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The Practice Journal of Child, Youth and Family

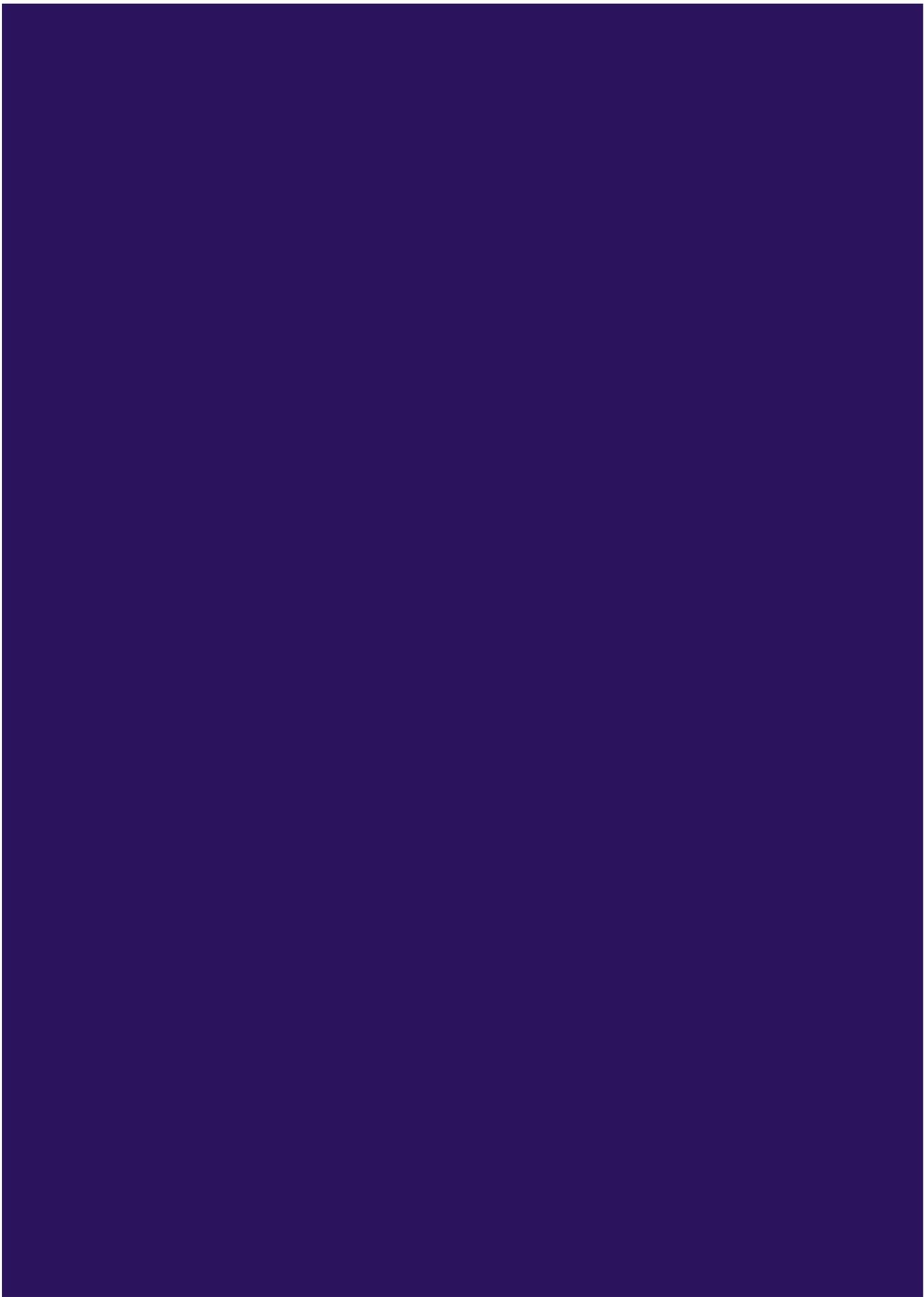
Te Hautaka ako te Tari

Āwhina i te Tamaiti, te

Rangatahi, tae atu ki te Whānau

35

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Editorial

Ray Smith discusses the future of Child, Youth and Family

This is a time of real opportunity for Child, Youth and Family. After a period of growth and change, we now have the chance to consolidate and to maximise the benefits of the recent merger with the Ministry of Social Development.

In recent times Child, Youth and Family has experienced extensive change, particularly under Paula Tyler's leadership. As a result, the organisation is now better funded, managed and structured than ever before. This is reflected in the significant improvements in our performance at a time when the demand for our services continues to increase. Key achievements include a reduction in the number of unallocated cases from a peak of 5,000 to under 700, and improvements in the time taken to respond to notifications.

The changes have strengthened our capability and improved our social work practice. The work to upskill and professionalise our workforce has seen the percentage of qualified staff increase to almost 65 per cent, a figure that will continue to improve. We are also providing better day-to-day support for social workers through the appointment of professional supervisors in all our offices. Earlier this year, we implemented the

new practice frameworks for youth justice and care and protection – an initiative that has been welcomed by both our staff and stakeholders.

The continuing increase in demand is requiring us to both expand our services and to seek new ways of managing demand. In particular the Differential Response Model, which is currently being piloted in two sites, provides greater flexibility in responding to notifications and

enables us to utilise our resources more effectively.

We are also working to better understand the drivers of demand, to ensure we can plan for the future and identify opportunities to intervene earlier to strengthen and support families.

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The recent merger has given us access to the resources of the wider Ministry. Already we have identified a number of opportunities to take advantage of programmes in place in other service lines, particularly in the area of supporting young people in our care towards independence. Work and Income already delivers case management services to youth, purchases a wide range of youth-focused programmes, and sponsors the Youth Transitions Service. This means that, in our one organisation, we now

have a menu of services to support young people to build successful and independent lives.

We are also creating new joint initiatives, for example, we have worked with Work and Income staff and providers in the Waikato to develop two new programmes for youth offenders. There are many more opportunities for partnership within the Ministry, as well as across government, and we'll be continuing to identify and explore these.

In the six months I've been in this role, I've sensed real optimism about the future. In my visits to Child, Youth and Family sites around the country, the staff have talked of no longer being hampered by a lack of resources as they have been in the past, and of being encouraged by our improved performance. These visits have reinforced for me that this is a wonderful, hard-working and challenging organisation, and that the people in it are talented and committed.

I've also been able to meet with many of our providers and stakeholders. These partners help us to manage our work and provide high quality services. They also have valuable insights and ideas to help us achieve our goals for children, young people and their families. To be successful, we need their ongoing support.

When I talk with staff and stakeholders, I'm often asked about my vision for the future of Child, Youth and Family. In recent years, the focus has rightly been on ensuring the sustainability of the organisation. Now we have an opportunity to focus on improving outcomes, to help create better lives for the children, young people and families that we work with. With our commitment to continuous improvement, and the support and resources of the Ministry and the wider social sector, I believe we are well placed to achieve this.



Ray Smith was seconded to the role of Deputy Chief Executive of Child, Youth and Family in July 2006, following the merger of Child, Youth and Family and the Ministry of Social Development.



Awareness and emotions

Nicki Weld applies emotional intelligence theory to social work and supervision

Introduction

A fundamental area of social work and supervision is emotions and the way we work with our own and others' in an articulate and responsive way. While social workers need to be able to explain why decisions are made in theoretical or legislative evidenced ways, it could be said that the heart of social work is about recognising, utilising and working with emotions competently. It is my experience that social workers who work successfully with others are able to clearly articulate theoretical and emotional language to describe their response to situations.

Emotionally responsive work

If I could describe effective social work in simple terms, it would be the recognition of walking in other people's worlds and the ability to do this in an emotionally responsive and intelligent way. Our ability to walk into and be in other people's worlds improves as we begin to connect the real world of social work interactions to theory, but also as we become more emotionally and socially

skilled. The ability to recognise and regulate our own emotions and work with those of others comes from being in situations where we have to manage our own emotions and still be able to understand and relate to others.

An example of when I had to do this was when I worked with a mother who had systematically beaten her child to death. This experience was

hugely significant in my social work career and although social work theory played a part, ultimately my emotional responses were the key to how I managed it. I used awareness to listen to what I was feeling and experiencing, I used insight into this to work through moving from

blame to sadness, I used prior learning to realise her fear and to manage my own urge to leave, and finally I combined these to best manage the situation. I was by no means perfect, and I will never forget seeing a child beaten and dying. I will also never forget the woman who harmed him, and who wept as he died. The key emotion I had at that time was sadness for both the child and his mother and this hasn't left me. It has helped inform my practice and my determination to understand people and their behaviour.

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Social work demands and deserves a high level of emotional awareness as it is through the building of meaningful working relationships based on understanding and learning that real change can occur. The language and concepts offered by the work that has been done around defining emotional intelligence are useful to articulate this process more clearly. Emotional intelligence has been described as ‘an array of emotional and social knowledge and abilities that influence our overall ability to effectively cope with environmental demands’. Within this, are the abilities to:

- be aware of, to understand and to express oneself
- be aware of, to understand and to relate to others
- deal with strong emotions and control impulses
- adapt to change and to solve problems of a personal or a social nature
- generate positive effect and be self-motivated.

