to the disaster. These informal community leaders were critical of the initial government plan for reconstruction of housing. Many of the villagers did not own their land, or could not prove that they owned it. Hence, according to the government plan, these villagers had two options: (1) accept a small lump-sum payment; or (b) settle for military reconstruction of their homes.

Under the government plan, money allocated for the reconstruction was not enough for most people to construct adequate housing. The initial Thai government offering of 30,000 Thai Baht, approximately 1000 USD, fell short of resourcing the rebuild of even a basic house. The government plan provided the army as the primary source of labor and planning for the reconstruction of housing. This led to construction inadequacies. Williams learned about these problems from informants, from his own observations of substandard finishing (such as plumbing problems) and from reports about the post-tsunami reconstruction (Kerr, 2005). As a result of the speedy, underfunded, haphazard government plan that excluded many villagers who did not own land, a resistance movement to the government plan arose with support from NGOs.

Villagers who organized the resistance to the government plan for reconstruction described the immediate chaos after the tsunami when they were living in the camp. They related how they gathered daily for 'coffee shop meetings' to support one another. The informal meetings provided a forum for them to identify and criticize the erratic decisions being made under pressure. In their view, the rapid way the aid was being controlled and distributed undermined the community's interests. As a result of these meetings, a grassroots cooperative emerged. With NGO support, the villagers launched a successful lobby to convince the government to allow them to establish a community banking system to aggregate the aid funding that provided the means to construct more sustainable housing. Data from Ban Nam Khem revealed that in this grassroots organization, where the reconstruction decisions were made more slowly and with broader consultation with the people directly affected by the wave, there was less residual tension than in those communities who reported following the government plan more closely.

Conclusion

This analysis describes data collection and analysis from three of the five communities where fieldwork was conducted. In a fourth community, a brand new village built on a new site of crown land, the informants also provided clear links to the elusive government plan. Nonetheless, in each community, the government plan was taken up differently, resulting in uneven outcomes of reconstruction and recovery both within and between communities. Despite the plan being so present in people's talk, an overarching government plan did not appear to coordinate what happened on the ground, and therefore, was not the principal factor in helping us uncover the ruling relations within the area of study. Furthermore, the government plan did not appear to coordinate extra-local interests across time and geography. Instead, the more dominant influences in reconstruction and in establishing ruling relations were a mixture of the interests of local government, NGOs and ruling elites. In the communities of focus, these influences took different forms that resulted in entirely different outcomes for reconstruction and the establishment of ruling relations within each community. However, this form of generalizing relation arising from the government plan was not completely absent.

An enduring set of practices that arose across all five communities studied was the emphasis on carrying out a 'speedy recovery.' Notwithstanding the seemingly erratic and uneven approach to rebuilding homes and livelihoods in the post-tsunami landscape, a 'constant' arose across all the various activities being generated. These practices were driven by knowledge that a speedy recovery was important, and a sense of urgency arose in interviews with government officials who emphasized speedy recovery as an important "measure of success."

This interest in speed is also mirrored in literature documenting the recovery period in Thailand (UNWTO, 2007). In the villages, pressure to move quickly was organized by a worry that access to aid was limited by time. Villagers were concerned that if they did not act fast, they would forfeit the government funding of 30,000 Baht per household (approximately \$1000 US Dollars administered in a variety of ways)

targeted for housing. This knowledge pervaded all the data gathered in each of the villages.

Due to the chaotic nature of a natural disaster, tracing the organization of reconstruction aid and recovery and the ruling relations that coordinate these efforts is challenging. In this research, we relied on the ontological premise of IE: that careful attention on 'the social,' as it arises within the activities of actual people, will reveal the empirical traces of how what is happening is socially organized. People were interviewed to learn from 'the source' about what they did, what happened, and how their daily lives unfolded. Moreover, and critical to this research, the materiality of the changing social landscape, such as garbage bins, power lines, billboards, hotels, beaches, septic fields and the like, were important clues into people's activities that were relevant to the reconstruction. All these sources provided credible data that we used to generate a reliable account of what happened. The data Williams gathered across different sites of 'institutional' activity were analyzed to build an account that empirically links people across time and geography. This is the 'institutional' account generated to reveal to scholars and experts on disaster recovery how the tensions and inequities embedded in the disaster recovery in these communities was organized—in a world that was put together within people's everyday activities. The villager's activities, as well as those of NGO workers, people in the army, and government bureaucrats, established the "dynamic complex of relations" (Smith, 2005, p. 2) that organized the post-tsunami reconstruction to proceed as it did.

There are lessons to be learned for those people interested in disaster and aid recovery. This research examined how current formulations of the need for speed as a measure of good recovery and the current theoretical formulations of sustainable recovery are inadequate to understand what went on, and is still going on, in Thailand as a result of the tsunami and its aftermath. In this study, evidence of the ruling relations that mediated reconstruction aid and recovery point to problems embedded in practices that link 'good disaster management' to rapid relocation of displaced people and restored economic viability.

This paper highlights the important contribution of IE as a

method of inquiry to document a complex and disjointed field setting of a natural disaster. We can recommend that others take up IE as a method to learn more about disasters, and the interactions and interconnections of the agents and institutions involved in disaster relief, aid and recovery efforts.

This study merely scraped the surface of the complex institutional regimes that are activated in the face of disaster. There is a great deal more to be learned about how chaos and human suffering creates a terrain for capitalist expansion under the guise of "aid" and how the work of well-intentioned people is coordinated towards this agenda. The challenges provided in applying IE in this research raise many questions moving forward. Of methodological interest is the usefulness of our account about how we navigated the issues of what we call 'phantom texts' and how we proceeded to conduct analytical work when the actual text was not available to be included in the evidentiary data amassed to build and support the IE account of the ruling institutional relations.

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(Un)safe at School: Parents' Work of Securing Nursing Care and Coordinating School Health Support Services Delivery for Children with Diabetes in Ontario Schools

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Using institutional ethnography and its approach to mapping institutional sequences (Smith, 2005; Turner, 2006), this paper examines the social organization of School Health Support Services (SHSS) for children with diabetes in Ontario schools. The inquiry starts with my own situated experience as a mother of a child with diabetes starting kindergarten, and the trouble of securing the health supports necessary to care for my child's health and safety while she is at school. The paper takes up two specific texts—the Community Care Access Centre (CCAC) Referral Form and the CCAC Medical Orders for Services at School—to explore and describe how I am drawn into the work of securing, advocating, and supporting the delivery of health support services for my child at school. The paper makes visible how the CCAC Medical Orders for Services at School is an authorized standardized text that stands in for and subdues parents' experiential knowledge of what is needed to ensure the safety of children with diabetes at school. While the public school system in Canada is formally committed to the equality of access to education for every child without discrimination irrespective of the child's health conditions and/or disabilities (Canadian Charter of Rights and Freedoms, 1982), what is shown is how parents' voluntary and supplementary healthcare work and unauthorized knowledge is incorporated into the institutional complex of School Health Support Services and secures the safety of children with diabetes at school. Parents' work and knowledge is essential for the institution of public schooling to operate as it does, and sustains the official ideal of equal and inclusive education for all. However, there is a difference between how and whether parents can deliver their knowledge and resources.

Key words: *institutional ethnography, diabetes, school health support services, children, healthcare work*

Using institutional ethnography, this paper examines the social organization of School Health Support Services (SHSS) for children with Type 1 diabetes (henceforth referred to as diabetes) in Ontario Schools in Canada. My experience as a mother of a child with diabetes starting kindergarten (at age three years and 10 months) and the troubles I encountered in getting the care and attention to keep my child safe provides an entry point for examining how my work as a parent at the local level (the clinic, the home, and the child's school) is articulated to the policy of SHSS. This paper shows how my work as a parent and my knowledge of how to care for my child (though unauthorized) is incorporated into the institution of schooling and is subordinated to the SHSS policy and practices. What is shown is how my knowledge and my voluntary supplementary healthcare work at school is not only consequential for the safety of my child at school, it is also essential for the institution of public schooling to operate as it does and sustain the official ideal of an equal and inclusive education for all students.

In Canada, federal legislation (Canadian Charter of Rights and Freedoms, 1982) states every child has the right to education without discrimination, irrespective of the child's health conditions and/or disabilities. Public schools have the duty to provide accommodations and health support services to ensure integration, full participation and inclusion of students with health conditions and/or disabilities in the classroom. In Ontario, the SHSS program is responsible for delivering health supports for students with special health support needs during school hours. Despite these legal and institutional mandates, parents of children with diabetes consistently report troubles in getting school health supports for their children.

Diabetes is a chronic health condition that requires individuals with diabetes or their families to maintain a well-coordinated and intensive daily diabetes self-care routine. Lapses in this complex daily regimen can have devastating immediate, as well as long-term, consequences (Scheiner, 2004). Students with diabetes require supports in the school setting in order to access education and sustain their health while at school. These supports are particularly essential for students who have yet to master the knowledge and practical skills for checking blood sugar levels, injecting insulin, balancing the intake of insulin with food and exercise and the timing of these activities, and

for interpreting the numbers associated with their blood sugar levels (Lange, Jackson, & Deeb, 2009). Many children are not able to perform these intensive diabetes self-care routines at school without the assistance and support of a knowledgeable adult (Nabors, Lehmkuhl, Christos, & Andreone, 2003).

How their child's diabetes, that is their child's health and well-being, is cared for at school is of concern for parents. Previous research has shown that many children with diabetes and their parents feel that "dealing with diabetes in school is among the worst experiences they have faced while growing up" (Schwartz, Denham, Heh, Wapner, & Shubrook, 2010, p. 48). While Schwartz and colleagues (2010) indicate the need for improved support for children with diabetes at school, they take up a health services framework. The problem is constructed as a lack of adequate and up-to-date knowledge on diabetes in the school setting (Amillategui, Mora, Calle, & Giralt, 2009; Hayes-Bohn, Newmark-Stainer, Mellin, & Patterson, 2004; Schwartz et al., 2010; Siminerio & Koerbel, 2000). Conclusions point to the need for more education about diabetes and more resources to support school personnel and school nurses. Studies of this kind do not consider the complex social and institutional relations that shape care for students with diabetes, nor do they attend in detail to how actual practices (by teachers, nurses, parents) at the local level at school are articulated to policies and legislation developed elsewhere. To date, no empirical study has examined how the actual practices and the work organization of school supports for students with diabetes actually happens at schools in Ontario, Canada. Recognizing diabetes care/school supports as actual practices and as work organization provides a different basis of investigation.

The Theoretical Framework for Conducting an Institutional Ethnography

Institutional Ethnography (IE) is developed by Canadian sociologist Dorothy Smith, based on her work on the social organization of knowledge (Smith, 1990a, 1990b, 1999). Smith is interested in how knowledge and power are related, and how institutional forms of knowing become the authoritative knowledge subordinating all other ways of knowing. Knowledge is

a resource for ruling (Smith, 1990a). IE is uniquely designed to investigate the institutional organization of aspects of people's everyday life circumstances that perplex and concern them (McCoy, 2008). People's standpoints and experiences are taken up as the starting point of inquiry, that is, the inquiry starts from where people are as bodies in the actualities of their lives in actual situations and everyday activities (Diamond, 1986; Smith, 1987). The inquiry focuses on what people know as subjects of the actualities of their everyday experiences and then moves beyond the horizon of the local and routine experiences to explicate the extra-local relations embedded in their local experiences and practices (Smith, 1987, 2005). Smith refers to these forms of extra-local relations of large-scale coordination as "relations of ruling," (1987, p. 2) and contends that the organization and coordination of local settings by extra-local relations is made possible through texts and textually-mediated practices.

Drawing on my experience as a mother of a child with diabetes starting school, data for analysis include my journal documenting my experience, my ongoing voluntary work to ensure my child's health is taken care of at school and the conversations with healthcare professionals I have along the way, information from a parent's blog, two specific texts that are part of the process of requesting and securing adequate services: the *Community Care Access Centre (CCAC) referral form*, and the *CCAC Medical Orders for Services at School*, and one regulatory text: the *Ontario Government Policy/Program Memorandum 81*. My experience as a parent of a child with diabetes provides an entry point for this inquiry. I do not intend to generalize my experience to represent that of other parents of children with diabetes. Rather, the focus is on discovering the set of ruling relations that draws us all into participation, coordinating our work and grounding our experiences.

Institutional ethnographers pay particular attention to the notion of 'work', 'work knowledge' and 'text' when explicating the social organization of a specific institutional complex. In IE, work refers to what people do that requires some effort and some acquired competence (Smith, 1987). Work knowledge refers to people's ordinary knowledge of their everyday doings in the institution (Smith, 2005), in this case, my ordinary knowledge of my doings in relation to the safety of

my child at school, as well as physicians', nurses', and CCAC care coordinators' ordinary knowledge of their doings. Text refers to words, images, or sounds that exist in a material form that carry messages and can be replicated and circulated in multiple sites (Smith, 2006; Smith & Turner, 2014). The institutional ethnographer investigates the actual practices of people in their actual work settings, including their practices with texts. Special attention is paid to the knowledge people draw on to read a text, how people take up texts, and what they do with texts. The possibility of the replicability of a material text in different settings at different times and the "recognizable identity of a text from one site of activation to another is integral to the text's distinctive form of coordinating ruling relations" (Smith & Turner, 2014, p. 5).

By mapping the actual sequences of work and texts in people's accounts, and showing how their work processes and work organization are articulated from one setting to another, social relations can be mapped and explicated (Smith, 1987; Turner, 2003, 2006). This process of paying attention to people's doings, as they are called for by a text, is referred to as the "act-text-act" sequence (Smith, 2006, p. 67). Smith (2006) uses the "act-text-act" (p. 67) (work-text-work) sequence to illustrate the coordination of work activities from one site to the next through the competent activation of a text (for example, from the physician at the diabetes clinic to a CCAC care coordinator through the CCAC referral form). The text is embedded in a sequence of action: the work that went on before provides for the condition of work called for in the moment, and then what is going on in the moment is carried forward, and lays the groundwork for what happens next. In taking up texts and textual practices, the institutional ethnographer is looking at how texts draw people into relations and organize the work and activities they do for the institution.

I will begin by explaining from my experiential knowledge the actualities of caring for a child with diabetes. Then I outline some basic features of the SHSS program. I explicate how the competent activation of the CCAC *Referral Form*, and the CCAC *Medical Orders for Services at School* by the physician at the clinic and the CCAC care coordinator subordinates a mother's knowledge of the care her child needs at school, and draws her to participate in work that complements, and yet is subordinated to the institutional practices of the SHSS program.

