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THE COVER DESIGN: The four sections of the front cover represent the four cornerstones of the Māori concept of health: te taha tinana, te taha hinengaro, te taha wairua and te taha whānau. If these faculties are adhered to and kept in balance then life will be in balance. Also appearing in the design is a stylised face with eyes at the top, nostrils in the middle and mouth represented by four "teeth" at the bottom. The kanohi is representative of all who work in the varying fields of the Children, Young Persons and Their Families Service.

Editorial

Local solutions to local problems

I have initiated a number of one-day conferences all around New Zealand based on the theme local solutions to local problems. The purpose of these conferences is to gather together all those who are involved in juvenile justice in that particular area, including judges, lawyers, social workers, police youth aid officers, community workers and educationalists. In fact, as these have developed, a wider range of people has been coming to the conferences, including those involved in paediatrics and youth health generally, community funding agencies, university people with an academic interest in this area, and others.

We have now run five of these conferences in Whangarei/Far North, Tauranga, Invercargill, Dunedin and Gisborne and I have been delighted at the response.

Part of the purpose was to gather together everyone with an interest in the subject so we could identify to others who is doing what in the area. It is amazing how much we all work in isolation and do not understand parts that others play.

Another aim was to identify the patterns of local difficulties so they can be targetted effectively on a team basis and dealt with on a preventative basis.

I think it is very sad that all of us are so busy simply reacting to juvenile crime that, unless we are careful, we can miss the opportunities for preventing crime in the first place. We will help victims better if we prevent them from being victims in the first place.

Every area has shown its own strengths and its own problems. In some areas there is very good teamwork which has been responsible for the early targetting of youth-at-risk through effective programmes and early interventions.

In other places there are excellent programmes which are beginning to have a profound effect on the young people they are designed for. I mention particularly the community intervention programme in Dunedin which involves mentors getting alongside young people, assisting with education and work opportunities, helping with problems, identifying where the strengths and opportunities within the community can be useful and then introducing young people to them.

This of course does not mean that the vital work of setting up good family group conferences, inviting and supporting victims, and doing the good basic professional work in all its aspects should not also be celebrated. One aspect of the conferences so far has been the emphasis on good basic practice. Another emphasis has been on the truancy projects being in each area.

New associations

We have had enthusiastic support and large numbers of people attending the conferences. In three areas it was decided to establish a youth justice association to hold regular team meetings to enable participants to continue working together, to identify problems and to look for local solutions.

I am delighted at this response and I am looking forward to covering the rest of the country on a gradual basis this year. I am also very grateful for the generous response so far from very busy people.

Following recent publicity, which was divisive in its nature, I believe it is even more important that these conferences happen now to restore the ideal of everyone working together, to target the causes of offending wherever possible and to put effort into preventive practice. Individually we can achieve very little. Together we are only limited by our combined wit, imagination and

energies and it is impressive to see the outcomes that have been achieved.

For those of you who have not yet had a conference in your area and are interested in juvenile justice, I urge you to attend these conferences and contribute in the ways that I have outlined. ■

David Carruthers

Principal Youth Court Judge

Social Work Now 1997

Deadline for Contributions

December issue: 15 September

April 1998 issue: 4 February

August 1998 issue: 8 June

Letters

Recording iwi affiliation

HAVING AN interest in iwi social services development, the article in your April 1997 issue entitled *The policy and practice of recording iwi affiliation* was of particular interest to me. The rationale for capturing ethnic or cultural data has been debated in the business and private sector for some years now, and most government departments collate some form of client information that sectors out Māori or Māori/European hybrids.

In November 1995, Cabinet directed that "any government agency which has a responsibility for delivering services to Māori has a responsibility to establish and maintain adequate data collections for the purpose of assessing improvements in outcomes for Māori". Therefore the primary objective of any such agency's database is firstly an ability to measure improvements in services that close the social and economic disparity between Māori and non-Māori. The secondary role of the database allows for the collection of client information such as iwi affiliation, to enhance the use of professional tools such as genograms by workers.

Despite a mountain of policy pertaining to iwi social services and the advantages of biculturalism within the Department of Social Welfare, the article recounted a number of practice deficiencies which are not restricted to the Porirua office or even our Service. Of overall concern to those committed to the development of iwi social services has been the continuing poor performance of social workers and coordinators in identifying or recording the iwi affiliations of Māori clients. This poor performance has a direct impact on the ability of iwi social service providers to provide an economic service, in that the level of resources available for transfer is linked directly to the numbers of CYPFS clients who identify as belonging to that iwi group. A further consequence of this poor performance has been an increase in the number of Māori children diverted from kin placements and placed within the care of non-Māori merchant caregiver agencies. The ease with which this practice has become commonplace would seem to be in breach of the objects and principles of the legislation we work under, and the professional code of ethics under which we are bound as social work professionals.

The issues related to best practice are less about what qualifications our staff should have and more about what service entitlement our clients should be able to expect. If we are to achieve best practice in recording iwi affiliation then we could also show that those clients who identify an iwi affiliation are guaranteed a higher standard of professional casework practice than those who are recorded as generic Māori.

Best practice in this context should provide a level of service entitlement that Māori clients

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can expect from this agency, which is clearly spelled out in the objects and principles of the CYP&F Act of 1989.

Hei whakamutunga e hiahia ana ahau ki te mihi kei a koe Kuni te taumata whakāro o Te Whānau ā Apanui. Mā rātou te ki *"e hoki e te manu ki tō pae tunga, ki to kōhanga ōranga; hau manu, hau miri, hau kainga"*. Pēra mea te tikanga kei muri tā mātou mahi whakakapakari whānau. ■

Richard Bradley Senior Advisory Officer, CYPFS national office

Harry Wilson, National Manager, Practice Policy, replies:

I certainly concur with the observations made by Richard Bradley in his letter to the editor concerning the policy and practice of recording iwi affiliation.

The recording of iwi affiliation is critical to good practice and to ensure the wider social goal of ensuring better outcomes and the targetting of resources for Maori. It is also important to note that in the shift towards iwi social services, we acknowledge the good work which has been undertaken by current providers of child and family support services for many years.

I am pleased to see this matter debated and hope that this leads to an improvement in practice.

Kin-based care and permanency: Two sides of the same coin

Annabel Taylor looks at best care practice and shows how the CYP&F Act supports both a permanency and a family preservation focus

While a primary impetus of the Children, Young Persons, and Their Families Act 1989 (CYP&F Act) has been to keep children and young people within their own families, there are still circumstances where this will not be possible and alternatives need to be found. These alternatives may include placements within the wider family group or an out-of-family situation. The national Care Management Project and the care reviews carried out in selected areas have highlighted the need for a clarification of the principles relating to the best practice that underpins all care placements. This article revisits these principles, particularly permanency and kin-based care.

Permanency placements are designed to help children live in families that offer continuity of relationships with nurturing parents or caregivers, and the opportunity to establish lifetime relationships. Permanency planning is the systematic process of carrying out a set of goal-oriented activities within a brief, time-limited period to achieve this outcome.

Kin-based care is the full-time nurturing of a child by relatives or members of their whānau, hapū, iwi or family group when that child has to be separated from their parents or usual caregivers. The care arrangements may be made informally between family members or may involve the formal intervention of the Children, Young Persons and Their Family Service (CYPFS), iwi social services or child and family support services (CFSS). It is the preferred placement option.

Kin-based care is not new. Harnessing family resources is consistent with the value structures common to Māori and non-Māori that see families taking care of themselves. While geographical mobility, isolated nuclear family structures, sole parenting, financial stress and detribalisation may have decreased the extended family's responsiveness to its members, family mutual aid is still frequently explored as the first option in time of crisis. The CYP&F Act builds on these natural responses to stress by involving family, whānau, hapū, iwi and family groups in decision-making processes about children and young people in need of care, protection or control.

It is perhaps useful to consider that if we fail to address the protection issues for a child they may be seriously injured or die. If we fail to attend properly to their care needs their "soul" may wither from a lack of love and sense of belonging, cultural isolation and an absence of commitment.

The CYP&F Act has still to realise its maximum potential with regards to care services provided by the Service. While it is evident from the work being done in some areas that it is possible to have low numbers of children and young people in out-of-family care, actually achieving this outcome takes constant reference to, and a focus on, the principles underpinning the Act.

Principles of the Act in relation to care

The CYP&F Act provides a comprehensive model for dealing with the care and protection of children. Put simply, it supports family solutions for family problems, with clear implications for the "care" side of care and protection. The legislation shifts the emphasis

away from longer-term care placements towards restoring the usual caregiving arrangements.

The care and protection principles (s5 and s13) give guidance about care arrangements for children and young people who are separated from their usual caregivers by interventions under the Act, and provide the basis for Service policy guidelines.

As a first option, children and young people are to be placed within the family, whānau or family group. If this is not possible, then priority should be given to someone from the extended family, preferably living in the same locality as the child.

If this second option is also not achievable, the child should be placed in an appropriate family-like setting, in the same locality, where links to their family, whānau, hapū, iwi or family group can be maintained and strengthened. The child should be given an opportunity to form a "significant psychological attachment" to this caregiver in a "new family group". This will help the child to develop a sense of belonging as well as maintaining their sense of continuity and personal and cultural identity.

In determining care placements, priority should, where practicable, be given to someone with the same tribal, social, ethnic or cultural background as the child. The decision should also be made and implemented within a time frame appropriate to the child's sense of time and development.

This focus on the principles underlying good care practice needs to be the driving force for CYPFS social workers rather than fiscal constraint. However, the two are not mutually exclusive. In fact, it is entirely appropriate to make every effort not to bring children and young people unnecessarily into the care of the state as well as ensuring that a child's placement will become permanent if a return home proves impracticable. The current move to persuade long-term, non-kin carers to consider permanency (which would build on their existing emotional commitment) through a legal commitment to a child may also produce cost savings for the Service. In these circumstances analysis is needed of the implications – from the child's perspective – of guardianship rights being given to a caregiver, encompassing how that young person views belonging to this "new" family. The issues surrounding this policy are complex and far-reaching.

Achieving low numbers of children in out-of-family care requires a social worker to be highly skilled in their roles of planner, facilitator and monitor, although kin-based care should not be made at any cost. Kin-based care is the focus of social workers seeking placements, but there will be times when it is not a viable option. Some children will also be hard to place anywhere, so the romantic notion that "blood is thicker than water" needs to be actively dispelled. Some of the problems these children or young people face are:

- grief and loss
- attachment difficulties due to their age (it is not easy for children aged nine and over to attach to, and integrate into, new families)
- attachment disorder[1]
- challenging behaviours (including sexual abusing and Attention Deficit Disorder)
- difficulties with managing disabilities
- emotional and psychiatric problems
- parents who actively undermine the placement.

The absence or shortage of good services to handle these difficulties needs to be dealt with by the caregivers in partnership with the child's extended family and the social worker. It is crucial for social workers not to desert the families who are providing care by letting them "get by as best they may". Early on, the social worker must also make a realistic, professional assessment of the family's ability to cope with any challenging behaviours. In addition, the child's parents may present their relatives with new challenges as family dynamics shift following the placement.

Both CYPFS and CFSS report increasing difficulties recruiting sufficient, suitable families to act as out-of-home caregivers, perhaps as a result of social trends toward two-

income families and sole parenthood. There is a similar problem locating kin-based caregivers. Some extended families, experiencing social stress, are unable to absorb all their children and young people without considerable support and assistance. Planning for, and preventing, potential difficulties in kin-based placements must be an integral part of the social work role.

The law, care policy and practice

The CYP&F Act followed what had already become accepted philosophy and practice in care, that is, to look first to strengthening the family, secondly at care within the extended family, and finally to care outside the family, having made every effort towards eventual family reconciliation.

The following is a brief overview of the legislation and the essential elements of care policy and practice.

Children and young people may be in the care of the Director-General as a result of any of the following processes:

- voluntary agreement with parents or the usual caregivers (ss139,140,141)
- powers to remove by warrant/s (ss39, 40, 41), (police or social worker)
- search without a warrant by the police (s42)
- orders of the court, under care and protection provisions of the CYP&F Act (ss78, 101, 110)
- orders of the court under other enactments (ss12, 13, 20)
- the Guardianship Act
- the Adoption Act (ss7(4), 8(2)).

