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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.



Reflection from the trenches

When I was approached to write this editorial my first thought was, why me? I'm not qualified. Then I thought, well, why not? I do the job, I know what it's like. So here it is, a Christmas message from the trenches.

It is interesting to take this opportunity to reflect on a year that has nearly gone. I certainly remember very clearly how my year started. Three days back at work, after some much needed leave, and the team and I were dealing with the aftermath of the death of a toddler. While this sad responsibility is not exactly all in a day's work, it is always there as a possibility. Much later, when I read the media summary of the case, following the mother's sentencing, I was surprised to find myself horrified by the details of the child's death. When it happened, none of us had time to feel the pain. We had all just got on and done our job for the family. I experienced a similar reaction more recently when I read "A day out with the abused: social worker's agony file" in *The New Zealand Herald*, and wondered how anyone could do such a difficult job. Yet we do and, mostly, we do it well.

At times this year it has felt that the Children, Young Persons and Their Families Service (CYPFS) has been under constant and unrelenting attack, with words as the ammunition. The Service's ability to defend itself is necessarily limited because of confidentiality issues, but this also prevents us from speaking out as strongly as we might wish. As a worker in a statutory agency I accept that accountability is an essential aspect of the job, but it is hard to stay positive when valid critique constantly turns to aggressive criticism. The media gives the impression that failure is more instructive than success. That is not the message that we try to take to our clients.

The child abuse statistics the Service has

just released confirm what we all knew. Even so, now that anecdote has firmed into hard statistics, it is sobering to realise that collectively we really are dealing with 17 cases of substantiated abuse every day of the year. The media have appeared responsive to the information and may, at last, be communicating some sense of the extent of the problem. Although it would be too much to expect that their brickbats will miraculously transform into bouquets, perhaps the inevitable opprobrium heaped on us for the few cases that go badly wrong will be tempered by a glimmer of understanding of the enormity of the task that we face. We, at least, must continue to get across the message that the Service cannot manage the situation on its own.

In thinking about that enormous task, what needs to happen for us to feel that we are valued for what we do? A line of a poem I hadn't thought of for years came into my head when I was thinking about how it can feel working for CYPFS. "If" by Rudyard Kipling begins, "If you can keep your head when all about you are losing theirs/And blaming it on you..."

Keeping our heads, as supervisors and practitioners, is about making the links between our client's situation and our own. The *Stress Less This Christmas* campaign, which CYPFS is involved with, makes some interesting points. The campaign identifies Christmas as a time of heightened tension as families struggle with increased demands, heavy financial commitments but limited resources, and an expectation gap between the achievable and the unattainable. Sound familiar?

Some of the key messages of the campaign are worth noting:

- Family stress or violence affects children.
- We need everyone to work with us to improve kids' lives.

-
- Preventing child abuse is everyone's business.
 - The Service is committed to working with community groups.

Stress Less focuses on Christmas. However, as workers, as an organisation and as a community, we need to remember and act on those beliefs throughout the year. This is the really hard part, and to keep functioning we must apportion the load and ignore the temptation to get caught up in scapegoating.

So, hang in there everybody and keep your heads. Where else could you do such an interesting and worthwhile job? Our work encourages self-awareness, provides an opportunity to work with a range of other professionals and offers a constant goal of best practice (as well as indulging the quest for better writing skills).

Social Work Now 1998

Deadline for Contributions

April 1998 issue: 4 February

August issue: 8 June

December issue: 15 September

Remember, what we do is important and it matters. It is a job where we can make a difference for a group in society who are least able to advocate for themselves. ■



Eve Fone Supervisor,
Wellington City CYPFS

Training standards

AS A SECOND-year student of social work, the advancement of social work as a profession has become increasingly important to me. I have been disappointed in the lack of accountability of learning institutions who provide training for myself and others who have chosen this profession as a career.

While we are taught the ethics and principles of becoming "agents of social change", the training providers are able to operate without consistent self-reflection or accountability to the social work profession. Student challenges to the institutions are often met with a verbal "fix" that is merely intended to maintain status quo.

International Society for Prevention of Child Abuse and Neglect

Twelfth International Congress on
Child Abuse and Neglect

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My learning experience has seen students who are unqualified practitioners being supported to continue agency work following field work placement. Also, in trying to maintain equal learning opportunities for all students, their reluctance to "fail" potentially unsafe students is alarming.

My experience both socially and on field work placement has highlighted some of the negative stereotypes social workers have in the community and among other helping professions.

Social work should therefore be concerned with the ability of training providers to ensure a disciplined standard of practitioners who enhance the development of social work as a profession, and safeguard clients of the future.

Ronelle Baker Student/Parent, Onehunga, Auckland

Youth suicide project

WE ARE CURRENTLY developing guidelines for the recognition and risk management of children and young people at risk of suicide. This project follows on from the development of the CYPFS booklet *Recognition of Child Abuse and Neglect*.

If you would like to make submissions or have input to the youth suicide project or wish to discuss any aspect of the work, please contact the risk management team in Christchurch, internal phone 305 8219, external (03) 385 0219, PO Box 843, Shirley, Christchurch.

