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► **To cite this version:**

Bernadette Tillard. Domestic Spaces and Child Protection at Home. Physical Hygiene As a Focus of Interventions by Social Workers in France . Italian Journal of Sociology of Education, 2017, 9 (3), pp.70-96. 10.14658/pupj-ijse-2017-3-4 . halshs-01661633

HAL Id: halshs-01661633

<https://shs.hal.science/halshs-01661633>

Submitted on 13 Dec 2017

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Domestic Spaces and Child Protection at Home. Physical Hygiene As a Focus of Interventions by Social Workers in France

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Abstract:

In the domestic space of working-class families, education support interventions often incorporate young children's personal hygiene activities. Professionals refer to personal hygiene as a starting point for these social interventions, the aim of which is to provide parenting support. This objective is mentioned, however, as one among others. The general term used to characterize inadequate care of parents to care for young children is more likely to be referred to as "neglect". In situations of hardship, however, the ability of parents and professionals to ensure a child's personal cleanliness is often reliant on housing, an area in which child protection professionals rarely intervene.

Keywords:

Hygiene, housing, social intervention, child protection

Personal cleanliness, health and social work

Hygiene and prevention have always fallen within the scope of a parent's responsibilities towards their child, which have otherwise changed over time. With the introduction of compulsory education under the French Third Republic (1870-1940), personal cleanliness became an issue in which the State, schools and parents each had a stake. The child's hygiene was now monitored, and this monitoring took place in both the public space and the private family space. In fact, the parental cleanliness table [Document 1] monitored by primary school teachers and signed weekly by parents, appears to have been as much a means of interfering in a family's private lives as in the education of their child. The tool's purpose was also to instil a daily routine and a morality of relationships with others into both parents and children. This is why Jean-Pierre Goubert (1984) described these cleanliness practices as a new revolutionary catechism. Hygiene was then seen as a measure to control tuberculosis, and its objectives were cleanliness, sobriety, and the circulation of air and light in a healthy domestic space. Conversely, these norms singled out poor people living in impoverished conditions and who exposed their children to a deleterious environment. [Document 2]

More recently, under the particular circumstances of the Second World War, the first issues of *La Santé de l'Homme* review [omissis] depicted children as malleable beings who needed to be taught what the founder of *École des Parents et des éducateurs* called "Moral cleanliness". Physical hygiene provided, in this light, a pretext to teach the rules of good behaviour: "We need to instil children with a desire and a love for cleanliness, because cleanliness is beautiful, because when we love it, we love it everywhere: on our bodies and clothes, in our homes, minds and hearts" [Document 3]. Parents and educators must "teach it to children between the ages of three and six, when children develop automatic reflexes, which is when we learn most". As before, a parent's duty is associated with other education agencies in their responsibility for a child's physical and moral education.

Subsequent improvements in living standards, food supplies, the discovery of vaccines and medication to effectively fight infectious diseases made strict adherence to norms of physical hygiene slightly less important. Moreover, other arguments, such as the importance of a child's psycho-social development and the quality of the relationship between parents and children, transformed education priorities in children's everyday lives [omissis]. The messages arising from this development were more mixed. In the second half of the 20th century, prevention campaigns focusing on activities inside the family home addressed respiratory health in terms of housework standards, allergies, the presence of pets, and the smoking habits of parents. These articles mixed up child development and personal fulfilment issues with hygiene issues caused by dust

mites and other allergy-inducing substances. This gave rise to a certain ambivalence: although pets and comfortable interiors seemed desirable, they also had harmful effects [Document 4]. A hamster helps develop a child's sense of responsibility and allows them to express affection, but also produces dust, hairs, etc. In the same way, decorative elements, cushions and carpets, enhance the comfort of children when they play games, but create dust traps where dust mites, the main source of allergies, can thrive. The coexistence of these contradictory arguments highlights the way in which precepts have developed along with two competing types of arguments: the medical argument based on hygiene issues [Document 5] and the psychological argument centred on child development. This historical approach shows us that standards in personal hygiene matter significantly vary. Do we find this issue in the common definition of neglect?

For the World Health Organisation in 1999 "Neglect refers to isolated incidents and the failure of a parent to provide for the development and welfare of the child - where the parent is in a position to do so - in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions" (WHO, 1999). In general, neglect refers to "acts of omission" rather than commission, considering certain omissions as contributory to actual violence. If a child is not monitored in a way adapted to his or her age, they may be more vulnerable to the approaches of an ill-intentioned individual, for example.¹ Poor physical hygiene can be interpreted as a form of neglect. Howard Dubowitz mentioned "poor personal hygiene" as an example of child basic needs (Dubowitz & Poole, 2012)². As we show previously, hygiene standards vary according to historical periods. They also change according to societies and inside a society according to the social classes. Several authors insist on these variations of parents' norms in order to take them into account in the assessment of child neglect. Lacharité and al. point that there is a consensus on certain basic needs like appropriate food, protection from predators, weather protection, but neither in terms of corporal hygiene, nor parents' expression of feelings regarding their children (Lacharité and al., 2006, p. 382). This fact leads to consider that in a given context, neglect is "a failure in minimal social standards of care and child upbringing" (p. 384). In the French context of child protection, a child's lack of cleanliness is not currently considered in itself sufficient grounds to order a child protection intervention in a family. The French interventions "are implemented by a fairly wide range of professionals, sometimes also volunteers, to train, support, help or even supply the parents" (Fablet, 2013, p. 100). The diversity of social interventions has been explained by Paul Durning (Durning, 1995, pp. 184-185) and Dominique Fablet (Fablet, 2002: 7-8) in a typology that can be summarized in three parts: universal services, support, supplement :