Care placements

Part vii of the CYP&F Act sets out the provisions for children and young people in the care, custody, or guardianship of the Director-General, other people or agencies. Current policy guidelines written to underpin this legislation describe two types of caregiving placements; caregiving for a specific period of disruption and caregiving for a new family set-up.

Caregiving in relation to a period of disruption

The temporary separation of a child or young person from their usual caregivers may be required because of:

- physical abuse
- sexual abuse
- emotional abuse
- serious deprivation
- temporary family breakdown
- behaviour problems
- parenting difficulties
- inadequacies in the usual caregivers
- physical/mental/health problems
- need for respite/intermittent care.

The focus of caregiving during a period of disruption is to return the child to their parents or usual caregivers in an appropriate time frame and to minimise the effects of the disruption.

Caregiving in relation to family constitution

Family consitution caregiving aims to provide a child with a permanent "new" family. Constitution may be necessary for the following reasons:

- after intensive effort, it has not been possible to return the child to the care of their parents, guardians or usual caregivers
- a child or young person has been under the guardianship of the Director-General for so long that their family ties are effectively broken and they cannot be returned to the family's care in a time frame appropriate to their age and circumstances.

Sometimes caregivers are specifically recruited to become a "new" family for a child.[2] While the constitution, or legal underpinning, of this new family is being processed there will be a transition period when the family acts on behalf of the Director-General. Constitution is initially via orders awarded to the Director-General and may continue until a legally endorsed partnership has been established between the new family and the child's family/whānau.

Interpretation and application of relevant legislation

If staff have absorbed the principles set out in the CYP&F Act, permanency planning and good care practice will be a logical consequence. Training currently being developed as a result of the Care Management Project reaffirms the link between the philosophies of the Act and the practical realities of putting these into practice for every child and their family group.

It is crucial to restate the concept implicit in the Act of "working with" families, rather than "dealing with" them. Under the stress of high workloads, it can be easy for social workers to see processes as something routine to be achieved, rather than as an important milestone in the life of an individual child and their family. Examples of this can be found at all stages of the care continuum (see fig one).

Fig one: The care continuum

Threatened disruption	⊖	Actual disruption	⊖	Return to family	⊖	Constitution of a new family

It is important for social workers and supervisors to develop a clear vision of where the child in care fits on that continuum. The tasks for a situation where normal care has been disrupted will be different from those where a permanent, reconstituted family is being established. If a social worker has any doubt about the potential for family reunification, they could consider using concurrent planning. Concurrent planning works towards family reunification while simultaneously establishing an alternative plan for permanent care elsewhere (Katz 1996).

Without clear planning and goals, children can move very readily into a "drift" situation (Katz and Robinson 1991). Not to do this work is an abdication of the role of the social worker and a missed opportunity for important relationship building among the three main parties (child, agency and family) (Smith 1997). Developmental considerations must also form part of the plan. Children do not have unlimited time to wait for their usual caregivers to resolve their problems so informed hard decisions must sometimes be made. Adolescents tend to be developmentally beyond attaching to a new family and require different solutions to their need for care. The new care guidelines currently being developed by the Care Management Project will give advice on when reintegration into the family of origin is likely to fail.

New Zealand has moved from a pre-Act model of establishing permanency for children via non-family placements, to a family preservation model where the emphasis is on interventions that reinforce a child's connectedness to their family or whānau wherever possible. However this is not the sole focus of the Act. When reintegration with parents or permanent placement with family or whānau proves impossible, social workers must integrate these two models using the tools provided by the legislation to ensure that all children in care clearly know the answers to two questions:

- Who loves and cares for me?
- Where do I belong until I am independent? ■

Annabel Taylor is currently the Manager of the Care Management Project at CYPFS national office. This follows a three-year secondment as private secretary to the former associate minister of social welfare. Prior to that, Annabel was a care and protection coordinator at Porirua.

Notes

1. Perry 1996, 1997.
2. eg Auckland Permanent Placement Unit.

References

References have been omitted due to space considerations and are available on request from *Social Work Now.*

A new era for supervision

Supervision has a key role to play in the professionalisation of social work, as **Liz Beddoe** demonstrates

The application of market forces to the welfare sector (including competition, contestability, contracting and diminished funding of strictly defined policy objectives) has exerted a significant influence on the social work profession. Social workers in the public service have been subject to considerable scrutiny and have needed to focus on retaining professional identity during a period of intense change and challenge.

The main focus of management has been on maintaining services under a regime of severe financial constraint. An emphasis has been placed on complex recording, statistical data collection and targetting professional activity towards carefully defined service outputs. The resulting strict regulation of activity has at times undermined the ability of social workers to stay up to date with professional literature and research, have regular clinical supervision, manage personal professional development and participate in professional standard setting (Uttley 1994; Beddoe and Worrall 1997).

Social work supervision has suffered greatly in this context and become increasingly focused on administrative and managerial services to the neglect of educative and support functions (Morrison 1993; Beddoe and Davys 1994; Payne 1994). This article examines current issues for supervision, the impact of organisational culture on supervision practices and the need for supervisory education and training.

Current issues in supervision

Payne, in 1994, commented on the threat to the future of professional supervision posed by managerialism. He suggested three possible scenarios:

- A breakdown between professional and administrative supervision as part of a resurgence of professional consciousness.
- The reconciliation of professional and managerial supervision with an explicit focus on quality assurance.
- A rejection of the professional aspects of supervision.

My concern at that time was that we may have been facing the last scenario: a complete departure from personal professional supervision. The New Zealand Association of Social Workers (NZASW) was frequently asked to advocate for social workers as they struggled to assert their right to competent supervision. Perhaps these private struggles about access to supervision represented "the first few sparks of a resurgence of energy for social work itself" (Beddoe and Davys 1994).

Over recent years, however, social workers have not passively accepted the impact of management reforms. Indeed, in New Zealand there has been a resurgence of proactive professional advocacy. After decades of inertia, social workers have participated in a flurry of activity around competency assessment, training for supervision and staff development roles, on-going professional education, and even that most controversial of issues – professional registration (Beddoe and Randal 1994).

Membership of the social work profession needs to be carefully defined by participation in the profession itself rather than by

employment in an agency. Until there is a virtually unanimous acceptance of the need for external legitimisation of social work practice, we can claim only partial or emergent status as a profession. There is still a relatively poor understanding of these issues within social work at large.[1]

Supervision has traditionally been ascribed three main functions: administration, support and education (Kadushin 1992). Whatever terms are used, the distinction between administrative and clinical supervision is vital. In the past decade the most neglected aspects of supervision have been those that articulate the relationship between the worker's inter- and intra-personal issues and their work with clients. Brown and Bourne (1996) write that in the current climate "the *process* of the work in the personal social services tends to be downgraded, and regarded as less important than the *product* – in our view a false antithesis". What we feel, what clients might have felt and how we as supervisors feel about our roles, those we supervise and what they bring us, are secondary to the preoccupation with content, procedures and reporting demands.

There are on-going challenges for the development of excellence in social work supervision. Not least is the need to encourage and support the development of new models relevant and effective for Māori practitioners in both team and roopu structures. It is important that new initiatives to provide kaupapa supervision training for Māori practitioners are well resourced and fully validated.[2] Traditional peer and group supervision models do not automatically translate over to a different cultural milieu and much work will need to be done to research, develop and nurture new approaches for both tangata whenua and tagata Pasifika practitioners.

As social workers move into different fields of practice there will be a need to adapt and develop new models for new environments. In school social work, for example, sole practitioners will need to explore how to meet their needs for both supervision and professional development as they blaze a trail with a tiny peer group (Garrett and Barretta-Herman 1995).

Organisational culture and the state of supervision

It is important to recognise the impact of an organisational culture on supervision practices as we welcome a new era of commitment to social work supervision. It is clear that the best and worst features of an organisation accompany us into supervision. Hawkins and Shohet (1989) have described four environments where supervision struggles to be effective: the personal pathology culture; the bureaucratic culture; the "watch your back" culture; and the crisis-driven culture.

In many agencies in New Zealand supervision currently occurs in an environment where crisis and bureaucratic cultures blend. There is a striving for efficiency and task-orientation which is constantly undermined by a shortage of resources, intensified financial audit, public scrutiny and political interference (Beddoe and Davys 1994). In this atmosphere it is too easy for supervision to be reduced to "a rush to find tidy answers" (Hawkins and Shohet 1989).

However there is also a fifth organisational culture where the promotion of learning and staff development can create a climate where reflective practice will occur and where learning and supervision are valued and can thrive. Four main factors underpin the creation of such an environment.

First, there is a need for congruence between theory and practice. Theory in action requires a genuine will to implement policy that is adequately resourced; nothing will kill a great policy faster than staff cynicism about whether resources will match policy intentions.[3]

Second, supervisors need training and a system of assessment and reward for their own personal development. Validation of supervision as a specialist field of practice is vital to ensure a thriving supervision culture. Supervisors should be encouraged to contribute to the academic development of unique and indigenous models of supervision.

Third, managers need to demonstrate their commitment to change through their own supervision, regardless of their status, and

through a continuation of their own personal professional development.

Finally, the organisation needs to be brave enough to enable staff to participate in professional activities outside the home base. Supervision is a professional behaviour of significance beyond the boundaries of an agency. Strong intellectual professional relationships and external networks should be encouraged to break down the myths and blockages both inside and outside stressed organisations.

Implications for training

While it is encouraging to see organisations such as the Children, Young Persons and Their Families Service (CYPFS) developing strong supervision policies (CYPFS 1997), it is important to do a little careful deconstruction of any new policy initiatives. Improved support and training for supervision will not be a panacea for all that ails social work. It is vital to remember that these changes arise in a time of ferment about the state's role in welfare. We are unlikely to get the cash injection we hope for. Instead, tinkering may be encouraged which could lead to increased scrutiny of individuals and their shortcomings, rather than adequate resources to do the job.

The United Kingdom experience has seen huge political interference in decision-making about training, supervision, practice issues and policy implementation to a much greater degree than we have been exposed to in New Zealand. Increasing regulation of social work and social work education in the UK is apparently "aimed… at controlling rather than empowering flexible and sensitive practice, and at silencing voices which would seek to question policy developments and reforms" (Preston-Shoot and Jackson 1996).

Accordingly, we need to recognise that we can only deliver our best within the limitations imposed on us. Let us not unwittingly place all of the responsibility for performance and quality on the shoulders of supervisors, simply because we have policies which advance their potential to make a difference.

> Until there is a virtually unanimous acceptance of the need for external legitimisation of social work practice, we can claim only partial or emergent status as a profession.

If supervision practice is to be developed and enhanced in New Zealand, good educational programmes will be required. There is no information about how many supervisors currently in practice have had access to training. Supervisors, potential supervisors and practitioners (as consumers of supervision) have different training needs. Training for supervision needs to be delivered at the following three levels[4]:

Level 1. Graduates and inductees

All staff need to share a common understanding about what supervision is. This should be taught within pre-service education. Information about supervision should be given prior to first placement, discussed and assessed at the end of the first placement and debriefed back at the social work school afterwards. Further input can be provided for near-graduates aiming to achieve some competence at supervision and as an informal peer supervisor. A good grasp of the role of supervision, along with a commitment to it as a mark of professional identity, is a key indicator of potential in a new social work graduate.

Level 2. Senior practitioners

At the point where an experienced staff member is identified as having supervisor potential, or becomes a senior practitioner, their motivation is extremely high. Training at this stage can focus on making the following links:

- Reflecting on their experience as a student supervisor as well as a self-assessment of their current strengths and weaknesses.
- Reflecting on their current experience as a consumer of supervision.
- Conceptualising some core theoretical models of supervision, such as four-phase

supervision, process models, developmental model, etc.

- Examining the transferability of a worker's current skills as a practitioner.
- Beginning to develop an understanding of the ethics and power dynamic of the supervisor's role.

(Adapted from Brown and Bourne 1996.)

Level 3. Established supervisors

This group comprises the people who approach supervision training with a desperate need. Their most common refrain is, "Why couldn't I have had this training when I started?"

They have the advantage of having a vast reservoir of experience to draw from and will be more than willing to share and process their experiences. The flipside is that they may have fallen into comfortable bad habits and could require a catalyst to move on and test out new ways of working.