Craig Smith Manager, Risk Management Practice,
CYPFS Christchurch

Social Work Now welcomes letters to the editor and discussions on issues raised in the journal.

Write to: The Editor, *Social Work Now*, Private Bag 21, Wellington. Shorter letters are preferred and we reserve the right to edit letters for sense and length. Please include your work address and a contact phone number.

Social marketing as a tool to stop child abuse

The high profile *Breaking the Cycle* public awareness campaign on child abuse took on a new significance when social marketing was added to its mix, as **Susie Hall** and **Sue Stannard** report

Social marketing may not be the first tool a front-line social worker thinks to grab when carrying out day-to-day child protection work. But it is an important underpinning of the Children, Young Persons and Their Families Service (CYPFS) long-term strategy to change abusive parenting behaviour. The use of social marketing in child abuse prevention work has been groundbreaking in New Zealand and by operating at a “macro” level it has also enabled CYPFS to work with others to build better “fences at the top of the cliff”. CYPFS has used the social marketing tool to reach specific groups of parents to help positively influence their parenting attitudes and behaviours with its latest *Breaking the Cycle* public awareness campaign.

This article outlines the child abuse problem in New Zealand, looks at why *Breaking the Cycle* was conceived and how social marketing was built into its framework and campaign, examines research results and suggests future directions. This overview is limited to the multimedia campaign and does not include the interagency child abuse reporting protocols or the valuable targeted education being done by community liaison social workers, although this work is a closely related and integral part of CYPFS child abuse prevention efforts and contributes to the adopted social marketing model.

The problem

Quantifying the problem of child abuse is a complex task. CYPFS investigates 30,000 notifications of child abuse each year but this figure may be just the tip of the iceberg; the true annual incidence of child abuse has yet to be established. However, the combined annual cost of physical and emotional abuse alone has been estimated at \$1.577 billion. (Scott, 1996). Maori and Pacific Islands children and young people are over-represented in the notification statistics.

The Service also faces a demand from its pool of clients that is increasingly significantly greater than it has the capacity to meet. The size of this potential client base has been estimated at approximately 130,000 children, comprising 72,000 “seriously at risk” children and 57,000 children living in “complex multi-problem families”. (*CYPFS Strategic Business Plan*).

The immediate physical and emotional impacts of child abuse are very clear. However the long-term loss of productivity through lower achievement levels, unemployment and family dislocation are less apparent. Research shows that child abuse can also lead to criminal behaviour among young people. These costs must be met by the taxpayer for years to come through increasing benefit and ACC claims as well as health, counselling, welfare, police and prison services.

Campaign history

Facing increasing public pressure to do more to prevent child abuse and in response to the Mason Report recommendations (Ministerial Review Team to the Minister of Social Welfare, 1992), the government amended the Children, Young Persons, and Their Families Act in December 1994. It introduced a three-tiered approach using interagency child abuse reporting protocols; targeted education of professionals and others working with children, young people and their families; and public education through media campaigns. Instead of introducing mandatory reporting by professionals, as recommended by the Mason Report, which officials feared would open a floodgate of indiscriminate reporting (Hewitt and Robb, 1992), a new legal duty in section 7 of the Act requires the Director-General of Social Welfare to “promote . . . awareness” among all New Zealanders of “the unacceptability of child abuse” and how to recognise, prevent and report it.

The CYPFS *Breaking the Cycle* campaign was created in response to this mandate from government to raise public awareness and to help prevent child abuse in our communities. The *Breaking the Cycle* slogan became a platform to integrate all campaign communications and the phrase itself has subsequently become widely used by the public.

To underpin its public awareness campaign, CYPFS required information about New Zealanders’ awareness and attitudes to child abuse. In 1995 Colmar Brunton Research, a market research company with a social research agency, was contracted to undertake qualitative and then quantitative research to determine the general public’s levels of child abuse awareness and attitudes. It was vital to establish these early benchmarks before the start of a campaign so that subsequent campaign performance – and changes in public attitudes – could be monitored against them.

The research¹ showed that although there was a general understanding of physical and sexual abuse, people were confused about what constituted emotional abuse and neglect. Yelling, shouting, screaming or swearing in front of a child had the lowest level of

recognition as child abuse.

The research reports made compelling reading and provided invaluable information to help determine the subsequent development of the campaign. Some attitudes to physical punishment were revealing:

Statement: As long as a child is not hospitalised, physical punishment is okay.

7 per cent of respondents agreed or strongly agreed; 12 per cent were neutral or didn’t know.

Statement: Physical punishment never did anybody any harm.

17 per cent of respondents agreed or strongly agreed; 24 per cent were neutral or didn’t know.

Participants in the first qualitative study stated that being abused did not necessarily lead to the child abusing as an adult. The diagram below summarises their views and supports the campaign precept that we can break the cycle.