Parent's Experiential Knowledge and Work of Caring for a Child with Diabetes

According to the *Clinical Practice Guidelines* of the Canadian Diabetes Association (2013), diabetes management for children involves blood glucose (BG) monitoring, BG and ketone testing, insulin administration and dosage adjustment, carbohydrate counting and nutrition, exercise, as well as prevention, detection, and treatment of hypoglycemia (Wherrett, Huot, Mitchell, & Pacaud, 2013). The treatment goal is to keep the child's blood glucose level within a normal range as much of the time as possible. To do so, I was instructed by the physician at the clinic to check my child's blood sugar level at least 6 times a day, and more as needed. The purpose is to avoid hyperglycemia and its well-documented long-term complications (including heart attack, stroke, kidney failure, blindness, amputation) while minimizing hypoglycemia to prevent seizures, poorer cognitive function in young children, and potential death (Wherrett et al., 2013; Yewchuk, Morrison, & Yewchuk, 2012).

What is listed above is what I was given and learned at the pediatric diabetes clinic at the time of my child's diagnosis at age 2 years and 4 months. However, the actual activities involved in monitoring and managing this illness are not nearly captured by such lists. The actual activities are more complex and require considerable flexibility. Caring for my child involves chasing after her and gripping her hand tightly to prick her finger (to draw the drop of blood required for testing her blood sugar levels), begging her to finish her food (so that she'd have adequate carbohydrates), and poking her with the insulin needle (in order to sustain the level of insulin in her body required for her health).

On average, I check her blood sugar level 7 to 10 times (every two hours) during the day using a glucometer that analyzes the drop of blood on a disposable test strip. I record these levels and the amount of insulin administered in a daily log book (that health professionals at the pediatric diabetes clinic examine during each follow up visit). While I developed a diabetes care routine specific to my child, the number of times and timing of checking her blood sugar varies depending on the activities she is involved in, and my knowledge of her embodied

and emotional signals. I am constantly alert and attentive to her, because I know from experience that she can be doing the same things, eating exactly the same food, receiving the same amount of insulin, but her blood sugar reading is 10mmol/L one day and 3mmol/L on another (checked at the same time of day). So, I puzzle constantly over the blood sugar readings in my daily log book, looking for patterns and associations of blood sugar levels with insulin dose, physical activities, sickness, stress, growth spurts, the temperature of the environment, amount, types, and timing of carbohydrate intake, and whatever else happening inside and around her body that will affect her blood sugar, much of which is not visible and cannot be monitored directly. I engage in this constant juggling in order to keep her blood sugar level within range to protect her current and future health and well-being. But even with constant attention, my child still experiences fluctuating high and low blood sugar levels. Often (especially when I have made an insulin dose change, and/or my child has had physical activity during late afternoon) I will check her blood sugar throughout the night to ensure her blood sugar level is within range. If her blood sugar level is low in the night, I can treat it (before she goes unconscious) and when it is too high, I can correct it with insulin.

In a nutshell, this complex intensive daily routine demands that I do the work of a pancreas and “think like a pancreas” all day and night, every day and night (Scheiner, 2004). The disjuncture between official accounts of diabetes management and the actualities of caring for a child with diabetes is illustrated in this quote from a parent’s blog:

[The blood sugar numbers] don’t tell the full story; they don’t even begin to tell the story of my sleepless nights. My perpetual brain fuzz from calculating carbs to insulin to activity to emotional state, 24/7 endlessly. The numbers don’t reflect the hours I spend trying to understand the complex relationship of type 1 diabetes and emotional health. The hours I spend connecting, reading, listening and social media’ing to understand, to learn learn learn. My guilt over having never achieved perfection. My tears over watching seizures from insulin shock or vomiting from ketones. (LuvLeaDlife, 2013, paras. 3-4)

Here, as in my own account, the numbers measuring a child's blood sugar level stand in for how well the parent is performing diabetes management (from the perspective of the physician). These numbers abstract the work parents engage in to attempt to maintain a blood sugar level that is within range. I will return to this number and how it is worked up in an official account in the CCAC assessment to determine what type of care a child needs at school.

The School Health Support Services Program in Ontario

The movements of deinstitutionalization, community integration and mainstreaming have resulted in an increasing number of children with chronic health conditions and/or disabilities attending mainstream schools (Shiu, 2001; Thies, 1999). In response to the concern regarding the lack of health support services to school-age children, the Ontario government issued an Intersectoral Policy/Program Memorandum 81 (PPM 81) titled: *Provision of Health Support Services in School Settings* in 1984. This is a Tri-ministry (Ministry of Health and Long-Term Care, Ministry of Education, and Ministry of Community and Social Services) agreement governing the health support services for school-aged children during school hours (Ontario Ministry of Education, 1984). The stated purpose for the implementation of this policy is to "ensure that, by 1985, no school-aged child should be denied access to education because of special health support needs during school hours" (Ontario Ministry of Education, 1984). Within the PPM 81, it clearly states, "Responsibility for the direct provision of these services at the local level will be shared by the school boards, the Home Care Program (*the former CCAC*) of the Ministry of Health, and agencies operating under the Ministry of Community and Social Services" (Ontario Ministry of Education, 1984, p. 2, *italics added*).

The PPM 81 is what Smith (2006) refers to as a "regulatory text" (p. 79). Regulatory texts are higher-order texts that "regulate and standardize texts that enter directly into the organization of work in multiple local settings" (Smith 2006, p. 79). But for any text to be recognized as authoritative, it must have authorization from somebody, and this is shown at the beginning

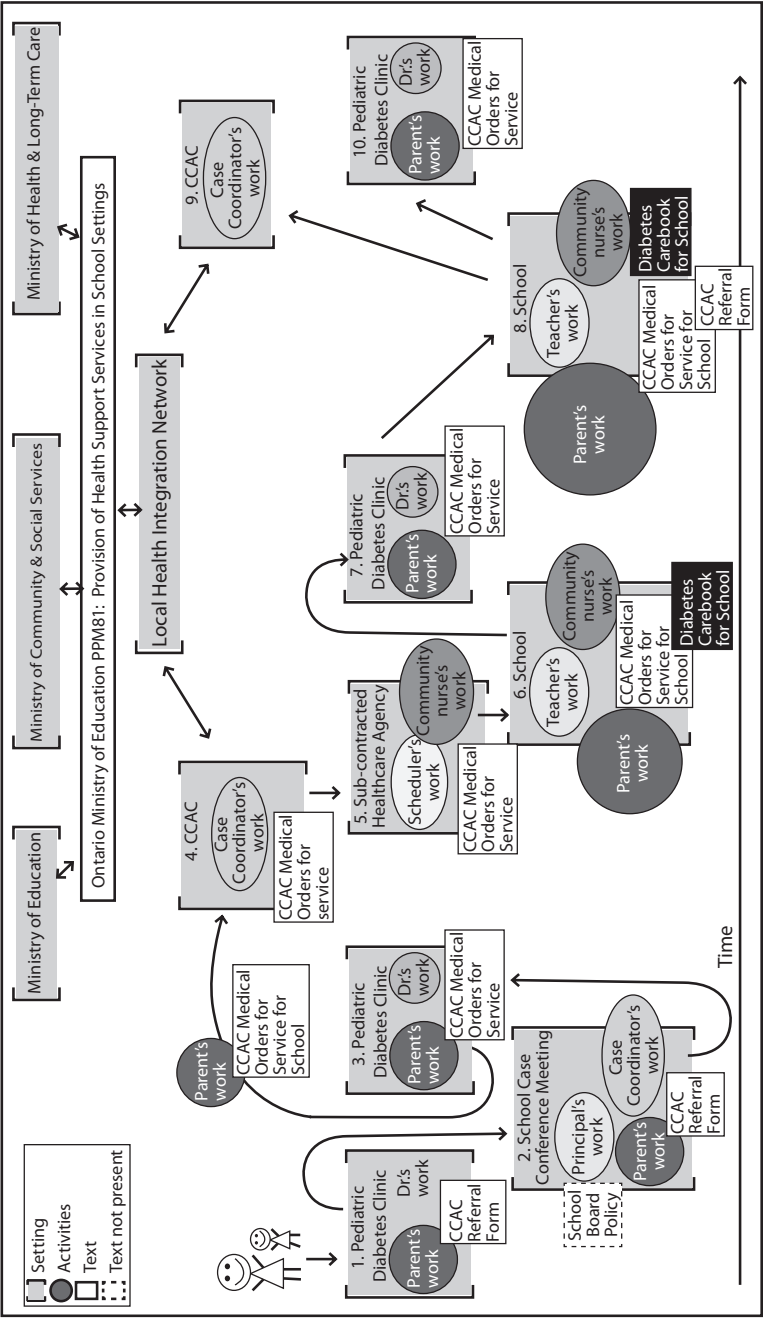
of the text: "Issued under the authority of the Deputy Minister of Education" (Ontario Ministry of Education, 1984, p. 1). This tri-ministry agreement is situated in the Ministry of Education.

The regulatory text formulates an institutional process and a sequence of action for how health support services at school will be provided.

The Home Care Program (*the former CCAC*) of the Ministry of Health, at the request of a school board, will be responsible for assessing pupil needs, and for providing such services as injection of medication, catheterization, manual expression of the bladder, stoma care, postural drainage, suctioning and tube feeding. The Ministry of Health will also be responsible for intensive physio-occupational and speech therapy, and for assisting school boards in the training and direction of school board staff performing certain other support services ... The school boards will be responsible for the administration of oral medication where such medication has been prescribed for use during school hours. (Ontario Ministry of Education, 1984; italics added, p. 1)

Locally, the school staff is responsible for making a request for service to administer injections when such medication is prescribed. In activating the request from school, the CCAC staff, specifically the CCAC care coordinator, will arrange to conduct an assessment of the student's needs at school. The exact way this assessment will be conducted and the criteria for eligibility for services are not clear from this text. Here, the work of the CCAC staff in conducting an assessment can be recognized as an expression or instance of a textually-authorized procedure from a higher source of organization, independent of particular people (Smith, 2006). Within the CCAC SHSS program, which is funded provincially by the Ministry of Health and Long-term Care through Local Health Integration Network (LHIN) (CCAC, 2014), the CCAC care coordinator is also responsible for coordinating the actual delivery of services provided by healthcare professionals hired by sub-contracted private healthcare agencies.

Figure 1. The Organization of Parent's Work: Securing, Advocating, and Supporting the Delivery of School Health Support Services



The Organization of Parents' Work: Securing School Health Support Services, Advocating for Their Adequacy, and Supporting Their Delivery

Adopting Turner's (2003, 2006) approach to mapping institutional sequences, figure 1 is a map showing my work as a parent entering into the institutional complex of the organization of the SHSS policy and practices. I first offer an overview of this map, and then I elaborate each step in the sequence of action.

I entered the institutional complex at the site of the pediatric diabetes clinic (See site 1 in figure 1) when I requested health support services for my child at school. The services initially activated were significantly mismatched with both my own knowledge of what my child needed and the instruction I had received at the diabetes clinic. I was thus drawn into work that attempted to bring the school support services into alignment with my own (unauthorized) knowledge, and with knowledge embedded in diabetes care guidelines. The school case conference (See site 2 in figure 1) turned out to be a site where a parent can advocate for more nursing support, which I did. I learned here that a Medical Order for 'constant glucose monitoring' would activate 'shift nursing' at school. Even after securing this higher level of care, I continued to be drawn into monitoring, supporting, and providing care for my child at school (See site 6 in figure 1). The Parent's work circles indicate my doings, without which the intended outcomes of the SHSS policy could not be accomplished. Transitions from site 2 to site 3 and from site 6 to site 7 in figure 1 required me to return to a previous step in this institutional complex, a return that would not have been necessary had the directions on the Medical Orders had been matched with my own knowledge of my child's needs.

In the following, my focus is on the work-text-work sequence coordinated through the *CCAC Referral Form* and the *CCAC Medical Orders for Services at School*, and explicates how the competent activation of these two texts formulates a distinctive relation between the physician at the clinic and the parent who is requesting services, and between the CCAC care coordinator and the parent. These two texts that the physician at the clinic filled out carry the intention of the policy at a

particular CCAC, and enter into the local setting and mediate the activities of the physician, parent, and CCAC care coordinator. These texts are standardized for use for all students who will receive health support services in this CCAC. Standardization appears to be more efficient and fair in carrying out the work of the institution, but, as I will show, it leaves out some of the necessary diabetes care children need to stay safe at school. It is this objectification of diabetes carework that draws parents into doing work that will keep their children safe at school.

Parent is Drawn into Institutional Processes to Secure Health Support Services

Returning to the point (see site 1 in figure 1 and figure 2) at which I approached the diabetes clinic for a referral for services at school for my child with diabetes who was about to start kindergarten, the following is an excerpt of the exchanges that occurred during that clinic visit:

Physician: How much insulin does she take now at lunchtime? (Without lifting his head, he flips through the medical file.)

Mom: She takes 4 units of Humalog.

(Physician flipped through the file, and then he started writing on the referral form under the section: "Medical Orders." Noticing he wrote fixed dosages of insulin, the mother interjected).

Mom: But her insulin need changes. What happens when there is a need to change her insulin dose?

Physician: You have to come back and update the Medical Orders. I just can't write 'FOLLOW MOM'S ORDERS.'

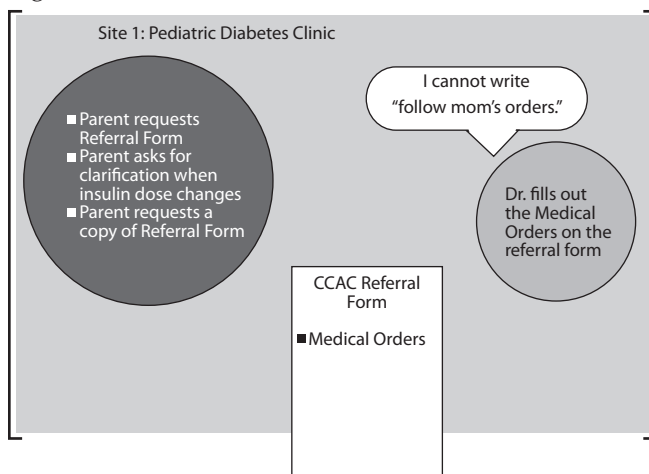
The physician filled out a copy of the CCAC referral form of "Standardized" Medical Orders during this visit. In the section "Medical Orders," it reads:

(1) treat hypoglycemia (BG less than 4 mmol/L) as per Standard Guideline of Canadian Diabetes Association.

(2) check BG at lunch. If BG less than 12.0, give 4 u of Humalog SC. If BG 12.1-17.0, give 4.5 u of Humalog SC. If BG > 17, give 5.0 u Humalog SC.