The models that are most effective in promoting this shift are those that link easily into the supervisor's clinical persona, that is, their willingness to help and transform the potential of others. Introductions to new theoretical approaches are also welcomed by those supervisors who are keen to examine their current practice against some kind of framework. Models that provide ideas for both the assessment of those being supervised along with useful interventions to promote their development have been most useful. Hawkins and Shohet (1989) and Loganbill et al (1982) all provide excellent material for training.

There are two essential conditions for the training of experienced supervisors. The first requires face-to-face workshop training opportunities. While theory can be attained and processed via mail or the Internet, nothing works as well as role play, live or video work. Much of the deepest learning is achieved through the interaction with peers and the challenge that comes from self-critique and peer and tutor feedback.

Second, trainers will strike out badly if the message they communicate to their trainees is that they will now show them the "proper" way to do supervision, with the implication that they have been wrong all these years. Supervision training must reflect the principles of adult learning and be based on a belief in, and respect for, the participants' prior learning and skills.

Internal or external training?

Agencies and managers have to make careful decisions about whether to pursue supervisor training internally or whether to look for external providers.

It will also be necessary for the profession to decide at some point whether external qualifications will be required for supervision practice. In the UK there has been discussion over the need to establish pathways for the recognition of supervisory expertise as well as for practice teaching (Bourne and Brown 1996).[5]

> Strong intellectual professional relationships and external networks should be encouraged to break down the myths and blockages both inside and outside stressed organisations.

The following chart (see fig 1 over page) presents some of the arguments for and against internal versus external training.

My personal view, having had experience providing supervisor training in a range of contexts both internal and external, is that external training for supervisors from a range of agency settings is the most effective. The most important advantages include the value of input from different perspectives and the ability to avoid the wholesale importation of the organisational culture into the training room. While any competent trainer can deal with the latter, it can absorb energy at the expense of new learning. Some internal trainers may also be unaware of the extent to which they too are transmitting aspects of the organisational culture.

New designs for supervisor training need to

fig 1 *Internal versus external supervision training*

Internal training: For	Internal training: Against
• training very focused on employers' outputs • can have immediate on-the-job application • can target particular human resource needs • can manage costs • can manage timeframes and venues • can reinforce organisational values	• can be very insular • can force a trainer-focus on the institutional baggage trainees bring • trainees can be less compliant with requirements • trainees may place less value on completion • can be less transportable • can leave poor practice unchallenged • can be harder to ensure management support for staff release for training and activities that encourage transfer of learning
External training: For	External training: Against
• can network with other agency personnel • increases sense of professional identity external to current employment • can have greater respect for learning environment • has ability to leave organisational culture behind • can focus on achieving competencies within new peer group • can lead to external qualifications • academic input and a balance of theory and practice can be achieved • cost containment the provider's problem • partial costs can be borne by participants	• may expose staff to other attractive career prospects • costs may be less manageable • attainment of qualification may threaten staff retention plans • will have to fit training around providers' timeframes and regulations • can expose organisational lack of knowledge and expertise • can expose serious resource deficiencies • can clash with organisational culture and risk being seen as irrelevant to participants' workplaces

reflect learning outcomes which have been mutually developed by a process of discussion and critical reflection among the profession, the agencies and the training providers. It is important that supervision training (and any system of supervisor accreditation which might develop) reflects a consensus about best practice for the profession as a whole.

Issues of individual accountability

The key question is: Who is responsible for ensuring that supervision is safe and properly supported by adequate levels of training including on-going professional development opportunities?

There are three possible answers to this: the traditional bureaucratic approach; the professional mandate approach; and the individual accountability approach.

The traditional bureaucratic view, reflected in the current standard practice, is that supervision is the responsibility of the agency, along with the provision of supervision itself. However there are plenty of examples where individual practitioners have undertaken external supervision and/or supervision training at their own expense. The bureaucratic approach leaves supervision at the mercy of agency whims and financial constraints.

A professional approach to supervision policy requires both universal acceptance as well as the mandate of the professional body. While NZASW's (1995) policy statement on supervision makes it clear that undertaking supervision is an individual responsibility, this is clearly not intended to let agencies off the hook. This policy statement is also to be reviewed soon. It will be useful if a revised and expanded policy can encompass training and professional development provision for supervisors and perhaps the development of standards for supervision.

An individual approach to supervision regards training as a personal choice in which a practitioner undertakes supervisor training in order to advance their own career. This approach would place the responsibility for monitoring and assessment on the individual

and presumably "the market" would decide how effective an individual's practice was. To some extent this system also presently operates as a significant number of practitioners undertake supervision as part of their self-employment. However the lack of any recognised qualifications or accreditation systems does leave the "customer" somewhat at the mercy of the accuracy of reputations.

Conclusions

My view is that a professional mandate approach to supervision will ensure the best outcomes. This does however require a thorough process of consultation and development in partnership with tangata whenua social workers. Agencies that are working hard to develop supervision policies are to be commended and supported. The future of excellent social work supervision will require the development of constructive partnerships between practitioners, their professional body, social work educators and trainers and the agencies in which social work is practised.

In the meantime individual supervisors have clear responsibilities:

- To undertake self-assessment and critical reflection on their own practice.
- To seek feedback from those they supervise.
- To undertake as much training as they can access and to lobby for training in their agency/region.
- To support and mentor new supervisors in their agency.
- To contribute to the academic development of supervision as a field of practice within social work.
- To develop and/or support access to culturally appropriate training for supervision.
- To put in place external accountability mechanisms through membership of their appropriate professional body.
- To lobby hard for the time and resources to do all of the above. ■

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Notes

1. As Henkel (1995) has argued, social work occupies a position "at the margins of the professional world and is vulnerable to engulfment or to over-determination by the organisations in which its practitioners are located."
2. Paraire Huata and associates in Te Ngaru Learning Systems are providing much sought-after courses for senior Māori practitioners in kaupapa supervision.
3. Argyris C and Schon D (1978) have described the impact of a mismatch between policy and the reality of practice when we have "theory in action" as opposed to "espoused theory". This mismatch compounds both confusion and cynicism within organisations. A learning and development culture requires a genuine commitment to actualise theory.
4. A fourth level of training has been suggested by Hawkins and Shohet (1989). In a chapter entitled "Supervising Networks" they make an excellent case for the need for training for senior managers to ensure that a supervision culture can operate across agency boundaries. This is clearly indicated by numerous examples of distressing outcomes which may have been averted by good professional and accountable relationships between agencies working with the same clients.
5. In the UK it is possible to become an accredited practice teacher either through undertaking training or by Recognition of Current Competencies via a portfolio. The same system does not yet apply to supervision.

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Ed note: A CYPFS working party has recently been set up to look at supervisory development within the Service including the current role of supervisors, terms and conditions of employment, and recruitment and retention issues. The group comprises a range of CYPFS staff and a PSA organiser.

The parts which make the whole: An examination of the Components of Offending Strategy

Youth justice family group conferences can achieve creative outcomes if all the elements of an offence are identified, suggests **Yvonne Denny**

Identifying the components of an offence or offences committed by a young person is one approach for infusing creativity into a youth justice family group conference (FGC) plan. Once the various components have been determined, plans of sanction and action can then be developed which may have greater potential to reduce offending. The Components of Offending Strategy (COOS) was originally developed by the Social Policy Agency to provide a practical framework for youth justice practitioners, particularly those who manage the FGC process, to achieve this. The strategy aims to:

1. Deter young people from further offending when they come to attention for the first time.
2. Change the offending behaviour of young repeat offenders (two or more offences).
3. Ensure that family group members not only accept responsibility for the behaviour of their young person but also manage that behaviour post-FGC and in the future.
4. Give practical effect to the principle that the interests of the victims of young people's offending are given due regard.

COOS, when practically applied in an FGC, also increases the potential for securing non-custodial sanctions for young people who commit the most serious offences. Its implementation by youth justice practitioners can make a significant contribution to the *Social Services Strategy (SSS) 1995–2005*, both in terms of achieving the Department of Social Welfare's vision of "all families meeting their care, control and support responsibilities", as well as meeting four out of five strategic goals of the *SSS*. These goals are:

- A 65 per cent reduction in the current rate of persistent and serious youth re-offending.
- A reduction to 25 per cent of the current rate of Maori children and young people who are repeat offenders.
- A 50 per cent reduction in the current rate of Pacific Islands children and young people who are repeat offenders.
- The transfer of 90 per cent of all funding vested in residential custody services to non-residential services which support and strengthen families in dealing with their problems.

Starting from the right frame of reference

COOS requires that all the participants in an FGC view any offence committed by a young person as having wider implications than being solely a criminal act, as determined by the law. There are many repercussions when an offence is committed and this wider picture must be understood by youth justice

practitioners and then conveyed to the FGC participants. The components of an offence can be broken down into three broad areas, which are discussed below.

The young person's perspective

Young people rarely think about the effects that their offending has on anyone, whether themselves, their families and friends, or their victims. Generally, the only thing that young people think about when they offend is immediate and personal gratification. This desire for gratification may originate from them:

- Wanting something and then just taking it;
- Being irritated with someone and wanting to cause that person irritation;
- Believing that someone does not deserve what they have and that they (the young person) do;
- Feeling depressed and wanting something that will give them a "buzz";
- Believing that the world owes them something;
- Rebelling against authority, etc.

Identifying the reasons that a young person uses to justify their offending is one of the components of an offence. For example, if a young person says they committed an offence because the person from whom they stole did not deserve the property, then this is a component that must be addressed in the FGC plan.

Once the youth justice practitioner has identified the reasons a young person uses to rationalise their offending, they must provide this information to all the FGC participants. The development of any FGC plan must take this component into account if the young person is ultimately to be held accountable. Failure to elicit a young person's rationale for offending could mean a vital action is omitted from the plan, for example one that is required to address the young person's *attitude* towards offending.

The victim's perspective

All victims suffer more than the loss of property or physical pain when they are offended against, whether by a young person or an adult. For example, property is damaged when a young person breaks and enters premises, as well as goods being stolen. In these situations, some (if not most) victims suffer anxiety about the invasion of their homes – their personal space – and are made to feel unsafe.

The loss of a vehicle can also affect whole groups of people, not just the owner or driver of the car. Youth justice coordinators will all know of cases where the impact has been much greater: a stolen vehicle will affect parents with children, whether it is taking them to school, to day-care or to their sports. A motorist, unable to afford insurance for their car, cannot afford to replace a vehicle if it's been destroyed in a young person's joy-ride. And the shock a driver suffers when they return to the place where they left their car, only to find it gone, cannot be underestimated.

All victims suffer more than the loss of property or physical pain when they are offended against, whether by a young person or an adult.

Physical offences can also have more far-reaching effects on victims beyond the physical pain: fear of the dark where once this was not an issue; distrust of others of a particular race or gender; and so on.

It is imperative that youth justice practitioners gain an insight into the impact that an offence has on a victim from the person themself. It is also important that victims understand the value of their attending the FGC both for their own peace of mind (to help with the healing that is talked about by youth justice practitioners) and so the young person and their family group will have an insight into the effects of the offending on the victim.

The family group perspective

Although many young people believe that their actions are personal to them, they are

not. Whether or not a young person's immediate family cares about the young person, within the wider family group there will be at least one member who does care. This person may care about:

- Their relationship with the young person;
- The reputation of the family and family group;
- The victim and how they have suffered;
- The effect that a young person's offending has on his or her siblings or cousins; and so on.

Identifying the person or people within the family group who care, and what it is that they care about, is the third and final component of COOS.

Summary

Identifying all three components will ensure the development of a more comprehensive FGC plan, or recommendations to the youth court for an order (with plan), that will:

- Address the offence committed by the young person.
- Help deal with the young person's attitude towards offending.
- Make restitution in some form (whether tangible and/or intangible) for the victim/s.
- Place responsibility for dealing with the young person's behaviour back with the family group (either one or more of its members).
- Define the roles of all the players in the FGC (before, during and after).

Constructing a youth justice FGC plan

Section 255 of the Children, Young Persons, and Their Families Act (CYP&F Act) requires the youth justice coordinator to ensure that all *relevant* information is made available to FGC participants. I believe the information obtained from the three perspectives is relevant information. It will help FGC participants to develop the "right" plan, taking into account all the players.

Four sections are needed for an FGC plan which uses the three COOS perspectives. The sections are described below.

Section one: Offence-related

The first section will deal with the repercussions and their solutions to the actual offence.