(Bar-On, 2005)

This list could almost be a pre-requisite for social work graduates to demonstrate competence in before they begin practising. Perhaps the greatest area of challenge in beginning social work may be the third point of managing and controlling our own strong emotions and impulses, especially when faced with behaviour that is challenging and at times abhorrent to us.

Emotional intelligence has also been identified as the ‘ability to monitor one’s own and other’s feelings and emotions, to discriminate among them, and to use this information to guide one’s thinking and action’ (Salovey and Mayer, 1990). This is an excellent summary of an essential component of social work and supervision. Salovey and Mayer describe four tiers of abilities

that range from basic psychological processes to more complex processes integrating emotion and cognition.

1. The complexity of skills that allow for an individual to perceive, appraise and express emotions, including identifying one’s own emotions, expressing one’s own emotions and discriminating the expression of emotions in others.
2. Using emotions to facilitate and prioritise thinking, including using the emotions to aid in judgment, recognising that mood swings can lead to a consideration of alternative viewpoints and understanding that a shift in emotional state and perspective can encourage different kinds of problem solving.
3. Labelling and distinguishing between emotions (differentiating between liking and loving for instance), understanding complex mixtures of feelings (such as love and hate) and formulating rules about feelings, such as anger often gives way to shame and loss is usually accompanied by sadness.
4. The general ability to marshal the emotions in support of some social goal. This includes the skills that allow individuals to selectively engage in or detach from emotions and to monitor and manage emotions in themselves and in others.

(Goleman, 2006)

By combining Bar-On with Salovey and Mayer’s thinking, a simple framework can be drawn that can be used as a guide to building emotional knowledge and responsiveness in social work and supervision.

Perceive/label/distinguish own and others’ emotions

Manage and control own emotions and impulses

Marshal and use own emotional knowledge to aid in judgment

Use emotional knowledge to **understand and relate** to others

Adapt and problem solve in a emotionally responsive and competent way

This combines well with the cognitive behavioural idea of 'think', 'feel', 'do' and its application to emotional learning. There are elements of cognition: 'What is it I am feeling, how does it check out against previous experiences, does it fit?' followed by feelings: 'What might others be feeling, how do I know this, what makes me think this, am I projecting my own feelings, am I accurate, how can I check it out?' Finally we can explore what we did and our actions, and ask how we can best use this knowledge. Future behaviour and action can then be built from the emotional exploration of the situation and the knowledge gained from this.

If intelligence is about developing understanding and the ability to perceive and comprehend meaning, then rather than being an inherent quality, developing emotional intelligence and awareness can be seen as an evolving process. Emotional intelligence can be built and shaped through steps such as awareness, insight/perception, learning, knowledge and, finally, application. Overall it is through the cyclic analysis and application of learning and knowledge that we work successfully and intelligently.

The use of an integration of emotional and cognitive processes to define emotional intelligence raises a number of opportunities for supervision. It is my view that supervision must contain components of reflective practice so workers continue to develop an understanding of their practice behaviour. Supervision that is framed around reflective practice naturally uses cognitive behavioural theory and emotional awareness applied to a work context. Social work can be intensely emotional and it is illogical for supervisors to not discuss or explore this with workers.

The use of Kolb's learning cycle in supervision (Morrison, 1993) connects well to an application of emotional intelligence thinking. If we take

the first part of the learning cycle, experiencing, where the supervisee describes the details of the story/case/event, then the supervisor can begin to introduce questions from an emotional intelligence perspective that can then lead to the 'reflecting' component. These might include:

- "What emotions were you aware of when you were engaged in this interaction?"
- "What would another person have noticed if they had been watching or listening to you?"
- "What do you think the other person may have been experiencing?"
- "What is happening to you right now talking about this?"

By then moving to the conceptualising part of the cycle where connections to theory and a way forward can be shaped, the following questions could be asked:

- "How did you notice yourself managing or not managing your emotions?"
- "Can you see any link between the client's emotional experience and your own?"
- "What would you change, if anything, about how you emotionally responded?"

Finally, with the experimenting section, the following questions could be used:

- "Is there a time you can think of when you responded in a way that you felt was okay and relates to this situation, and what did you do that was different?"
- "Is there a situation you can think of that would help you build an empathetic response to this person and their situation?"
- "How do you marshal your emotions to serve you well in your work?"

A concern around exploring emotional responses to work in supervision is about workers feeling it is safe to do this. There has been some discussion that child and protection organisations are often

about 'doing' as opposed to 'feeling', leading to the 'professional accommodation syndrome' where emotions and feelings are suppressed and kept secret (Morrison, 1997). Generally, people are unlikely to share emotional experiences if a degree of safety and trust is not present. The supervisory process needs to ensure these elements are present and that any required challenges are made to behaviour as opposed to feelings.

It is important the supervisor remains in an inquiring role around these areas, and is constructive in approach and supportive where appropriate. I suspect one of the fears for supervisors talking about emotional responses in social work supervision is a concern that the supervision will become a therapy session. It is essential that the questions and discussion are continuously linked back to the professional situation, and any long-standing emotion issues are supported to be taken to an alternative forum, such as counselling.

The supervisor may also not want to ask questions around worker emotions for fear of feeling overwhelmed. This is more likely to occur if supervisors themselves are feeling unsupported in their work and have little opportunity to express their feelings, let alone support another in this exploration. It is critical that supervisors be able to talk about emotions so that workers have a safe place for the expression of these arising from their work.

Conclusion

The very nature of social work, its complexity and ambiguity, and the fundamental behavioural changes often required by people we work with, demands emotional analysis and awareness. The theory of emotional awareness and intelligence provides an opportunity to explore emotions and the knowledge and understanding they give us in our work. It is ironic to expect our clients

to discuss their emotions with us if we are not prepared or able to examine our own emotional behaviour in our professional support forums, such as supervision. Supervision is the structured setting where this examination can occur, along with an ongoing internal analysis of emotional responses and behaviour.

One of the greatest gifts of social work can be the emotional journey and learning that comes from those we work with. It is important as workers and supervisors that we pay attention to listening for and finding the emotional voice in our work experiences to enable the recognition of this learning. Through this process, emotionally competent, knowledgeable and intelligent social work can occur, which can only be advantageous for ourselves and those with whom we work.

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Assisting risk assessment work

Tony Stanley discusses the Risk Estimation System in practice with social workers

I just see all the tools as being a part of the puzzle, so when you're looking to formulate the big picture, each has a role to play in sort of determining or assessing what the risks are. (Social Worker 5)

Introduction

Risk assessment and its management are pivotal components of child protection social work today (Appleton & Craig, 2006). In a practical sense, this is best illustrated by the development of the risk assessment tools that social workers can use to reach conclusions about the level of risk to which children can be exposed. While there has been a significant amount of research into the efficacy of risk assessment tools (English & Pecora, 1994; Gambrell & Shlonsky, 2000), less research attention has been paid to social workers who are charged with doing risk assessment work. According to Hall and White (2005), there is much to be learned from the actual working experiences of social workers.

In my doctoral research, I discussed risk assessment work with 70 New Zealand child protection social workers as part of a larger study that considered decision-making and risk. I wrote about the findings of that project in my thesis and presented a paper at the 10th

Australasian Conference on Child Abuse and Neglect in Wellington in February 2006. This larger study was a qualitative research project, where Child, Youth and Family social workers recalled complex and straightforward cases of child protection assessment work and their associated practice decisions.

As part of the larger project, a group of social workers described how Child, Youth and Family's Risk Estimation System (RES) assisted them in their assessment work.

The Risk Estimation System

The development of the RES began in 1994 with the establishment of a project team to instigate a 'professional response to the emerging crisis in child protection' (Smith 1998). Through analyses of practice, the team found that approaches to child protection practice were inconsistent across the country.

RES, which was introduced in 1996, is a consensus-based model. The RES used in Aotearoa/New Zealand is an adaptation of the Manitoba Model, modified to incorporate the specific cultural factors for New Zealand. Twenty-two risk scales are included in the analysis. Parental attitudes, family or whānau history, thinking, behaviour, as well as social

factors, can be incorporated into the assessment (Appleton & Craig, 2006). Cultural guidelines are incorporated into the risk assessment framework and, as with other sections of the tool, composite scores are established following a narrative recording by the social worker. In summary, risk assessment practice is guided by the professional, cultural and agency context.

The RES has two main features. First, risk is treated as a compound concept of the vulnerability of the child, the likelihood of reoccurring abuse or neglect and the probability of future harm. Second, the model attends to the behaviour of adults, their cognitions, beliefs, attitudes and responsibilities with regard to child abuse and neglect (Appleton & Craig, 2006). According to Smith (1998) 'the intent is to strengthen the professional role of the social worker by providing a framework for structured assessment and decision-making'. Social workers are encouraged to use the tool to enquire, to investigate through information gathering from a wide range of sources and to then formulate their analysis (Appleton & Craig, 2006).

Risk assessment tools were developed to reduce worker inconsistency in decision-making (DePanfillis and Zuravin, 1999). There are compelling arguments for the use of formalised risk assessments to assist social work assessment work (Appleton & Craig, 2006). One argument is that without a risk assessment tool in cases of neglect, 'it will be difficult to see how [social workers] can be expected to know whether a child is likely to be harmed in the future' (Coohey, 2003). Assessing risk is a matter of judgement, and not fact finding. Social workers need to maintain a professional and ethical approach toward it.