- 1) Universal services complete the children's parental education. They do not compete with their parental role, but allow the parents to delegate some of the childcare tasks (nursery school, pre-elementary school...).
- 2) Parental support is mostly provided at home by social workers or other professionals in order to help parents in daily tasks and upbringing issues.
- 3) By supplement Paul Durning and Dominique Fablet refer to out-of-home care. Generally, the parent exercises parental authority, but daily child care is provided by professional caregivers (foster family, residential care, etc.).

This classification is very clear in French child protection, even if innovations in this field have come to blur the categories by introducing bridges between support and supplement (Breugnot, 20XX). In our article, the studies are part of interventions to support parents at home.

Currently, in France, in the social work field, and specially child protection, physical cleanliness is not addressed directly but indirectly as a risk to health. The law L2016-297 of March 14th, 2016 defines the intervention framework for social workers: "The aims of child protection are to ensure that the child's basic

¹ Source: Réponse coordonnée à la violence et à la négligence envers les enfants (VNE). CAN-MDS approach, Daphné European programme, site: 20150306_canmlds_web.pdf

² « Identifying neglect should be guided by specific state laws and 1) whether the child's basic needs are unmet and 2) whether potential or actual harm have occurred. Examples of unmet basic needs include inadequate or delayed health care, inadequate nutrition, inadequate physical care (e.g. poor personal hygiene, inappropriate clothing), unsafe or unstable living conditions, inadequate supervision and inadequate emotional care », p. 3.

needs are taken into account, physical, emotional, intellectual support and social child development and to preserve his/her health, safety, morality and education, and his/her rights.”.

However, poor personal hygiene can be used to justify an intervention under certain circumstances, such as when a lack of hygiene puts at risk a child with an illness that could be exacerbated by a lack of cleanliness. The following developments of the article rely on the subjectivity of the social worker to judge the quality of a child’s living conditions and their possible impact on his or her development.

In this paper, we propose to show how these issues, although not central, are a component of the relationship between professionals and families, and how they are or are not taken into account in child protection intervention.

Methodology

This paper is not based on two studies. It looks again at several studies of families subject to child protection intervention. This paper will look at two types of intervention providing support at home: parenting support from family support workers (FSW) at home, and Educational Assistance at Home implementing by social workers at the juvenile court judge’s request.

Family Support Worker (FSW)

In France, around 8,000 people work as FSWs. This profession is just above the lowest level of qualification certified by a state diploma (Level IV); it lies between the less qualified job of *Auxiliaires de vie sociale* (Level V) and that of most social care workers (Level III: *assistant de service social, éducateur*, etc.). Most of FSWs are women employed by non-profit agencies, which are private structures. They have preventive and educative missions in the families' homes, and participate in domestic life for several hours each week. They take part in all domestic tasks (meals, dishwashing, nursing, and spending time with the children) and education tasks (early learning activities, help with homework, help following-up paperwork, support monitoring the child psychologically and medically, etc.).

The non-profit agency is commissioned for a certain number of hours that can be renewed. Two public institutions can mission them:

- The local authorities in charge of child protection in France: the parent is considered not fit to bring up their child or children and neglectful, and the social workers consider that the FSWs’ intervention can avoid out-of-home care.

- The State *via* the family benefits offices (*Caisses d’allocation familiale*) or the health insurance system. In these cases, intervention is necessary because of a temporary or new difficulty (birth of twins, someone ill in the family, the death of the father or the mother, a separation).

The structure that prescribes the intervention pays the non-profit agency that employs the FSWs. However, in all cases, the families must pay part of the fee and the amount is calculated according to the family's income.

The intervention takes place in the home of families for longer periods (often four hours), at least once a week. The work, like that of the social worker, is centred on the child, but it consists in spending time with parents to complete all tasks necessary to meet the child’s needs. Sometimes, social workers delegate to this professional the task of coordinating and supporting parents which would usually fall within the scope of their responsibilities.

The relations between FSWs and families were conducted as a ethnographic observation [omissis] Currently, in France, there is no formal ethical approval needed for ethnographic research (this only concerns databases). Nevertheless in our case, the ethical implications of the research methodology were assessed twice:

- First, by the scientific committee of the public authority that provided funding. Initially, our protocol guaranteed the anonymity of families and FSWs in the publications. The committee did not comment our choice at this stage. But, later on, considering our results we decided to render anonymous the name of the associations involved, as well.

- Second, by the associations providing FSW’s interventions. They discussed with us the best way to conduct observation without hindering the interventions: it was decided that I should accompany the

professional as a trainee FSW would do. With the agreement of Associations' managers, we presented the study to the FSWs and called for volunteers. The families observed were chosen from amongst those with whom the volunteer FSWs work, avoiding the situations that were too unstable. Then the case managers were in charge of speaking with parents. They explained that their consent (or refusal) to participate in this ethnographic research would not interfere with the intervention. Once a family had given its agreement, the observation could begin."