These Medical Orders appear well in keeping with standard care guidelines. Yet, these Orders are very different from what parents are taught to do at the diabetes clinic, and different as well from parents' daily knowledge of how to ensure the health of their children with diabetes. Here is a line of fault—a disjuncture between two contradictory ways of knowing about the health support needed for a child with diabetes to stay safe at school—a parent's embodied experiential way of knowing, and the objective, institutionalized way of knowing taken up by the physician at the clinic through the *CCAC Referral Form*. In IE terms, this is the problematic and the entry point to the inquiry.

Figure 2. Parent's Work at the Pediatric Diabetes Clinic



Examining this work-text-work sequence, we can see how the competent activation of this text by the physician subordinates both the mother's and the physician's knowledge of the type of supports a child needs to be safe at school. In activating this text that makes a referral for health support services

at school, the physician is organized to write what is institutionally actionable under the CCAC SHSS program. The individual physician, of course, can include more nursing instructions on the Orders. However, whether or not these additional instructions are actionable is already pre-determined by PPM 81, and it is the CACC care coordinator who is ultimately authorized to assess the needs of the student.

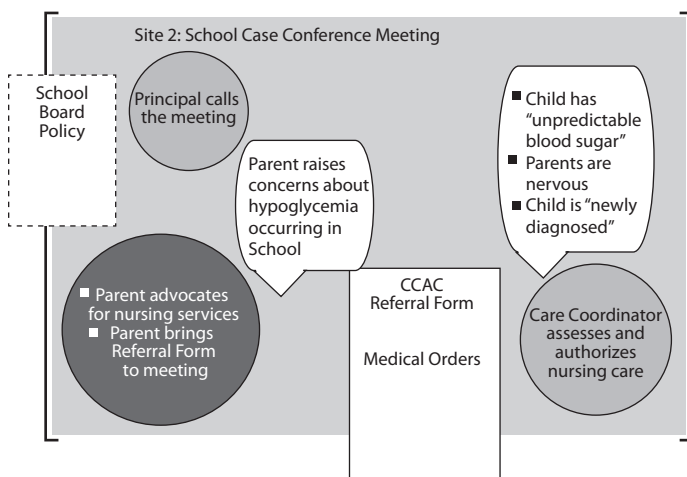
The Medical Orders written on this *CCAC Referral Form* warrant one community nursing visit during lunch hour. The Medical Orders make no mention of blood sugar checks during the day (except one, prior to lunch) and there is no mention of checking before and after physical activities (as parents know from experience that they must do, and as is recommended by the clinic). There are no nursing instructions related to preventing low blood sugar levels occurring over the course of the school day. In addition, the 'prior to lunch' insulin injection is especially troubling for children who are not eager eaters. If children have not consumed sufficient carbohydrates and they are given insulin that is calculated based on the carbohydrate target of the meal, their blood sugar can drop rapidly; it is, thus, best to give insulin after lunch, based on the amount of carbohydrates the child has actually eaten. These Medical Orders, in the timing of blood sugar checks and insulin injections, are not oriented to the shifting and particular bodily needs of children with diabetes. The document does not address the child's best interests; rather, it addresses the interests of the SHSS program.

These Medical Orders also authorize a fixed amount of insulin. Yet, parents are taught by the physician at the clinic to adjust the insulin dosage daily and know in an intimate way what amount of insulin is best for their children. However, neither the mother, nor the nurse who actually provides the nursing care at school, are authorized to change the insulin dosage that the nurse would administer at school. Under the Regulated Health Professions Act (1991) and Nursing Act (1991) (as cited in College of Nurses of Ontario, 2014), the community nurses (who are likely Registered Practical Nurses) can only initiate a controlled act (in this case, the administration of a substance by injection) when ordered through a physician. If the parent determines that a dosage change is needed, the parent needs to set up an appointment with the clinic (unlikely on the day of the phone call). The physician updates the

Medical Orders, and then the document will be faxed to the CCAC; a CCAC staff receives the Orders, and then faxes them to the sub-contracted nursing agency; the nursing agency staff receives the Orders and then faxes them to the community nurse at school. If the community nurse does not receive the updated Orders in time (which is very likely), the child will either receive the dosage from the old Medical Orders (which is the incorrect dosage for that day) or the parent must go to the school to give the new correct dosage. Here, what the child needs does not align with the institutional processes of the SHSS program, and parents' complementary work must be incorporated if the child is to be cared for well.

The complexity of this sequence of action raises important questions about the social circumstances of parents. The way this sequence of action is organized assumes that all parents have time and financial resources to make arrangements to attend clinic visits to update the Medical Orders and to be at school to monitor and facilitate care processes.

Figure 3. Parent's Work at the School Case Conference Meeting



To Secure Adequate Services, Parent Attempts to Have her Knowledge Incorporated into the School-based Care Routines

Upon receiving a CCAC referral form from the diabetes clinic and/or a request from a school staff, the CCAC care coordinator conducts an assessment of the student's needs. As

mentioned previously, PPM 81 does not prescribe what an assessment entails, and different experiences can be recognized as “assessing pupil needs.” For example, an assessment can be a phone call to the parent. In my case, it was a meeting in the school (see site 2 in figure 1 and figure 3) involving school staff, CCAC care coordinators and the parents. This meeting, recognized as “assessing pupil needs” in a course of action predetermined by PPM 81, is crucial for the development of a care plan which specifies the type and amount of ‘nursing care’ a child will receive in school.

During this meeting, I raised my concerns about the high possibility of my child’s blood sugar level dropping due to physical activities at school. I then described my usual diabetes care routine, which includes blood sugar checks a couple of times throughout the night to prevent hypoglycemia.

In activating the eligibility criteria for a particular service (which is unknown to parents), the CCAC care coordinator competently selected from the mother’s talk what fit in the eligibility criteria, and assessed my child’s blood sugar levels as “unpredictable,” stating that the “child lacks awareness of hypoglycemia,” and noting that “parents are nervous” with a “newly diagnosed diabetic.”

With this assessment, and after reading my copy of the Medical Orders, the CCAC care coordinator instructed me to go back to the clinic to have the Medical Orders updated to include an instruction for ‘constant glucose monitoring.’ I later came to understand that the Order for ‘constant glucose monitoring’ would activate a particular arrangement of nursing services—‘shift nursing’—whereby a community nurse is present for the whole time the child is at school (a ‘shift’ from 9am to 3pm).

Inquiring about this instruction from the CCAC care coordinator, it starts to become clear that CCAC’s authorization shapes what is institutionally actionable in a specific way. It is only with CCAC’s authorization that the physician at the clinic can include ‘constant glucose monitoring’ on the Medical Orders. In turn, ‘constant glucose monitoring’ written on the Medical Order organizes what the community nurses can do at school. Without ‘constant glucose monitoring’ on the Medical Orders, the CCAC care coordinator could not move to the next

step in the sequence of action of arranging for 'shift nursing' and provide the instructions whereby the community nurse can actually perform this 'nursing task.'

Here is an instance of a routine work organization between the physician at the clinic and CCAC care coordinator through the work of the mother. We can see how the parents' knowledge and practices are subordinated to the institutional requirements through the work of the CCAC care coordinator. Usual fluctuations in blood sugar level from parents' knowledge have to be constructed as 'unpredictable' and worked up to fit into the official categories of the eligibility criteria in the CCAC assessment to secure 'shift nursing.'

Moreover, it shows the nature of the services a child can receive is not determined by the physician; rather, the CCAC has pre-defined actionable care plans. The CCAC (and not the physician) is authorized by the SHSS to determine the care plan. The 'default' plan is the standardized Medical Orders that I first received. It was through my advocacy and the CCAC care coordinator's work in 'assessment' that my child received the 'Special' Medical Orders that included 'constant glucose monitoring' described above. Even though it is not unusual for children with diabetes to have fluctuating blood sugar levels, and the services I advocated for are what every child with diabetes needs to stay alive and well in school, yet not every child can get this level of service without someone doing the advocacy work. Here, what I do routinely to care for my child has to be re-conceptualized administratively as 'special' care to warrant the allocation of adequate services. The Medical Orders, then, do not represent what a child needs to stay well at school. Rather, the document represents what CCAC is able to authorize in terms of care.

The SHSS Policies and Practices Depend on Parents' Text-mediated Voluntary Work

Once the CCAC care coordinator received the Medical Orders for 'constant glucose monitoring,' 'shift nursing' could be arranged. Yet, certain aspects of necessary diabetes care are still missing. For example, these Medical Orders do not specify the time at which the child needs a blood sugar check, or when she needs a snack. Moreover, it made no mention of glucagon,

a life-saving hormone to be injected if the child becomes unconscious due to hypoglycemia (and that can save a child's life or prevent any potential cognitive damage). Nor is there any mention of ketone testing and how to correct the dosage of insulin if the child has ketones.

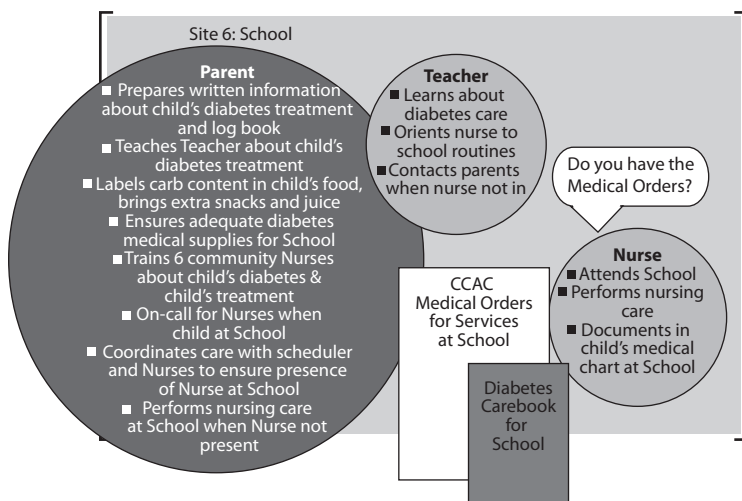
From this mother's standpoint, then, the Medical orders are inadequate to ensure the child's safety at school. The problem for the mother becomes how to get her unauthorized knowledge included with respect to the child's well-being. I resolved this problem by engaging in what I call 'preparation work' and 'teaching work.' The preparation work involves assembling a binder of written information about diabetes and its treatment, such as information on signs, symptoms and treatment of hyperglycemia and hypoglycemia, how to administer insulin, emergency glucagon administration, carbohydrate contents in food, parents' contact information, and a daily log for recording blood sugar levels. I also include a daily care schedule (with timing of food, blood sugar checks and insulin injections).

I have not, however, merely replicated the care schedule my child and I follow at home. Rather, I have sought out from the teacher a copy of the classroom timetable, and coordinated my child's daily diabetes care with the classroom schedules and routines. For example, I coordinated my child's snack time to match the nutrition break in school. I did this by modifying our usual home breakfast routine (changing the amount of carbohydrates she eats and the amount of her insulin dosage). My actions here make visible how local settings are organized and coordinated: my daily activities in my own home concerning the way I feed and care for my child are coordinated by the extra-local relations of the SHSS policy and the institutional routine of the school.

Teaching work is conducted in the school (see site 6 in figure 1 and figure 4). I reviewed my child's diabetes routine with every community nurse, again in an effort to ensure that my own knowledge of how to care for her is incorporated into the institutional practices. Even though all the nurses are trained professionally as registered nurses or registered practical nurses (and thus possess the skills to perform a blood sugar test and to administer insulin), it is not necessarily true that

every one of them is trained specifically on diabetes management for children. I noted earlier that the Medical Orders lack sufficient detail to guide adequate care in the local setting, and I continue to be on-call for the community nurses' phone calls from school if they have any questions regarding my child's care.

Figure 4. Parent's Everyday Diabetes Care Work at the School



The teaching work becomes more burdensome when there are multiple nurses involved in caring for the child. My child had six different community nurses during the first four weeks of school. The constant changes in nurses meant that I took time away from work to be available to provide training, and that my child needed to get used to multiple strangers performing intrusive nursing procedures on her. Here, one can see the way community nurses are scheduled to children assumes that the work, my child and the nurses are the same in the world of everyday experiences as it is known textually, that is, any nurse can be scheduled to do the 'assignment.' In actuality, a new nurse does not have the knowledge of a particular child's needs, and it takes a while to get used to the child and his or her diabetes routine. And with a new nurse, I received more phone calls with inquiries about my child's care. There were times there was no community nurse at school due to scheduling issues, and I had to leave whatever I was doing and

get to my child's school to perform the diabetes care my child needed to stay safe at school.

The other option, of course, was for my child to stay home. Yet, when my child stays at home, the mandate of the SHSS to ensure the full participation of students with health conditions is not met. I have shown that it is my voluntary work and commitment as a parent that keeps the SHSS policy and practices working as they are supposed to operate.

Conclusion

Drawing on my experience as a mother whose child with diabetes is starting kindergarten, this paper explicates how the SHSS policy, and in particular its authorization of the CCAC to assess and coordinate care in schools for students with health conditions, enters into and organizes the work of the physician at the diabetes clinic and the work of parents. My experience is not unique. Rather, my experience as a parent is shaped by routine textually-mediated practices of the CCAC SHSS program.

Figure 1 is the map showing the organization of a parent's work of securing, advocating and supporting the delivery of health support services necessary for a child with diabetes to stay safe at school, and is mediated by the CCAC *Referral Form* and the CCAC *Medical Orders for Services at School*. The official account from the CCAC SHSS program website claims that, "many students with complex health problems and disabilities would not be able to attend school without the health supports that CCACs provide" (CCAC, 2014, para. 2). What I have shown here is the kind of work required of parents. Without the incorporation of a parent's voluntary complementary work and 'unauthorized' knowledge, the SHSS policy and practices will not 'work' in ensuring children with diabetes are safe at school. All of these efforts were intended to make sure that my own institutionally unauthorized knowledge of my child's needs became effective for the organization of the delivery of services for her.

Not all parents can do this work like I did. The work of parenting for health at the school setting is coordinated with the work of the community nurses and the work of teachers. The conditions and quality of the nurses' work is partly

dependent on the mother's voluntary complementary work and knowledge, and when the nurse is not present in school, the teacher relies on the parent to be present at school to care for the child. However, this organization of work does not take into consideration the material conditions, practical skills and resources of parents' lives, that is, whether or not their employment allows them the frequent absences or interruptions due to the need to train new nurses, or answer nurses' phone calls when the nurse needs to clarify information about a child's care, whether or not it is feasible for parents to attend school every time there is a change in insulin dosage or when the nurse is not present at school. Even though the SHSS policy intends to ensure equity, it is actually only able to 'work' when parents' voluntary supplementary work is incorporated into its service delivery practices and sites.