At best, [risk assessment] instruments and models are wonderful tools in decision-making and good casework practice. At worst, they can negate practitioner responsibility and be used mechanistically and defensively (Smith, 1995).

It is important to note that not all of the social workers who participated in the research experienced the RES as described in the preceding paragraph. However, the benefits for those who approached the RES as a 'tool of inquiry' are worth reporting on, as these offer insight into how this actually assisted assessment practice.

There are four ways in which the RES assisted assessment work.

1. Formulating assessment questions.
2. Highlighting assessment gaps.
3. Family and whānau participation.
4. Drawing on literature and research.

Formulating assessment questions

The most significant way that the RES assisted assessment work was to use it as a 'tool of inquiry'. The RES contains a range of assessment sections that social workers can use to formulate assessment questions.

I've been trying, and it's become practice for me, to use the various risk estimation headings [in assessment work]. Like the way I bring it to parents is [to ask them], "What do your mates think about your parenting when you talk to your friends about how your kids are getting on?" (Social Worker 18)

[I]f you're getting all that information from your families and wider people, about all the factors that are in the RES, if you can get information

■ ■ ■ ■ ■ assessing risk is a matter of judgement ■ ■ ■ ■ ■

out of them all, you've got heaps of information to actually assess the risk stuff.

(Social Worker 52)

The RES provided questioning areas for social workers. Social workers can use the RES headings to prompt them to consider further assessment areas that they need to cover. The RES assisted these social workers generate assessment questions.

We are continually assessing the risk for the child ... like access, reoccurrence, history. Those are the sorts of questions that we ask all the time, continually, when we are doing our investigation, our assessment [work]

(Social Worker 3)

[W]hen you're out, kind of, meeting with the family ... going through the RES process, when we're asking these questions and talking about their tendency, you know, history of violence and tendencies, attitudes to discipline and stuff. So we were doing that, and gathering that information, so we'd done it in our heads, you know, so when we actually had to sit down and [complete the RES in the computer], it was quite reassuring, I guess, to think, yeah, in a sense that our assessment was leading us to form this view and that these were the risks. (Social Worker 42)

Highlighting assessment gaps

The RES can highlight gaps in assessment work, as workers may not have gathered sufficient information to complete it. This next social worker was explicit about this.

I tend to use [the RES] usually [in] my investigation, like, when I first go out for an

interview, a home visit and an interview, basically, my interview is based on what I need to know to do a reasonable sort of RES.

(Social Worker 61)

Family and whānau participation

Families and whānau are important participants in risk assessment work, and the concepts contained in the RES helped a number of social workers generate conversations about child protection with whānau and families. One social worker noted that she used the RES reference guide to show whānau the definition of vulnerability. She said that this facilitated a discussion about vulnerability, what this was and how to manage the risks associated with it. Another social worker explained how she used

the RES to assist her with whānau participation. She said that this helped her to build a relationship with one particular whānau.

Sometimes when you're talking to parents, if they're old school, or they come from another generation,

they'll question you on your decision and you might say to them, "Do you mind, I want to show you something that helps me in weighing up the probability". And I'll quickly go to [the RES section], if it's drugs or alcohol, and then I'll say, "If you don't mind, I'll read it to you", and they're really listening. (Social Worker 55)

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Drawing on literature and research

The RES has 14 research components that aim to underpin social work decision-making. One of the social workers described a case where this was helpful. During a whānau meeting, the social worker told them that the RES was one of the tools she used to assist her assessment work.

The tool, she explained, contained research areas that could help her reach decisions about the level of risk to which children may be exposed. One of these was alcohol and drug research, and the worker noted that the RES provided her with some information about the lengths of time people may need in managing drug and alcohol issues. Her access to literature and research assisted her to inform her conversation with the whānau, and supported her in the decisions she made about risk.

The RES assists risk assessment work

The practice and organisational context will always influence the effectiveness of the RES (Appleton & Craig, 2006). This means that the approach taken by social workers and their supervisors toward the RES is crucial. When used as a tool of inquiry the RES offers social workers a risk assessment framework that assists with family and whānau participation, generates assessment questioning, and, importantly, facilitates discussions about risk and its management during supervision meetings. This is illustrated by one social worker's explanation that supervision provided a forum to assist with risk assessment work.

I had supervision, and that's where we discuss things that you would fill in on an RES. I might not actually do it on the computer but I discuss it with my supervisor who [helps me define] what the risks are. (Social Worker 12)

Statutory social workers make difficult decisions every day. They need the support of supervision and the RES to assist them to do this (Appleton & Craig, 2006). Assessment questions can be generated from the RES headings and sections, and the RES can prompt assessment areas that social workers may need to consider. Any information gaps can then be attended to.

Families and whānau can participate in risk assessment work when the RES is discussed with them. Used in this way, the RES provides an opportunity for generating investigation and assessment questions about what constitutes risk. Assessing risk is complex, demanding and difficult work, yet the RES is one tool that offers an exciting, culturally informed and research-based framework that can help shape the way social workers think about the point and purpose of it.

Acknowledgments

My thanks and appreciation go to the Child, Youth and Family social workers and practice managers who participated in this research project. My use of their experiences is reported here with permission, and this reporting aims at assisting social work outcomes for the children and families so often subjects of risk assessment practices.

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Small is good

Sue Hanna and Peter Topzand explore co-working relationships between professionals as a form of collaboration and pro-social modelling in child protection practice

Collaboration is a word frequently applied to describe the functioning of teams, and interdisciplinary work between teams and between agencies. It is not one that is applied to that fundamental of child protection social work practice, the co-working investigating relationship.

What do we understand by the term co-working? In the child protection context of Child, Youth and Family, it means a working relationship between two social workers. One is a key worker and the other a co-worker, both of whom are assigned a common task – to investigate and assess the safety of a child, and to identify whether anything needs to be done to improve that condition. Co-working brings together the strengths, experiences, capacities, energy and insights of two individuals. These are qualities that are mirrored in contemporary definitions of collaboration and suggest a process whereby different parties work with a situation to explore differences and find solutions that build on their own ideas of what is possible.

Without wanting to be too 1970s, we argue that co-working is about synergy, which ideally occurs when the sum of the parts or contributions of the people involved exceeds the total of their individual values.

The purpose of the co-working relationship is to ensure the child protection investigation has integrity. One of its intentions is to limit the potential for an individual social worker to collude with a client family and undermine safe practice.

Morrison (1998) has identified a number of factors with the potential to impair the integrity of an investigation.

These include:

- worker burn out
- worker accommodation of an unsafe family environment
- personal feelings (positive or negative) toward the child, the caregiver or even the notifier
- positive or negative feelings generated by engagement with a particular gender, or cultural or religious group.

In theory, the presence of a second investigating worker diminishes the potential for any of these dynamics to occur.

It has been commented that practice approaches based on the concept of pro-social modelling have been found to be effective with involuntary clients (Trotter, 1999). This notion uses as a basis the belief that clients are

influenced by the behaviour that is modelled to them by others, and by positive and/or negative reinforcement of their own behaviour. We believe the co-working relationship provides a useful context in which to model respectful and co-operative relationships to clients.

There remains significant potential for the co-working relationship to be underutilised and its full benefits not to be realised. We contend that more thought should be given to the mix of the investigating pair of workers and that this would further enhance the clear benefits of this form of collaborative relationship.

Work is frequently allocated to a key worker intelligently and thoughtfully, but the subsequent co-work allocation can be very haphazard. It seems that social workers who like or who have previously successfully worked with each other will self-nominate and a supervisor, grateful for a willing volunteer, will accept with alacrity, which can be a problem. The fact that these two workers want to work together or like working together may not be a good thing, and they can develop implicitly collusive patterns. These are patterns which can replicate collusive arrangements in the worker family dyad.

Research information about patterns of co-working in respect of the frequency of key and co-worker allocations repeating themselves is scarce, but anecdotal information suggests that patterns of the same people frequently working together do develop.

There are a number of factors that a supervisor could or should consider at this point.

1. The co-working relationship is potentially an important one and that allocation decisions can quite conceivably impact on the outcome of the investigation.
2. If appropriate in the circumstances, mix inexperienced and experienced workers for training purposes.
3. The gender or cultural heritage of the workers may be an issue.
4. The cultural appropriateness and possible cognisance to training opportunities and cultural skill development of workers from other cultures.
5. The individual personalities of the workers and the extent to which they may reinforce positive or negative outcomes.
6. The overall situation that workers are entering.

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Co-working relationships can be taken for granted, but these are collaborative relationships and are expected to achieve a great deal in terms of work, practice safety and pro-social modelling.

So, how do workers construct these relationships in the field? The following models illustrate some of the patterns that can emerge.

The 'Good Cop/Bad Cop' Model

This is a relationship where one worker will deliberately adopt an interrogative and argumentative role with parents or caregivers while the other worker will remain calm and reassuring. This dynamic is intended to unbalance and destabilise the caregivers with a view to obtaining more and better information, leading to an improved and quicker investigative outcome. The disadvantages of this approach

are that it can be very inflammatory in the hands of inexperienced workers and it does not contain the potential for the pro-social modelling discussed earlier. If they are not careful, workers can become caught in these roles compromising their own professional development and damaging the flexibility of the co-working relationship, particularly if it is one that is ongoing.