Views on inter-generational cycle of abuse



In May 1995 the first two stages of the campaign were publicly launched amid debate on the value of such an expensive programme. These stages focused on emotional/verbal abuse (witnessing family violence) and physical abuse. Spearheading the campaign were two hard-hitting and confrontational TV ads, which shocked New Zealanders into debating the issues of child abuse and which have subsequently been proved to have been successful in raising awareness. As well as television advertising (TVC), the first stage also used print and radio ads, parenting

Activity	Jun–Sep 97 (6 + 6 weeks)	April/May 96 (8 weeks)	Nov/Dec 95 (5 weeks)	May/July 95 (8 weeks)
Awareness of advertising	79% (after 5 wks)	89%	not monitored	96%
Total number of calls received by operators:	6495	3806	2406	935
Parenting/caregiving booklets/leaflets requested:	Parenting information also available in Cook Islands Māori and Tongan (data not yet available)			
English		7768	2473	1575
Māori		1225	514	248
Samoan		933	363	253
Total:		9926	3350	2074

booklets (in Māori, English and Samoan) and was underpinned by an 0800 freephone counselling, information and referral service.

Breaking the Cycle faced three major hurdles in its early days. The first was initial cynicism about what it could achieve and scepticism about the cost of what some called a “government public relations exercise”. Secondly, there were unfounded concerns that it was being paid for with funds taken from frontline service delivery. (This reflected the classic dilemma of whether to invest funds in improving the trusted ambulance at the bottom of the cliff, or to use them to build an untried fence at the top.) Lastly, there was real concern about a potential flood of child abuse reports.

This last concern led to careful monitoring of responses to the 0800 service when stage one went to air in May 1995. The fears proved unfounded and New Zealand’s first integrated telephone service (staffed by a coalition of community groups) proved itself able to handle the volume of calls it received. This service has continued to be a valuable component of the campaign programme, providing many callers with help to break the cycle of child abuse.

Protocols

Stage one of the campaign (emotional/verbal abuse) was run again for four weeks in November 1995 to allow for a longer lead-in time for negotiations of the new interagency child abuse reporting protocols before the physical abuse programme (stage two) was started. A new element was added

to the campaign mix with the addition of radio advertising promoting the value of positive parenting. The 0800 freephone response to these first radio ads was much greater than in the earlier phase and clearly signalled what future parenting ad response rates would confirm – people are much more likely to identify themselves as having difficulties with parenting than as child abusers, and they are more likely to seek information or help with their parenting skills.

In April 1996 the physical abuse TV ad (stage two) was launched and ran for eight weeks, supported by a set of three *Parenting Without Hitting* videos in English, Māori and Samoan, three partner pamphlets and a series of radio ads promoting positive alternatives to hitting. The radio ads were also played on the iwi radio stations.

The first two stages of the campaign were extremely successful in raising awareness of child abuse. Market research results and freephone data about stages one and two are summarised, together with results from stage three, in the table above.

Social marketing

In late 1996 Colmar Brunton introduced us to the concept of social marketing. Its primary objective was to change behaviour (not dissimilar to a primary social work task) and clearly went beyond just raising awareness. This new tool was integrated into the on-going campaign development beginning with stage three of *Breaking the Cycle* and using the model drawn up by Alan Andreason (1995).

Social marketing, as defined by Andreason, is “the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programmes designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of their society”.

Andreason emphasises three points in relation to this definition:

1. The ultimate objective of social marketing is to benefit target individuals or society, not the marketer.
2. The basic means of improving welfare is through influencing behaviour, in most cases changing it.
3. The target audience has the primary role in the process and everything done starts from its perspective.

Although social marketing differs from more traditional approaches such as public health education, it has some common features, such as:

- The education approach (which assumes people will do the right thing if they know why they need to do it and how to do it);
- The persuasion approach (where the goal is to find the arguments and “hot buttons” that will persuade the target group to change);
- The behaviour modification approach (which emphasises training and modelling of desired behaviour and rewards it when it occurs. This is a costly model and almost always has to be on an individual, case-by-case basis);
- The social influence approach (where the goal is to influence community and societal norms).

Andreason’s social marketing model has seven key features, incorporating elements of the approaches listed above, which can be summarised as the following:

1. Consumer behaviour is the bottom line: learning new information is only important if it leads to the desired behavioural outcome (raising awareness and changing attitudes may be steps in this direction).
2. Programmes must be cost-effective: limited resources must always be used wisely in the social services arena.
3. All strategies begin with the client: rather than attempting to make an audience accept and carry out the marketer’s values and beliefs, practitioners of social marketing recognise clients will only change their behaviour when they believe it is in their interests. It is therefore essential to start with an understanding of the target audience’s needs and wants, its values and its perceptions. Social marketers must modify their programmes to meet client needs and wants since respect for the client is central.

Learning new information is only important if it leads to the desired behavioural outcome.

4. Interventions involve marketing

theory’s classic “Four Ps”.