In this paper, I have identified the regulatory text, and explored what parents do to request and secure adequate services at school. Questions for further ethnographical inquiry are raised from here. For example, how is nurses' work organized? How is teachers' work organized? And, how are these coordinated with the work of parents to understand how support services for children with diabetes actually take place in the classroom?

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Towards an Institutional Counter-Cartography of Nurses' Wound Work

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Under the banner of continuous quality improvement, process mapping has become an increasingly routine feature of healthcare administration. Driven by demands to improve efficiency through standardization, nurses' knowledge of their often-unpredictable work is routinely changed to fit within graphical representations that depict it as objectively controllable. Tensions that arose as I attempted to apply my knowledge as a specialist nurse in the rapidly changing area of outpatient wound clinics formed the direction for my institutional ethnography (IE) inquiry. As a student new to IE, I encountered challenges as I tried to explain to my informants how Dorothy Smith's alternative sociology offered a unique way to explicate how their work is being organized. Recognizing that confusion arose when the term "mapping" was used to identify a key analytic process in both quality improvement projects and IE, I searched for a way to articulate how the two approaches are distinct. Parallels and divergences I discovered between the focus of the "counter-cartography" movement and the problematic emerging in my own study helped me not only to acknowledge my own participation in the ruling relations, but to better appreciate how using IE offered the potential to create a quite different picture of nurses' wound work—one which challenges the official versions of their world on paper.

Key words: Institutional ethnography, social organization, wound care, wound clinics, counter-cartography

Health Reform in Canada

Health care worldwide is undergoing significant reform triggered in large part by an aging population (MacKinnon, 2013). Indeed, a report released by the World Economic Forum (2010) identifies the associated rise in people living with chronic health conditions as among the most significant global

risks for both advanced economies and developing countries over the next decade. In Canada, government agents are challenged in the face of these demographic changes to maintain a single-payer, publicly funded health system within the context of significant fiscal restraints (MacKinnon, 2013). As in other public sector organizations, efforts to control resources while maintaining quality in health care are increasingly organized on the basis of greater managerial control of frontline workers through standardized and quantitative performance measures mirrored on industrial models of productivity (Griffith & Smith, 2014). The alterations to funding structures, increased integration of services, and greater emphasis on technological innovation—all characteristic of this “New Public Management” (NPM) (Griffith & Smith, 2014)—mean that the ways nurses are organized to engage with patients are changing rapidly.

The drive to find more efficient and effective ways to deliver health care has become inextricably linked to evidence-based practice (EBP), which is “arguably the most important contemporary initiative committed to reshaping biomedical reason and practice” (Mykhalovskiy & Weir, 2004, p. 1059). This approach aims to control variability in clinical decision-making through the implementation of standardized protocols informed by scientific research and evaluated through quantifiable outcome measures (Timmermans & Berg, 2003).

While EBP has produced successful outcomes in many areas, it has also resulted in unintended consequences (Greenhalgh, 2014). Although theoretically providing optimal care through EBP involves a synthesis of scientific evidence with professional expertise and individual patient context (Sackett, Rosenberg, Gray, & Haynes, 1996), there is growing recognition that the process of narrowly classifying research within a hierarchy that privileges large scale, tightly controlled studies effectively renders certain forms of experiential knowledge irrelevant (Greenhalgh, 2014; Harper, 2010).

Despite mounting criticism, as this dominating ideology has become a largely unchallenged part of all medical and health fields, nurses, along with other health professionals, administrators and policy makers have expended considerable time and effort to demonstrate how their areas of practice are in compliance with EBP standards (Mykhalovskiy & Weir,

2004). Pressure for nurses to demonstrate improved productivity in terms of readily observable outcomes manifests itself in structured practices replicated for use in textual formats. Quality care is increasingly measured in terms of adherence to best practice guidelines and care pathways (Maylor, 2007; Rankin & Campbell, 2006).

Process Mapping of Health Care Practices

Under the New Public Management banner of continuous quality improvement, health care managers are concerned with identifying and addressing defects in organizational systems. The influence of manufacturing sector priorities is visible in the concepts of managing people as resources and improving the flow of equipment through a facility (George, 2002). Planners, eager to meet evidence-based targets in areas such as patient safety, effectiveness of care and efficient use of resources, apply process knowledge principles to map pathways, procedures and work practices as a way to pinpoint opportunities for improvement (NHS, 2008). While consultation with frontline staff and patients may be built into the process, individuals with backgrounds in strategic management often carry out the mapping work itself (NHS, 2008). Quality project procedures are designed around the priorities on which the smooth running of the system relies, and outcomes are evaluated using predominantly numerical categories predetermined by those commissioning the reports. As a result, the text-based representations of the work that are produced, while often at odds with on-the-ground actualities, are taken up as factual knowledge about what is going on, and these routinely form the basis for further restructuring (Rankin & Campbell, 2009).

Motivated by assurances that following these new initiatives will help them to achieve targeted outcome measures, nurses become active participants in the many changes taking place. Yet, they frequently face frustrations, as what they know about what actually happens is overlooked or distorted to bring it in line with the objectified models on which the restructuring is based (Rankin & Campbell, 2009). Previous institutional ethnography studies have shown how management knowledge of health work processes is constructed on the basis of priorities that are quite different from those on

which nurses' knowledge of their work depends (Folkmann & Rankin, 2010; Limoges, 2010; MacKinnon, 2008; Melon, White, & Rankin, 2013; Urban, 2012). Although improving patients' experience and managing resources may be common aims, disparate views of what constitutes good, efficient and effective care arise as problematic when nurses' knowledge is routinely changed to fit within administrative representations of their work (Hamilton & Campbell, 2011). In an era of increasing professional accountability, changes based on industrial management principles have been shown to regularly lead to negative results for patients and staff (Melon et al., 2013; Urban, 2012).

The tensions that arose in my own everyday experience as a specialist wound care nurse formed the direction for my institutional ethnography (IE) inquiry. My aim was to provide a means for frontline nurses to recognize how different ways of understanding wound work and the contradictory priorities embedded within them are organizing their knowledge and their practice.

The Everyday Experience of People Active in Wound Work

The term "wound" is broadly used to describe any breach to a person's skin. As the largest organ in the body, a person's skin can fail in the same way as their heart, lungs, or kidneys with life-threatening consequences. Yet, in western health-care settings, prevention or treatment of skin breakdown has historically been overshadowed by higher profile conditions (Wound Care Alliance Canada, 2012). Interestingly, however, today's demographic changes and concurrent health reforms are fuelling a perceptible change in the way wound work is regarded.

Wounds can and do occur in people of all ages and backgrounds, at any time of life, and often independently of any other health concerns they may have (Bale & Jones, 2006). Whilst most wounds can be expected to heal with minimal intervention, today's aging population and the dramatic increase in the incidence of chronic disease has led to a substantial rise in the number of people living with wounds that heal slowly or not at all (Sen et al., 2009). Similarly to other developed countries, the focus of Canadian healthcare has shifted away from hospital-based, acute care to a community-based

chronic disease model. Escalating demands to control resource allocation while streamlining service delivery have driven the search for ever more effective ways to reduce the numbers of wounds and the amount of time required for healing¹.

Adapted from models originating in the United States (Ratliff & Rodeheaver, 1995) and United Kingdom (Harrison et al., 2008; Lambourne & Moffat, 1996), the past few decades have seen a rapid rise in Canada in the number of outpatient wound clinics to which patients are referred for specialist assessment and management of potential or actual threats to the skin's defenses that require complex management of underlying factors (Harrison et al., 2008). In these clinics, nurses work in conjunction with other team members, including nutritionists, occupational and physical therapists, physicians, and social workers, to address any areas of concern which have been identified as potential or actual barriers to healing (Association for the Advancement of Wound Care, 2005). Despite criticism that widely-accepted scientific outcome measures, based on studies with extensive exclusion criteria, do not accurately reflect the complexity of patients living with chronic wounds (Fife, Carter, Walker, & Thomson, 2012), team members are taught to assess and categorize wounds with the aid of standardized, evidence-based forms. They then use this information to determine the applicable best practice treatment protocols to follow.

In the Canadian health region where I conducted my study, restructuring based on the principles of integrated, community-based care has resulted in the amalgamation of several outpatient clinics that were previously attached to hospital inpatient services. Staff members from a variety of locations, each of which specialized in managing patients with a specific type of wound, found themselves blended together under one organizational umbrella known as Integrated Home Care. Based on recommendations from a 2002 Federal Government report (Romanow, 2002) on challenges identified within the Canadian health system, the organization had recently adopted a "case-management" model of care (Trojan & Armitage, 2009). According to health region documents, the model "is a collaborative process to assist a client in accessing appropriate services across the continuum of care" (Alberta Health and Wellness, 2008, p. 5). At the time of my

observations, all Integrated Home Care staff had either attended or were scheduled to attend education sessions related to the implementation of this new model.

Highlighting a Problematic

Through experience and education, I have developed a certain familiarity with the world of wounds and have been an enthusiastic proponent of the many changes taking place. Although the physical locations may vary, as practices have become more standardized, if I walk into any setting where wound care is the focus, I will likely recognize the room layout, supplies on the carts, equipment at the bedside, and posters on the wall. Specific words and even certain smells make sense to me in this context. When a person with a wound walks through the door, I am optimistic that I will be able to draw on my expertise to help them. Informed by my nursing background, which acknowledges people as individuals with complex characteristics and needs, I understand that managing the patient's wound will be a multifaceted process, involving identification of the cause, and correction of potential impediments to healing. I am aware that achieving optimal outcomes will require me to work in collaboration with the patient and other team members to address any number of concerns such as pain, mobility, body image, or financial implications, all of which may affect their ability to heal.

The recent structural and funding changes to outpatient wound services appear to be strongly supported by evidence that they will not only result in better outcomes for patients but will also offer significant improvement in working conditions. Yet, as my level of proficiency has increased, I have found it more and more difficult to put my specialized knowledge into practice. Anecdotal evidence and a limited number of publications suggest that nurses in many areas are struggling to understand the contradictions and tensions they experience as they attempt to enact nursing wound knowledge within the rapidly changing organizational controls of their institutional settings (Cutting, 2008; Hallett, Austin, Caress, & Luker, 2000; Maylor, 2007).

As I listened to frustrations increasingly being voiced among my colleagues, in the workplace, in the literature and

at meetings of wound care professionals, I began to question why it was that, in the face of such convincing evidence, I frequently heard nurses describing how they approach patient encounters with an uneasy sense that they will not be able to accomplish what they had expected. Will they have sufficient time to devote to the patient, or will they feel pressured to get them in and out as quickly as possible so they can complete the required paperwork before the next one arrives? Perhaps, as they conduct an assessment, they will suspect that the wound might not have been so complex if they had been asked to see the patient sooner. Maybe, as they work with an individual patient to determine his or her needs, they will discover the client is already following advice from another health care professional which conflicts with what they would recommend for their particular circumstances. Possibly the supplies they consider most appropriate for this case will be unavailable or unfunded.

All of these concerns point to the fact that, even before they meet, the way in which nurses working in wound clinics are able to interact with a patient is somehow being organized by decisions made by unknown others who are not physically present. Despite their best intentions, exactly how they can proceed is, to a large extent, predetermined by external factors in which they are not directly involved. The knowledge nurses need to negotiate these potential issues is different from that of their nursing wound care knowledge, yet increasingly it seems these are the aspects of their work that will most directly determine the care they are able to provide.

In those moments where I saw the work of caring for patients colliding with these decisions made elsewhere, I began to notice that the everyday experiences of people living with wounds and those who work alongside them did not seem to fit into the evolving version of wound work being portrayed in management and governance circles. It is to these perplexing concerns that I applied institutional ethnography, Dorothy Smith's (2005) alternative sociology, in order to unravel how management practices enter into and shape this specialized area of nurses' work.

The Textual Mediation of Work

More than at any other time in history, people's "knowledge, judgment and will" are organized "external to particular individuals" (Smith, 1997, p. 42). The "fields of socially organized activity" that make up these phenomena are what Smith calls the "ruling relations" (Smith, 1999, p. 75). In contemporary society, and particularly in today's busy health care systems, much of the coordination of people's activities happens through the use of texts created at different locations from where they are intended for use. In order for large organizations to run effectively, the actualities of people's lives have to be fitted into the pre-defined categories and concepts of the institutional discourse (Smith, 2005). The text-makers' priorities are conveyed through decisions about what to include, what to leave out and in what format to present the message. Thus, standardization of work practices occurs through the fact that a text may appear in material and identical form no matter where the reader, hearer or watcher may be located. This textual mediation of people's actions, Smith argues, subordinates local knowing and imposes ruling perspectives (Campbell, 2003; Smith, 1990a).

Mapping in Institutional Ethnography

The term *mapping* is commonly used in institutional ethnography research to describe the empirical tracing of sequences of work and texts from a starting place in peoples' accounts into institutional work process and action. Smith (1999) proposes that the results should be as "ordinarily accessible and usable" as a map is (p. 95). Indeed, she suggests that providing an accurate rendition that expands the way we see the world around us, but still makes sense to those who are living in it, means heading "into regions we have not been to, and perhaps could not go to, without the explorer's interests and cartographic skills" (Smith, 2005, p. 2). In keeping with IE's ontology that the social is only to be discovered in the everyday activity of individuals, the analytic process of mapping in IE requires moving beyond the stasis of a text and tracing how, as people talk about and engage in routine work with texts, they are connected to work processes being organized and taking place elsewhere. Like a street map, the product will contain

elements that are recognizable to those who read it. However, rather than providing directions for which way to travel, an IE map makes visible the ways in which we are all connected into extended social relations (Smith, 1999, p. 95).

Locating a Problematic

It is commonly difficult for those located within a particular experience to visualize or understand what aspects of the larger institution contribute to the circumstances in which they find themselves (Smith, 2006). Rather than articulating a formal question or hypothesis, the institutional ethnography researcher studying professional practices often begins with a sense of unease with issues impeding day-to-day activity. In IE the term *problematic* is used, frequently as a noun, to refer to these moments of disjuncture that arise when something which is happening locally is at odds with how it is known about officially or ideologically (Smith, 1987, p. 91). These puzzling instances often appear as a "line of fault between two contradictory ways of knowing something" (Campbell & Gregor, 2002; Deveau, 2008, p. 4). Choosing to begin from the perspective of those whose knowledge locates them on one particular side of this line, the researcher seeks out instances of where these standpoint informants' ways of knowing contradict other ways of knowing. The examples that emerge serve as entry points into the investigation of the social organization of this knowledge.