The Senior Partner Model

This is loosely based on the apprentice model where trainees or new graduates or students are partnered with a more experienced worker with the aim of completing the task and achieving positive training outcomes. This is a good thing, as long as mixing occurs and one new person is not consistently exposed to the same experienced worker, but has the opportunity to acquire skills and knowledge from a variety of people.

The Pragmatic Response Model

This is a short-term relationship that is in place only for the duration of the case and in response to who is available at the time. It is generally the least desirable, being based as it is on expediency, but with close supervision can be made to work well.

The Buddy Model

Based on an existing and established relationship between the workers, this may or may not be a good thing. People who work together well will frequently do better work, but the risk of mutual accommodation and the possible absence of critical analysis for fear of endangering the relationship are significant risk factors.

The Collaborative Approach Model

This is our ideal. It is based on an appreciation of what the relationship is expected to achieve at both a task and process level. Here there is thought into how the relationship is constructed, as well as the individuals' strengths and weakness and the impact this may have on the qualities of synergy and pro-social modelling. The Collaborative Approach Model assumes the presence of individuals who are suited to the role and to each other and who have the capacity to manage these various elements successfully.

A consideration of the different ways in which this relationship is constructed raises again the importance of supervision. Workers may or may not be aligned in terms of the findings of an investigation and, quite separately, may or may not be aligned in terms of what, if any, future action they believe is necessary.

The provision of joint quality, clinical supervision will ensure that these possible differences are managed, and that the outcome remains one of integrity. It is important that both the key worker and co-worker receive simultaneous supervision and debriefing in order that any differences in their perspectives are managed effectively.



SKILLS Child focused/family centred, goal setting, requisite clinical, and communications skills, critical reflection, flexibility, ability to share skills, respect and negotiate difference, resolve conflict, articulate appropriate knowledge and value base, problem-solve, consult and persevere.

Our Collaborative Approach Model is further refined in the Collaborative Co-working Model shown in figure 1 on p15. This model also acknowledges the potential for mutual learning in the workplace, which can take place as a consequence of this type of collaborative teamwork (Eraut, Alderton, Cole & Senker, 2003)

The vertical line represents the course of the case from the beginning to end with the spiral indicating the workers as they interact with both the case and each other. The 'tasks' section shows what needs to be completed while the 'process' issues identify some of the relational concerns that may arise. The 'skills' required to take the case from beginning to end are detailed at the foot of the model. The model attempts to portray visually the simultaneous application of all of these factors as social workers co-work with the child and their family/whānau.

Outcomes achieved when co-working is successful as a collaborative relationship include:

- achieving set goals
- participants getting something they wanted
- participants feeling their involvement mattered
- the pay-off for everyone exceeding the costs
- a fair and educational process.

(Abramson & Rosenthal, 1995)

In conclusion, our look into the importance of co-working relationships has convinced us that supervisors and workers should not simply allow these relationships to develop organically. When this has happened, they should maintain a close, critical eye on possible problems. Ultimately these relationships deserve to be developed systematically and with an awareness of the important practice and interpersonal role that they have in child protection social work.

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Working together to support families

Sally Moffatt discusses collaborative relationships from an early childhood education perspective

Introduction

The Intervening Early Programme (IEP) is an early childhood education support programme for families with young children who are deemed to be in an at-risk situation. Families are referred to this programme by a Child, Youth and Family social worker.

The social worker evaluates the situation and may find that the parents lack specific skills or knowledge, but with support mechanisms in place, it would be more appropriate for the children to stay in the care of their parents.

Areas of concern may include supervisory, emotional or educational neglect. There may be a history of high needs, including lack of parental knowledge, isolation, lack of understanding of children's learning and development and the need for effective behaviour management skills.

The IEP is a strengths-based support and education programme that specifically caters for individual needs. It supports families in their home environments and works one-

on-one to meet the children's and families' holistic needs. The programme is based on the formation of reciprocal relationships with clear boundaries and outcomes in place. All of the organisations and agencies involved with any family collaborate on the goals and strategies that are put in place to support the family. All

opportunities and support services in the family's community are utilised to provide ongoing support when the programme finishes.

The emphasis of this programme is to support the parents so that they have a greater understanding of

their children's unique learning and development. The programme allows time to visit with the family once a week for the first month and then fortnightly until the end of the programme.

Background

The family involved in the following case study resided in the greater Wellington area and was referred to our service by the local Child, Youth and Family office.

the programme is based on the formation of reciprocal relationships

The names of the family have been changed to protect their identities and privacy. In this article, the mother is called Jane, the father Robert, and the children Kevin (aged three years, five months at time of enrolment) and Bella (aged one year, eight months at time of enrolment).

Goal setting

A meeting between the Linmark regional support manager (RSM), the education co-ordinator (EC) and the social worker from Child, Youth and Family identified specific areas where support was needed for this family. There were indications of domestic violence while the children were present, controlling behaviour from the father, and general lack of cohesion and co-operation between the parents. A family therapist was currently working with the parents. It was agreed that the support programme would run for a minimum of six months. Three goals were set.

1. The Linmark EC would gain the trust of the parents so that a reciprocal relationship could develop.
2. Both parents would gain skills and knowledge so that they have an understanding of their children's learning, development and emotional needs.
3. The parents would be supported to build ongoing connections to their local community.

The Child, Youth and Family social worker and the Linmark RSM and EC met with the parents and children in their home. Discussion with the parents revolved around the children's interests and routines, and the expectations and goals of the parents for their children. Kevin attended Kohanga Reo and Robert was actively involved in this. There were some routine and sleep issues with both children, with no clear strategies in place to overcome these. Bella was becoming

independent and showed a caring empathy with her dolls. The children's play appeared to be controlled and the television was a major part of both children's lives. Observation showed Robert overtaking the children's play, by directing how they should use a toy and verbalising his expectations of the outcome of their play. This appeared to cause the children to be anxious about their play and to be overly active, flitting from one activity to another. There was a television in each of the children's bedrooms, with unrestricted viewing permitted particularly at bedtime. The television was on continually in the main living area, drawing the children's attention away from their play and holding their attention when others present were trying to interact with them. There appeared to be mixed messages and a lack of consistency by the parents when dealing with the children's sometimes unacceptable behaviour. The parents admitted to having different points of view about parenting, which often caused conflict, and confusion for the children.

Jane cared for the children full-time, and did not work outside the home. Robert was currently unemployed and spent most of his time at home. This appeared to be part of the problem, with Jane's role as full-time carer undermined by Robert, who wanted to control the family's everyday activities. It appeared that Robert made all the decisions in regard to the children, including their food, play, outings, routines and behaviour management, often overriding any plans or decisions already put in place by Jane.

Beginning the IEP

Following the initial meeting, the Linmark EC made an appointment to meet again the following week. Between these meetings, there was an escalation of conflict and the parents separated. The programme was then put on

hold until some decisions were made about the family's future.

Two months after the initial meeting, the parents reconciled and the Linmark EC resumed visits. The home situation had begun to change, as Robert was now working and Jane appeared more relaxed in her role as mother and primary carer. Jane's confidence appeared to grow now that Robert was not continually present. She was making decisions for herself and the children and was able to implement these without having Robert override her decisions. The Linmark EC was able to support Jane by acknowledging that her parenting skills and decisions were effective and benefiting the children.

The parents indicated that reading and books were not a big part of the children's lives. They had also noticed that Kevin was not as independent as Bella, particularly with self-care skills such as dressing. During discussions with the EC, the negative impact that the television had on how the children reacted and interacted was highlighted. It was agreed that the family's television viewing needed to be restricted. This decision was made initially to benefit the children, but it became apparent that it was a positive influence for all of the family, particularly at meal times, where there was now more group interaction.

Subsequent visits fostered the relationship between the parents and the Linmark EC, allowing them to open up and share their concerns. This provided the opportunity for the EC to build on the strengths of the parents in such a way that they were able to talk about what they saw as their issues and share their

successes. Following the television restrictions, the children showed more of an interest in books and reading. Although some books had always been available for the children, there had been no support or encouragement from the parents to read or have quiet story times. The parents now interacted and played with the children more at their level, and began to allow the play to be controlled by the children.

Some discussion revolved around the setting of reasonable limits and boundaries for the children. The parents acknowledged that they were often in disagreement over how to manage the children's behaviour, what is acceptable and how to deal with situations.

Strategies and written information were given to the parents on setting limits, planned ignoring and inclusive time out. Discussion revolved around recognising the triggers, managing behaviour in relation to the children's age and development, acknowledging each of the children's differences or uniqueness,

the importance of consistency, and the parents working together and compromising to avoid an escalation of any disruptive behaviour and confusion for the children. The children, particularly Kevin, appeared at times to be "overly active". He found it difficult to stay on task and focus on any one activity, and was continually on the move. When the EC visited him at his Kohanga Reo, the Kaiako mentioned that Kevin was often "not in control" and would not take responsibility for his actions. Kevin found it difficult to stay still and to concentrate even for small periods of time.

Television was still an issue, particularly for Kevin, but Robert had now recognised that the

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the negative impact that the television had on how the children reacted and interacted was highlighted

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television was one of the reasons that Kevin would not listen, carry out instructions or interact when others were present. Strategies implemented to replace the television viewing included playing games and music, going for walks, reading and more adult interaction.