Two non-profit agencies opened their doors. Five FSWs volunteered and nine families to take part in the research. Care was taken when identifying the research participants to ensure that several types of situation were included, both in terms of the family situation (couples with children, single-parent families) and the aim of the intervention within the family (avoid out-of-home care or answer a temporary difficulty).

With the parents, FSWs and Agencies' agreements, the ethnographic observation was carried out similarly to the way a trainee FSW on placement works, in other words, by taking part in the FSW's daily activities within the families. Between one and two half-days per week were devoted to the study over five three-month periods. Observation during these sessions, which ranged in length from between two and six hours, was sometimes conducted in the presence of pre-school children and sometimes with the whole family. Brief notes were taken down in a small notebook. Just a few words or expressions were jotted down and once the session was over these were expanded upon using immediate memories of the half-day, as is usual in ethnographic methodology.

At the end of each stage of the research (around three months), separate semi-directive interviews were conducted with the FSW and the family. These served to consolidate this observation method. With the family, the subjects discussed were: the beginning of the FSW's intervention in the family, FSWs previously present in the family, other family support networks (relations, friends, social care workers), the nature of exchanges between the FSW and the family, family assistance during the parents' childhoods. With the FSW, the interview related to questions concerning the choice of profession (motivations, previous career path, prospects), exchanges between the family and the FSW, the analysis of the family situation observed, and their role within this family.

In each agency, the director and staff members responsible for coordination were also interviewed about the agency's objectives, human resources management, the beneficiaries and financial aspects. Other agency managers or experts responsible for this issue, along with the main financial backers (family benefits offices or local authorities) were also interviewed at the beginning of the research.

In the context of this study, which has its theoretical roots in ethnography, the field is not a confined area, "limited in size", Augé (1979, p. 197) but two geographically distant spaces. However, the fundamental principles of the ethnographic approach are maintained. For example, to become sufficiently familiar with the families and professionals, the observation period has to last a certain time. Each professional and each family within which they intervene are met repeatedly over a three-month period. Therefore, the total contact time with the same FSW and the same family is around 48 hours spread over the 3-month period. This length of contact means that relationships can be established that go beyond the formal framework of the research. It is within such a context that material and informal exchanges between families and professionals can be observed.

To preserve the anonymity of the professionals and the families, all names have been changed. For the same reason, certain situations have been reassigned to several fictitious people.

Social worker implementing Educational Assistance at Home

Parents who find it difficult to fulfil their education roles can request and receive support from a social worker. This education intervention is made either at their request or, if a problem has been identified, by a professional. If parents cooperate with social workers, the intervention remains administrative in nature. It is called Home-Based Education Support (*AED, Aide Éducative à Domicile*). On the other hand, if the measure is opposed, the intervention ordered by the juvenile court judge becomes binding in nature. This is called Educational Assistance at Home (*AEMO, Action éducative en milieu ouvert*) because the intervention is provided at home, avoiding the placement of the child.

Mandated and free, the intervention of the social worker centres on the child, but to ensure the child's well-being, the intervention is also targeted at the parent(s). The social worker's role is to provide them with

education support so that the needs of the child are taken into consideration and to facilitate relationships with other education partners. It might include encouraging them to take part in leisure activities, ensuring the parents provide the child with a stable and secure environment adapted to their age, supporting the medical care and treatment of the child, or advising parents on education strategies. The social worker intervenes in conflict situations between parents and other education bodies, asks parents about their childhood, their education practices, etc. More generally, the social worker alternates between different places, visiting homes, summoning parents to their office roughly every two weeks to talk about the child's needs and problems, the parent's education practices, or spending time with children by taking part in a leisure activity or sharing a meal. The social worker reports on the child's development and family relationships to the juvenile court judge with a view to continuing, modifying or suspending the intervention.

The ethical implications of the second research methodology were assessed by the scientific committee of National Observatory of Child Protection. This study was subsidised by the scientific committee of National Observatory of Child Protection. These bodies discussed and approved the proposed methodologies. This study is based on in-depth interviews [omissis] separately with mothers (or parents) and with social workers. We studied 15 cases. The case reported in this article occurred in the North of France, in the same area than the first study.