- Product (the desired behaviour);
 - Price (the benefits of changing and the costs of doing so, eg abuse from partners);
 - Place (behaviours must be achievable or services/information/help accessible);
 - Promotion.
5. Market research is essential to designing, pretesting and evaluating intervention programmes.
 6. Markets are segmented: initial research inevitably points out how different the client groups are and highlights the limits of mass marketing. (The size of a budget will impact on the ability to segment markets.)
 7. Competition is always recognised: every choice of action by the client involves giving up some other action. What the client sees as major alternative behaviours

must always be kept in mind, so the deficiencies of these alternatives can be highlighted and the benefits of the new behaviour promoted.

Social marketing and child abuse

The long-term goal of CYPFS must be to eventually eliminate abusive behaviour towards children. One of the main competitors, that is barriers, to this goal is believed to be ignorance. Ignorance of what abuse is, ignorance that abuse is taking place, ignorance of the effects of abuse, ignorance of alternatives to abusing the child and ignorance that there is help available.

In applying a social marketing model for *Breaking the Cycle* the goal is, over a period and within funding constraints, to remove barriers such as ignorance by taking target audiences through four behaviour stages (pre-contemplation, contemplation, action and maintenance) using the communication tasks shown in the table below.

Stage three of the campaign

Using the social marketing model, the third stage of the campaign aimed to build on increased public awareness of emotional/verbal abuse, gained in the first stage, by encouraging the target audience to make appropriate changes in its behaviour.

Stage three was launched in May 1997. It focused on two aspects of emotional/verbal abuse: arguing and fighting in front of children, and putting children down by yelling, swearing, etc at them.

The primary audience was parents of dependent young children caught in the cycle of emotional/verbal abuse with a secondary audience of close family/whanau or other influencers of the main target group. The primary audience was therefore not current CYPFS clients, but adults capable of self-correcting their behaviour.

Central to this approach was preliminary qualitative research to understand how the target audience perceived the barriers to and

Behaviour stages	Communication task	Breaking the cycle
1. Pre-Contemplation	1. Educate	Show desirable alternatives to abuse and that there are services available to victims or abusers.
2. Contemplation	2. Increase the benefits of non-abusive behaviour	Show benefits of not abusing children (eg happy, healthy children, feeling like a good parent, not feeling guilty, enjoying life).
	3. Decrease the costs of non-abusive behaviour	Decrease the costs of not abusing children (eg as parents fear losing control, help them understand they do not always have to be in control and show them positive disciplinary techniques).
3. Action	4. Increase social pressure for non-abusive behaviour	Build on the high awareness and condemnation of child abuse, for more active reporting of suspected abuse from those most likely to detect it (eg teachers, neighbours, relatives, friends).
	5. Increase behavioural control	Make abusers realise that if they abuse children in any way, they are likely to be caught.
	6. Improve ability to act	Help people to recognise signs of abuse and to act upon them, feel comfortable asking for advice or help from friends or family, or contacting an organisation. Help overcome barriers to changing behaviours.
4. Maintenance	7. Reward/remind non-abusive behaviour	Reward people for not abusing their children and reinforce the social benefits of non-abusive behaviour to the community.
NOTE: CYPFS' interagency child abuse reporting protocols and community liaison social work activity make a significant contribution to implementing this model.		

benefits of changing their behaviour.

It had been assumed that in terms of behaviour change, parents were primarily concerned about benefits to their children.

The following barriers to stopping swearing and put-downs of children, and stopping arguing or yelling in front of children, were identified:

- learning a new behaviour(s)
- breaking old habits
- recognising there is a problem
- holding on to anger
- being patient
- consciously thinking about the long-term effect on children.

In addition, learning to listen to your partner was identified as a barrier in relation to stopping arguing or yelling in front of children.

The benefits associated with stopping this behaviour were identified as follows:

Immediate benefits

- have a more peaceful home
- feel more relaxed
- feel happier
- feel less stress
- feel the home is not a war zone (unique to stopping arguing and yelling in front of children).

Short-term benefits

- don't hate yourself
- feel better about your family
- don't feel guilt (unique to stopping swearing at and putting down children).

Long-term benefits

- will not be lonely
- children will welcome you more into their lives (unique to stopping swearing at and putting down children)

- partner will not split up with you (unique to stopping arguing and yelling in front of children).

The research results highlighted the fact that parents in the target group were primarily concerned about benefits to themselves. Consequently, the key theme for the stage three advertising was, a change in your behaviour can change the behaviour of your child and make your lives a lot more enjoyable.

In addition to the television commercial and mainstream radio advertising, for the first time the campaign also featured two sets of radio ads for Māori audiences (one in Māori and the other in English and Māori) and a set of four radio ads for Pacific Islands audiences (one each in Samoan, Tongan, Cook Islands Māori and Nuiean).

Like previous campaigns, the latest stage was underpinned by community consultation, internal and external communications, parenting booklets (English, Māori,

Samoan, Tongan and Cook Island Māori), a toll free information line with a counselling and referral service, a Pacific Islands public relations strategy and a media strategy.

Research results

CYPFS has tracked public awareness of child abuse over the last two years using the 1995 benchmark study and subsequent campaign monitors (sampling 611 New Zealanders aged 15+). Results were measured across the general population with breakdowns of four categories: NZ/European; Māori; Pacific Islanders; and other ethnic groups.