The parents began to share what they noticed in relation to the children's interests. Resources and ideas were provided to support their interests and strengths, which in turn led to greater sharing and interest from the parents. Building from this, the EC was able to write about the children's learning journey: the learning behind their play and the importance of the processes to future learning and development. This provided a foundation for the parents' knowledge about the children's holistic development. Both children now attended Kohanga Reo and Jane was taking Bella to 'kindy gym' and utilising the library.

The parents began sharing with the EC opportunities and future possibilities for each of the children. They became receptive to new ideas and strategies, and began asking further questions and offering their own ideas. Jane started using the community resources and had recognised the importance of learning within their own environment. She was excited to share their adventures during the holidays, including bus rides, trips to the library and exploring their neighbourhood. Robert was now supporting Kevin and acknowledging his interests and strengths. He provided Kevin with some old phones and electronic equipment to pull apart and explore. Robert allowed Kevin to do this in his own way with no set outcome or expectations.

Robert and Jane were now co-operating with relation to routines and boundaries, and were able to discuss and accept each other's point

of view and use compromise when conflicts arose. They recognised areas that required further support. Jane had become more assertive and confident in her role as mother and primary carer. Robert had let go of some of the control and had begun to recognise and value the uniqueness of each of the children and the importance of allowing them to discover for themselves. Previously Robert had set ideas about parenting, with no allowance for the children's individual temperaments, personalities, strengths and interests. This level of control did not allow for the children to discover for themselves and made them anxious when exploring and playing as they may not have "got it right". The EC often guided and modelled positive play with the children so that Robert became aware of another way of parenting, one which assisted the children's learning and development, capabilities and confidence.

Conclusion

Written reports or 'Learning Journeys' were provided after each visit detailing the learning and development of each child – providing a history and record of their journey. Photo stories presented a visual record of learning and documented the children's voices. These were placed into a Learning Journal for each child and became a source of pride, interest and discussion for the parents, and a record for the social worker. A visit note detailed the parent's progress and provided a written basis to empower them from a strengths-based model.

The final visit note concluded that Jane and Robert were able to confidently share information, ideas and the positive aspects of their lives and discuss areas where they required further support. Along with the shared knowledge, Jane and Robert developed an

understanding of Kevin and Bella's individual learning. They could set objectives and goals for the children, and the EC was able to discuss the learning from these. The EC supported the learning by role modelling appropriate practice, which the parents acknowledged as being important to their understanding of the individual needs of the children. They recognised the effect that this had on the children's behaviour and learning. The most important aspect was the co-operation – Jane and Robert now worked together. They had some rules, routines and ideas that they both agreed on, and looked at everything with an open mind, focusing on their children's needs.

The changes in the family unit have been significant, particularly the calmness within each family member, which had been commented on also by the Kaiako at the Kohanga Reo. During the EC's visit to the Kohanga Reo, the Kaiako mentioned changes in Kevin's ability to now sit quietly, to co-operate and to be more in control of his actions. The EC always visits children in settings other than their homes, if possible, to observe them in another environment and from another perspective. It is valuable to have further input from other professionals, which allows an objective observation of the children's progress.

At the conclusion of the programme the goals were revisited with the parents and separately with the social worker. The social worker was kept informed of progress throughout the six-month programme, with a meeting at the half-way point. This meeting revisited the goals, provided feedback from the EC and RSM, and enabled the social worker to have an input into forward planning. This was also an opportunity to assess whether the programme was meeting Child, Youth and Family's expectations. The reports were sent to the social worker after

each visit and the EC followed this up with a telephone call. The social worker was able to be part of the process and to follow the children's progress, as well as that of the parents'. At the final meeting with the social worker, the goals were revisited and all parties involved discussed highlights and spoke about what had been effective. It was agreed that Child, Youth and Family had no further concerns about the family and would no longer be involved.

The issues and problems for this family were managed before a high level of outside involvement was needed. The parents needed support at a difficult time and, once they were past this stage, could use the long-term skills and knowledge they had acquired to continue to develop as parents.



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'I'm not an orphan'

Melinda Marjoram and Christa Fouche examine children's perspectives on experiences in a residential care setting

Introduction

Internationally there has been a decline in the use of residential care as a placement option for children in need of care and protection, resulting primarily from beliefs that children are best left in the care of their own families where possible. In New Zealand this is reflected in The Children, Young Persons, and Their Families Act 1989, which is based on the principle that 'whānau and families should be strengthened and maintained, should participate in decisions affecting the child, and (that) decisions made should encompass both the welfare of the child and the stability of the whānau/family' (Connolly, 2001). Recently debates have resurfaced about the use of residential care as a positive placement option rather than as a last resort for children's care and protection needs (Milligan, Hunter & Kendrick, 2006; Crimmens & Milligan, 2005). Irrespective of opinion about such debates, the fact remains that in New Zealand children are frequently placed into residential care settings, even if only for short periods of time, meaning there is a need for safe and high quality residential care to be made available in the care and protection sector.

As far back as 1977, concerns have been voiced in New Zealand about the lack of research in the area of residential care. A recent research project undertaken to collect information from the perspective of children about their experiences in a residential care setting was an attempt to fill this gap. This article will report on the results of this project against the background of international studies and existing literature on children's perspectives of residential care.

The project

A qualitative project was undertaken to explore a group of children's experiences and perspectives of life in a residential care setting. It has been influenced by the recognition of the importance of children's own views of their experiences as it has been argued that a necessary component of quality and safety in care 'is that children should have their concerns and views listened to and have their opinions and experiences taken into account in decisions about their lives' (Smith, 1997). It was a small-scale project involving seven children aged between 11 and 13 years living in a residential

care facility that provides medium and long-term care for children with care and protection needs. Though the project is limited in scope, it is the authors' belief that "listening to children" has provided a highly valuable pool of information which adds meaning to the way children experience life in residential care and which may be used to inform policy and practice. The scope of this article does not allow for an in-depth discussion on the dynamics of including children and young people as research participants.

Several themes emerged as significant when considering aspects the children identified, either explicitly or implicitly, as most important to them. It is significant that many of the key findings discussed in the context of these themes support those of larger-scale studies of a similar nature (CREATE, 2004; Dixon & Stein, 2004; Shaw, 1998) and reflect aspects highlighted in literature focused on residential care.

Security

The first theme of security refers to aspects of permanence, stability, safety, trust, belonging and the concept of home. Literature suggests that, although many children experience the negative aspects of being in care such as instability and multiple placements, a number of them view their care experience in a positive light (Ward, Skuse & Munro, 2005). Positive aspects include a greater sense of security and having someone to talk to (Shaw, 1998). Others acknowledge that, while not enjoying the experience, it improved life choices (Dixon & Stein, 2004). This mirrored findings of the project where a participant commented that living in residential care provided opportunities such as receiving pocket money and having their own room.

Security includes aspects of trust as well as safety. Shaw (1998) noted that participants in his study identified this as among the best three things about being in care. A participant in the project who had experienced an unsafe situation at home strongly expressed aspects of safety in care. This seems to relate to a better quality of life both emotionally and materially. These comments support findings from other research studies where participants identified positive aspects of being in care as including safety and love as well as improvement in material circumstances (Ward et al, 2005; CREATE, 2005; Shaw, 1998).

Findings from the project also suggest that security is influenced by the number of previous placements children have had as well as the nature of their experiences in their own families. Those who had experienced multiple placements demonstrated a particular need for permanence and stability. One participant in the project described the residential care setting as a place that (s)he related to as "home" even referring to the caregivers as being "like parents". The main desire was for safety, acceptance and a sense of belonging. Using words such as "comfort" and "feeling welcomed" reinforce this sense.

Attachment

One of the key areas of concern for children in care is the impact it has on aspects of attachment. For the purposes of this discussion, attachment is considered in relation to family background and relationships, as well as the importance of relationships with friends and peers, and caregivers and other staff in the child's life.

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Findings from the project suggest that for some children there is a longing to be with their parents that overrides all else. This is consistent with the view that 'the process of removing children from their parents, even where the parents are unwilling or unable to cope with the demands of parenting can be traumatic for children resulting in rage, grief, sadness and despair ... even among children and youth who are physically, sexually and emotionally abused' (Taylor & Smith, 1997). Most families desire to be together and to be happy. An Australian study highlighted the fact that contact with families was one of the most important things to children in care and that generally they wanted more contact than they were having. More importantly, it noted that for some children, lack of regular, quality contact with their birth family affected their schooling and emotional health (CREATE, 2004).

These studies also discovered that some children are relieved to be out of abusive or unsafe situations at home, despite missing family members (Ward et al, 2005). Some children view being in care as an escape from family or a troubled situation (Dixon & Stein 2004). One of the participants in the research project, even though (s)he is in close contact with family and still has a lot of involvement with them, believed that residential care was a more positive situation with "better opportunities". In contrast, two other participants, who indicated struggles in the area of attachment, still wanted to be with a parent. For these children, perhaps, their desire for this unfulfilled attachment to their own family is stronger than the need for security.

Relationships with friends and peers

Participants in some studies indicated that they didn't enjoy the care experience because they

were cut off from friends and had little say in when they could see them. Some children feel isolated from their friends (Shaw, 1998). One study of children's homes identified the solidarity that exists between children, giving residents a sense of belonging and identity (Berridge, 1985). Another study identified the socialising function children spoke about, as well as the sense of safety and belonging they draw from friends in the homes (Dixon & Stein, 2004).