Action to put things right	Reparation or restitution
Offence-related sanctions	Punishment to fit the crime
Offence-related limitations	Restrictions that will make it difficult for a young person to offend again for the duration of the plan.

Section two: Personal growth/development

The second section addresses the personal attitudes of the offender and how to tackle these.

Activity to remedy attitude	Thinking ahead: actions have consequences
Gainful occupation	Involvement in positive alternative activities. This requires identifying what a young person wants to do, what they are good at, what they should be doing (eg attending school, finding a job), or developing an innate talent.

Section three: Family/whānau involvement

The various roles of the family, or significant others, must be clearly set out. These roles are to oversee the plan for one or more of the specified actions drawn up in the first section (addressing the offence and personal growth and development of the young person).

The reporting requirements of the young person to the victim/s, CYPFS, the court and the police also need to be clearly laid out for the family members or significant others who are overseeing the plan.

Section four: CYPFS involvement

The fourth section must specify CYPFS' statutory responsibilities, which will include:

1. The frequency of the family member or

fig 1 *FGC chart*

Young person's (yp) rationale for offending	Possible responses/ activities	Impact on victims	Possible remedies/actions	Family considerations	Possible responses/ activities	CYPFS involvement
Bored. Car was there so just took it. Wanted to be a "big wig" in front of friends.	Attendance at school every day. Removal of item of property important to the young person for the duration of the plan. Shamed in front of friends or made to tell friends that behaviour is something that a jerk would do.	Inconvenience. Financial loss. Lack of trust. Fear that it will happen again. Impact on victim's family: relied heavily on the car. Anger and frustration. Car not insured.	Reparation for the inconvenience. Personal apology and an assurance from yp that they will never do it again, either to the victim or anyone else. Access to motor vehicle owned by yp family member/s. Three months payment of insurance premium for new car.	Parents not able to ensure that yp is at school everyday as both work. Upset about the cost of reparation but accept responsibility for yp. Wider family group has to be involved in order that family can make reparation.	Provision of one family member's car to victim has implications for that family member and their family – car to be dropped off to victim. Family group to make reparation to victim directly until total amount paid off (four months). Older brother able and willing to oversee yp and to ensure that yp attends school.	CYPFS to monitor plan and ensure actions are carried out in a timely manner. FGC to be reconvened if plan not complied with.

Timeframe: Four months

members' reporting requirements to nominated CYPFS personnel.

2. Discussing the consequences of any failure to implement the plan – for the young person and the plan's "supervisor"– such as reconvening the FGC or breaching an order.
3. Monitoring the progress of the plan, ensuring participants complete their agreed tasks and establishing an anticipated completion date.
4. Nominating CYPFS personnel who can make amendments to the plan (such as changing days or activities) in the event of any unforeseen circumstances, such as a family bereavement.
5. Agreeing a sign-off for the plan so all the parties know when the young person has completed it, particularly the victim/s.

What does the FGC plan look like?

Using the scenario of a young person stealing a car, the above chart shows the information which can be useful to FGC participants when developing a plan to deal with this offence. Once all possible responses, activities and/or remedies have been determined, all that is required is to transfer each of the actions into an FGC plan in the four sections.(see fig 1)

Good practice before an FGC

None of the above is useful unless pre-conference preparation takes place with the young person, their victim or victims and their family members. Clear delineation of their roles during and after the FGC, along with the COOS, is a prerequisite for FGC participants to make informed decisions. ■

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Another way of seeing

Peter McKenzie-Bridle offers a different approach for social work assessment using an ecological model of human development

Picture the following scene: You've received a referral for a family having troubles. You meet the family members and the predominant story you hear is of a child's behaviour which is difficult to manage. You begin to think and, as you conduct your assessment, you invariably start looking for the causes.

Now I want you to stop and reflect on your own thoughts. What are you looking for in this family? Signs of early childhood neglect? Deficiencies in the care of the children? Some sort of psychological imbalance in one of the family members? Chances are, you are either consciously or unconsciously trying to find out about early childhood events – what happened, who did and didn't do what, how did people react?

This focus on early childhood events to explain human development is a legacy of a strong body of psychological information. We know many things about early childhood development and many of us think we can pinpoint the causes of present troubles in the early childhood history of a family or its members.

The ecological model of human development

But I want to tell you a different story, one which starts to take into account not only a family's early childhood history but also its historical context, its own problem-solving processes and its unique life course. The model I want to explain is called an ecological model of human development and it was brought to my attention by a writer called Carel Germain. For social workers who were around at the inception of the Children, Young Persons, and Their Families Act in 1989, the ideas contained in Germain's work may not be new, since she reflects a model of practice widely advocated at that time, however they are certainly worthwhile revisiting.

A central concept in Germain's work is the life course of human development (as opposed to life-cycle), a concept "fashioned by the collaboration of psychologists, sociologists, anthropologists, and social historians" (Germain 1991). Whereas traditional theories of human development are based upon "universal fixed stages of development" (ibid; Enns 1992), the life course model is transactional. Basically, Germain says that *all* life transitions, life events and other life issues that arise from person-environment transactions are influential in shaping how individuals develop.

To illustrate this idea, Germain has two strings to her bow. First, she uses three different concepts of time: historic, social and individual time (Germain 1987; 1990; 1991) which are described in more detail below. Germain maintains that the secret to fully understanding human development lies in being able to unravel what has happened in each of these concepts of time.

Second, Germain examines the way families handle the sorts of experiences – some seen, some unforeseen – which come their way. By looking closely at these "transactions", Germain believes, it is possible to ascertain the deficiencies in the way the family conducts these transactions, thereby identifying where the family might need skills, support, or education.

Individual, social and historical time

With individual time, the whole of a person's life course is considered to be influential in affecting their development, not just the early childhood experiences as many of the traditional stage models emphasise (ie Piaget and childhood games). Germain looks at a number of studies which suggest that traditional models of human development have overstated the influence of early childhood experiences on development. They have also understated the capacity of human beings to adapt to, and handle, significant life changes (ibid). For example, traditional theory tended to focus on a child's relationship with their mother when attempting to locate the causes of any mal-development in that child.

Not only does this approach then implicate mothers as being primarily responsible for any mal-development in their child, it also runs contrary to new data which indicates that fathers can play a much more significant role in their child's development than traditional theories admitted (ibid; 1987). "Early life experience may be important in getting a good start in life, but [it] does not fix subsequent development" (Thomas in Germain 1991).

In social time, Germain documents how "traditional timetables" of development are disappearing (ibid). People are no longer following long-established patterns of social behaviour and are now being exposed to a whole host of influences which impact upon how they develop. Neugarten (in Germain) identifies a number of these changes or crossovers:

> Ours seems to be a society that has become accustomed to 70-year-old students, 30-year-old college presidents, 22-year-old mayors, 35-year-old grandmothers, 50-year-old retirees, 65-year-old fathers of pre-schoolers, 60-year-olds and 30-year olds wearing the same clothing styles.

Germain adds to this list the tragic crossover of child mothers raising their infants. In New Zealand, we can add the effects of inter-generational unemployment which in some families develops into a culture of joblessness. These changes impact upon how people develop and the sorts of life forces they are exposed to in their lives.

Lastly, Germain talks about historical time. Critical to Germain's notion of historical time is the concept of cohorts. A birth cohort is defined as "all persons who were born at a particular historical time and thereby exposed to the same sequence of social and historical changes over their life course" (ibid; 1991). The key point here is that all people in a cohort are exposed to the same sequence of unique social and historical encounters. These unique encounters will, then, have unique developmental consequences. Examples of such events or changes are the first and second world wars, the Great Depression, genocide in East Timor and Cambodia, the famines of the Horn of Africa, and the computer generation of the 1990s. To focus on early childhood experiences while ignoring the effects of the unique historical context in which a person was raised can lead a practitioner to assume that all early childhood experiences will have the same consequences. This assumption will not always be correct and could lead to a less than complete assessment.

Ours seems to be a society that has become accustomed to 70-year-old students, 30-year-old college presidents, 22-year-old mayors, 35-year-old grandmothers and 65-year-old fathers of pre-schoolers...

A family's transaction with their environment

The second part of an ecological model of human development involves assessing the manner in which families transact with their environments. Close examination of these interactions, Germain says, will help a social worker gain an intimate appreciation of the

family's skills and abilities as well as the areas where the family needs help.

Some events in family life are to be expected: birth, first steps, kids starting school, kids leaving home, retirement and so on. We can call these events first order changes. They are expected, often low-stress events which most families can negotiate without too much trouble.

Other events, however, are not expected and often bring with them enormous stress ie death (particularly of an infant or young child), infertility, serious disability or disease, suicide and redundancy. We can call these events second order changes.

Clearly, the manner in which a family handles both first and second order changes is critical to the way that family develops as a unit. It also has a profound impact on the ability or capacity of the family to meet the developmental needs of its members.

An example might be the death of a parent or primary caregiver. This event is out of the ordinary and is clearly a second order change. Caregiving pressure combines with grief for the remaining parent. The children of the family are unsettled, their confidence is often greatly undermined and the responsiveness of the remaining parent is often numbed.

At this point in the second order change, the family's response is critical. A response which acknowledges the loss, addresses the grief and supports family members to work their way through their thoughts and emotions will more than likely strengthen the family. It will also enhance the quality of relationships within the family and assist greatly in meeting the developmental needs of each member.

On the other hand, a family's response which either denies or minimises the loss and/or represses emotion and expressions of grief will undermine the family. If a parent collapses under their personal stress, they will subsequently deny their children the support, attention and listening ear which the children need to cope with their grief. The wider developmental needs of each of the family members will also be neglected, thus impairing later development.

The manner in which these transactions occur is the focal point. The skills which are either present or absent in these transactions and the family's insight into its own processes become the focus of the assessment and intervention.

In summary, to gain a full understanding of how a person has developed we need to take stock of their own personal characteristics, their social environment and historical context. We also need to take some time to examine the manner in which the person's family has transacted with their environment; that is, how they have handled their first and second order changes.

To gain a full understanding of how a person has developed we need to take stock of their own personal characteristics, their social environment and historical context.

How the model works in practice

If we apply this thinking to the family mentioned earlier, we could begin our assessment by asking the following sorts of questions:

1. What are the child's personal characteristics: cognitive ability, perception, intelligence, memory, confidence, etc?

2. What are the features of the family's social environment: rural, urban or suburban; long-established communities or transient populations? What are the predominant attitudes toward education, authority, professionals? What are the child's non-family reference groups for example, gangs, black nationalism, religious beliefs?

3. What are the characteristics of the family (and child's) historical context, such as the previous generation's public policy decisions (and their demands on the current generation)? What are the predominant attitudes of the age toward parenting, child-raising, working parents and how do these differ from those of previous generations? What is it really like to grow up as a child in

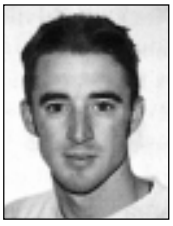
the midst of a technological age, where individualism is paramount and self-expression is the ultimate sign of having "made it"?

4. How has the family dealt with its first order changes? Can they identify what they have been? Does the family's perception of the changes accurately reflect the significance of the events: have they downplayed the event or blown it out of all proportion?

5. How has the family responded to second order changes? Have they tried to ignore them, ride them through, collapsed under pressure, or survived by having the children take on the roles of adults (while the children have started to crack under the pressures)?

As you can see, this ecological approach to human development requires the social worker to start looking at the wider picture. When social workers are assessing problems facing families, an easy option can be to run with the most obvious explanation; which is often the effect of early childhood experiences. I most certainly am not trying to discredit this focus nor am I trying to undersell the value this knowledge brings to the assessment and intervention process. However, as the example above illustrates, if we social workers really want to get a handle on what is driving a child or family to behave the way it does, we need to take a wider view of the person-in-situation and begin to take account of *all* the available information.

We must start to examine the sociological context in which the behaviours are being displayed and we must also start to look closely at how the family has tried to handle things in the past. Not only will we get a wider appreciation of the issues impacting upon the family, but we will also get a more accurate guide from which to design our interventions.



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Inter-country adoption: What happens back home?