The latest research monitor (September 1997) measured responses to the June/July 1997 advertising activity. Since 1995 the significant² trends for unprompted³ awareness of emotional abuse show:

- An 8 per cent general increase, with 12 per cent more mention of yelling, shouting, screaming, swearing at a child and a 7 per cent increase in mention of putting a child down;

The primary audience was parents of dependent young children caught in the cycle of emotional/verbal abuse

- A 22 per cent increase among Māori;
- A 30 per cent increase among other ethnic groups.

There have also been significant increases in the recognition of two key behaviours as child abuse (both highlighted by the campaign):

on earlier exposure in stage one). Around two-fifths (39 per cent) of the 15+ population were aware of the stage three radio advertising and had strong message recall.

With the adoption of the social marketing model, the latest campaign monitored self-reported contemplation of behaviour change and actual behaviour change in line with

Advertisement	Contemplated behaviour change		Reported actual behaviour change	
	% Aware of ad	% of total population	% Aware of ad	% of total population
Backwards/Forwards TVC	56%	44%	20%	16%
Vicious Cycle TVC	47%	43%	18%	16%
Parenting radio ads	48%	19%	12%	5%

Base⁴

- Fighting or arguing in front of a child (+10 per cent).
- Yelling at, swearing at or putting down a child (+10 per cent).

For Pacific Islands people particularly there were significant increases in their recognition

CYPFS objectives.

Compared with the overall results, Māori and Pacific Islands audiences showed a significantly higher incidence of self-reported contemplation of behaviour change and actual change for both television and radio advertising (see table below).

Advertisement	Reported actual behaviour change for % of total population		
	Overall	Maori	Pacific Island People
Backwards/Forwards TVC	16%	32%	44%
Vicious Cycle TVC	16%	38%	51%
Parenting radio ads	5%	11%	15%

of fighting and arguing in front of a child (+45 per cent) as abuse and verbally putting down a child (+20 per cent).

It must be acknowledged that other events, such as high profile media stories, can influence public awareness and recognition of child abuse. And while the increased awareness cannot be attributed solely to the *Breaking the Cycle* campaigns, the latest monitor results on the advertising awareness and new self-reported behaviour change questions are very exciting.

Awareness of the television commercials was very high with 79 per cent of New Zealanders being aware of the “Backwards/Forwards” commercial after just five weeks airtime and 91 per cent aware of “Vicious Cycle” (which built

Conclusion

Breaking the Cycle is an evolving campaign continually breaking new ground. As far as we are aware it has been unique internationally in applying social marketing as a social work intervention to change abusive parenting behaviours.

Results from the research to date show that the campaign has made a solid start and considerable progress with increasing awareness and self-reported behaviour change, especially with Māori and Pacific Islands people.

To sustain this momentum and achieve lasting change we must maintain and build on the positive community response measured so far. Sustained change will need a long-term strategy, carefully monitored at each stage.

Finally, we would like to acknowledge the excellent work of Saatchi & Saatchi and Colmar Brunton Research in the campaign. The work of our community liaison social workers in their local areas is also gratefully acknowledged as a vital contribution. ■



Susie Hall is National Manager of Public Awareness Services at CYPFS. She has worked in journalism, communications and public relations fields for more than 11 years and has a particular interest in preventing child abuse, improving parenting skills through social marketing techniques and in applying marketing principles to the business of child protection.



Sue Stannard is a CYPFS Communications Officer. She has been Project Manager for the *Breaking the Cycle* campaign for the past two years and has been involved since its inception.

Notes

1. Throughout this article we refer to information provided by Colmar Brunton Research in unpublished reports of qualitative and quantitative market research for *Breaking the Cycle*.
2. Maximum sampling error on differences between 1995 and 1997 (95 per cent confidence level):

Total population	± 8.3%
NZ/European	± 10.1%
Māori	± 17.0%
Pacific Islands people	± 16.8%
Other ethnic origin	± 26.3%
3. Unprompted is when a respondent spontaneously recalls an indicator of abuse without being "prompted".
4. Aware of Backwards/Forwards TVC (2,039,446)
Aware of Vicious Cycle TVC (2,363,320)
Aware of parenting radio ads (1,006,757)
1991 Census population aged 15+ (2,590,280).

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Healing history: The story of adoption in New Zealand

Mary Iwanek reviews past adoption practices and social standards to see what has shaped our attitudes today

A recent international conference on adoption took as its main focus the subject of healing. It was organised because of a perceived need for professional services to be available to people who experienced effects from negative adoptions in the past. To gain some understanding of why healing is considered necessary today, we need to look at the history of adoption.*

This article is the first of a two-part overview that will examine not only the history of adoption in New Zealand but also the development of adoption policies and practices over time, as well as current trends. The second article will include statistical data and an analysis of both local placements and inter-country adoption, as well as reviewing the outcome of the Adult Adoption Information Act 1985, after nearly 12 years in existence.