Cases reflecting the issue of personal hygiene in our studies

In the light of work previously done on education models according to social categories (Kellerhals & Montandon, 1991; Gayet, 2000; Le Pape, 2009; Le Pape & van Zanten, 2009; Zaouche Gaudron, 2011) and on relationships between families and professionals (Dumbrill, 2006; Ghate & Hazel, 2002; Gray, 2002; Healy et al. 2011; Ireys et al. 2002; Kemp et al. 2014; Martin, 2014; Schreiber et al. 2013, Thoburn, 2010), this paper develops a point of view on relationships between families and professionals who intervene in family homes. It is based on case studies and in-depth descriptions of scenes from daily life. It can be considered as providing an insight into the daily lives of people from unemployed people from working-class backgrounds, but it does not claim to take into account every possible situation. For more information on these families, data is available in the reports of these studies on the ONPE website. Nevertheless for the understanding of the families' context, it is necessary to know that most parents live with allowances and in economic precarious conditions. This paper looks into in-depth scenes or statements relating to personal hygiene. Three cases are used in this article to illustrate situations in child protection. Personal hygiene was mentioned by social workers in cases 1 and 3. In case 2, it is the ethnographic observation that revealed the topic. In cases 1 and 2, ethnographic observation shows how FSWs manage (case 1) (or not – case 2) this issue. The observation duration for case 1 and 2 (4 hours a week during 3 months) built on an ethnography of everyday life, has been held on a long duration (24h in each family). It allows us to verify that the observation is not an exceptional fact, but that it repeats itself and persists in duration, while transforming itself or being the object of twists and turns. In case 3, if verbatim is based on a single interview, we have spoken with a professional who has been involved in the family since the beginning of his career (more than 20 years), which gives a perspective that refers to family and child history. Consistent with the other situations encountered in these studies, hygiene is one of the many subjects in the three cases, although it was mentioned in the first child protection intervention decision. For all cases, we had several views on the case, collected separately. We focus in this article on the point of view of front line professionals for family support.

Certainly, neither all the families, nor the social workers have the same relationship to hygiene. This article does not pretend to show the diversity of views of parents and social workers. It deals with how social workers take into account (or not) this issue in the complex situations of certain families facing multiple difficulties in their daily lives.

Mixed spaces

The issue of cleanliness asserts itself in the social intervention context through a contextual element - housing. Housing provides an insight into the gap between the hygiene norms of middle-class families and

those of working-class families. Historians as Monique Eleb (2010), Jean-Pierre Goubert (1986), Nadeije Laneyre Dagen et Georges Vigarello (2015) have previously revealed that the vertical diffusion of norms in housing and spatial organisation. In her research work, Monique Eleb (2010) reveals the gradual process that led to the systematic inclusion of bathrooms in housing plans at the turn of the 20th century in successive stages. However, for many years, architectural costs led “affordable housing” to provide collective solutions to the unprivileged classes, showing how the diffusion of hygiene norms, like childcare norms (Boltanski, 1969), is a slow process that descends the social ladder: “Baths and showers are made available to tenants, often on the ground floor, as a collective service, often for a small fee, and supervised by the caretaker” (p. 598). These architectural developments, delayed with respect to the middle classes, are as much to do with financial issues as with cleanliness norms. “The workers continue to ‘cat wash’ (face, feet, etc.): the other obstacle is related to the fact that large families are not used to spending money, however little, on cleanliness. (p. 599)” Most 20th century social housing units were built with bathrooms. This was a major factor in the popularity of large housing complexes in the nineteen sixties.

However, in terms of child protection, the families we meet often have low incomes or are poor: the parents do not work or only for short periods; they mostly live on minimum welfare benefits paid by the government or a local authority. Moreover, these families, often large, are also confronted with housing problems, they do not have bathrooms or have bathrooms that do not conveniently allow for a child’s personal hygiene needs to be met. Certain families move due to unsanitary living conditions [omissis]. The places where personal hygiene activities take place, the way children are washed and taught how to maintain their personal hygiene, need to be adapted to confine, makeshift or temporary domestic spaces.

In general, when large numbers of people live together in housing designed for fewer people, it leads to the use of spaces that does not comply with current standards for the distinctive use of rooms in a home. This does not only apply to where personal hygiene activities take place, but also to bedrooms. Hervé Glevarec (2010) describes the three ages of “bedroom culture” constituted in this space that children can adopt. The bedroom goes from being a “living space” to a “house within the house” to a place of identification. However, the working-class family studied in the paper has two children sharing the same bedroom. This room is crowded because it is used to store the children’s two bicycles. To this extent, the paper supports our argument since it shows the structural impossibility for working-class families to adopt middle-class norms. These norms consist, on the one hand, of giving each child his or her own bedroom and, on the other hand, increasing the specialisation of domestic spaces, with each room reserved for different domestic functions.

In fact, in many of the situations observed in these two studies, the personal hygiene activities of children do not take place in a standard house with a bathroom. When a professional intervenes in a middle-class context, the architecture of the house allows for the differentiated use of space; the children wash in the bathroom. However, in inadequate housing, washing takes place in a non-specific space. When there is no bathroom or when the warm water is not available in the bathroom, the toilet takes place in the kitchen. For a third of our observations, for a while or every day, children wash in the kitchen because it has running water and the necessary equipment to heat it. These observations suggest that, in many cases, spaces still have multiple functions. Housing conditions impose an environment in which it is difficult to comply with current hygiene rules and invalidate the learning of personalised practices (Diasio & Vinel, 2015). Moreover, these housing conditions are imposed on social workers who do not feel they are able to change them, or even responsible for these transformations, as in the case presented below.

Personal hygiene activities of children and social control

This situation reveals the daily problems faced by working-class and underclass parents in performing home-based education tasks.