Susan Smith examines the literature to gauge the issues that affect an inter-country adoption post-placement

This article is an abridged review[1] of journal articles and books from the late 1980s to the present day that concentrate on the period of adjustment for a family after an inter-country adoption has taken place. However, since the research findings often conflict, collating a definitive view on the success or otherwise of inter-country adoption is extremely problematic. The focus of this article, therefore, has been confined to looking at the issues that may affect adjustment post-placement. Accordingly it should be remembered that possible avenues of stress may in turn become areas that provide the greatest resources if they are prepared for in advance (Groze 1996).

The research

In the Verhulst studies the numbers particpating in the research varied from 27 to 2,148 children. The majority of the studies were longitudinal in nature and focused on children adopted from countries which were different to their adoptive parents' country of origin. An exception is a study undertaken by Groze (1996) whose participants were adopted children with special needs. It has been included as his definition of special needs encompasses children who are older, part of sibling groups, members of mixed or minority races or children with extra physical, emotional or behavioural needs. All of these categories are significantly represented within inter-country adoptions.

Limitations of the research

All research of this kind has some limitations. The most pronounced, in my mind, is how to measure a "successful" adoption and clarifying what successful means. The studies themselves are inconsistent on this point. Success in the Boer, Versluis-den Bieman and Verhulst study (1994) was based on the proportion of disruptions and the level of problem behaviour reported by parents. In another study, it was related to whether or not an inter-country adopted child had been placed in care outside the adoptive family unit (Loenen and Hoksbergen 1986). This study did not consider that all inter-country adoptions, where the children continued living with their adoptive family, were implicitly successful.

Aside from success, other variables also influence the research findings. There will always be gaps in knowledge regarding the inter-country adopted child's life pre-placement (Marcovitch et al 1995; Verhulst et al 1992). Parents may over-emphasise or diminish aspects of the inter-country adopted child's behaviour or background as a way of providing supporting evidence for their experiences (Verhulst et al 1992).

Some children who are adopted via inter-country channels come from exceptionally traumatic backgrounds. The children from Vietnam, born during the war (Saetersdal and Dalen 1991), and Romanian children from the post-Ceausecu period showed extremes of neglect that are hopefully never repeated. Some of these experiences, however, can provide examples of the worst possible scenario and be used as a qualitative measure against which to consider those of other inter-

country adopted children. In the majority of studies included in the full review, inter-country adopted children who were displaying extremes in behaviour (or placed in the ninetieth percentile in a range) were excluded. This goes some way to balance variance between the children, such as different ability levels or particularly problematic individuals.

Control groups

The majority of the research included in this paper studied control groups alongside their participants. Depending on the focus of the study, these were comprised of numbers of children from the general population, locally adopted children or non-adopted children with mental health issues. Results are included where significant variance was noted between the inter-country adopted participants and the control groups

Adjustment issues

Adopting a child from overseas is well acknowledged as being a very stressful endeavour. What is not so often recognised is that the anxiety may reappear post-placement. Potential problems with the adjustment process can arise from a number of sources, such as the family system, the external environment or the child themselves.

The adopted person

Physical

Common initial medical and physical difficulties seen in inter-country adopted children range from anaemia, compromised growth, developmental delay, skin rashes, diarrhoea, malnutrition, underweight and parasites to dehydration, salmonellosis, ear infections, yeast infections, bronchitis, prematurity, jaundice, physical trauma and minor congenital handicaps (Smith-Garcia and Brown 1989; Bagley et al 1993; Marcovitch et al 1995).

Marcovitch et al (1995) also noted that inter-country adopted children who tested negative for Hepatitis B, HIV, parasitic or giardial infections, TB or anaemia in the birth country, were in some cases found to be positive when re-tested in the placement nation. (However this is more likely to be a result of unsophisticated testing methods than negligence or manipulation.)

Medical and developmental problems were found to be a more serious problem with older children and continued to be worrisome for parents two-and-a-half years after placement.

The medical health of children adopted with their brothers or sisters is better than those adopted separately. Boer and colleagues (1994) offer two hypotheses for this: the sibling group may have a protective effect or, if the children are known well enough to be presented as siblings, they may then be in receipt of extra nurturing by their caregivers.

Behavioural

Behavioural issues such as acting out, inappropriate sexual behaviour and temper tantrums were reported as the most common basis for referrals to one child psychotherapist (Harper 1994). Adoptive parents reported that stereotypical behaviour such as repetitive meaningless movements or verbalisation was common (Marcovitch et al 1995). Other behavioural problems reported with less frequency were sleeping problems, hyperactivity and indiscriminate approaches to strangers.

Language

Top of the parental list of stresses were communication difficulties, followed closely by their child's habits (Harper 1986). Saetersdal and Dalen (1991) found that some children were also ambivalent about using their birth language. Communication can be a significant source of anxiety for parents and the child in the new family.

Children adopted after the age of two tended to have difficulty expressing themselves and it is suggested that this is a result of having their normal process of language acquisition interrupted (Tizzard 1991).

Fitting in

Matching

The opportunity for matching children with families for an inter-country adoption is – by

its very nature – difficult. Loenen and Hoksbergen (1986) consider what opportunities there are. Homestudies and child studies provide a limited attempt to unite similar needs but are entirely dependent on the skills and interest of the originators. The likelihood of a pre-placement meeting is diminished by financial and practical considerations. These factors may also mean parents end up accepting a different child from the one they had prepared themselves for in terms of, for example, age and disability.

Expectations

Parents stated that being ill-prepared was an important contributing factor in family disruption (Harper 1994). This inability to plan can be heightened by the pressure for a quick decision. Parents meet a child and – in an instant – decide to bring them home "for better or for worse" (Harper 1986). They can also, because of the length of time involved in processing the inter-country adoption, begin to have unrealistic expectations of the child (Groze 1996).

The children from Vietnam, born during the war, and Romanian children from the post-Ceausecu period showed extremes of neglect that are hopefully never repeated.

Family system

The newly adopted child has no experience of living within a family system and, if not properly prepared, can find the family itself contributing to anxiety during adjustment.

> Parents were seen as providing food, shelter, material possessions and access to activities and entertainment. The notion of a reciprocal affectionate relationship was difficult for them [the inter-country adopted child] to conceptualise.
> (Harper 1994)

The child themselves may then become a source of stress within the family. In their confusion over the concept of family living they may begin to utilise coping mechanisms such as triangulation and/or coalition building that can be detrimental to the family equilibrium (Groze 1996).

Discipline is another issue which may cause concern within the family.

Harper (1994) suggests that parents should expect little and provide constant interaction over a long period of time.

The influence of past

How the past prepares or influences the inter-country adopted child in the future is a major issue. The child comes to any family with a history. The fact that the child is available for an inter-country adoption placement means they will invariably be older and usually from a deprived background.

Age

It has been commonly accepted that children adopted at an older age will have more problems than those adopted earlier in life because of factors such as being exposed to negative influences for longer, habits (which may be maladaptive) being firmly in place, strong attachment for previous carers, and complications with learning and interrupted language development. This has been presented as an acknowledged trend in the majority of the research included in this review.

However in 1992, Verhulst and colleagues published a study challenging this notion. Their most significant finding was that it was the pre-placement environment – not the age of the child – that had a crucial impact on their later adjustment. This may seem a semantic difference, but it is significant when considered in respect to children being adopted from countries where care and attention are satisfactory. The older children available for placement from these countries are being incorrectly portrayed as more likely to have a problematic adjustment.

Sharing the past

The pre-placement life of an inter-country adopted child can never be shared by the adoptive parent and when the problems of the past become

visible, it can become quite threatening to the adoptive parent (Harper 1986).

School

The ability of children within the educational system is well documented though not always in agreement. Marcovitch et al (1995) found that children who were placed later (therefore having more exposure to negative influences) had difficulty attaining educationally.

Interestingly, the level of parental education affected the achievements of their adopted child. Children from less academic families performed better than those from more highly educated adoptive families (Geerars et al 1996). This is the opposite to the usual norm. Verhulst and colleagues (1990a) speculate that this could be linked up with higher parental expectations:

> Chronic feelings of not being able to satisfy parental standards may be an important stress factor influencing the adopted child's development.

How the past prepares or influences the inter-country adopted child in the future is a major issue.

Service provider

The ability of the facilitating agencies has a major influence on the adoption process. Financial strains are created by the agency's fee requirements. Time can also create anxiety for the parents and the child in the form of process-related delays or the time between parting and the adoption proper.

Smith-Garcia and Brown (1989) emphasise the role of the adopting agencies in ensuring parents are properly informed regarding the health of the children being placed with them.

Support

Most adoptive parents used the more formal avenues for support, such as family therapy. This need was noticed to increase over time (Groze 1996). In these studies, parents rarely used agency-organised support groups but did contact other adoptive parents every two to three months.

Diverse society

Alstein and Simon (1991) commented that the level of cultural diversity in the adoptive parents' society may be a factor in the acceptance of adopted children of ethnically different backgrounds.

Identity formation

The identity development of an adopted person has received much attention. Identity may encompass ethnicity, culture, self esteem and personal awareness.

Culture and difference

For the person adopted across international boundaries, identity formation – at any stage – will include a significant consideration of the notion of difference. A key area is the recognition of the adopted person's birth culture. The dilemma for parents is how to acknowledge this without making the children seem too different from their peers: they need to find the balance between denying, acknowledging and stressing the difference (Trolley et al 1995).

Adolescence

When any person reaches adolescence, issues of self esteem and identity become more acute. Much of the research demonstrates that for the inter-country adopted adolescent this is a period when behavioural difficulties may surface again. However, unlike in earlier years, they seem not to bear any correlation to the degree of deprivation or neglect the person was exposed to as a child pre-placement.

Conclusion

The inter-country adoption research on adjustment post-placement is by no means united in its findings. In light of the equivocal results, this paper has attempted to simply give an overview of issues within the adjustment period that can be of concern. One trend which has emerged is that out of each group of inter-country adopted children studied, approximately

10 to 20 per cent have significant problems in adjustment (Geerars et al 1996).

Other findings are in agreement on the following points:

- There is a strong correlation between the time exposed to negative influences and the incidence and severity of post-placement problems.
- Adolescence represents a time when inter-country adopted youth are vulnerable to identity uncertainty and self-esteem issues.
- Pre-placement education and preparation of both the child and the adoptive family can greatly enhance their ability to rise to any challenge.
- The majority of parents and children considered the adoption a positive experience, even though some placements were quite problematic.

This last statement is an important point to note. Regardless of the quite severe disruption to the family system, as well as the anxiety the adoption may have engendered, the majority of both parents and adopted persons qualified the adoption as a success. ■

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Notes

1. An unabridged copy of this paper is available from *Social Work Now*. It includes advice for prospective inter-country adoptive parents and a checklist for adjustment issues.

This article follows on from an earlier demographic analysis of the people who wish to adopt children from overseas, published in the April 1997 issue of *Social Work Now*.

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Making sense of complexity

Sarah Scott outlines the problem analysis approach to decision making

The following article is an account of the adaptation of an existing problem-solving model for use by social workers and their supervisors. This model, known as the problem analysis model, is the work of New Zealand psychologist Viviane Robinson. I need to stress from the outset that this is a simple model for dealing with one-off problems. It can be a useful tool for those situations where workers are confused by apparently conflicting information and/or competing priorities, and need to make an informed decision about how to proceed. It is about learning to construct and deconstruct our thought processes when undertaking investigations. I believe this is a skill that new social workers frequently wrestle with and it is one that supervisors can best demonstrate by "showing" how the process works rather than simply "telling" workers what to do.

The model is designed to assist with specific problems where cases seem to be stuck. It does not provide a comprehensive framework for assessment so should not be substituted for the Risk Estimation System which has recently been implemented by the Children, Young Persons and Their Families Service (CYPFS).

I was first introduced to the problem analysis approach by a CYPFS colleague who demonstrated it by using a white board, some arrows and a number of case examples. I was struck at the time by the way in which the model required me, consciously and deliberately, to hypothesise about every possible explanation for any given problem before I was able to proceed with a plan of action. So often in CYPFS work, under pressure of heavy workloads and pressing time constraints, we rush headlong from information gathering to planning, without pausing for proper assessment, or even for breath, between one stage and the next. Following this brief introduction to the model, I began to use it in my own work, helping social workers and supervisors to strategise case work interventions. At first we used it for decision making at the very beginning of cases, just after a notification had been received, to organise the information into clusters, look for the gaps and clarify details, before brainstorming all possible explanations for the problem. Then we worked out an initial plan of action based on the most likely of these explanations. As we did this, I began reflecting on past cases that had gone wrong: where I had missed important clues, left factors out of the equation, taken a false turn and gone off track. I started applying my new-found model retrospectively.