Findings of the New Zealand project were interesting as it appeared that the most significant friendships for all participants were with people outside the residential care facility. Reasons identified by children tended to relate to the time spent with friends at school. This is not convincing, however, given that weekends, time after school and some school holidays, are spent with other residents. Such findings are clearly inconsistent with results of studies outlined above, which indicated that children identify with other children in residential care.

Significance of caregivers and staff

The literature describes a range of views about caregivers in residential facilities, which shows how important this aspect is in determining the type of experience a child has when placed into residential care. One study found that caregivers play a vitally important role in creating a sense of acceptance and belonging for children noting that children experienced this 'generally through someone sticking with them and not giving up on them, or making the effort to stay in contact' (CREATE, 2004). Another found that caregivers are seen as providing company and comfort with some children referring to feeling as though there is someone who 'understands' (Dixon & Stein, 2004). Findings from this project are consistent with these studies. Participants

who were happiest living in that care setting had secure and trusting relationships with at least one of the caregivers.

Difficulties are experienced in residential settings where carers work on a shift basis (CREATE, 2004). Similarly, a change of social workers has a negative impact on children's experience of the care system in general. Although some studies outlined positive relationships between children and social workers with participants valuing social workers' ability to act as an advocate for them (Ward et al, 2005), one study concluded that generally children did not have good relationships with social workers. Children commented that they are difficult to contact, they hardly see them and they don't know who they are (CREATE, 2004). Such findings were consistent with comments made by a number of participants in this project.

Identity

Findings from the research project suggest that children in residential care struggle with issues of identity for a number of reasons. First, those who had not known their own parents have very little sense of who they are. There is little, if any, family connection.

The preoccupation with this is similar to findings of other studies (Shaw, 1998; Dixon & Stein, 2004). It has also been noted that children want to be able to talk about and understand where they came from (Smith, 1997). For those children who are aware of their family background the fact that they have been removed means they may also struggle with self-esteem and lack of self-worth. These characteristics have been identified in other studies (Smith, 1997; Owen, 1996). Similarly, with respect to the project,

low self-esteem and other identity issues were implicit in participants' comments about the things they want to do when they are older. There was a sense that they have no confidence at all in their ability to achieve very much, which in turn affects their hopes for the future.

Confidence and self-esteem are also affected by comparisons made with children at school. The stigma associated with being in residential care emerged as significant in this project. A participant's experience of the stigma attached to being in care was accentuated by the fact that children at school knew (s)he was placed into care. Feelings of isolation and being different did not emerge as strong issues in this study, as they have in some others (Shaw, 1998; Owen, 1996; Dixon & Stein, 2004). As noted earlier, findings of this project suggest that children's closest relationships are with those outside the residential care facility.

Finally, children's identity is affected by the fact that they have been placed into care. For some this is exaggerated by having no understanding of the reasons. Findings of this project suggest that children would be far more secure if they were given such information rather than left wondering and at times blaming themselves for situations that are out of their control. Once again, this is consistent with findings of other studies (CREATE, 2004; Owen, 1996; Shaw, 1998).

Normalisation

Normalisation refers to the desire expressed by certain participants to be in a situation that feels as much as possible like "normal life" to them. Findings from this project suggest that for participants in the study some aspects of

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children in residential care struggle with issues of identity

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normalisation are important. One participant emphasised several times: “normally in another house ... you just ask and they’ll let you go out the front or something”. Another child stressed the desire to be able to do normal things when (s)he spoke of wanting to climb trees, ride a bike and be able to be alone outside. For those who mentioned not seeing their friends on weekends there was disappointment evident. Restrictions such as these, for some, appeared to accentuate their feeling of isolation (Shaw, 1998) and being “different”.

Participants in the project identified such things as taking part in extra-curricular activities at school, joining sports clubs, and being able to do things that they really enjoy doing as part of being “normal”. This is consistent with another study, which noted that most boys wanted to have the freedom to be involved in extra-curricular activities, as well as some freedom in choosing what they would be (Smith et al, 2004).

Autonomy

The concept of autonomy refers to those aspects identified by children such as the desire for freedom, the ability to make choices, and the sense of having some control and power over areas of their lives. This was found to be particularly significant for children in residential care (CREATE, 2004; Dixon & Stein, 2004; Shaw, 1998). In the findings from this project, the restrictions of life in residential care were identified as a problem, with several participants concluding that the facility was like a jail. Significantly, many children in residential care are dealing with issues of abandonment, grief and some form of abuse or neglect. It is not unusual then that they would express a need for “space” and the freedom to make choices for themselves. These participants were aged between 11 and 13 years and beginning

adolescence, adding to their increasing desire for independence.

Conclusion

It is apparent that children have much to offer policy and practice-related decisions on residential care in New Zealand. The lack of studies on outcomes, which are child-specific and reflect their perspectives on care, indicates a research gap.

The findings of the project were generally consistent with studies carried out with children in other parts of the world (CREATE, 2004; Shaw, 1998; Dixon & Stein, 2004). As far as we are aware, no studies of this nature have been carried out recently in New Zealand. This is a matter of concern. If we are to take seriously issues of children’s rights, policies about care and protection must be informed by current child-centered research.

The title chosen for the article, ‘I’m not an orphan’ is a quote and reflects the fact that, largely knowing who they are and where they come from, informs the identity of children in residential care. None of the participants in this study were orphans. For most, their memories of, or desire for, connections with their family – whether acknowledged by that family or not – did not disappear when they were placed into care. It is important that as people involved in the lives of these children, we demonstrate a commitment to providing a safe and high quality care environment that may contribute to these children positively surviving such an experience.

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Book reviews

Grandparents, Grandchildren and the Generation In Between

By Gay Ochiltrie
Published in 2006 by ACER Press,
Camberwell, Victoria
ISBN 0-86431-413-2
RRP A\$34.95

Reviewed by Rosemary Pitt

Dr Gay Ochiltrie, a foundation member of the Australian Institute of Family Studies, is well known for her social research on children in the context of their families. As a grandparent herself, she has found that her ideas about grandparenting have changed over the years.

In her latest book, Ochiltrie has brought together an interesting mix of research, personal opinions and quotes from interviews that she has conducted with grandparents from a diverse range of demographics.

The research is drawn from the US, the UK, Canada and Australia, and is incorporated into the text, providing a framework and guide to the way the changing role of grandparents over the last 40 years has warranted sociological interest.

The opening sentence sets the scene: 'Grandparents are everywhere, yet they are often taken for granted'. In many ways, it is a celebration of contemporary grandparenting, but it also offers a realistic picture of this phase of adult development. For some grandparents, this role may begin as early as their 30s.

This is a comprehensive book, and covers styles of relating to grandchildren, and the accompanying transitions, joys, stresses, complications, expectations, challenges and responsibilities, as well as discussing cultural differences and social issues. In identifying the many varied roles and 'duties' that grandparents, and in particular grandmothers, undertake, the author clearly outlines and examines some of the major issues for grandparents today.

There are now growing numbers of grandparents parenting grandchildren. This massive rise dates back to the early 1990s, and has been caused by a number of factors, including abandonment, neglect, abuse, and associated risks to children in parental lifestyles, such as parental substance abuse.

The unresolved issues arising out of these arrangements are clearly identified. These issues need to be raised and fully explored in social work practice, with increasing permanent and temporary placements of children with their grandparents.

Other issues explored include the relationships with grandchildren after separations, divorce and remarriage of the parents; legal rights of grandparents; the changing views on child-rearing and discipline; and the 'protective factors' that grandparents can bring to a child's life.

This is a helpful and important resource for all those interested in children and inter-generational relationships.

Rosemary Pitt is an adoptions social worker (and grandparent), Child, Youth and Family, Palmerston North.

Talking to My Mum

By Cathy Humphreys, Ravi K. Thiara, Agnes Skamballis and Audrey Mullender
Published in 2006 by Jessica Kingsley Publishers, London
ISBN 1-84310-422-3

Reviewed by Nova Salomen

In her foreword for *Talking to My Mum*, June Freeman discusses the changing nature of women's refuges. Initially refuges were set up to support women who wanted a safe haven from their violent partners. It soon became obvious that the refuges not only needed to care for women but for their children, too.

This resource has been developed from the perspective of refuge staff in the UK who worked with children whose behaviour ranged from being unnaturally quiet to extremely aggressive and angry. While workers began to notice how resilient this group of children was, it also became evident that the children brought a unique set of needs to the environment and required a specific response.

The Colchester and Tendring Women's Refuge and the University of Warwick formed a research team to construct a programme to support women and children who have been involved in domestic violence. This book is one part of the larger programme, specifically focusing on facilitating quality communication between children and their mothers in the refuge.

The workbook has been developed with the assistance of mothers and children who have lived through domestic violence. It has been designed to allow the participants to complete the activities on their own, but the authors recommend that there is someone available who the mothers can check in with and get support from.

There is a brief overview of what domestic violence is, with the main focus on activities. User-friendly characters such as Taz the tortoise, Prickles the hedgehog and Nibbles the squirrel guide readers through the book.

The illustrations are pitched at the children's level and make the workbook an accessible and practical resource with plain language and clear instructions. It is designed to support the mother-child relationship. Although the book is based on the UK experience, it easily translates to any culture.