Social services intervened in the family of Jean-Pierre and Nadia at the request of the father. He realised that his wife was overwhelmed and unable to take care of their two daughters. The husband’s concern could reflect the division of housework between men and women as depicted by Olivier Schwartz (1990) in addressing the role of women and mothers in domestic life. Jean-Pierre “lends a hand”, but that is not enough. Both had experience of out-of-home care and are very familiar with social services. Both left school early and are unemployed, and live on minimum income benefit. The father’s request probably reflects an awareness of

the support they were likely to be given as a result of outside intervention, as shown by the episode corresponding to the participative observation stage.

The head of the nursery school, concerned by comments made by other parents, alerted the ASE (Aide Sociale à l'Enfance, child support service) just before the Christmas holidays because Marion still had head lice! In fact, since the start of the school term, there has been very little hot water in Marion's home because the water boiler is scaled up. The family had alerted the building's caretaker to this fact on two occasions, but the company responsible for maintaining the building has done nothing about it. They gradually had to get used to the situation, which does not allow for the child to be washed or her head lice treated as it should be. During the Autumn half-term holidays, the girl, who had almost no lice, stayed several days with her grandparents. Her cousins passed on their head lice to the girl (according to the family and the FSW). The mother once again treated the girl with the support of the FSW. In December, the water boiler broke down permanently; it became more complicated to wash the two children, aged fifteen months and three years: while they waited for the boiler to be replaced, they had to heat water in saucepans and wash the girls in the kitchen sink. That's when social services were alerted.

What could be more straightforward than washing children? Yet when head lice are involved, every member of the family is affected, and if certain material conditions are not in place, physical hygiene becomes a difficult task to achieve. Heating water in saucepans and washing in the sink reveal a use of space that was common three generations earlier. It reflects the daily reality of living in a confined space where different activities are performed.

In objective terms, the head lice do not prevent the child from developing. They rapidly become a source of stigmatisation, however. During our visit to put Marion's little sister's name down for a day nursery, the manager politely refused after quickly appraising the situation (based on the mother's language and the external appearance of the children and mother) saying that she could not take the children for half a day every week because the registration period had already expired. The district social worker's intervention helped overcome this obstacle. However, later the head lice provided the head of the nursery school with a pretext to alert social services, under pressure from other parents. At the day nursery, like the nursery school, the professionals who run the service are responsible for the quality of life within the service and are spokespersons for the service's professionals and users who do not wish to risk contamination.

The social intervention subsequent to the father's request failed to take into account all of the family's problems. The FSW's work is considered primarily to be an intervention in relation to the child and for the child. It is considered secondarily to be an intervention in relation to the parents in order to benefit the child. Unfortunately, however, it takes into account the needs of the child without taking into consideration the prerequisites to meeting those needs. The priority of the FSW's intervention is not to find solutions to the material problems associated with housing. This situation, observed on several occasions, reveals how, as a result of the segmentation of activities between social actors, certain nevertheless decisive elements are not taken into account. These situations show us how many improvement may still be realised to get an holistic view for supporting the parents in all dimensions of their lives in order to help them to play their parental roles. Hearing the parents' needs and being able to involve other professionals to satisfy these need is not an easy task for FSW, the less qualified professionals, themselves not always heard. (Lacharité & Goupil, 2013).

The children had head lice throughout my presence (three months), although they were infested for much longer, according to the FSW, who had herself caught the head lice from the start of the intervention, before I was affected in my turn. The length and intensity of the parasitosis suggest that the education of these two young children was part of a particular learning process. A child who has lice from the first few months of life, and continues to do so for several years, is affected by permanent itchiness, scalp sores, and the smell and effects of the aggressive products used to treat the lice. How do these realities affect the way the child perceives their body? What impact does it have on their future? What effects do these insecticides have on their future health?

This example also illustrates how social control is still exercised through physical hygiene. Any deviation from the norm in a person's presentation is evidenced by outward signs deciphered by professionals. In return, the young child probably perceives how adults behave differently towards them,

signifying the start of their “career” (Becker, 1963) as a poor child. On the other hand, these signs stigmatise (Goffman, 1975) parents by associating lice, neglect and parenting failures.

Mixed times and institutional priorities

As mentioned above, the kitchen is used equally to prepare and eat meals, and for personal hygiene activities. As such, it may be considered as a mixed space serving several functions. Other scenes emphasise its use for several functions simultaneously. To this extent, they constitute another form of deviation from the norm.

Step by step, Jeanne told me, she was born from her father's first marriage to a woman who died when Jeanne was two years old. She was left in kinship care at her paternal grandmother's custody and received affection for 10 years (from 2 to 12 years).

After a new marriage, the father resumed custody of his daughter between 12 and 17 years old. The father and mother-in-law were violent with her. Jeanne was forced by the mother-in-law to make domestic tasks. She hardly saw her father except for some masterful corrections.

After a schooling that she does not remember, Jeanne worked in a sheltered workshop for disabled people during a few years.

In concubinage with a first companion, she gave birth to seven children. Then abandoned, but assuming custody of the children, she met a second companion. She gave birth to Mickaël (8th child). But because of her companion and her elder children's violence towards the youngests, five children aged between 7 and 17 have been placed in a children's home (MECS, Maison d'Enfants à Caractère Social). Only the youngest child remains with his mother on a daily basis, Jeanne's second companion, Mickaël's father claimed to obtain the custody of the child but the judge rejected his demand. "He drank his milk," said Jeanne, referring to the expenses of alcoholic beverages which caused the lack of money needed to buy milk for the child when he was a baby.