The first case that came to mind was that of a two-year-old child who had returned to her father's care, allegedly neglected after a weekend access visit with her mother. Her father was indignant. He rang me on the Monday morning and poured out his story. I listened to his account of the filthy state of his daughter, the medication that had been left behind, the junk food she had been fed and the socks she returned in which were several sizes too small. "You know what I mean," he said, "so small that the elastic cuts in". I heard him out, added it to my mental list of unsatisfactory access visits and thought no more of it. The following week I visited the father and saw the deep, half-healed welts on his daughter's lower legs where the nylon sock elastic had penetrated her flesh. "I told you," he said, "the elastic cut right in. She must have had those socks on all weekend, they rubbed and rubbed raw, then she wet herself and they cut more. The doctor says she'll have scars".

How did I miss it? He gave me the information and I failed to see it for what it was. Why? Because tight socks weren't on my list of abuse indicators. I took his information at face value, didn't stop to clarify or assess and went on as before.

No list of abuse indicators can be expected to contain every possible scenario. So we have to learn to hypothesise, to check out each possibility before we can begin to think about how we should proceed.

Experienced social workers do this automatically, mentally traversing the whole gamut of scenarios they have known, before

CASE ONE

Content notes	Process notes
1. Information gathering and grouping	
a) The duty social worker receives a phone call from a school principal who states that a child has appeared at school with an extremely black eye. Social workers visit the child and his parents at home later that day, examine the child and find no such injury. b) The duty social worker also reports that the school principal says that the child attributes the injury to his father punching him in the face. The child denies, to the visiting social worker, that he told the principal of any punch to the face. The father denies punching the child.	Information from the early stages of an investigation is grouped together in sections based on themes rather than sources or chronology. This results in the injury being grouped with the social worker's examination of the child; the child's allegation is grouped with the child's and the father's subsequent denials.
2. Hypothesising	
a) The call to the duty social worker was a hoax, that is, it was not in fact the school principal who rang CYPFS but a malicious caller. b) The principal gave inaccurate information. c) The duty social worker recorded the information inaccurately. d) The child's injury and statement to the principal occurred several days ago. The injury has subsequently healed. The child and his father are making false denials.	The workers involved brainstorm a range of possible explanations for the information and decide on the most likely scenario/s. The "hoax call" hypothesis is ruled out on the basis that the duty social worker knows the principal concerned and recognised her voice. Hypotheses (b), (c) and (d) are retained as likely explanations.
3. Setting priorities	
Both the alleged injury and the child's explanation require further urgent investigation.	The workers decide what priority to give to the investigation of various aspects of the notification.
4. Planning and action	
a) Check with duty social worker as soon as possible re details and authenticity of phone call from principal. b) Check with the principal today re reliability of information. c) Review information, hypotheses and priorities today once (a) and (b) are complete.	The workers make plans based on the most likely of the hypotheses they have formulated. The time frame for the social worker's actions is based on the decisions made in the priority setting part of the process. If no solutions are apparent once the four stages of information gathering and grouping, hypothesising, setting priorities and planning/action has been completed, the cycle begins again with new information being fed in, new hypotheses being generated, old ones reviewed and so on.

deciding on a series of likely explanations for any given event.

The model and its context

The problem analysis approach was originally developed by Viviane Robinson at the University of Auckland and published in *The Journal of the NZ Psychological Service Association* in 1987.[1]

It arose out of the author's attempts to help trainee educational psychologists analyse and report their decision making in complex cases. The author writes about the "ill-structured" nature of many of the problems educational psychologists (and similarly, I would add, social workers) deal with. She defines ill-structured problems as those which have the following components:

- They lack obvious solutions.
- There are multiple paths to solutions.
- There is uncertainty about the relevance of any given piece of information to either the problem, or the solution, or both.

In short, there is no handy formula for solving them. Robinson describes her model as a "conceptual map" which can be used to work out the nature and dimensions of the problem, the inter-relationships between its various parts, its possible causes and the likelihood of any course of action being successful in dealing with that problem.

My version of her model goes like this:

There are four stages involved in the proper analysis of a complex case:

1. Information gathering and grouping.
2. Hypothesising.
3. Setting priorities.
4. Planning and action.

I will demonstrate these four stages with a case example and run some notes about the process alongside the example.(See case 1)

Hypothesis (b) turned out to be the correct one in this case. The principal had inadvertently given the duty social worker the wrong information because he had confused the injured child with another child with the same first name in the class. (This second child was also followed up.)

Without examining all possible explanations it can be easy to conclude that apparently conflicting data, such as were presented here, are irreconcilable. This "decision" or "non-decision" can often lead to dangerous delays in taking further action or cases being closed without any satisfactory resolution.

Putting it another way: using the model in reverse

Having used the problem analysis model for planning new investigations and strategising where to go with cases that seemed stuck, I started using parts of the model in different ways.

Here is an example of the model's usefulness as a device for testing the safety of a proposed plan. I was approached by a social worker who was planning the next stages of a case following a rather difficult family meeting. I asked her to show me the plan made by those who were present at the meeting. It seemed as though some of the difficulties the social worker had experienced at the meeting had arisen from a lack of clarity around the rationale for the decisions that had been made. The social worker told me she had felt unsure about the plan, but that it had been hard to question it while simultaneously demonstrating her support for the family's attempts to take responsibility for the problems and her faith in their good intentions. Looking at the model in reverse order, I worked with the social worker to look first at the planning and action phase which had already been set in motion via the family meeting plan, then to work out the priorities and explore the hypotheses that underpinned the plan. Finally we reviewed the quality and quantity of the information upon which the whole plan was based.(See case 2)

As you can see, the result of this process was that we decided it was necessary to return to the information gathering and grouping stage and to test the hypotheses (and perhaps generate some new ones) before we could make any decision as to the safety of this plan.

Let us suppose that the further information gathering yields some additional information about the father's history in relation to his capacity to keep to his promises when he is

CASE TWO

Content notes	Process notes
1. Planning and action	
A family meeting has been held to address the problem of an 11-year-old child who is offending. Her father's attempts to discipline her have resulted in the child being injured on at least one occasion. The family have formulated the following plan to deal with the problems and the social worker has agreed to it: a) When the child next offends, one of her parents will contact the extended family who will take the child and discipline her themselves. b) The child's father will undertake counselling to deal with his problems of violence toward his daughter. c) The father gives his word that he will not hit the child again. d) The mother and the rest of the extended family undertake that they will "guarantee" the child's safety.	The plans which have been made are based on various beliefs (hypotheses) held by family members and the social worker. In order to properly assess the safety of the plan, the social worker needs to decide whether the underlying hypotheses are reasonable.
2. Setting priorities	
The first priority is that the child be kept safe from physical abuse. The second priority is that the child's offending is addressed. The third priority is that the father's violence is addressed.	As part of assessing the appropriateness of the plan, the social worker needs to decide on the priority to be given to each aspect of the problem in this situation. The social worker decides that the safety of the child must be the primary focus.
3. Hypothesising	
a) The child is only in danger of being physically abused by her father when she offends. b) The child's father has the necessary self-control to refrain from punishing the child when she has offended and, instead, to seek assistance from the extended family. c) The child's father will be able to keep to his word about never hitting the child again. d) The child's extended family are able to prevent any further violence from the father to the child. e) The child's extended family are able to take the child at any time and care for her and appropriately discipline her.	The social worker seeks out and closely examines the beliefs (hypotheses) upon which the plan is based and critiques them. The social worker concludes that she does not have sufficient information to be able to say whether the plan would ensure the child's safety, address her offending or address her father's violence. She will not be able to decide on the merits of the hypotheses until she has further information.
4. Information gathering and grouping	
The following information is required: a) Has this child been physically abused by her father on occasions when she has not offended? b) Has the child's father demonstrated the capacity for self-control in relation to his violence in the past? c) Has the child's father made any previous undertaking about not hitting the child and, if so, has he kept to this? d) Is the child's extended family able to provide care and appropriate discipline for the child at short notice?	Given that keeping the child safe from physical abuse has been identified as the first priority, information gathering is focused on this theme. Further information gathering would be required in order to assess the appropriateness of the plan in relation to the child's offending and the father's violence.

Common pitfalls in social work information gathering, assessment and planning

Information gathering and grouping	Hypothesising	Setting priorities
The pitfalls		
Initial information not questioned or clarified. Taken at face value instead. Information not sought to fill the gaps in the original information. Initial information not grouped according to patterns and themes. Grouped according to source or chronology instead. Assumptions made about the nature of the problem before sufficient information is gathered.	Few hypotheses are generated. The rationales for the hypotheses are not explored. Hypotheses are not critiqued or tested for confirmation or disconfirmation. Existing hypotheses are not fully explored. Many potential hypotheses are overlooked.	Separate problems are not given separate priorities. Priorities are assumed and not openly discussed.
The results		
Information is open to misinterpretation and mistakes. Significant patterns are not picked up.	Disregarded hypotheses are unlikely to be reconsidered later on in the case.	Urgent tasks are not achieved within the appropriate time frame. Important tasks are postponed indefinitely.

under the influence of alcohol. An example of a new hypothesis might be as follows: That providing the father has not been drinking, he has the necessary self-control to refrain from punishing the child when she has offended and instead to seek assistance from the extended family. The revised plan that flows from this would need to cover the matter of the father's alcohol consumption.

While writing this piece, I found myself thinking about some of the pitfalls we encounter as social workers involved in information gathering, assessment and planning. As I wrote them down I saw that they fitted naturally into the stages delineated by the problem analysis model.

Mistakes and oversights took place in each of the four stages: information gathering and grouping; hypothesising; setting priorities; and planning and action. I have organised what I think are some of the most common pitfalls into a chart (see above). I believe that the problem analysis model can be of considerable value in helping us to avoid all kinds of trouble at all stages of the investigation, assessment and risk management continuum.

It can be easy to close doors in our minds before we've seen what lies behind them. To be open to possibilities is to be open to solutions.■

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Note

1. Robinson V (1987) 'A Problem Analysis Approach to Decision Making and Reporting for Complex Cases', *Journal of the NZ Psychological Service Association* 8.

Quality assurance: Threat or opportunity?

Dynamic Professional Quality Assurance can strengthen best practice and quality care. **Jo Field** and **Don Sorrenson** describe the philosophy behind the new CYPFS programme

Children and young people deserve the highest quality service to ensure that their care and protection needs are met in the best possible way. The Children, Young Persons and Their Families Service (CYPFS) has the responsibility to provide this best practice and to ensure that quality is continuously evaluated and enhanced.

However, the question as to what constitutes best practice and quality service can provoke much discussion and raise many issues. This article attempts to explore these concepts and to show how they are reflected in the Professional Quality Assurance (PQA) programme currently being piloted throughout the country.

The challenge

In recent years, CYPFS and other social services have – through a focus on outputs and outcomes – begun to define, evaluate, maintain and improve service delivery. Professional quality assurance programmes are a part of this drive and recently CYPFS looked at ways to introduce this concept into its practice.

We [the authors] were given the opportunity to become part of a national working party to develop, and subsequently to test by way of a pilot, a PQA programme.[1] We were enthusiastic and keen to grapple with:

- The concepts of best practice and quality service;
- CYPFS' performance in delivering them; and
- How CYPFS could continuously improve its social work delivery.

The topic was thought-provoking and prompted much debate and practice discussion as these issues have rarely featured in CYPFS work to date. Social work "audits" in the past were not sufficiently comprehensive to give the public an overall assurance of quality within the Service. There were no procedures to randomly review casework, analyse critical decision-making processes or to report on these in a systematic way. Reviews of individual cases had traditionally focused on negative events (like death or injury) rather than highlighting positive interventions.

The challenge has been to design a programme to define, measure and evaluate quality in a positive developmental framework which is helpful not only to practitioners, but which can also provide an extensive overview of national service delivery.

From threats to opportunities

From the outset, we knew we would encounter issues which would both challenge us and make implementation difficult. We therefore decided to embrace these issues as opportunities, not threats, so as not to be immobilised by their size or complexity. We started with the premise that the programme had to be evolutionary and dynamic. It was imperative to simply begin and make adjustments later after we had run a pilot and received feedback from users.