The forces of history

Writers on social policy have generally noted that history makes an important contribution to our understanding of how social problems are defined and social policies developed. The literature describes how historical context is a critical factor in shaping thinking and attitudes through all levels of society. Examining the historical development of a problem or policy is likely to demonstrate how

economic, political, psychological and religious forces contribute to the definition of that problem or policy. It also gives an idea of the origins of attempted solutions.

Historical context is the soil in which social policy grows and takes root. If social policy is viewed as a plant, historical context consists of the air, water and ground in the immediate area that will shape the growth of the plant. So it is that the particular interaction of political, economic, religious and social welfare systems become the ground that shapes our analysis of social policy (Chambers, 1986).

Early history

Adoption was practised by most societies in all ages to ensure the continuity of the family. Adoptions in early times appear to have been mainly family adoptions of older children or adults, mostly males. Their motivations were related to inheritance or religious practice and the adoption was an open transaction. These adoption practices did not substitute one family for another, but added additional family networks for a child (Benet, 1976; Sorosky et al, 1978).

In modern western society, legal adoption is a relatively new phenomenon. It arose out of the need to provide substitute care for children who were held in institutions. Children in institutions came mainly from parents who, through the process of industrialisation and urbanisation, had become poor and homeless, and were unable to provide sufficiently for their children. Initially, children who grew up in institutions were fostered out in return for

*This information was first presented by Mary Iwanek as the keynote speaker at the International Conference on Adoption and Healing, organised by the New Zealand Adoption Education and Healing Trust, with assistance from CYPFS, at Victoria University of Wellington in June 1997. To order copies of the conference proceedings, see the footnote at the end of this article.

free labour, or apprenticed to artisans. Legal adoption was not encouraged as it was considered it would enable irresponsible parents to abandon their children more easily.

The mid-1850s saw the number of children cared for in institutions and supported by parishes in Britain continuing to rise. However, as the need for unskilled labour declined an alternative option became popular; children were sent to the colonies under an indentured system. This relieved the parishes permanently of caring for these children.

Colonisation

Under the indenturing system, Canada, the USA, Australia and New Zealand received thousands of children who provided badly needed labour. Some groups in society, mainly those with religious affiliations, became concerned about the exploitation of children and attempts were made to pass legislation to ensure their better treatment.

In the colonies, inheritance rights to land and class issues were of minor importance. Unlike in Great Britain, the 19th century religious-dominated, colonial reform groups believed that the unsavoury and illicit origins of a child were not important and could be overcome with placement in an upright, spiritual environment. Religious influences on adoption are still very strong today, particularly in the USA.

Because of the attitudes toward inheritance rights, modern adoption legislation was first introduced in new colonies rather than in Great Britain. In 1851, Massachusetts became the first American state to legalise adoption; while in 1881, New Zealand became the first country in the British empire to do likewise. Other countries followed much later, particularly from the 1920s onwards.

The introduction of this legislation was an attempt to encourage couples to take care of the children they took into their homes. It gave the couples a legal status and removed fears that

they could lose their children to the original parents once the children came of age and were useful as labour. As it was generally believed that immorality and other evil tendencies were passed on from mother to child, secrecy was instituted into the adoption practice to keep them apart (Benet, 1976; Else, 1987; Sorosky, 1978).

Other major factors influencing change were: the aftermath of World War II, which brought an increase in ex-nuptial children; a shift in societal attitudes; the influence of psychodynamic theory in social work practice; the theory of bonding; IQ testing of babies; and genetic studies. Collectively, these factors provided a rationale for what is commonly called the “clean break” theory. It introduced secrecy into adoption legislation as well as in practice, and prevented access to adoption records for all time in many states and

In modern western society, legal adoption is a relatively new phenomenon.

countries. It is this background that gave rise to the need for present-day conferences to talk about adoption and healing.

The clean break theory

For decades, the clean break theory exercised a considerable influence on adoption legislation and practice.

One consequence of World War II was a dramatic increase in the numbers of ex-nuptial children which resulted equally in a high demand for adoption placements of unrelated children to couples. Politicians and other pre-eminent made emotive speeches about the increasing number of children in institutions and the cost to the state to maintain them. Their speeches also drew attention to society's moral decline. Child welfare services became actively involved in promoting the placement of children with families on a permanent basis by way of legal adoption. It was believed that adopting children would cure society of the ill effects of immoral behaviour. As Kornitzer wrote, “We realise that our society is ill, we get excited about it and we wish to cure it. We understand that our sick society can be healed

only through the child” (Kornitzer, 1952).

Genetics and the theory of bonding

The increase in infant adoption which occurred after World War II originated in theories of bonding and genetic studies. These supported the notion that children could be transferred to new families without negative consequences, as did other studies suggesting that changes in attachment were easily achieved (Lorenz, 1935).

Influential studies on early childhood bonding, by Bowlby, also did much to promote early infant adoption on the grounds that a child needed to be attached to a mother figure as early as possible. These studies resulted in a major shift away from hereditary and genetic determinants toward environmental and psychodynamic concerns. They also introduced the notion that the family of origin could be discounted as being of no importance to the child.