Based on IE's ontological premise that the social is present only in people's activities and their coordination, my study starts and remains in a situated standpoint, where consciousness is embodied in the actualities of wound nurses' lives. Starting from the sense of unease I recognize in my own and others' experiences of the changes taking place in wound clinics, my goal was to explicate the circumstances of nurses' everyday wound work that may not be visible or understood from where they are located. In order to explore the knowledge that wound clinic nurses rely on, I began by conducting observations and interviews about everyday aspects of their work. The problematic began to emerge as I noticed the puzzles that arose when they attempted to activate their nursing knowledge within the context of the organizational changes taking

place around them. I used these areas of contention as a starting place from where to trace empirically which aspects of the authorized versions of wound work were organizing their experiences.

An Illustration of Refining the Problematic for Inquiry

During my early observations, I heard reports from several nurses of an incident that had taken place the previous week. An elderly gentleman had come to the clinic for assessment of a diabetic foot ulcer. As soon as the nurse removed his shoes to inspect his feet, she became aware of an overpowering odor. She immediately recognized that this patient had a severe wound infection, which she suspected had already spread to the bone. The clinic staff was so concerned about the patient's status that he was sent directly to the emergency department for urgent treatment. They later learned that he did indeed have a gangrenous infection that was so advanced his leg could not be saved and was amputated below the knee soon after his admission to hospital.

The reason the nurses relayed this incident to me was not that this outcome is in itself shocking to those familiar with the risks faced by diabetic patients with foot ulcers. Indeed, recent statistics suggest that, globally, a patient loses a limb due to complications of diabetes every 20 seconds (Bakker, 2011, para. 5). What was causing the nurses concern in this particular case was their sense of frustration with how they saw the sequence of events leading up to this incident. During his visit, it came to light that the patient had been referred to the clinic several weeks prior to his first scheduled appointment. He told staff that, as he became increasingly concerned about his wound, he had phoned the scheduling office to inquire about his status. He was informed each time he called that he would be contacted when an appointment was available.

Drawing on their knowledge as experts in the care of people with diabetic foot ulcers, the nurses are aware that in many cases non-traumatic amputations in this population may be preventable with appropriate screening and intervention (Singh, Armstrong, & Lipsky, 2005). The fact that, had they seen the patient sooner, the outcome might have been different troubled these nurses. The specific issue they identify is that,

unlike the previous arrangements, where clients were referred directly to the specialty clinics, under the new case-management system, all referrals to Integrated Home Care are channelled through a central booking office. As a result, rather than the wound clinic staff making decisions on how quickly patients need to be seen, generalist nurses with limited wound-related expertise do the work of determining when and where referred clients are seen. The clinic nurses speculate about what may be done to prevent a similar incident from happening:

Since they amalgamated, what the high risk foot team has been saying is that when we get referrals, they need to be looked at by somebody who is experienced in wound care, because something that could potentially go bad very quickly can easily be missed by somebody who doesn't really work in the wound care area. (Debbie, wound clinic RN)

The nurses blame the current structure of appointment scheduling for this lapse in care. This point is further illustrated when a nurse tells me how she has encouraged patients in similar situations to write letters to management:

And I know that sometimes those kind of letters are really supported by frontline saying 'yes we know this is a problem, but we can't do anything about it. We can report, but we're not in the position to be making any changes.' (Debbie, wound clinic RN)

As an observer, I am tempted to offer immediate speculation as to what is underlying Debbie's frustration. If I search for answers within what I currently know of the situation, I may find myself siding with some of the nurses who blame the central booking staff for their inability to recognize the severity of the patient's condition. At the same time, I might sympathize with the nurses who criticize an apparent lack of managerial support for their suggestion that a wound specialist take on the role of triage. Yet, as an institutional ethnographer, I recognize that, without further information, any explanations I may reach for why both nurses and patients feel unheard arise from what I have learned to accept about the way things *should* or *could* have been done.

The knowledge these nurses hold about what could go wrong in this situation arises in part from their bodily work with patients at high risk of rapidly deteriorating wounds. Yet, there seems to be no means for them to express this kind of knowledge in the new way their work is being organized. While the nurses suspect that “something” must be behind the changes in the way patients arrive at the clinic, from where they are situated, in direct contact with individuals living with wounds, these new organizational rules make little sense. This apparent disconnect between how the clinic nurses know their patients and the way decisions are being made by those scheduling appointments points me in the direction of organizational relations originating outside of the local situation. What is not clearly visible from the nurses’ vantage point is the administrative organization upon which the practices of the central booking office staff depend. Listening to my informants struggling to make sense of this puzzle, I am reminded of Dorothy Smith’s description of how “the institutional appears as a dark region remaining to be explored” (Smith, 2006, p. 8).

The problematic for me begins just here, where the clinic nurses’ knowledge about their work locates them on one side of the line of fault that becomes visible between the way they know to achieve their commitment to patients, while at the same time fulfilling their obligation to the clinic managers. The tensions I observe and hear between the complex day-to-day activities of caring for individuals whose bodies and lives are affected by skin breakdown and the requirements of the formal work processes in which the nurses are participating become my point of departure for the study. As I take up IE’s lens and move from here to track and explore that “something out there” to which the nurses allude but which remains as yet unknowable from within their location, my aim is to make visible the everyday wound work being accomplished at ground level, that is, those practices of knowledge that never make it into the authorized version of events.

A Troubling Encounter (The “Other” Wound Project)

I had barely begun to explore how it was that patients such as the gentleman with the amputation enter the nurses’ clinic work when I came across something troubling, which appeared to have direct implications for my study. On several occasions,

as I observed and interviewed nurses during my fieldwork, I was asked directly whether I was aware of another project currently taking place. I heard from a variety of sources that Integrated Home Care managers were conducting a review of Skin and Wound services to examine problems that had arisen since the recent restructuring of the wound clinics. I discovered that project leaders had formed committees and conducted focus groups to explore issues identified by managers and frontline staff. I also learned that one of the outcomes was a "process map" which showed how patients with wounds flow through the system (Alberta Health Services [AHS], 2012). Based on the results of this project, new recommendations for practice, such as hiring a clinical nurse specialist in wound care, were being discussed by the Integrated Home Care management team. When I described the aim of my own study as to "map" the work of outpatient wound clinics, I was repeatedly questioned as to why I was replicating work that had recently been completed.

As I learned more about what my primary informants described as "the other wound project," my initial reaction was one of mild panic. Perhaps they were right. Surely if the aim of the existing study was also to explore what is happening in wound clinics, then the people conducting it must be capturing the same information that I was seeking. If, as the nurses were suggesting, a map had already been created of what it is that they do, then is it possible that my research may be redundant. What exactly did I have to offer that had not already been accomplished by a group of well funded project managers working on behalf of administration?

Prior to commencing the study, I had familiarized myself with the struggles faced by previous IE researchers when talking to frontline health care staff "accustomed to speaking from within a ruling discourse" (Rankin, 2009). I had read and even written about how, in situations where both the informant and the researcher are familiar with an area in which they are collecting data, it can be tempting for the researcher to fall into the trap of describing the informants' narratives in terms of the dominant circulating discourses (DeVault & McCoy, 2006; Smith, 2005, p. 119). In my research proposal, I had vowed to remain vigilant to the risk of losing sight of the institutional relations and the social organization of knowledge and of

constituting “people and their activities as the objects of professional or managerial knowledge” (Rankin & Campbell, 2009, para. 41). Why then did I find myself struggling to articulate how my ethnography and inquiry into the social organization of the clinic work was different from the managerial project?

Finding a Different Path into the Reorganization of Wound Care Work

As I listened closely, there was something compelling in the way the informants talked about the management project that evoked the same sense of unease that initially drew me into my study:

In these wound meetings, so we had a group; I think it was about 10 people that were involved, and they also had this person that guided the conversation. She looked at what people said the problems were and how the business kind of was done in a day, and this sort of thing, and what would be more efficient... Now she is not a specialist in wounds. I don't think she's even a specialist in health care. I think she was more of a business solutions type of person, but she had come up with a bunch of recommendations, and it was really still up to management which ones they afforded to take on and which ones they thought were priorities. (Debbie, wound clinic RN)

In this and other similar accounts, I noted contradictions in the nurses' thinking as they attempted to make sense of the project and its implications for their work. Even as they welcomed the idea that they were encouraged to participate in the process, it seemed they were struggling to see where exactly they fit into the outcomes produced. Despite its apparently inclusive and consultative nature, there appeared to be a tangible divide between the everyday world of these nurses and the somewhat obscure world of the project managers to which they alluded.

As I continued to speak with the nurses about the way their work was being represented, it became clear that the embodied knowledge they possess of how patients, such as the gentleman in the above scenario, may not always follow

predictable pathways, had somehow been subsumed into organizational categories defined by individuals whose priorities were quite different from their own.

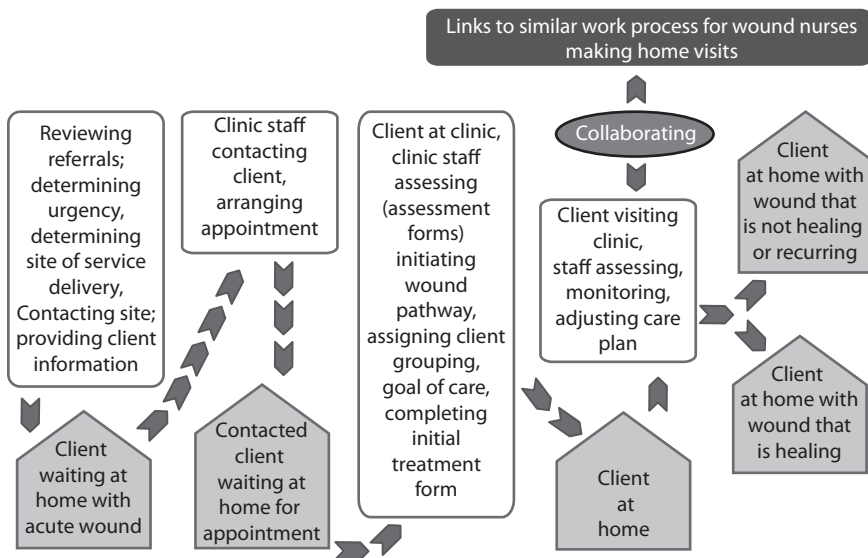
Well there are a lot of interesting things coming out of these focus groups, ... but this is where the confusion is, because when we first started this whole process, we were going to be the wound centre, and now we're a wound clinic. Then it became a home care clinic. So it seems to have changed and that is the biggest issue right now; what are we? (Alison, wound clinic RN)

In asking the question "what are we?" Alison is voicing her concern that, even though the project results had highlighted that the current scheduling process may potentially lead to similar incidents in the future, the feasibility of implementing any recommended changes is contingent upon other organizational restructuring currently underway. As Alison explains later in the interview, the nurses are particularly anxious about reports they have heard that a new quality improvement initiative aimed at streamlining the way patients travel through outpatient services means that all Integrated Home Care clinics are to be designated as generalist clinics, where staff will be expected to provide care for patients requiring a wide variety of services, not just those related to wounds. The wound clinic nurses believe this decision does not take into account the knowledge they hold of the unique scheduling needs of patients with complex wounds, and that this decision will have further implications for those making decisions about how urgently patients need to be seen.

To explore how scheduling decision-making was being portrayed to those charged with making such operational decisions, the process map from the institutional project that I encountered in my fieldwork became part of my data collection (see Figure 1 for an example section). In an attempt to conceptualize the ways a client enters, travels through and leaves the system, the consultants used conventional flow-chart tools to represent the institutional reality of how the work processes proceed. Points at which decisions are made are depicted within white shapes, while the outcomes of these decisions are denoted by gray shapes. We can see evidence of

organizational structures that are expected to coordinate how each process occurs in the criteria that need to be determined before each subsequent step can occur. For example, a patient will follow a different route through the system depending on whether they are initially determined to have an “acute” or a “complex” wound.² Although not visible on the process map in Figure 1, the content of each white shape implicitly references predetermined criteria that define each classification. In almost all cases, a text can be identified that contains outlines of these criteria and instructions for how allocation to a specific category is to happen. The way in which an individual progresses through the healthcare system from the time they are identified by a member of the Integrated Home Care team as a “client with wound or swelling” relies on everyone involved along the way applying these criteria in the ways prescribed in the texts.

Figure 1. Example Section of Process Map



Although the standardization of practice the texts are designed to accomplish enables the planners to depict the work as objectively controllable, as I listen to and observe the wound clinic nurses' actual work as it takes place, the textually-mediated, linear progressions depicted on the map bear

little resemblance to the constantly changing lives of those attending the clinic and the unpredictable nature of a quite different version of reality. Interestingly, however, a red dotted line between certain categories provides the reader with a hint that people mapping the project are aware that these shapes and text do not capture everything the clinic nurses do on a daily basis. Although theoretically this line may represent a considerable portion of the work that the nurses do, it has no content beyond an explanatory category labeled "collaborating." If the aim of my study was to extend the ordinary ways in which wound nurses know their everyday worlds into the unexplored regions around them, how could I describe to those whose standpoint I claimed to be taking exactly how my project diverged from the management one?

In speaking to the nurses, I recognized that my use of the term *mapping* to describe a very different key analytic process from that of the chart produced by management was hindering my ability to explain how what I was doing was distinct. Although flowchart diagrams created by institutional planners are quite different from the images produced by conventional landscape cartographers, both use the term *map* to describe the work of conceptually representing an entity in graphic format that can be navigated by others removed from the source on which it is based. To better understand why the term seemed to bring with it certain assumptions about my approach to nurses' work, I sought answers in the discursive organization of mapping practices.

The Discursive Organization of Mapping Practices

Map-making in one form or another is found in all cultures and can be traced back to ancient times (Blaut, Stea, & Spencer, 2003). Early cartographers provided, for the first time, a two-dimensional, textual representation of the landscape around them. Although their portrayals of familiar territory were often remarkably accurate, the artists' capabilities were constrained within the boundaries of terrain that had already been explored and surveyed (Wilford, 2000). The discipline of cartography has changed exponentially over the intervening centuries. With the recent advent of technologies such as geographical imaging systems (GIS), it is now possible to visualize the entire earth from space and to "zoom in" on any given

coordinate (Wilford, 2000).

Yet as surveying and navigation technology continue to evolve and techniques become increasingly complex, map-makers, and those for whom they work, have come under considerable criticism. From the parchments of long ago, to the digital animations of today, maps have consistently been used to convey the knowledge and power of those who commission them. Decisions about what to include or eliminate and how to plot the selected elements carry within them the agenda of the map's creator and become the means through which the intended reader's perception of the land is coordinated (Bryan, 2008).

Indigenous groups, in particular, have begun to question the taken-for-granted, established processes and rules that form what are commonly accepted as essential cartographic skills (Bryan, 2008). Unlike many aboriginal traditions that represent the landscape as a fluid entity, Western cartography is designed to produce a static depiction of a place, a snapshot of time in which any traces that may identify who the people are and what they actually do are removed (Pearce & Louis, 2008, p. 109). Indeed, it is argued that the process of "making the world known" through this standardized knowledge system has played a crucial role in dispossessing many indigenous communities of their land and resources (Johnson & Louis, 2006, p. 89).