This workbook provides a useful practical tool for mothers and their children who have experienced domestic violence, as well as providing activities that are focused on improving their immediate and ongoing situation. It is not restricted to a refuge setting and I recommend this book to any practitioner who is working with this client group.

Nova Salomen is a senior advisor, Child, Youth and Family, National Office.

Working with Anger and Young People

By Nick Luxmoore
Published in 2006 by Jessica Kingsley Publishers, London
ISBN 1-84310-466-0
RRP NZ\$47.95

Reviewed by Gavin Smith

'Anger is healthy. Anger is passion, resilience, being alive, engaging. Anger is sometimes an ethical response to a situation. It fuels creativity. It gets things done. Of course, the way anger is expressed matters hugely.'

Nick Luxmoore opens *Working with Anger and Young People* with a powerful acknowledgement

that anger itself is not a problem, but there are difficulties when it is expressed inappropriately.

Luxmoore has worked as a teacher, youth worker, school counsellor and trainer, and is also a registered psychotherapist, working with young people, often alongside other professionals. His experience and practice has been in the UK, and this book can't address New Zealand's predominantly bicultural policies and other cultural influences in our society.

Luxmoore's main methods for dealing with individual young people are through working with their anger and teaching them to listen to it, which enables them to deal with their anger in positive ways. It is not about suppressing anger and managing their responses, but understanding the emotion so it can be dealt with and personal issues can be resolved.

This book gives practical solutions and tips to everyday experiences and common issues that will assist young people in dealing with their anger in straightforward and simple solutions.

Working with Anger and Young People acknowledges how important it is to listen to young people and let them know they are heard. It explains how young people need the appropriate avenues and forums to have their anger heard. This means more than agreeing with them and sympathising. It is about respecting young people and telling them their feelings are valid.

Luxmoore believes rules need to be enforced and that young people need, and want, boundaries, but he writes about when it is appropriate not to enforce the rules and discusses particular cases.

Lastly, but certainly not least of all, Luxmoore writes about the anger felt by professional

workers and explains how to notice and work with our own anger.

I suggest this book is better suited to practitioners working with individuals, but, with helpful and practical case studies, it is useful for all workers who deal with young people.

Gavin Smith is a residential social work supervisor, Lower North Youth Justice Residential Centre, Child, Youth and Family, Palmerston North.

By Their Own Young Hand: Deliberate self-harm and suicidal ideas in adolescents

By Keith Hawton and Karen Rodham
with Emma Evans
Published in 2006 by Jessica Kingsley Publishers,
London
ISBN 1-84310-230-7
RRP NZ\$57.95

Reviewed by Dena Gray

In *By Their Own Young Hand: Deliberate self-harm and suicidal ideas in adolescents*, the authors maintain unhappy endings result if we fail to address deliberate self-harm and suicide at the ideas stage. Experienced social workers will probably have a similar reaction to mine when reading the first few chapters – I found it a challenge getting past the academic format. An unhealthy proportion of my Youth Justice clients present with suicidal ideation and I see evidence of deliberate self-harm on a daily basis.

Part one outlines a UK study carried out by the authors and a review of the international literature. The detailed discussions on research methodology are definitely not for the layperson and do detract from the key data.

Part two is still academically formatted but explores addressing self-harm in schools and in

the health system. This section also provides an analysis of available support and resources.

The chapters on schools and the health service will be of particular interest to social workers in these fields, as well as their colleagues in statutory agencies. The recommendations for further training and resourcing are practical, supported by the research and will easily translate into a New Zealand context. Suggestions made in relation to phone helplines, internet resources and the media warrant some further consideration and could generate some very worthwhile initiatives.

The appendices are excellent and do provide some useful resources. Although the authors are based in the UK, they have reviewed international research, including material from Australia and New Zealand. Appendix three, in particular, is easily adaptable and may be used with acknowledgement. The guidelines and checklists are helpful and relevant to social workers, school staff and health professionals, and are also accessible enough to be given to parents and other family members.

In the concluding comments the authors state 'One might regard the extent of self-harm and suicidal behaviour by young people in a society as reflecting the extent to which that society cares for and cherishes its young people.' Their aim of highlighting the actual issues and the true extent of the problem is a worthy one and they do succeed overall, but this book is not an easy read. I suggest you add this book to the staff library, start at the end and work your way back to a more caring culture.

Dena Gray is a Youth Justice co-ordinator, Child, Youth and Family, Tauranga.

Babies and Young Children in Care: Life pathways, decision-making and practice

By Harriet Ward, Emily R. Munro and Chris Dearden

Published in 2006 by Jessica Kingsley Publishers, London

ISBN 1-84310-272-2

RRP NZ\$131.00 (hb)

Reviewed by Lynn Riding

How are decisions made about children entering care? What are the outcomes for children placed in care? What are the reasons for, and effects of, multiple changes in placements? These are the questions that frontline social workers frequently ask.

Babies and Young Children in Care addresses the above questions through examining a study of 42 babies who came into care before their first birthdays and analysing the outcomes for them after five years. The babies reflect a demographic characterised by poor antenatal care and parenting skills, and neglect and/or abuse. The consequences of changes of caregiver and the time taken for permanent plans to be put in place are given careful consideration in this study.

In a chapter aptly titled 'Permanence: why did it take so long to achieve?', the authors note the disparity between securing a stable placement and formalising this with legal status, where timeframes of 18 months to two years were common. They also question the practice of using residential mother and baby assessment units where the babies have initially presented with high risk factors. They conclude that this sometimes tends to delay the decisions. Other factors that contribute to delay are

transfers, court timetables, obtaining expert (psychological) reports, and parents' solicitors raising objections and requesting additional expert reports. One of the key points raised is the 'intricate relationship between delay and instability. The longer very young children wait for key decisions to be made, the more likely they are to experience additional changes of placement and/or primary caregiver ... Putting off a decision is a decision in itself, and can have adverse consequences'.

Another cogent point made by the authors is the qualification of the principle of partnership in working with parents, where there is an obvious imbalance of power in the relationship.

The material is clearly organised, and the book as a whole is enlivened with examples that present the realities of the statistics. This is a useful and relevant resource, not only to those of us working in the area of permanency in Child, Youth and Family, but to every social worker who struggles with the complexities of finely balanced conflicting demands.

Lynn Riding is a permanency social worker, Child, Youth and Family, Waitakere.

***Enhancing the Well-being of
Children and Families through
Effective Interventions:
International evidence for practice***

Edited by Colette McAuley, Peter J. Pecora and Wendy Rose
Published in 2006 by Jessica Kingsley Publishers, London
ISBN 1-84310-116-5
RRP NZ\$77.00

Reviewed by Carmel McKee

Enhancing the Well-being of Children and Families through Effective Interventions: International evidence for practice is an example of collaborative writing, and brings together perspectives from the UK and the US about a range of interventions that have been shown to work in the child welfare sector. The broad areas covered in the book are:

- interventions with vulnerable children, young people and families
- therapeutic interventions with children who have experienced abuse or neglect
- foster care, adoption and transition to independence
- innovative approaches in schools and community programmes.

Within these areas, the authors focus on two or three specific topics, providing first a UK perspective and then the US, but draw no comparisons between the two countries.

This is an easy read – you can pick a topic and gain considerable insight without having to read the book cover to cover. Each chapter follows a similar pattern of exploring the topic, describing what research has occurred, examining relevant trends and where there are gaps, drawing some

conclusions as to what has been shown to be 'effective interventions', and suggesting where further research is required.

A common theme was that many interventions have not been exposed to any formal research so couldn't be included in the review. Of those that are, little had been comparative in nature and the use of control groups was small. The authors apply some caution when interpreting results and even if they can't state how effective a whole intervention is, they identify programme and intervention elements which appear to be working well and the areas that can be built on.

This book is relevant to a wide range of people. For social work practitioners, it is a useful way of keeping up-to-date with practice trends and building on effective approaches. For programme developers, a look at this book would help in programme design and improvements. For contracting services and policy makers, it provides insight into future directions for child welfare practice. Finally, for researchers, it provides an opportunity to learn from what has gone before, what gaps and pitfalls exist in the current research and the options for future study.

Recognising differences such as culture, history, social work approaches and legislation led the editors to bring together the UK and US experiences, and some caution must be applied if applying these findings to the New Zealand setting. It highlights the importance of considering local need when importing overseas interventions into the New Zealand child welfare scene.

I believe the book is relevant for the recent implementation of the practice framework in Child, Youth and Family. The book is evidenced-based and is helpful for informing social work policy and practice. The writers keep a strengths-based focus, and promote a collaborative and integrated approach to social work with children, young people and families, and in the community.

Carmel McKee is a practice advisor, Child, Youth and Family, Central Region.

CONFERENCES

IFCO XV Biennial International Foster Care Conference

When and where: 11 to 16 February 2007, Hamilton

There will be an exciting youth programme at the conference, which is hosted by the New Zealand Family and Foster Care Federation.