As a result of these and many similar studies, adoption practice shifted away from finding the best child for a family (by way of matching social class and intellectual potential) towards a study of the adoptive applicants. The prevailing attitude was to find a home which provided the best environment and the right parents for every child. It was generally believed that if the best possible home was found, then the child would take on the personality traits and intellectual ability of the adoptive parents.

Psychodynamics

The work of Bowlby influenced the use of psychodynamic theory of personality, particularly Freudian theory, in social work practice. Social work training was based on psychodynamic models which claimed that training in the psychodynamic theory of personality enabled social workers to develop skills in identifying the unconscious needs and motivation of birth parents and adoptive applicants (Kirk, 1985).

Bowlby's work also provided the social work

profession with an opportunity to lay claim to an area of work which they could truly call their own, thereby increasing their status as a legitimate professional body.

Leontine Young's book *Out of Wedlock* became the basic text book for the psychodynamically-oriented work on pregnant women and unmarried mothers. She writes, "One thing is clear. The baby is not desired for himself but as a symbol, as a means to an end. An unmarried mother who is bound hand and foot by the iron bonds of her own neurotic needs has little freedom for concern for the needs of the infant she has to bear." The literature frequently describes unmarried, pregnant women as immature and unstable; young girls whose pregnancy had occurred through irresponsible behaviour and sexual activity. Because of this belief, counselling

tended to focus on the woman's unsuitability to mother this child, and placing it for adoption was regarded as the best possible solution. A

review of the literature, however, shows that in most parts of the western world, sexual activity by unmarried women was much more prevalent than generally admitted (O'Neil, 1979).

One wonders how relevant it really was for social workers to delve into the unconscious motivations and needs of women and girls who had become pregnant, usually as a result of ordinary courting behaviour rather than because they were unstable and fulfilling some unconscious neurotic desire.

Psychodynamic theory was also used as a basis to assess adoptive applicants – which Canadian sociologist David Kirk suggests was equally inappropriate. He believes the theory is useless in telling a social worker how an applicant will act as a parent in the changing circumstances of the family life-cycle years later.

The literature on the psychodynamic theory of personality was also instrumental in developing the myth of the "unwanted child": a label which has become a real issue for many

It was believed that adopting children would cure society of the ill effects of immoral behaviour.

adopted people. It promoted the notion that the baby was not desired for him or herself, but was a symbol, as a means to an end. Telling the adoptive parents that the birth mother did not “really” want a child, became translated in the mind of the adoptive parents to “unwanted” child. Pressure on birth parents to relinquish their children as the best option for the child turned into “abandoning the child”. Adoptive parents who were assessed and selected by a social worker for their ability to accept an adopted child, were also led to believe that a child became the same “as if born” to them.

Social factors and adoption practice

As well as the psychological and genetic theories used to justify “choice” of a mother to give up her baby, she also was reminded of other factors. There is no doubt that any mother who kept her ex-nuptial child suffered such severe stigma and deprivation that it would, in turn, affect the child. Economically, it was also difficult to survive.

The literature shows that society expected children to be brought up in a two-parent family: one parent would stay at home and provide the caring, while the other would provide by working. With societal attitudes as they were, it is not surprising that many birth mothers felt that they had to agree to placing their children for adoption. Equally, many adoption workers believed that because of the stigma, birth mothers would feel relieved and grateful. They encouraged birth parents not to tell anyone, to begin a new life and to forget about the child. These attitudes led to a “fresh start” or “clean break” approach which was reinforced by the legal profession, as stated by this English judge: “In general, it is the policy of the law to make the veil between the past and present lives of adopted persons as opaque and impenetrable as possible, like the veil that God has placed between the living and the dead” (Ehrlich, 1977).

The development of legalised adoption in New Zealand very much followed that of other

English-speaking countries such as the USA, Canada, Australia and Great Britain. When European settlers came to New Zealand, the Māori population had an adoption system in place which was quite different from that of the English-speaking settlers, and which was common practice. The reasons for adoption within Māori society, however, were quite different from those of the settlers. Initially, Māori adoptions were recognised under European law by the New Zealand Constitution Act 1852. However, as the years went by, Māori adoptions were assimilated into the New Zealand legal system. By 1961, Māori adoptions had been taken out of the Māori Land Court (where they had been processed) and transferred to the magistrates courts, where they became indistinguishable from other adoptions.

Adoption agencies promoted the idea that children who requested information were disturbed.

The movement against secrecy

While adoption workers and legal advisers were making every effort to establish legislation and practices to

support the clean break theory and secrecy, the literature shows that others had started to challenge these practices.

After World War II, existentialism slowly emerged as a major philosophical perspective which challenged psychoanalytic theories of personality, and which gave social workers and other professionals a different perspective on people and their needs.

Existentialism promoted notions such as the importance of knowing oneself, freedom of choice and responsibility for one’s actions. It held that personal truth is a matter of subjectivity and that it is the individual alone who finally decides the meaning of a new situation. The existential view of adoption practices, based on pretence and suppression of personal information by others (under the guise of protecting the adopted person from possible hurt and so from reality), is that it is unhelpful to that person and gets in the way of personal growth.