In the latter part of the 20th century, researchers began to question in whose interest these colonial maps had been created (Peluso, 1995). Although earlier examples exist, the term "counter-mapping" was first coined by Peluso in her 1995 study of indigenous activists' attempts to reclaim their traditional rights to forest land in Kalimantan, Indonesia (Peluso, 1995). As similar cases were reported, a "counter-cartography" movement began to emerge. The common aim is to map "from within" and to present cartographic descriptions in ways that are meaningful to and can be understood by those whose ancestors walked the land (Pearce & Louis, 2008). Practices of counter-cartography, which are also referred to as "ethnocartography," "community-based mapping," and "participatory mapping," have now extended beyond indigenous communities and are gaining popularity with activists involved in a variety of political projects (Wainwright & Bryan, 2009).

Counter-cartography and Institutional Ethnography

It is what Dorothy Smith describes as the ontological shift in institutional ethnography that resonates for me as I read about the counter-cartography movement. Smith's search for a new way to do sociology stems from her early days as an academic, when she began to perceive a disconnection between her embodied existence as a mother and the "head world" of the university (Campbell, 2003, p. 14; Smith, 2005). Within this intellectual realm, there seemed to be no medium for her to express the ways she knew about essentials such as feeding the family and caring for small children. The mainstream sociological theories, methods, and concepts in which she was being trained said little, if anything, about her knowledge and experience of the life she left behind when she went to work. Smith was also troubled by the research in which she was participating. Although it claimed to be exploring people's interests from their perspectives, the very fact that it began from a place within concepts and followed processes created from theories meant that it produced objectified accounts of those it investigated (Smith, 2005). As Smith (1990b) writes:

Sociology ... creates a construct of society that is specifically discontinuous with the world known, lived, experienced and acted in. The practice of sociology in which we were trained as graduate students was one that insisted that the sociologist should never go out without a concept; that to encounter the raw world was to encounter a world of irremediable disorder and confusion; to even begin to speak sociologically of that world required a concept, or concepts, to order, select, assemble, a sociological version of the world on paper. (p. 2)

This "version of the world on paper" became central to Smith's understanding of language as a key to the ethnographic discovery of how knowledge is coordinated (Smith, 2005). She saw that the very rules and procedures which made sociology a discipline were part of a language that drew attention away from real people living in the material world (Smith, 2005). In the process of identifying and theorizing social causes for social phenomena, the actualities of peoples' lives were

subsumed. The everyday activities of the subjects involved were effectively rendered invisible in much the same way as a Western cartographic image renders invisible and irrelevant the daily activity of the people who live in the mapped community.

Making Change from Below (Smith, 2008)

The key to understanding “how it works” in IE (Smith, 2006, p. 1), is to “turn upside down” the approach to knowing that privileges this institutional knowledge (Campbell, 2003, p. 14). For institutional ethnographers, the social can only be discovered among actual people and the ongoing moment-by-moment concerting of their activities (McCoy, 2008; Smith, 2006). Smith’s desire to create a sociology which would not subsume people as “instances of theoretical categories” (McCoy, 2008, p. 702) was further shaped by her involvement in the women’s movement and the discovery that, although dominant forms of knowledge might appear to be neutral, they in fact “concealed a standpoint in particular experiences of gender, race and class” (p. 702). At the same time, she recognized that, however unwittingly, women had also taken up these ruling ways of knowing (Smith, 2005). The question which she sought to answer was how it is that what we do comes to have force over us (Smith, 1999).

While IE researchers are concerned with mapping the social landscape, rather than the physical landscapes portrayed by counter cartographers, the two share a common aim to represent a world in which individuals are located as knowers of that world. Both begin from a place where real things happen, a place in which people’s every day activities have been abstracted and conceptualized for ruling practices, where outsiders’ graphical representations of what people know to do have become part of the accepted way in which their world is known to others. Yet here the two approaches begin to diverge. Although the counter cartographers’ ability to demonstrate that a different view exists has proved useful in opening dialogue with governing bodies and even in effecting policy change (Usher, 2003), what is not readily visible in the counter maps is how the everyday activities of those portrayed

are hooked up into and help to produce the ruling relations which they seek to disrupt. Institutional ethnographers, in contrast, do not aim merely to provide an alternate representation of the local experience of individuals. Since knowledge is essentially social, rather than arguing against these abstractions, or presenting a "counter" view of events, IE researchers are concerned with how these abstracted versions of people's experience are put together (Smith, 1992). It is necessary to look beyond the local, to discover the text-mediated ruling relations in which that experience is embedded and in which the individuals participate (Smith, 2005). Rather than asking "whose map is this?" IE researchers ask instead "in what institutional activity is this map located?"

Thus, IE offers a unique way to explicate how the textually-mediated concepts of restructuring have been used to erode the practices of certain groups of people. Rather than producing a chart of organizational structure that begins within and thus reproduces existing conceptualizations of the work taking place, IE's analytical procedure of mapping institutions as work and texts extends beyond people's experience and accounts of their experience to provide an empirical description of how the textual work in which they are engaged organizes "what is getting done and how" (Turner, 2006, p. 159). Susan Turner's (2006) schematic representation of municipal planning for a land development project, for example, shows not only how residents' issues were sidelined, but how, despite the rhetoric of public consultation, as individuals took up the institutional texts involved, they coordinated their actions to put together standardized policies, decisions and outcomes.

Institutional ethnographies of health care organizations offer a way to make visible managerial changes going on "behind our backs" (Smith, 2014). While the information uncovered does not in itself alter the ruling relations, the awareness of the way things are put together that this new knowledge brings can be useful to those caught up in the changes as they make decisions about how to act. As a student new to institutional ethnography, choosing to explore the social organization of an area of practice related to my own field of expertise brought unexpected challenges. Prior to commencing the study, I had been intimately familiar with much of the

literature, as well as the terminology and institutional texts, my informants were using in the clinic setting. Learning to identify the ruling relations embedded within the regulatory texts around which my own education and practice were organized became an unnerving exercise of unpicking the very fabric which held together my understanding of the work in which I had been immersed for many years. I recognized a similar sense of disquiet in counter-cartographers' accounts of recognizing the power relations embedded in maps created by others which they had taken up and used to alter the way they understood and acted on their lands. What I learned from the counter-cartography movement helped me to acknowledge my own part in taking up certain embedded ideologies as factual information and to live with the precariousness of unraveling my own knowledge about wound work.

Examining Wound Clinic Work for the Social Relations

By observing the wound clinic nurses as they take up and implement the changes taking place to their specialized work processes, my aim was to bring into view how they are coordinating their actions to carry out the work of the institution, sometimes with unintended and even devastating consequences. In order to find an entry point into this intricate field of social relations, I returned to my problematic, to those moments in the nurses' experiences where their knowledge conflicts with the official version of events. Beginning with the earlier example of the gentleman whose leg was amputated, I followed one path into the institutional organization of this event that led to where the clinic nurses' work is hooked into the decision-making processes of staff involved in appointment scheduling.

During an interview with one of the generalist nurses responsible for reviewing new referrals, I learned that although her triaging work appears on the project map (in the far left white shape in Figure 1) as a straightforward series of events, in reality determining where and how quickly individuals need to be seen requires her to complete multiple interdependent steps, each coordinated by a different text. First, without direct contact with the client, and based on the often very limited contents of a form completed by a health professional in another location, she is required to assess whether the

wound is "acute" or "chronic" based on criteria outlined in evidence-based guidelines (these will be explored in a subsequent study). She uses a second set of written criteria to determine whether the client is able to attend a clinic or whether a home visit is more suitable. If she deems a clinic visit appropriate, she is then obliged to consider a further set of efficiency-related parameters, including staffing and funding variations before she can allocate the client to a specific location. She records her decision about which "urgency" and "site of service" categories she has designated the client to and passes the form on to a booking clerk, who uses this information to schedule an appointment. The clerk then calls the client to provide details of date, time, and location.

What the triage nurse is not required to record in the standardized documents she completes is any information about whether the client's condition is likely to change. The static points in the process at which data are collected and categorized are not designed to accommodate situations like that of the gentleman whose wound deteriorated after his entry into the processing system had begun. Once certain details have been abstracted from the full story of a client's condition, despite any knowledge a triage nurse may hold about potential risks, the booking process includes no mechanism by which she can transfer him from one category to another prior to his appointment. As each person activates their own portion of this textually-mediated sequence of events, the administrative priorities on which the institutional action depends take precedence over those of direct care, where patients' needs are embodied. Although the familiar landmarks of nurses' wound work are still visible, with the introduction of the central booking system, the routes by which both nurses and patients can navigate the system have been changed.

As I explored further, I learned that one of the recommendations coming out of the managerial project was to have a dedicated wound specialist nurse in the triage position. Interested to know more about how this decision was reached, I interviewed members of the project team and discovered that, during the course of the project, many of the same issues had come to light that I had observed and heard about during my data collection. Contrary to my initial suspicion that team members were disconnected from what was happening on the

ground, I found myself listening to their descriptions of how the everyday work of the clinic is not accurately reflected in managerial work processes. Yet, as an IE researcher, I recognized that since the team members were doing the work as they had been socially organized to do it, we were approaching these issues in quite different ways.

Although fundamentally we shared the same goals, in order to meet the parameters outlined by the directors who had commissioned the report, the "other wound project" consultants were constrained by a specific format in which the information could be presented. In the introduction, the project managers outline how the project was developed in line with the organizational goals of "quality improvement" through streamlining of services (AHS, 2012). Decisions about what was included and what was left out of the review and what outcome measures were used were made in consultation with Integrated Home Care directors. Using the language of the current discursive organization of wound work and mapping techniques that fit with the strategic direction of the quality improvement strategic plan, the project managers created an objectified version of wound work that carried within it the institutional priorities of those financing the project. The team's well-intentioned recommendations for potential solutions emerging from the data collected were limited to those that complied with the evidence-based protocols on which the clinic's very existence depended. In what Smith (1990a) describes as the "organizational impregnability of this circularity" (p. 94) the textual accounts, taken up by others located elsewhere as factual evidence that what is happening fits within the abstracted version of the guidelines and protocols, serve to further abstract the work from the place where it happens.

Wound care is messy and brings with it the messy lives of patients. The work of wound clinic nurses is continually evolving in the context of organizational strategies based in neat and tidy science that is abstract and theorized. Yet, as evidence-based standardization of practice increases, it seems nurses in outpatient wound clinics in Canada are struggling to find ways to articulate the contradictions and tensions they experience as they attempt to enact their unique knowledge within the organizational controls of their institutional settings. IE healthcare researchers have argued previously that, not only

is it important that what nurses know and how they know to do it, not be lost, but that efficiency and safety actually rely on nurses' ability to contribute from their own knowledge about how their work proceeds (Hamilton & Campbell, 2011, p. 281; Rankin, 2009). The challenge is how to make the complex and unpredictable reality of nurses' direct wound care work accessible to those charged with planning healthcare from a standpoint which relies on a map's "genius of omission" and its ability to represent "reality uncluttered, pared to its essence, stripped of all but the essentials" (Muehrcke & Muehrcke, 1998, p. 11).

As I open up for critique the priorities embedded in the Skin and Wound Review project (AHS, 2012), and show how certain knowledge held by nurses working at the frontlines is as necessary to the efficient running of the system as that depicted in other versions of the same landscape, the "map" that is emerging in my own study is not one which is intended to replace or negate the work of institutional process mappers. My explication of how this work happens is not intended to be a static record of what was happening on the days I collected my data. Instead, it is an additional tool that can be used by those working in wound care to understand how the ruling relations enter into and organize how they think, talk and act. Since I completed my data collection, minor changes have already been made to the way work happens in the particular clinics I visited. This merely provides further opportunity to examine the ruling relations at play. As the newly appointed wound specialist triage nurse will also be bound to follow the existing institutional processes and to make scheduling decisions by completing the same coordinating forms as the generalist nurses, the extent to which she will have the capacity to affect the anticipated changes remains to be seen. Rather than speculating about the nature or utility of current and future innovations, my aim is to provide a way for nurses working alongside people with wounds to navigate the complexity of the mysterious regions on which their world borders. This alternative understanding of how their work is organized offers not only an opportunity but also an obligation to speak about their unique knowledge to those making decisions.

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Endnotes

1. Under controlled experimental conditions the relative ease with which the size and duration of wounds can be empirically observed and described in standardized terms means these parameters have become ideally positioned within the evidence-based discourse as reliable ways to monitor and evaluate the effectiveness of interventions (Soon & Chen, 2004). Wound care innovation, defined primarily in terms of new topical interventions, has led to the appearance of an overwhelming number of increasingly sophisticated dressings and advanced modalities, each of which is promoted for its unique ability to improve the process of preventing, diagnosing, treating or healing skin damage (Fette, 2006). As a result, the global wound products market is projected to reach \$20.3 billion by the year 2015 (Global Industry Analysts, 2010). With an estimated annual economic toll of \$3.9 billion, wounds now account for approximately 3% of total health costs in Canada, a figure that is expected to increase by up to 30% over the next few years (Wound Care Alliance Canada, 2012).

2. The definitions 'acute' and 'chronic' wounds are used to distinguish between wounds that repair themselves or can be repaired in an orderly and timely process (acute wounds) and those that do not (chronic wounds) (Lazarus et al., 1994). These categories have become established as part of the standardized language of wound care and can be found in most national and international guidelines. Since the hierarchy of evidence on which many funding decisions are based classifies "clinically relevant" endpoints, often determined by bench scientists, as more rigorous forms of evidence than qualitative or case series studies (Higgins & Green, 2008), the discourse of evidence-based practice continues to rely heavily on the dominance of the cellular physiological understanding of acute wounds and 'normal' wound healing.

Book Reviews

Naomi Klein, *This Changes Everything: Capitalism vs. the Climate*. (2014). Simon & Schuster. \$30 (hardcover), 576 pages.

For the past two decades, the Canadian journalist, Naomi Klein, has written a book that captures the zeitgeist of an era. She has an uncanny ability to see the forest when the rest of us see only trees. So it was with her first book, *No Logo* (2000), a penetrating dissection of the ubiquity of the corporate marketing and “branding” of the world. Her next book, *The Shock Doctrine: The Rise of Disaster Capitalism* (2007), analyzed the way advanced capitalism restructures itself for greater global dominance through, or in the wake of, major disasters, during which the populace is in a state of shock and unable to respond.