Jeanne lives in the hope of "taking back her children with her" and moving in the country or near the sea. Indeed the area is not quiet. During the three months of my observation, there were 2 cars burned, trees burned, problems with the youngs squatting the balcony and a quarrel with the neighbours for nocturnal noise.

Jeanne lives in a large HLM apartment. Following the departure of the three elders and the placement of the four younger children, she lives with the last of her children, Michaël who is five years old with special needs. Myriam, the FSW assists Jeanne in order to obtain allowances for her disabled child. She also helps her in all legal proceedings related, on the one hand, to the teacher's violence towards one of her daughters, and on the other hand victim of a swindle she placed in an extremely difficult financial situation.

Jeanne assures most of the material needs of the household, allowing Myriam to devote her time to educational matters. From time to time, Jeanne solicits Myriam for play with her child and her, as also for matters related to her affairs (neighborhood relations, budget, etc.).

Myriam has been working as FSW for many years. Coming from a very modest family in the region. She has a simple approach and can easily communicate with the same vocabulary as Jeanne. She's been helping Jeanne to cope with most of events that happened during the three months period of observation.

We (the FSW and I) are visiting the home of Jeanne and Mickaël. As every morning, when we arrive, Michaël is sitting in front of his breakfast: Michaël is five; he is eating chocolate biscuits dipped in a bowl of milk. He is sitting on a potty, which has been placed on a chair in front of the table in the living room. Jeanne invites us to join her for coffee around the same table. At this time of the morning, the Family Support Worker (FSW) and Jeanne run through a list of future appointments with the solicitor, court, hospital, family benefits office, and a meeting with the social worker from residential care and other items. They also go over their plans for that morning. A smell suggests that the child has satisfied a need and it mingles with the smell of our coffee. Lastly, before washing and dressing the child, Jeanne removes the potty, summarily cleans the child's behind as he stands on the chair, and then empties the potty into the toilet while continuing with the conversation.

On a visit outside the apartment, the FSW and I accompany the same child to a medical-psychological consultation where he has an appointment with the psycho-motor therapist. I take advantage of this opportunity to raise the subject with Myriam, the FSW.

I point out to her that certain elements complicate their work with families (scaled-up water heaters, dogs, the state of the medicine cabinet within easy reach, etc.), and that a “technical” visit and support could help families better manage these elements. Myriam replies that I am sensitive to these subjects because I do not have experience of this line of work. They are, according to her, subjects you try to do something about for a time, before finally giving up. At this point, she introduces the example of Michaël’s potty placed on the chair during breakfast. She finds it dangerous (the child could fall) and unpleasant (due to the smell), but she has not managed to convince the mother to change her behaviour. One day, she wanted to talk about this subject during a review meeting with other social workers, but the psycho-motor therapist was not present. As a result, there was no one to support her. She also explains that the letter to the social housing service (that she wrote last week) to complain of noise at night was necessary due to the insecurity felt by “Madame” and the risk of a deterioration in relations between her and her social environment. In contrast, for the water heater, it was necessary to contact the caretaker. “Madame” had already done so, and Myriam felt that it was the responsibility of “Madame”. Myriam may mention the fact that the technical services failed to visit her, and that Jeanne - the mother - did not call them back, but she would not dwell on the matter [omissis].

Eating on the potty at the age of five could be regarded in the same way as washing in the sink. New housing norms have helped separate the dining room from the toilet, and the kitchen from the bathroom. Although the FSW highlighted the fall risk, she only mentioned the combination of smells in passing, and she was probably less inconvenienced than I was. I remained at the table because I had been served coffee. This clash of cultures between the ethnologist and the practices of a working-class family with which a large number of social workers come into contact underlined the unusual nature of the situation and drew my attention to the very specific learning situation the child was experiencing. I would therefore emphasise the fact that the physical experience of eating is associated, each morning I am allowed to observe it, with his toilet training and, therefore, with the simultaneous satisfaction of his need to urinate and to defecate, and in this case, in public, before the mother, the FSW and possibly the sister, and anyone else who might be visiting the apartment.

This extract leads us to consider the progressive social construction of intolerance to certain smells as described by Alain Corbin in *Le Miasme et la jonquille*³. He shows how, from the 18th century onwards, an “olfactory revolution” occurred, which made strong smells undesirable and led to seek fresh and pure air. This growing olfactory intolerance was coupled in the 19th century with a separation of spaces that led to a distinction being made between restrooms and personal hygiene spaces (Laneyrie-Dagen N, Vigarello G., 2015). The example of Michaël on his potty eating his breakfast is the third reference to the use of private space where activities are mixed. This simultaneous use cannot be ignored, given the extent to which these social norms are given importance by actors in different registers, whether sanitary, social or moral. According to Marie Douglas, “Once we have separated pathogenesis and hygiene from our ideas of dirtiness, all that remains is our established definition: it is something that is undesirable. This point of view is highly revealing. It supposes, on the one hand, the existence of a set of ordered relationships and, on the other hand, the reversal of this order. Dirtiness is never, therefore, a single, isolated phenomenon. Where there is dirtiness, there is a system. Dirtiness is the sub-product of an organisation and a classification of matter, to the extent that every ordering gives rise to the rejection of inappropriate elements.” (Douglas, 1992, p. 55) This new ordering of domestic activity supposes the existence of clean spaces dedicated to meals that are permanently separated from restrooms. The transgression of this separation is perceived as a refusal to obey the everyday rules used to organise relationships between people within the household. This refusal is implicitly associated with the possibility of other intra-family transgressions.