The issues we anticipated were:

1. A definition of "quality social work". Universal agreement on this value-orientated term is hard to find among staff (and clients).
2. Measuring quality. What standards do staff adhere to and is it clear what they are?
3. The question of a culturally appropriate PQA programme.
4. The challenge of framing the PQA programme in a positive, developmental manner of value to front-line workers.
5. Cynicism and suspicion that PQA is purely a management control tool with a hidden agenda (probably about performance).
6. The difficulty of engaging staff in yet another project, seemingly uncoordinated with any of the others.
7. The practice debate as to what matters most: the process or the outcome? (Arguably they are both important and should link positively together.) Do positive outcomes happen by accident or by design; are children being protected and/or cared for as a result of our service or in spite of it?
8. The political and economic environment which places increasing demands on accountability within CYPFS for both qualitative and quantitative information.
9. Client/consumer feedback and its place in the PQA programme.
10. Delivery issues, such as who is responsible for the programme, who administers it and when, timing, resources, etc.

Getting it right first time (paradoxically the catch-cry of quality assurance) was unfortunately not going to be a reality with regard to this programme.

Qualitative versus quantitative measures

The current measures of social work activity and effectiveness are through the quantitative Key Performance Indicators (KPIs). These use standardised tools (often time frames) to measure a narrow slice of social work activity. KPIs can, to some extent, measure *what* social workers have done, but provide no qualitative information into *how* or *how well* that work has been done.

A more qualitative approach to evaluation, to complement the quantitative data, has been argued as necessary and potentially more meaningful. PQA has been designed to address this and to incorporate a methodological approach into CYPFS practice. Patton (1990) states that quantitative methods require the use of standardised measures "so that the varying perspectives and experiences of people can fit into a limited number of predetermined response categories to which numbers are assigned". Qualitative methods permit the evaluator to study selected issues in more depth and detail.

> From the outset, we knew we would encounter issues which would both challenge us and make implementation difficult.

PQA is an evaluation of CYPFS social work activity and fits within what some authors have described as "fourth generation models of evaluation" (Guba and Lincoln 1981; Patton 1990). Characteristics of these models include value pluralism. Value pluralism is when judgements are made in terms of standards that derive from particular value stances. The judgements to be made within the PQA evaluation concern questions such as, what is good social work practice? These judgements will inevitably affect those whose work is being evaluated (stakeholders). These stakeholders may perceive that they are at some risk from the evaluation. In the case of PQA, the stakeholders most likely to be affected are social workers, supervisors and coordinators. Another consequence of such judgements being made and based to some extent on value judgements, is that disagreements can arise out of the findings. An evaluator (in this case a practice consultant) may then be required to mediate in a negotiation process with those who are the subject of the evaluation. In discussing value pluralism, Weiss (1987) states that even within a programme there may be little

agreement on which goals are real and "actors at different levels in the system may perceive and interpret goals in different ways".

PQA has established the outcomes to be measured and commented on, but there may be different interpretations of these outcomes, such is the nature of qualitative evaluation.

Goals and aspirations

It must be acknowledged that any PQA programme, by its very nature, is subjective. Our aims were to:

- Clarify CYPFS' aims, expectations and standards;
- Comment on the achievement of these standards;
- Prevent unsafe practice, rather than inspect and expose it after it's happened;
- Identify and encourage creativity, initiative and flair in casework matters;
- Affirm staff, value their input and encourage them to take responsibility for and pride in their work;
- Identify and address practice issues which require debate and/or training; and
- Identify and address concerns regarding organisational matters which impinge on the ability of staff to do their work such as, resourcing, work environment, workloads, etc.

The programme design

Essentially, we decided it would be appropriate for the design of the quality assurance process to mirror the social work process with:

- an information gathering phase
- assessment and analysis
- a clinical judgement regarding the assessment outcome.

We saw the merit of this practice approach in terms of ease of implementation and role modelling.

The resulting design of the programme is based on:

1. A set of standards in the core processes of intake, investigation/assessment, informal resolution, FGC processes, court processes and care services.
2. A set of key indicators on the quality of the intervention, eg consultation, planning, assessment, risk estimation, decision making, reviewing, recording, supervision and work environment.
3. A summary of comments about the overall management of the case, leading to the clinical judgement, which asks key questions in the following areas:

Protection

- is work directed towards the achievement of safety?
- is future risk addressed?
- are families/whānau/hapū/iwi involved both in finding and implementing a solution?

Care

- is work directed towards the achievement of well-being?
- are future permanency needs addressed?
- are families/whānau/hapū/iwi involved both in finding and implementing a solution?

Youth justice

- is work directed towards achieving accountability?
- is work directed towards achieving well-being?
- is work directed towards reducing further offending behaviour?
- are families/whānau/hapū/iwi involved in finding and implementing a solution?

Implementation process

It was decided to randomly select five per cent of all open outputs (from the national office computer) for each area on a three-monthly basis.

Practice consultants are to be responsible for PQA evaluations and will gather information from SWis and paper files before discussing a case with the relevant staff – including supervisors, social workers and coordinators. This discussion is seen as the pivotal and central part of the PQA process;

the forum for both debate and feedback. Based on this, the evaluator will form a clinical judgement about the direction of the case.

The validity of the PQA process will hinge upon the skills and competence of this group of staff (Patton 1990), as well as on the instrument being used to assist with the evaluation. Practice consultants are seen as having the skills and knowledge to do this task as well as being "independent" and not directly responsible for any casework which may be assessed and analysed.

Potential benefits and risks

We remain committed to the value of the PQA programme. We see real benefits to front-line staff in terms of feedback on their practice as it provides a forum for them to stand back and reflect on practice issues. The key questions in a PQA discussion could be: tell us about the things you did well on this case; what would you do differently on hindsight; what learning opportunities arose; and what further professional development issues did it raise? PQA in a broad sense is designed to supplement good supervision but not to replace or threaten existing supervision. It also offers the opportunity for good practice or creativity to be identified, affirmed and shared.

There will be times when unsafe practice is identified, along with issues of how to manage this and reframe it as a learning experience. There may be debate, conflict, or tension over the clinical judgement of an evaluator and what they consider to be the unsafe elements of a case. These difficulties need to be discussed openly and worked through. PQA is not a programme designed to address performance issues; it is a programme aimed specifically at enhancing service delivery for the benefit of children and young people.

Reflections

Overall, we have found the process stimulating, challenging and occasionally frustrating. We have made mistakes and we have learnt from them. The original PQA pilot met with a bleak response from some staff as we had severely underestimated the significance of the work environment and the effect of the negative climate on workers. Tony Morrison (1997) describes a "red cycle" of an organisation which is not able to contain its anxiety appropriately and so creates a very defensive environment. We have tried to promote PQA as a "green cycle" activity, one in which anxiety and stress are normative, not a plot to put workers further into the "red". The stress being felt at the front-line must never be underestimated. We now clearly understand that any quality programme must work to enhance and increase staff morale. Quality, in the end, will be maximised if staff feel valued and work in a healthy environment.

There may be debate, conflict, or tension over the clinical judgement of an evaluator and what they consider to be the unsafe elements of a case.

Many staff do acknowledge that PQA is a good idea but some will remain sceptical of its brief. It is undeniably a management strategy to try and get workers to deliver a better, more effective service. Management and social workers may come from radically different places but both parties share a commitment to client service. Best practice is the goal where both perspectives must unite.

We also believe that PQA can be a central forum to coordinate other overlapping or linked core processes, such as induction, training, outcome measurement, risk estimation, recording, supervision policy and workload management.

Conclusion

The quality of social work delivery is increasingly under scrutiny. The pursuit of quality is being driven by political, economic and organisational forces. At this stage of the PQA programme, the voice of clients/consumers has not been added to the equation. In time, it will be – and rightly so. The present focus for PQA is the professional quality of the

decision-making processes regarding casework.

The challenge for us all is to work together to ensure the programme is of value to us as practitioners and consequently for the children and young people we are responsible for caring and protecting. ■

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Note

1. Initially, the PQA was tested within the Tauranga area but a three-month pilot was completed in June 1997 on a wider scale and included input from many other areas.

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Legal Note

Gillick and the fifth commandment

Can young people use birth control without their parents knowing? **Stewart Bartlett** offers a legal response

Although I don't often watch *Shortland Street* (being more partial to *Coronation Street*), I happened recently to follow the storyline involving Shelley (daughter of receptionist Moira Crombie) and the conflicting triangle she shared with her mother and her health professionals.

Shelley is in the fourth form, she is 15-years-old and she is sexually active. Having been upset in love, she ended up at the clinic where Johnny Marinovich prescribed her with condoms. Her mother was, as they say, left out of the information loop. She only stumbled across this news after Shelley attempted suicide and was an emergency admission to hospital. Moira found the condom prescription in her daughter's jeans and she was furious.

Reflecting on the phenomenon of "art" imitating life, I could not help but think of Mrs Victoria Gillick and her impact on New Zealand's premier domestic soap.

Mrs Gillick

Mrs Gillick was a devout Catholic. She was married and the mother of five daughters. Her crusade against a health service policy became enshrined in the canons of British law in Gillick v West Norfolk Area Health Authority [1985] 3 All ER 402.

The Norfolk Area Health Authority (AHA) had put out a policy document suggesting that its health professionals would not be breaking the law if they offered contraceptive advice, or prescribed and administered contraceptives, to young people without consulting or obtaining the consent of their guardians.

Mrs Gillick was completely opposed to the policy and argued against it. Dissatisfied with the response she received from the area health authority, she pursued the matter through the judicial system, seeking a declaration that the AHA's policy was unlawful. The case exposed cavernous gulfs in judicial thinking on the issue of parent/child rights. It was eventually finally decided in the House of Lords on a split decision. The policy was upheld and Mrs Gillick lost her case.

The essence of the majority decision of the House of Lords was that a child, by virtue of their age and maturity, is able to make certain decisions for themself without necessarily having to consult with, or obtain the consent of, their guardians.

Lord Scarman put it this way:

> The underlying principle... is that parental right yields to the child's right to make his own decision when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision.

He suggested that "parental rights were derived from parental duty and existed only so long as they were needed for the protection of the person and property of the child."

Mrs Gillick in New Zealand

I don't know whether Mrs Gillick has ever been to New Zealand but it is certain that the results of her judicial campaign have altered the perceptions of the judicial and social services in our country.

Bearing in mind that the Gillick case does not bind the courts of New Zealand and can only be viewed as a persuasive precedent, it is interesting to consider whether Lord Scarman's judicial pronouncement accurately reflects the current state of the law in this country.

In so far as young people aged 16 or above are concerned, at least in respect of decisions in regard to medical treatment (including contraceptive advice and treatment), the position is clear. Section 25(1) of the Guardianship Act 1968 states:

> ...the consent of a child of or over the age of 16 years to any donation of blood by him, or to any medical, surgical, or dental procedure (including a blood transfusion) to be carried out on him for his benefit by a person professionally qualified to carry it out, shall have the same effect as if he were of full age.

Where does this leave children under the age of 16? Overridden by their parent's values? I think not (although one may choose not to advertise that fact to one's own children).

As any social work practitioner will know, this question is neither academic nor redundant. To give a typical, but not the only, kind of example: Many social workers will have been placed in the uncomfortable position of being a support to a 14- or 15-year-old who is receiving contraceptive advice or treatment, fully aware that their client's parents/guardians do not know their child has obtained such advice/treatment.

It appears to be almost universally accepted by legal commentators that the Gillick case reflects the law in this country. Despite the possibility that, by implication, s25(1) denies under-16-year-olds the right to make such decisions for themselves, it is accepted that they do have the right in certain circumstances to make decisions for themselves in regard to medical matters. Those circumstances will depend on the age and maturity of the child involved and the nature of the decision in question. One might contemplate that an 11-year-old could have their ears pierced without reference to their guardians, but that 11-year-old perhaps should not be given contraceptive advice or treatment without reference to, or the consent of, those adults.

It is my belief that the question as to whether a young person can make a unilateral decision to receive medical advice or treatment must rest with the relevant health professional rather than the supporting social worker. (I am referring to a situation where the Director-General has no guardianship role in the child's life.)