Books on climate change now number in the hundreds, if not thousands, but if you can read only one book on the subject, this thoroughly researched and riveting polemic should be it. Klein begins with her own confession of denying, until now, the imminence of catastrophic climate change, calling on her readers to look it squarely in the face. After going through the reasons most people—even well-read, intelligent progressives like her—tend to place climate change at the bottom of their priorities, she goes on to explain why it is so difficult for contemporary societies to do what is necessary to halt greenhouse gas emissions and get us on a path to climate sustainability. The reason is, simply, that to do so requires us to change everything—our way of thinking and relating to the world, of producing and consuming, of exchanging and investing. “Extractivism,” a philosophy dating back to the Enlightenment, where humans treat the earth as an endless source of enrichment, is blamed for the mess in which both capitalism and state socialism have left us. State socialism is gone, but market fundamentalism is incapable of saving us; and too many powerful interests have too much to lose.

Hardly anyone is exempt from Klein’s trenchant analysis of the barriers to effective action on climate change. One of the

tragic aspects of our time, she points out, is that at the very moment we should be radically reducing our fossil fuel use and empowering the government to fund renewable energy solutions, our political system has been captured by climate denialists and small government ideologues. Going into the board rooms and conferences where such people meet, she gives us behind-the-scenes accounts of how they operate. But her critique does not stop with the usual suspects. Klein shows how supposed converts to environmentalism, CEOs like Richard Branson, founder of Virgin Group and former New York City mayor, Michael Bloomberg, in their desire for short-term profits, are found to be subverting the very cause they say they stand for; and many of the large environmental organizations like the Natural Resources Defense Fund and the Nature Conservancy, to name a few, stand indicted for taking hand-outs from corporate polluters. Even Germany, that model of renewable energy adoption, has increased its greenhouse gas emissions in the last two years. Klein devotes an entire chapter to skewering the boosters of geoengineering—the large-scale, deliberate manipulation of the environment to counteract the effects of global warming through such processes as spraying sulfate aerosols into the stratosphere to block the sun or fertilizing oceans with iron to pull carbon out of the atmosphere. Klein shows that such technological “fixes” are a way of avoiding the need to reduce our emissions. She exposes the techno-fallacy involved in such thinking, as well as the potential danger such projects pose to social justice.

This book is not all doom and gloom. Klein’s travels around the world have convinced her that there is a growing movement she calls “Blockadia” that is uniting what were previously single-issue groups around the threat posed to all of us by the climate crisis. A “great many people,” she explains, “have reacted to this crisis not by abandoning the promise of genuine self-government, but rather by attempting to make good on that promise in the spheres where they still have real influence.” The second half of the book is a useful compendium of the strategies and tactics, the mechanisms of governance that such groups are using.

Though widely admired, Klein’s book is not without its critics on the Left. Some, like Tom Hayden, think she gives too little credit to the kind of “radical reform” that occurred during

the Great Depression or that her criticism of big environmental organizations is counterproductive. Others have faulted her for sometimes vague construction of the movement she celebrates or the contradiction in some of her arguments, like calling for more government intervention on the one hand and celebrating the actions of “small is beautiful” groups on the other. The role of militarism in global warming is given only a passing glance, but then, very few others have written about this either. These, however, are not reasons not to read this book. It is a rich source of solidly researched information and insight and provides a valuable basis for further discussion. Its lucid prose makes it highly accessible. It would be a terrific book around which to organize book groups and should be considered required reading for students in the social and environmental sciences.

*Sheila D. Collins, Emerita, Political Science,
William Paterson University*

Joyce Bell, *The Black Power Movement and American Social Work*. (2014). Columbia University Press. \$50.00 (hardcover), 256 pages.

Joyce Bell has presented a rigorous archival research study on the influence of the Black Liberation Movement on the separatist activities of Black social workers in the late sixties and early seventies. These separatist activities challenged mainstream professional social work organizations and culminated in the founding of the National Association of Black Social Workers in 1968 and the creation of the Black Caucus Journal in 1973. The 1967 theoretical distinction between individual and institutional racism by Stokely Carmichael and Charles V. Hamilton was tremendously influential in social work. Changes were made to social work curricula, and a return to an emphasis on systemic reform was encouraged. This author also captures the perpetual struggle in the profession of social work with C. Wright Mills’ sociological imagination—the tension between personal troubles and public issues, between clinical treatment and social change.

During the late sixties and early seventies, marginalization in social work existed at many levels. Career

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Joyce Bell has presented a rigorous archival research study on the influence of the Black Liberation Movement on the separatist activities of Black social workers in the late sixties and early seventies. These separatist activities challenged mainstream professional social work organizations and culminated in the founding of the National Association of Black Social Workers in 1968 and the creation of the Black Caucus Journal in 1973. The 1967 theoretical distinction between individual and institutional racism by Stokely Carmichael and Charles V. Hamilton was tremendously influential in social work. Changes were made to social work curricula, and a return to an emphasis on systemic reform was encouraged. This author also captures the perpetual struggle in the profession of social work with C. Wright Mills’ sociological imagination—the tension between personal troubles and public issues, between clinical treatment and social change.

During the late sixties and early seventies, marginalization in social work existed at many levels. Career

opportunities were limited for Black social workers. Black social workers had difficulty getting published in mainstream social work journals. Knowledge transmission in schools of social work was based on a curriculum which gave little attention to institutional racism. The socio-economic and living conditions of Black clients were not being adequately addressed. Environmental influences were virtually ignored.

The author notes the dominance of the medical model in social work as professionalization of social work emerged in the 1920s. Of additional significance in this regard is the influence of Abraham Flexner on social work professionalization. The emerging profession was influenced by Flexner's attributes of a profession. Developing a code of ethics, acquiring a theoretical knowledge base and transmitting this knowledge base through classroom instruction became the focus of the profession. Flexner, believing that Black people were inferior, was responsible for the closing of most of the medical programs at historically Black institutions. Nonetheless, the social work profession was consumed with Flexner's views on the attributes of a profession. Psychoanalytic theory became the systematic knowledge base in social casework. A deficit model of individual pathology and a focus on individual adjustment began to dominate social work education and practice. Study, diagnosis and treatment became the new emphasis.

There was opposition to the prevailing individual adjustment focus of social casework. Black social workers were strong advocates for institutional and environmental change. In response, Leon Chestang used psychoanalytic concepts to describe character development in a hostile environment. Others questioned whether social casework was dead. Social casework was modified, but it did not die.

Bell describes in detail the dissent which arose in the organizational meetings of the National Conference on Social Welfare and the National Federation of Settlements. Black social workers did not have a voice, and these historically reform-oriented social work organizations were not relevant to service needs in the Black community. Bell also reminds us that during the Progressive Era and during legally imposed segregation customs, Black organizations provided their own services in Black communities. Now, Black social workers wanted

to be heard about the needs of Black communities served by the mainstream. A renewed emphasis on community organization was promoted, and there was tension in schools of social work associated with Black separatist strategies and dissent. Graduate education was an unsettling experience for those of us who were social casework students. Many of us remember vividly this struggle and the Black social work leaders involved. The author's research engenders many *deja vu* feelings about the liberation strategies Black social workers used as they separated from the mainstream approach and worked for a better understanding of the Black experience.

The late sixties and early seventies was a time of great social upheaval, and American social work had to give voice to competing civil rights issues and the competing needs of a diverse constituency. The role and status of women had to be reconsidered as a result of the Second Women's Liberation Movement. The emergence of new views about sexual orientation, with psychiatry's removal of homosexuality as a disease from the Diagnostic and Statistical Manual (DSM) in 1973, also had to be addressed. As a result of the dissent among Black social workers, mainstream social work organizations, education, and practice made efforts to become more inclusive and to give voice to the Black experience. However, the self-imposed segregation by Black social workers has persisted.

This study is a rich resource on both the development of Black professional organizations, as well as the influence of social movements in American society. Appendix Two contains a useful and informative chronology of founding dates for Black professional organizations. The author's research methodology uses both primary source data and oral histories.

Wilma Peebles-Wilkins, Emerita, Boston University

- R. L'Heureux Lewis-McCoy, *Inequality in the Promised Land: Race, Resources, and Suburban Schooling*. (2014). Stanford University Press. \$24.95 (hardcover), 232 pages.

From the outside, the suburban school district Lewis-McCoy calls Rolling Acres would seem to be the epitome of what progressive education reformers aspire to. It is racially,

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From the outside, the suburban school district Lewis-McCoy calls Rolling Acres would seem to be the epitome of what progressive education reformers aspire to. It is racially,

ethnically and socioeconomically diverse. It has sufficient educational resources to provide all its students with a strong education. It has a teaching staff and administration that outwardly is enlightened and seems to say the right things. It has a community that speaks in support of its diversity. It is, as Lewis-McCoy's title indicates, the "Promised Land," or so it seems.

As Lewis-McCoy digs into Rolling Acres, however, it seems less and less a promised land. Despite all of its ostensible advantages, the district and its broader community reveal how much inequality exists under the surface. In ways big and small, significant and mundane, the picture that emerges from Lewis-McCoy's interviews and observations is of a world where inequality is still all too common, where Black and poor families still feel a lack of meaningful empowerment, where race and social class still count for too much.

Lewis-McCoy approaches his study in a way that differs from many studies of "second-generation" desegregation problems. He focuses on the dynamic of relationships between parents and school personnel, and among parents, more than on the numerical evidence that desegregation may exist at the district or school level, but racial, ethnic and class disparities persist where the educational rubber meets the road—in honors and AP classes, in disciplinary rates, in special education classifications. Lewis-McCoy touches upon such disparities, but his focus is elsewhere.

His fine-grained approach to a few schools and classrooms, and to a modest number of the students, parents and teachers who populate them, in a single suburban school district differs sharply from the approach some of us have taken over the years in an effort to promote educational equality. Many of us have focused on "resources," as Lewis-McCoy's title says he does, but we have defined that term in a much different way. We have challenged the huge disparities in school funding, an amalgam of state and local money, between relatively well-to-do suburban communities, like Rolling Acres, and desperately poor urban districts. For the most part, the suburban districts have been overwhelmingly populated by White and affluent families; in stark contrast, the urban districts have been

overwhelmingly populated by Black and brown and low-income families.

Reading *Inequality in the Promised Land* made me realize that our case was, as an advocacy matter, an easier one to pursue than Lewis-McCoy's. Ours involved glaring, easily documented disparities in treatment in the provision of fiscal resources. Of course, we had to contend with the argument that money doesn't matter when it comes to educational opportunity and achievement, but that argument seemed so contrary to the lived experience of those who attended public schools or had children in them that it lost traction with many courts. Lewis-McCoy's claim of inequality, at least in the context of Rolling Acres, is much more ephemeral, if equally real.

So, Lewis-McCoy does us a great service in tackling his difficult and complicated task. More to his credit, he succeeds, to a considerable extent, in making this more subtle and elusive form of inequality come alive for the reader.

Of course, there are weaknesses in his book. One he acknowledges is that most of his field work was done by 2005 or 2006 for a doctoral dissertation, eight or nine years before his book was published. Another is that he is better at describing the problem than at proposing concrete solutions for it. Indeed, in his brief concluding chapter, entitled "Hope in the Promised Land," every time he ventures a brief and generally-stated solution he proceeds to retreat into a longer reiteration of the underlying problem.

Lewis-McCoy sometimes contradicts himself on major assertions. For example, he takes to task those who have theorized that the problem he addresses is more one of class than race. By contrast, he asserts that it is more about race than class. Yet, as his discussion proceeds, at many points he acknowledges that class may be a larger explanation, either by itself or in combination with race.

In the big scheme of things, however, these are quibbles that retreat from the importance of what Lewis-McCoy has set out to do and largely accomplished. For that, we owe him thanks.

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Sarah Halpern-Meekin, Kathryn Edin, Laura Tach, & Jennifer Sykes, *It's Not Like I'm Poor: How Working Families Make Ends Meet in a Post-Welfare World*. (2015). University of California Press. \$29.95 (paperback), 304 pages.

Welfare Reform in the United States was offered as a promise to "end welfare as we know it." Since 1996, welfare rolls have shrunk and have never recovered, even during the Great Recession. Whether one believes that welfare reform was a great success or a great failure, there remains one important question. How are poor families getting by? It is widely assumed by researchers and social workers in the field that many of these parents were able to secure low-wage jobs.

The authors of *It's Not Like I'm Poor: How Working Families Make Ends Meet in a Post-Welfare World* articulate that, despite the powerful stigma attached to welfare receipt and the dire working conditions of low-wage jobs, there has been one poverty alleviation policy that has consistently bolstered poor working families above the poverty level. Although not a replacement for the shredded safety net, the Earned Income Tax Credit (EITC) has demonstrated immense reach and impact on the lives of low-income workers across the nation.

To understand EITC's successful engagement strategy, the authors conducted 115 in-depth qualitative interviews, as part of a mixed-methods approach, with low-wage workers in Boston, Massachusetts during 2007. The authors gathered data on how recipients viewed the policy, how they experienced receiving the benefit, and ultimately how they made meaning of the money through spending it. In the tradition of co-author Kathryn Edin's widely acclaimed book, *Making Ends Meet: How Single Mothers Survive Welfare and Low-Wage Work*, this newest book employs a financial perspective to answer the central question; how are the working poor making ends meet via the EITC?

One of the salient findings of the book is that respondents did not consider themselves recipients of public assistance. A quote from an interviewee, "It's not like I'm poor," summarizes this sentiment and serves as epigraph for the book's title. Those interviewed regarded themselves as workers and the EITC as their just reward. This is a key element of the program's vast success and a main takeaway from the book.

Readers might be curious to learn how recipients actually spend their EITC benefit. The authors devote a great deal of time and care addressing this specific issue by delving into the concrete ways it is saved and spent by recipients. More importantly, the authors explore the constructed meanings of “earned” and “unearned” money and how workers view their labor and their compensation.

Further, the authors carefully establish that the EITC is not a substitute for a safety net. In the book’s introduction, they explain this clearly by describing how the pre-reform welfare check provided a financial floor where the EITC does not, as it is predicated on earnings. Lastly, the authors refute the argument that raising the minimum wage would be an effective way to achieve a similar EITC effect. Unlike the EITC, a minimum wage increase would not account for total household income, nor the number of dependents in the home. The EITC was designed to target working families who were considered more deserving than single adults without children, or teenagers.

Of particular note is Chapter 3, which devotes space to the story of David Ellwood, the Clinton-era architect of the EITC of 1993. While reading it, I could almost imagine sitting in his living room listening to him tell the story of how his scholarship caught the attention of the President and how they then changed history together. I appreciated this unexpected addition.

My only critique of the book is the structure of the chapters. This book would have benefited from an ordering according to each case study—describing one family at a time holistically, rather than by the different types of expenditures of the recipients.