In order to explain the FSW’s tolerance, it is important to understand the family’s history. The FSW aims to achieve multiple goals during her intervention in this single-parent family of eight children. The two

oldest children have already left home. but Myriam also helps welcome the children when they are permitted to return home to their mother at weekends and during the holidays. As such, the FSW needs to make several choices. Outside the periods when the oldest children return home, she focuses on providing support to Jeanne. The current priority areas for action are, on the one hand, a request for legal aid as part of a court case involving her daughter who has been sexually abused and, on the other hand, support for Michaël. This includes putting together an application for a special education allowance (AES, Allocation d'Éducation Spéciale) and a request for intervention by a special education and home care service (SESSAD, Service d'Éducation Spéciale et de Soins à Domicile) to meet the special education needs of this child with disabilities. These goals of the intervention are limited by the bodies funding them. The manager of an organisation that employs the FSWs underlines the distance between the funding partner on the one hand, and the families and professionals on the other, and the political ignorance of socio-professional realities: "I got angry with the funding bodies once. I told them 'come and see the families, come and see how it works. Some homes are so smelly, dirty and unpleasant that you wouldn't last half an hour!' They came to the organisation's head office, but they didn't visit the families: they came to do a financial audit to know if we were spending their money correctly."

This distance was also a relevant point during the ethnographic study. In fact, during the three-month observation period, for half a day per week, we did not meet any of the many social workers involved with Jeanne's family. This finding, which was confirmed by the other situations studied, allowed us to formulate the hypothesis that the tasks performed by social workers were being transferred to the FSW, and on the other hand, provided contextual elements on their intervention. In fact, the face-to-face meeting between the mother and the FSW is subject to a set of institutional limitations that impact on the nature of the education support provided to the mother. Thinking ahead, in this case the aim is to complete the institutional tasks with set lead-times (application for legal aid so that a lawyer can accompany a child from the family abused by their primary school teacher) and/or included in the contract between the Conseil Départemental and the organisation that employs the FSW (arranging for special education allowance and a special educational home care). In contrast, the practical education tasks centred on the children's learning process were not the focus of the activity, with the exception of the remarks made by the Myriam concerning the way in which Jeanne addressed the child. The contract stipulates that the FSW shall ensure the mother uses appropriate and respectful words when addressing the child or when referring to him in conversation. In contrast, the mother is considered to be competent enough to perform domestic tasks - including Michaël's personal hygiene - that do not fall within the professional's domain.

Lack of cleanliness, sign of neglect

The third case illustrating this question is Kelly, whose physical and clothing hygiene was a source of concern for the social worker. A meeting with the social worker who has monitored this girl for a long period allowed us to find out more about her background. She has been used as a case study [omissis]. It is possible to make a link between the words used by the social worker to describe the children during their first placement (when Kelly was one year old) and her description of how the girl was stigmatised when looking for work as a kitchen hand (when Kelly was 15 years old).

"The children slipped through the Mother and Child Protection (PMI, Protection Maternelle et Infantile) agency's net. The mother had conceived her oldest daughter with a cousin and the child was stupid, totally stupid. Yes, she was totally stupid. She was a child who... pissed where she wanted, who pooped where she wanted, who ate surrounded by it... [...]. The children were in a terrible state, we found them with a... nappies that were three days old... The boy had a burn that hadn't been treated, that was all infected, so we took them in a terrible state. I felt ashamed because I was with a trainee, it was her last day, just before the Christmas holidays, and she cried, she cried because it was so awful, you know, the state we brought the children in. " (AEMO social worker about the first placement)

The child was first placed due to the departure of her 23-year-old mother (who took care of the home and lived on a single-parent allowance) and the inability of the grandmother to manage the education of four

children. However, unhealthy smells were frequently mentioned in the description of the placement's circumstances. Cleanliness standards were mostly not respected, and the children were not taught to keep themselves clean. Added to this were two outstanding factors of a sexual nature: the sexual relationship between a young woman and her cousin of the same age and the absence of a father due to an excess of fathers (three different fathers for four children). Lastly, it is important to note the lack of awareness on the part of the Mother and Child Protection services (PMI). Everything about her interview reveals the absence of any civilising force in this space of brutality characterised by debauchery and dirtiness. Here, hygiene is simply the sign of a wider situation of neglect.

Fifteen years later, the same social worker helped Kelly look for a traineeship.