Plenary speakers include:

- Judge Mick Brown (NZ): retired Principal Youth Court Judge, Māori, and raised in foster care
- Donna Meehan (Australia): fostered, adopted, educated – and isolated from her Aboriginal roots
- Professor Emily Jean McFadden (USA): over 30 years experience working with families as a foster parent, kinship carer, therapist, consultant, trainer, author and advocate
- Sandra Alofivae (NZ): Samoan, a Families Commissioner with many years of legal experience specialising in family and youth law, and community service
- Judge Peter Boshier (NZ): Principal Family Court Judge

Panel on Professionalism: This will be chaired by Jill Worrall (NZ) and includes Andrea Warman (BAAF), Paul Delfabbro (Australia), Fredrik Ingvarsson (IFCO) and Mike Munnely (CYF)

To access the registration form, please go to www.ifconz07.org.nz

For further information:

Phone: 0800 69 33 23

Web: www.nzfostercare.org.nz

The Social Policy, Research and Evaluation Conference 2007: Connecting hearts, minds and lives

When and where: 3 to 5 April 2007, Wellington Convention Centre, Wellington

Conference theme: Investing in social success

Come and share ideas and debate with leading social policy practitioners, researchers and evaluators from New Zealand and around the world.

Sub themes:

Social investment: making investment decisions, a view from the inside

Social dynamics: opening the door to the future, bridging the cultural divide

Enduring social challenges: learning from our past to better the future of our families

Global context for social policy: challenging global trends – local solutions

Key dates:

Registrations open: register online now (Note: Late Registration fees will apply after February 16th)

Keynote speakers' profiles available online: December 2006

Programme available online: January 2007

CRESA Postgraduate Student Poster Competition: 2 February 2007

Investing in Social Success Open Poster Exhibition: 9 February 2007

To register, or for more information: See www.msd.govt.nz/social-policy-conference

Email: arna@conference.co.nz

Phone: (03) 379 0390

**Foster Carers/
Social Workers/Youth**

**IFCO XV Biennial
International Foster Care
Conference**

Hamilton 11-16 February 2007

NZ Family & Foster Care invites you to join us and be inspired by new learning and networking opportunities about foster children and those who care for them. While we each face different challenges in our own countries, research shows that common themes exist internationally.

**Exciting Youth Programme for Young
People aged 13-21 years old**

*Down Load Registration Forms online
www.ifconz07.org.nz*

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Auckland University of Technology (AUT) offers an established programme of study for graduates who wish to gain specialist knowledge relevant for working with children and adolescents who have emotional, social or behavioural difficulties.

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*For further information contact Course Information Centre, AUT University
Phone: 0800 AUT UNI (0800 288 864)
or email: courseinfo@aut.ac.nz*

SOCIAL WORK NOW

Aims

- : To provide discussion of social work practice in Child, Youth and Family.
- : To encourage reflective and innovative social work practice.
- : To extend practice knowledge in any aspect of adoption, care and protection, residential care and youth justice practice.
- : To extend knowledge in any child, family or related service, on any aspect of administration, supervision, casework, group work, community organisation, teaching, research, interpretation, interdisciplinary work, or social policy theory, as it relates to professional practice relevant to Child, Youth and Family and the wider social work sector.

SOCIAL WORK NOW 2007

Deadline for contributions

April:	23 February
August:	8 June
December:	12 October

Please note: the April 2007 issue will feature papers from the 2006 international conference on the family group conference. The August 2007 issue will focus on practice related to family violence. December 2007 will be a general topic issue. We welcome submissions now for the August and December issues.



Social Work Now

INFORMATION FOR CONTRIBUTORS

Social Work Now welcomes articles on topics relevant to social work practitioners and social work and which aim to promote professionalism and practice excellence.

We appreciate authors may be at varying levels of familiarity with professional journal writing and for those less used to this style, we hope it won't be a barrier to approaching *Social Work Now*. We are always available to talk through ideas and to discuss how best to present your information.

Contributions are welcomed from social workers, other Child, Youth and Family staff and professionals working within the wider field. Articles can include accounts of innovative workplace practice, case reports, research, education, review articles, conference and workshop reports. We also welcome articles written specifically for one of the regular columns such as recent research, legal note or book reviews.

All articles will be considered by two members of the journal's editorial advisory panel and the editor. (Exceptions may occasionally arise if a specialist authority, with knowledge outside the panel's expertise, is called upon to supplement the advisors.)

General guidelines

- : All work must be the original work of the author/s, have altered names and other details to protect client confidentiality. Please show (where relevant) that any case study has been followed up over a specified period and that the outcome remains the same as that described in the article.
- : Material that has been published elsewhere will be considered but this must be acknowledged. Preference will be given to original submissions.

: In most instances, copyright rests with *Social Work Now*/Child, Youth and Family.

: *Social Work Now* does not hold itself responsible for statements made by contributors.

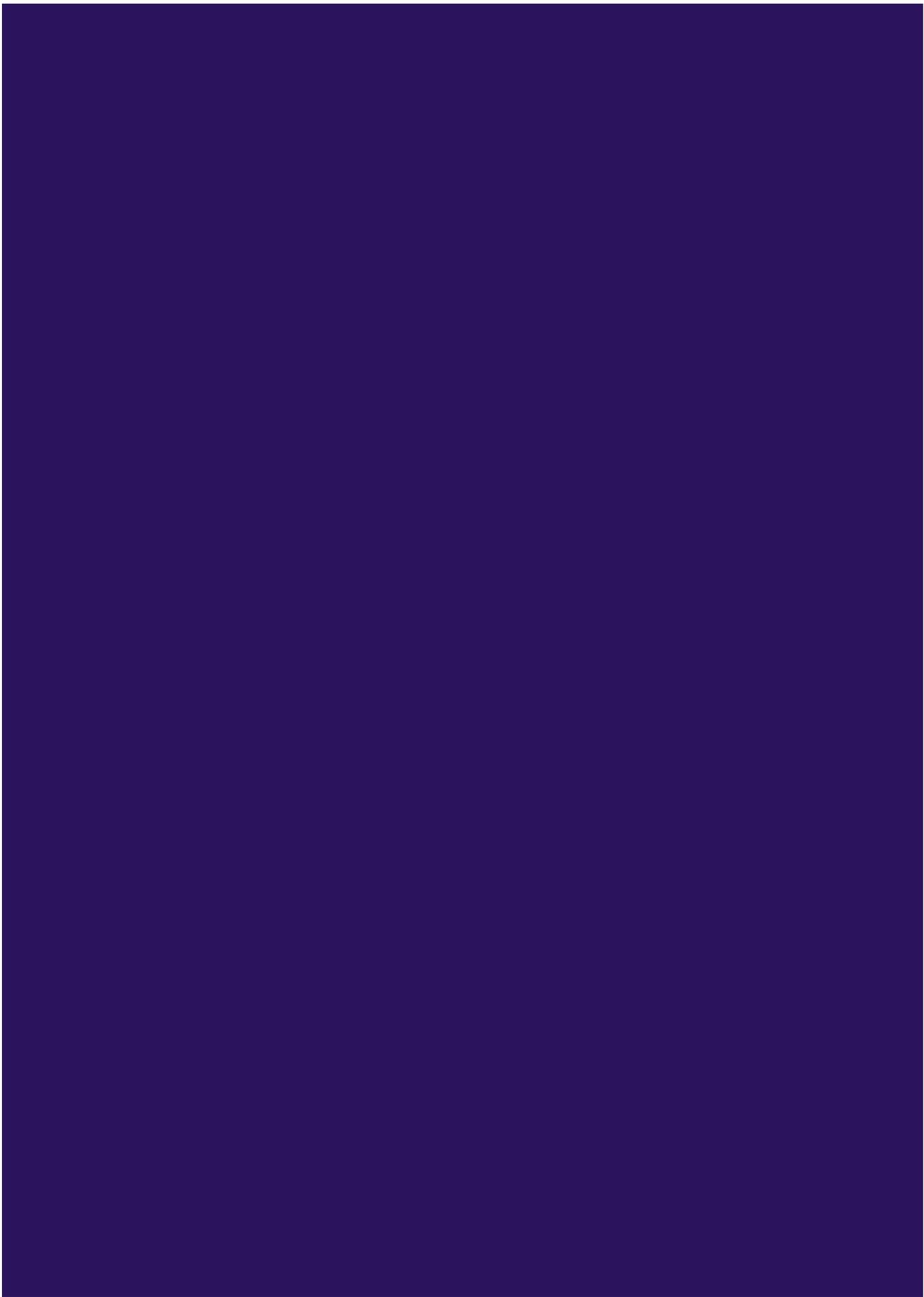
: Please send one hard copy of each article, double spaced on A4 paper and on one side of the page only. On a separate sheet of paper give details of your name, work email address, position and other work experience which is relevant to the article. Email submissions and queries to the editor at Bronwyn.Bannister002@msd.govt.nz. Please note the maximum word length is 2000 words (unless otherwise negotiated).

: Please keep notes to a minimum and for referencing format, please contact the editor or check out the style in this issue. References should be pertinent to the text and not a complete review of the literature (unless that is the purpose of the article). Photographs and illustrations are always welcome (black and white or colour).

Research guidelines

Social Work Now particularly welcomes articles drawing on research undertaken by Child, Youth and Family staff, but requests that any original research has received clearance and approval through official departmental channels. All research by Child, Youth and Family staff must be approved by the Research Access Committee.

For further information on this or on any of the guidelines, please contact the editor at Bronwyn.Bannister002@msd.govt.nz.



future direction for Child, Youth and Family
emotional intelligence theory in social work and supervision

Risk Estimation System in practice

co-working relationships between professionals

collaborative relationships from an early childhood education perspective

children's experiences in care



child, youth
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A service of the Ministry of Social Development