It’s Not Like I’m Poor: How Working Families Make Ends Meet in a Post-Welfare World is recommended to readers who want to understand how a very successful U.S. social policy functions on the ground. Moreover, this book makes an important contribution to poverty policy scholarship by affording readers a look into the lived experience of low-wage workers and demonstrates how these families utilize social policy to undergird their role of “deserving” poor in a precarious work environment.

Vanessa D. Wells, Columbia School of Social Work

Ofer Sharone, *Flawed System/Flawed Self: Job Searching and Unemployment Experiences*. (2013). University of Chicago Press. \$85 (hardcover), \$27.50 (paperback), 240 pages.

The U.S. unemployment rate today stands at 5.5%—the lowest in six years and a little over half the jobless rate five years ago at the Great Recession's height. The good news is qualified by meager wage growth (0.1%) and by the persistence of long-term unemployment—six months or more—for more than one-third of the labor force. And these figures mask the hidden unemployment of those who have given up searching and dropped out of the labor force.

The challenge of job-hunting in difficult times is this book's subject. The author, a sociologist and professor of work and employment research at MIT's Sloan School of Management, goes beneath dry statistics to recover the lived experience of unemployment in the U.S. and Israel, and the ways that labor market institutions inform these experiences. In his subtle and incisive analysis, neither social class nor national culture is sufficient to explain individual reactions to joblessness. Instead, jobseekers in the two nations engage in distinct job search "games,"—or, in Sharone's terms, "sets of discourses, practices, and strategies"—that are the product of specific institutional arrangements. By comparing laid off technology professionals in the two countries, he finds that workers with similar skill sets and economic circumstances respond to joblessness differently. White-collar American workers come to blame themselves for their predicament, while their Israeli counterparts blame the system.

Sharone's American job-hunters engage in the "chemistry" game, so called because landing a job is a matter of demonstrating the right interpersonal fit with an employer. This game is a product of our extensive career self-help industry. Players craft highly personalized resumes, cover letters and "elevator speeches" that project an upbeat attitude and authentic passion about their career goals. Because these players invest so much of themselves in job searching and assume a high degree of control over the outcome, they conclude that inability to find work—to find the right "fit" with corporate cultures—is a negative judgment on themselves. This view is reinforced by the career industry's focus on positivity and personal effort,

diverting attention from labor market or structural obstacles to finding work.

By contrast, Israel's white-collar tech workers play the "specs" game. Job searching is tightly controlled by staffing agencies used by employers to test and screen candidates' specific skills and credentials. In the same measure that Americans' job search is personalized, the Israeli specs game requires depersonalization—reducing the job seeker to keywords (or "buzzwords") on her resume. The latter is subject to cursory review by entry-level staff, who quickly dismiss candidates deemed "questionable"—including, in some cases, women or older workers. If the chemistry game is akin to chess—high control of strategies, and thus dependent on players' abilities—the specs game is more like playing the lottery, with little player control and lower emotional risk. The emotional consequences for applicants is not self-blame but anger at the system—job intermediaries and the Israeli state—which has adopted strict standards that require that applicants must accept any job offered, even if at a considerable pay cut.

Sharone strengthens his argument by examining another jobless group, blue-collar Americans whose job search revolves around the "diligence game"—demonstrating their work ethic to potential employers. This job search game is fostered by the American public employment system and its "one-stop career centers," which are funded on a performance basis, and limit retraining assistance to those who are most persistent in jumping through bureaucratic hoops. It also responds to employers of less skilled workers, who look for generic skills—"hard worker," "positive attitude," dependability—rather than the interpersonal fit of the chemistry game. But the typical blue collar workers' job search methods, efforts to meet hiring managers in person to present one's work ethic, run up against more recent, impersonal hiring methods, notably submission of resumes online. Their experience of unemployment more closely resembles that of Israeli white collar workers: frustration with a system that depersonalizes them, makes them feel invisible, and characterizes them as lazy if they won't accept a position that is a major step down.

Sharone's lucid and penetrating work is a welcome addition to studies of labor market policy and practices. Using cross-national and cross-class comparisons, enriched by

ethnographic interviewing and participant observation, he makes a compelling case that cultural narratives, such as American individualism, or class differences, explain less about unemployment experiences than the games people play and the institutions that set the rules. In the tradition of sociologist C. Wright Mills, he urges us to link private troubles to public issues and to pursue collective action to change labor market institutions. And he reminds us that “looking for work may be the hardest work of all” (p. 180).

Randall P. Wilson, Jobs for the Future

Zachary W. Oberfield, *Becoming Bureaucrats: Socialization at the Front Lines of Government Service*. (2014). University of Pennsylvania Press. \$59.95 (hardcover), 236 pages.

Published at a time of fiscal austerity and cynical attitudes towards government, *Becoming Bureaucrats* will not threaten any bestseller lists. Zachary W. Oberfield takes an interesting if unfashionable look about how front-line public service workers think about their roles and responsibilities. In particular, he explores the socialization process of new recruits in two areas of government service: police officers and welfare caseworkers. In conducting his research, Oberfield employed surveys, participant observation, and in-depth interviews with police officers and TANF/welfare caseworkers over a two year period in an urban setting in the United States.

The central theoretical question the author wants to address is the degree to which bureaucrats' motivations, identities, and attitudes change over time, and whether personal disposition or organizational culture is more influential in driving that process. This research contributes to debates in the academic literature as to how organizations shape the behaviors and attitudes of their workers. On the one side, William Whyte's *The Organization Man* is a classic example of organizational culture as a dominant influence. On the other side, personality characteristics and Bourdieu's concept of habitus (“internalized and forgotten socialization” quoting Desmond, 2007) that individuals bring to the workplace may ultimately prove more important in determining how workers think and behave on the job. Finally, a better understanding of the ways in which

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frontline workers are socialized into their jobs can provide a basis for improving their effectiveness and their interactions with ordinary citizens whom they serve.

How did new workers change during their first two years? Oberfield surveyed both sets of workers over time and found that their motivations, identities, and attitudes had changed, but not very much. The changes that did occur involved matters such as the use of discretion and attitudes toward citizens or clients they encountered. Initial training for police officers and caseworkers emphasized following rules and regulations, but over time, they became more comfortable with exercising greater discretion in day-to-day interactions with welfare clients and potential lawbreakers. Welfare caseworkers became more inclined to see the individuals they served as personally responsible for their situations, rather than buffeted by social forces beyond their control. However, these changes were not large.

Oberfield's findings also addressed differences in motivations, identities, and attitudes of police officers and caseworkers. He found that police officers were more altruistic—wanting to help their community—in choosing their careers, that their identities as police officers were more important to them, and that they were more inclined to see individuals as responsible for their own problems. These differences are not surprising since, compared with being a police officer, a career as a caseworker in the welfare department offers relatively low pay and status. Caseworkers were more likely to be politically liberal, Black and female than police officers who, as expected, tended to be more conservative, White, and male. In contrast, a police career not only promises better pay and status, but also offers a sense of calling and strong group identity.

The fact that motivation, identities, and attitudes were fairly stable over the two-year period of the study indicates that organizational culture is not a dominant influence on workers. Personal dispositions that individuals brought with them to their new workplaces were equally or more important, which could be explained by recruitment and self-selection into these occupations. This is a highly significant finding, and if right, it may be very difficult for changes in training and supervision alone to improve frontline workers' dealings with the public. As we know, police officers too frequently deploy excessive

force in making arrests and engage in racially discriminatory stop-and-frisk practices. Oberfield's research suggests that the key to reducing abusive police behavior is likely to be the recruitment of much more diverse police recruits.

It should be noted that the research focused on the views and values of its informants, not on behaviors. As with any case study, generalization of results is limited. Its two-year time period is too short to address long-run questions. Originally a dissertation, it is destined to appeal primarily to scholars and practitioners of public administration. Nevertheless, with its careful, multimethod research and thoughtful analysis, interested readers will glean many insights into the worldviews of welfare caseworkers and police officers. *Becoming Bureaucrats* is a worthy addition to the literature on front-line public servants pioneered by Michael Lipsky's classic *Street-Level Bureaucrats*.

Edward U. Murphy, Department of Global Studies,
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Miriam Frank, *Out in the Union: A Labor History of Queer America*. (2014). Temple University Press. \$54.50 (hardcover), \$29.95 (paperback), 240 pages.

At a time when ally-ship has again become an intense focus of left protest and strategy, Frank's *Out in the Union: A Labor History of Queer America* explores an understudied and complex arena of coalition politics: the contingent, uneasy alliances between LGBT culture and politics and labor activism. Frank provides a rich case study of "surprising, but not impossible" political intersections that were always embattled. As Joni Christian, one of the book's many narrators, explained about her experience with union co-workers at an Ohio GM plant in the mid-1970s during her gender transition, "We didn't have to like each other, but we learned to live together."

The book chronicles the remarkable story of LGBT labor history from 1965-2013. Five chapters are divided into three sections: "Coming Out," "Coalition Politics" and "Conflict and Transformation." This thematic organization allows Frank to break with standard chronology and capture key moments of a relationship that shifts across time, place, union, local and

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organizing campaigns. It also places the narrative against the complex backdrop of national economic devolution from a post-WWII apogee to a 21st century crisis, the drop in union membership from roughly one-third of the workforce in the late 1950s to just above 11%, and a queer politics that evolved from confronting the terror of exposure to an embrace of gay marriage by a sitting President. This is a lot of ground to cover, and that ambition constitutes the stunning success and the lingering unease that emerges from Frank's provocative work.

Out in the Union does a number of things very well. Frank has written a page-turner, filled with first-hand accounts and retrospective musings by those who took the risks and made gay/labor coalitions come alive. Frank gives space to the words of activists recalling the complications of social, personal and political identities that did not easily mesh, and of unexpected solidarities across lines of race, gender and sexual difference. Frank foregrounds women and gender trouble-makers in the story of queer labor. Lesbians emerge with courage and confidence. She has also fleshed out historian Allan Bérubé's concept of "queer work," by looking at the interaction of labor activism with the lives of people whose sexuality added both danger and allure to unconventional workplaces—service work for men, tough physical work for women.

For those who lived these decades, the pivotal events that shaped the modern labor and LGBT movements will be familiar: the Coors boycott, Save Our Children, the Briggs initiative, the eruption and impact of AIDS, the effort to organize 'gay' workplaces, the founding of gay and lesbian labor networks, the emergence of radically queer activism, union insurgency and reorganization, and the mainstreaming and institutionalization of LGBT politics. But for those unfamiliar with the political history of these four decades, the absence of a strong embedded chronology and the very mobility and scope of the narrative threaten to blur some of the crucial lessons the book so richly offers.

The heart of the book centers on the 'out' labor activism that transformed union organizing and LGBT politics between the late 1980s and the mid-1990s, particularly on the urban coasts. Labor insurgencies, the confluence of seasoned activists and a new generation that drew on powerful and

emergent forms of identity solidarity challenged the consolidation of global capitalist production at the turn of the 20th century. Success required a cross-class, multiracial and multi-ethnic social movement that was imagined but had not yet materialized. For queer labor activism, organizing was hampered by the limits of both traditional and reform unionism and the increasingly identitarian, individualist and consumerist mode of LGBT politics.

The gay and lesbian 'labor-nineties' was an important, powerful moment that had an outsized impact reshaping the labor movement. Frank's work breaks new ground in this regard, but she fails to place it explicitly at the center of her narrative. The interviews from the nineties are merged with thematic convergences from the '70s onward. The LGBT movement too often comes across as a fledgling political entity, while mainstream labor seems like an organizational behemoth. The internal transformation of labor signaled by *Pride at Work* should have been the culminating moment, especially given the temporal focus of Frank's research. Instead, the epilogue heralds New York State's passage of gay marriage, a 'win' that obfuscates the significance of queer unionism.

Still, Frank's text at its most powerful reveals lesbians, gay men and 'gender queers' who largely made their mark through upholding the interests of the rank and file against labor elites and contrary to the gay establishment. Their staunchest allies were other principled unionists and radical activists, regardless of sexuality. That legacy has driven recent union moves toward expansive notions of class-based solidarities, including previously unorganized constituencies: undocumented workers, seasonal agricultural employees, domestic workers and the growing caregiving sector, fast-food workers, back-of-the-house restaurant employees and casual, part-time or contingent labor. These workers have demonstrated the courage and confidence of earlier generations of lesbians and gay men, despite, or perhaps because of, their distance from traditional unionism and conventional forms of U.S. identity politics.

Workers marginalized (and motivated) by differences of culture, class and citizenship may offer the next best hope for multiplying the political solidarities and the transnational

forms of democracy necessary to roll back the losses of the last three decades. How will these unlikely comrades come to recognize each other, and be seen by a labor movement? *Out in the Union* contains the seeds of that answer.

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INSTRUCTIONS FOR AUTHORS

(Revised July, 2013)

JSSW welcomes a broad range of articles which analyze social welfare institutions, policies, or problems from a social scientific perspective or otherwise attempt to bridge the gap between social science theory and social work practice.

Submission Process

Electronic submissions are welcome. Please send to Robert Leighninger at rleighn@berkeley.edu. If you have no access to the internet, submit three (3) hard copies of manuscripts to: Robert Leighninger, School of Social Welfare, University of California at Berkeley, 315 Haviland Hall, Berkeley, CA 94720-7400. Send with an abstract of approximately 100 words and key words. Submission certifies that it is an original article and that it has not been published nor is being considered for publication elsewhere. Electronic submissions will be acknowledged immediately and authors will receive an email when the manuscript goes out for review. Those with no email address will be notified by mail.

Progress reports can be obtained by e-mailing the editor at rleighn@berkeley.edu. Reviewing normally takes 120 days.

Preparation

Articles should be typed in a 12 point font, double-spaced (including the abstract, indented material, footnotes, and references), with one inch margins on all sides. Tables may be submitted single-spaced. Please provide a running head and keywords with manuscript. Include tables and figures in the same document as the narrative. Keep identifying information out of the narrative. Put identifying information in a separate document with full contact information and any acknowledgments. Aim for approximately 18 pages, not counting tables and references. Avoid footnotes and endnotes if possible. Overall style should conform to that found in the Publication Manual of the American Psychological Association, Sixth Edition, 2009.

Gender and Disability Stereotypes

Please use gender neutral phrasing. Use plural pronouns and truly generic nouns ("labor force" instead of "manpower"). When dealing with disabilities, avoid making people synonymous with the disability they have ("employees with visual impairments" rather than, "the blind"). Don't magnify the disabling condition ("wheelchair user" rather than "confined to a wheelchair"). For further suggestions see the Publication Manual of the American Psychological Association or Guide to Non-Sexist Language and Visuals, University of Wisconsin-Extension.

Book Reviews

Books for review should be sent to:

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