The critical decision the social worker must make is whether they can accept the information in confidence and respect the child or young person's wishes not to have the matter made known to their parent. I would suggest that social workers consider the following steps in these circumstances:

- They must evaluate the maturity of the child, taking into account the importance of the decision the child is wishing to make. The process and outcome of this evaluation should be carefully recorded.
- They must counsel the child, if it is in the best interests of that child, to consider informing their parents of the matter. The process and outcome of this counselling should be recorded.
- If the child wishes a social worker to provide adult support, the social worker must make it clear to the child that the decision remains theirs and take care not to unduly influence the child in their decision-making processes.
- If the child is, in the social worker's opinion, able to make such a decision, they must respect the child's wishes. If the child is not in this position, then the social worker should take care not to accept the information in confidence as they may have to disclose the information to the child's parents/guardians.
- The need to be prepared for such a situation means that social workers must familiarise themselves with their professional requirements and be prepared to seek advice in regard to the legislative requirements of the CYP&F Act, the Guardianship Act and privacy legislation.

NB: The one course of medical treatment

or advice for a woman of any age for which no obligation exists to consult with or obtain the consent of a guardian is the termination of pregnancy. The Guardianship Act 1968 s25A unequivocally states that a woman of any age is solely responsible for the provision of consent to such a procedure. ■

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Book Reviews

Social Policy in Aotearoa New Zealand: A critical introduction

by **Christine Cheyne**, **Mike O'Brien** and **Michael Belgrave**

Published by Oxford University Press, Auckland (1997) rrp $39.95

Reviewed by Mike Henderson

As I read this book I wished more and more that it had been written a few years earlier when I was a student of social work and social policy at Massey University. Written by staff members from that Massey faculty, its clear and concise description of the development of what represents social policy in New Zealand, in one volume, will make it a treasure for students of this discipline.

Since it doesn't pretend to be anything other than "a critical introduction", the style of writing and the presentation of information, makes this book very readable. With the inclusion of abstracts at the beginning of each chapter and summaries at the end, the book could hardly be more user-friendly. For social workers who have not dipped much into the literature on social policy, it would make an excellent starting point.

Yet I don't want to give the impression that this is in any way a light-weight piece of work. As you would expect from a book clearly destined to become a course text, it is well-researched and reasonably comprehensive in its review. In 280 pages, however, there is only so much ideological debate that can be canvassed and so, as the title indicates, the book restricts itself to an overview of the key historical policy initiatives and international movements (or ism's) that have shaped social policy in Aotearoa.

For Children, Young Persons and Their Families Service staff, the chapter "Shifting Responsibility: Social services for children and families" will be of particular interest as it describes the evolution of the 1989 legislation, and has some astute commentary on the social and economic forces at work both before and after enactment. Other chapter headings include "The History of Making Social Policy in Aotearoa/New Zealand", "Diversity and Inclusiveness: The feminist and anti-racist critiques of social policy", "Individualism, Collectivism, and the Recognition of Te Tino Rangitiratanga", and "Health-Policy Reform: Control or responsiveness".

Because of the book's length, and the large area of human endeavour which it seeks to canvass, choices clearly had to be made about what to leave out. Personally, I was a little surprised that in the discussion about poverty the work of Charles Waldegrave did not rate a mention. Other readers will no doubt also identify "critical" omissions. But, overall, I accept this as a consequence of producing an "introduction" (a flip side of which, as already mentioned, is the advantage of the book's conciseness).

All in all, the 11 chapters fit comfortably together to provide a most interesting and accessible overview of an area of government policy that impacts on us all, if not professionally, then certainly personally. While this book may not be everybody's idea of a light read, it is a very useful resource for social workers as we struggle to interpret and anticipate the policies that shape much of our work.

Munchausen Syndrome by Proxy: Issues in diagnosis and treatment

by **Alex Levin** and **Mary Sheridan**

Published by Lexington Books (1995)

Reviewed by Diane Isaacs

While working once with a Munchausen by proxy (MBP) case, our CYPFS office compiled a large file of information from many sources. *Munchausen Syndrome by Proxy: Issues in diagnosis and treatment* does this work for you. Through its many contributors, it brings together a comprehensive range of information starting with a history of the syndrome and how it got its name, through to the types of harming, diagnosis and treatment. MBP is a mental condition in which a person seeks attention by inducing illness in another person, especially a child.

The contributors range across a spectrum of professionals including paediatricians, psychia-

trists, nurses, social workers and the police with specialised stories on the kinds of illnesses and disorders that can be arise.

The section on social work intervention discusses the need for social workers to be part of a multi-disciplinary team as well as for them to act as a liaison between agencies. It highlights the problems for social workers when a family and community supports are unwilling to recognise MBP as the likely cause of a child's illness.

Of particular interest to those who work under the Children, Young Persons, and Their Families Act is the section on family preservation. Several writers discuss whether it is possible to reunite families affected by MBP and the parameters for doing so. They believe a perpetrator must admit their actions before reunification is possible, and they also discuss the issues of *lethality* or intent (which was a new concept to me.) While they felt there was a need for more controlled studies to determine with greater certainty what the possible outcomes could be, they acknowledged that the variability of MBP as well as family dynamics could hinder this process.

The book's leading experts have extended current knowledge of this syndrome and it is helpful to have so much information collated in one place. But for gaining a general overview of the condition and its management, we will continue to encourage others to read *Hurting For Love* by H A Shreier and J A Libow, Guildford Press, 1993, which is very user-friendly publication by non-professionals.

Trust Betrayed? Munchausen by Proxy: Inter-agency child protection and partnership with families

edited by **Jan Horwarth** and **Brian Lawson**

Published by the National Children's Bureau Enterprises Ltd, London (1995)

Reviewed by Diane Isaacs

The introduction to this book suggests that it be read in conjunction with *Hurting for Love* (for publishing details, see above review) and I would endorse this.

The contributors to this book cover the range of professionals required in any multi-disciplinary team dealing with Munchausen by proxy(MBP), from those involved with the diagnosis and prosecution of individuals to others who protect the children who are its victim. These experts are all very clear about their roles as well the considerable input which is needed when MBP is suspected.

They spell out clearly the difficulties around assessment as well as how to avoid accommodation syndrome, and there are useful guidelines on how to approach a suspected case. Covert surveillance is discussed, but to carry this out you need to have a really strong belief in the existence of MBP with no other way of proving it. There was a belief that observers would step in too quickly in order to prevent further damage to a child, so the intent of the parent would not be proven.

The police contribution stresses the need for their early involvement so they are part of the investigation and not among those who – at a later stage – need to be convinced that an adult could be capable of creating such convincing illnesses in children The sections on the family court perspective and giving evidence are most useful since the expectations of the family court and the district court vary considerably in the burden of proof they require for MBP.

For me there is a sad chapter entitled "Treatment – from victim to survivor". I am still wondering how many of the children I have met while working for CYPFS had elements of MBP in their lives before they came into care.

Although this is an English book, the introduction to the chapter on training is still relevant to New Zealand. "Whenever a child dies, or there is a concern within an organisation about child protection issues, a common response is to consider training as an immediate, quick and effective solution." The introduction concludes, "Yet this is a reactive response and ignores all the other factors that can influence a shortfall in meeting required standards: for example, limited resources, inadequate supervision or a lack of clarity about roles and responsibilities. In a situation when the focus is primarily placed on training, standards

may not improve." This is then followed by useful ideas on ways to deliver training.

The editors' conclusion brings together the main messages of the book which is to affirm, challenge, link and develop practice.

In comparison with Levin and Sheridan's *Munchausen Syndrome by Proxy: Issues in diagnosis and treatment* (reviewed above), I found this book easier to read and written very much from the perspective of social workers.

The Voice of the Child: A handbook for professionals

edited by **Ronald Davie**, **Graham Upton** and **Ved Varma**

Published by Falmer Press, London and Washington DC (1996)

Reviewed by Mavis Turnbull

This is basically a text book for professionals who work with children. It has been written by a range of experts in their fields who examine ways that the different disciplines can ensure children have a voice which is heard. The book is divided into two sections. The first covers professional perspectives on areas such as listening to the child in educational contexts, a social work perspective, the contribution of psychologists and the voice of children in mental health practice.

Part two looks at the issues relating to how the various disciplines deal with topics such as listening to and communicating with young children, gender issues, and race and the child's perspective.

From a legal point of view, Michael Sherwin gives an extremely helpful insight into the legal background of a child's right to be heard in particular contexts, such as health, education and special needs programmes.

He writes from the basic – and practical – point of view that children need to know information relevant to them and that their support is crucial to the effective implementation of any educational, medical, legal or welfare programmes for them. One would argue the principle that a child or young person always has a right to be heard and that they should always be encouraged to participate in any decision making about their needs.

One message that the book clearly emphasises is that the age of a child *per se* is unimportant. What is important is the extent to which they understand the issues involved. Contributors also remind us that listening to a child should not be confined only to speech. *The Voice of the Child* includes verbal and non-verbal communications which also hold true for older children. A child's body language, actions and behaviours may tell as much – or more – about their wishes and feelings as anything they actually say. Listening to a child can hold a key to your understanding of their problems and their resolution.

This is a particularly thought-provoking book which will be useful not only to a range of professionals working with children, but also for people developing training programmes.

Skitterfoot Leaper

by **Barbara Else**

Published by CollinsPublishers, Auckland (1997) rrp $12.95

Reviewed by Pauline Smith

Bum-limping Dracula dorkbrain. Did these words attract your attention? If yes, then they should also immediately grab the attention of the age group this book is aimed at and keep them reading to find other words like *Superwimp* and *Poo*, as well as some blood and gore.

Skitterfoot Leaper is an intriguing title which will make young readers ask questions before they even open the book. What is a Skitterfoot Leaper? What does it do or look like? And that, in fact, what is the story is all about.

The titles of parts one and two are also worth a mention. Part one is, "The Most Awful Parcel" and there is intrigue in these words as parcels are usually exciting and remind us of birthdays and Christmas. How can a parcel be awful? Part two, "The Leap into Winter" begs the question, how can you do this? And how is this connected to the awful parcel?

The story describes how 12-year-old Lindsey goes to visit her Aunt Jen because her mum and

dad are having relationship problems. Her mum had been having an affair with a "limping Dracula" which resulted in "one big mess" with the "adults acting like kids", arguing and shouting.

Lindsey exchanges the city, beach and friends for muesli (hard as gravel), possum traps, a waterfall, dorkbrain Martin and Skitterfoot Leaper. The latter is a feline creature with white whiskers, sorrowful eyes and a negative attitude; it is also the catalyst for an adventurous leap into winter that will supposedly provide Lindsey with ideas of how to deal with the most awful parcel.

Martin, the other main character in the book, also has problems. He cannot swim, he has asthma and an over-protective mother, and boarding school is imminent.

One way that Lindsey deals with her problems is the parcel trick: "...wrap the feeling up tight and hide it with all the other parcels". If she thinks or talks about her problems the "most awful parcel" will become untied and reveal her worries that her parents are splitting up, she won't have a home and that her mum and dad will not want her.

The story climaxes with Lindsey, Martin and the feline creature leaping into the winter world of Pirani through the waterfall. This is Skitterfoot Leaper's world of stormy cold weather and adversities such as snakes and shikes, red and black killer birds. Lindsey and Martin help their furry feline companion overcome these challenges.

What messages is this story trying to convey to the reader? The first is that everybody has problems (parcels), and these parcels come in all shapes and sizes. These may be mum and dad fighting, asthma, over-protective mothers or seemingly uninterested parents. A second message is that there are ways to deal with problems and there are people who are willing to help you do this. Your friends and relatives can help and, by confronting the problem/s with you, they may vanish or dissolve.

This book is aimed at, probably, 10–13-year-old readers. They would need considerable cognitive skills to read between the lines and make connections between the problem-solving lessons in the make-believe world of the Pirani and then generalise these to the real world.

An awareness of these analogies may need to be triggered by a group discussion such as in the classroom, group therapy or individual counselling. I found I had to think about the "connections" but perhaps that is the author's objective, to provoke readers into thinking about their problems and how they can be solved.

The language in the book is descriptive and varied and provides the reader with words that build pictures in the imagination and situations that are thought-provoking. This is an interesting and worthwhile book for younger readers, and a commendable book that would generate group discussion.

I will leave you with the author's perception of Martin's over-protective mother. She describes her as "...smiling like a Rottwieler before it leaps on you". It made me laugh because I think that is probably how my kids, now in their twenties, would have described me. But not because I was over-protective. ■

The reviewers

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