"We went around the restaurants with her again last week: the way she presented herself, she was well dressed, but she had a sort of jacket with fur, you know? With slightly dried hairs on the lower part of the sleeves... So I saw how people looked at her all the time; and at one point I tried to tell her again in the car: "We've done more than ten, you know! Everyone said no", and I tried to tell her again: "You know, presentation is important! Kelly when you... when you go somewhere." That's when she told me about her smile and all that, and I told her: "Yes, I saw, you have a beautiful smile", and then she said: "So, I'm fine, no? I'm pretty, don't you think? Today." I didn't dare tell her: "Well, actually, no you don't look too clean really!" I... I stopped myself from saying that... because she, she thought... she thought she looked really good. But she didn't. Her jacket looked a bit dodgy." (AEMO social worker about the search for a traineeship)

Physical hygiene and a person's presentation are, in this instance, the focus of the education activity of the professional, who noticed the deviation between the cleanliness and aesthetic norms of the girl and those expected in the professional space. That day, she hesitated and chose to encourage the girl in her efforts, without providing her with the means to notice and understand the stigmatising look people were giving her. The decision by the social worker not to state explicitly what she was thinking can only be understood by taking into account the educational path taken since the first account was made and which can be seen in Kelly's approach to her cleanliness. However, here, the deviation between the family's cleanliness norms and those of society have given rise to a self presentation that, at a time of high unemployment, has become a major obstacle to the social integration of the young woman in the workplace.

Conclusion

The role of children's hygiene in social interventions highlights the historic transformation in our relationship to the body and cleanliness. It also underlines a reorientation in the way people from an employed working-class and deprived backgrounds are "governed" (Donzelot, 1977).

Although physical hygiene is no longer stated as an objective of social intervention as part of a child protection procedure, although there is no consensus on personal hygiene norms in terms of basic needs, it remains a marker of social belonging. It continues to play a role in the control of the working classes and the stigmatisation of the most deprived children and young people. This "outstanding difference" can be interpreted as variations in norms of cleanliness and of our relationship with different bodies, but, we believe, it forms part of a context in which people live in different, poor quality housing, often not adapted to the cleanliness norms adopted by the middle classes at the end of the 20th century.

If variations in popular categories of hygiene standards were not addressed in this article, it should be emphasized that in these 3 cases, parents are aware of social norms, even if they do apply them partly for multiple reasons (inadequate housing, resistance to these norms, development of other ways of discriminating between clean and dirty). It seems relevant to mention that support interventions at home for parents remain in this area for a very large majority (96%), are not negotiated parental support interventions (Grevot A, 2009; Amar et al., 2016), but constrained interventions that struggle to adopt a really collaborative vision of parents and to consider that parents are able to define their needs (Lacharité and al., 2015). That introduces a situation that goes beyond the question of possible fluctuations in standards of hygiene according to the social categories. It leads to another form of domination in which parents, by their possible opposition on personal

hygiene or on others issues would take the risk that their children would be placed in care outside their home in a foster family or in residential care.

It is no longer only for sanitary reasons that physical hygiene remains central to child education issues. In fact, the danger of infection is no longer feared to the same extent as before, but respect for cleanliness is now associated with the importance of a person's outward appearance: what we show of ourselves to others. The control of one's self image is considered to reflect psychological well-being, an expression of will and, more generally, a mark of an individual who can claim to be "more his own master in a modern society" (Vigarello, 2006, p. 178). As such, the reasons for the discredit attached to physical cleanliness have changed, shifting from the medical to the psychosocial reasons. The argument has changed but the discredit remains. Poor hygiene that impacts on the appearance of a person's hair [omissis] teeth, physical hygiene, and clothing remains, still today, highly stigmatising and maintains the other at a distance. This concerns adults as much as children.

At the same time, physical hygiene is no longer a focus of interventions by social workers. There are, however, shades of difference between the cultures of professionals who work in the interests of the "child of the nation" (Bonnet et al., 2012, p. 15). The FSWs have a tangible intervention on the child's body (washing, nursing and dressing) and provide parents with support to perform everyday upkeep education tasks (food and household cleaning). In contrast, during meetings with social workers, a central place is given to verbalising intentions. Social workers are coached and trained to do so. The role of the social worker in writing the submission (Rousseau, 2007) on which the judge's decision to continue, modify or suspend the education measure is based, gives them a strong symbolic power, which we demonstrated [omissis] prevents the expression of conflicts, requiring parents, when they are not in a position of total dependence, to fall back on avoidance strategies, passive resistance or evasion. The central role given to verbalising intentions and education practices is imposed on families (Memmi, 2003) but this tool meets with resistance. This "government by speech" is not usually acceptable if used alone and unconnected to the family's material needs. In contrast, practical actions related to housing and which could be considered as prerequisite to facilitating physical hygiene actions do not form part of the prerogatives of child protection professionals. Housing is the responsibility of other areas of public policy, such as housing policy and urban redevelopment. This renders child protection professionals unable to impact the material conditions necessary to access physical hygiene in their actions in relation to the child and the child's family.

This article focuses on the issue of personal hygiene by FSWs and Social workers in child protection intervention. Personal hygiene provides an example of normalization of children and parents' lives, difficulty of taking into account children and parents' life experiences, and decontextualisation of children and parents daily lives. These points are part of what Carl Lacharité (Lacharité, 2015, p. 43) calls "the institutional capture of the lives of families as living in a situation of vulnerability".

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