Erickson's work on identity formation offered new insights into why adopted people needed to know their origins.

Kirk was one of the first Canadian pioneers to undertake research into kinship. His findings show that adoptive parents who deny the difference between a child by birth and one by adoption are more likely to have dysfunctional family relationships based on secrecy, inability to communicate, and general distancing between the parents and children. On the other hand, he found that where there was an acknowledgement of difference, a more open and creative relationship existed between children and their adoptive parents.

Kirk's findings were in direct conflict with the practice of adoption agencies and legal advisers, who operated from a "rejection of difference" philosophy and who promoted secrecy. Kirk's theory on acknowledgement of difference meant that adoption now has to be regarded as a lifelong process, whereby adoptive parents discuss issues relating to the adoption with their children over the years. Kirk suggested that children who request information about their families of origin reflect the security they feel about their adoption. On the other hand, adoption agencies often promoted the idea that children who requested information were either disturbed or that something had gone wrong in the parent/child relationship.

Because of the insistence that an adopted child was the same as if born to them, they sought the same therapeutic solution as for non-adopted children with their parents. The outcome has often been that therapy was unsuccessful and relationships deteriorated rather than improved.

(Kirk, 1985)

Critical research findings, based on adult adopted people's experiences, became available in the early 1950s. The first person to speak out publicly on the issue of secrecy in adoption was Jean Paton, a social worker and an adopted person. She wrote a book called *The Adopted*

Break Silence which marked the start of the adoption reform movement, beginning with her own organisation Orphan Voyage. Others, such as Florence Fisher and Betty Jean Lifton, followed much later in the 70s and 80s.

In 1978 Sorosky, Baran and Pannor reported for the first time on the feelings and attitudes of birth parents years after they had relinquished their children for adoption. Other publications followed such as Sawyer (1979), Langridge (1982) and Van Keppel (1984). All of these studies described the anguish felt by birth parents years after they had given up their children for adoption and the severe emotional trauma they had suffered. The studies exposed the myth of adoption agency and lawyers' beliefs that birth parents wanted permanent anonymity and privacy and to be left alone forever.

And there was a growing awareness that legally defined adoption legislation had its own consequences which had not been intended at the time of passing legislation. ■



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Notes

1. Part two of this article will be published in the April 1988 issue of *Social Work Now*.
2. Copies of *Adoption and Healing* are available by mail from the NZ Adoption Education and Healing Trust. The price is \$24.75 (inc gst) plus \$5 for packaging and post. (Mail orders from Australia cost A\$33.50, inc p&p). The book contains 39 articles from national and international speakers at the International Conference on Adoption and Healing in June this year. To order, please send a cheque for \$29.75 to NZAEHT, PO Box 11 446, Manners Street, Wellington, New Zealand.
3. Due to space considerations, the references have been omitted but are available on request from the editor at *Social Work Now*.

Suicidal behaviour in young New Zealanders

Youth suicide rates in New Zealand rank among the highest in the world. **Annette Beautrais** examines the scope of the problem and looks at strategies for suicide prevention

During recent years, suicide has emerged as one of the major youth issues of this decade. Public and professional concerns about youth suicide in New Zealand have arisen for several reasons. Firstly, suicide ranks as the second leading cause of death, after motor vehicle accidents, for young New Zealand males (New Zealand Health Information Service (NZHIS), 1997a). Secondly, suicide rates for young males have quadrupled during the last two decades and are higher now than at any point in New Zealand's history (Deavoll et al, 1993). Thirdly, these suicide rates are, each year, among the highest reported for a series of developed countries (NZHIS, 1997b).

This article will provide a brief review of the extent of the problem of suicidal behaviour among young people in New Zealand and discuss risk factors for this behaviour, using findings from both New Zealand and international studies. Current research evidence about risk factors for suicidal behaviour will be used as a basis to outline strategies which might be developed in efforts to reduce suicide and suicide attempts among young people. CYPFS is currently working on best practice guidelines for social workers who have contact with young people to enable them to better recognise, refer and manage young people at risk of suicidal behaviour. Once this information has been finalised, a future article will examine the suggestions.

The extent of the problem

Suicide

Often publicity about youth suicide implies that it is a common occurrence. In fact, despite rising suicide rates, suicide is still a rare event. In New Zealand, in 1995, there were 156 suicides among young people aged 15–24 years (NZHIS, 1997b). This represents a suicide rate of 28.7 deaths per 100,000 population. Young males are four times more likely to die by suicide than females: in 1995 the rate of suicide for males aged 15–24 years was 44 per 100,000; the corresponding rate for females was 12.8 per 100,000.

Suicide is rare in children and adolescents aged under 15 years. In New Zealand, in 1995, six children under 15 years died by suicide (NZHIS, personal communication). Within the 15–24 years age bracket suicide is not equally likely to occur at all ages but, rather, tends to increase with age; suicide is significantly more common among those aged 18 and older than among younger teenagers.

Suicidal ideation and suicide attempt behaviour

While recent attention has focused upon suicide there is, in fact, a spectrum of suicidal behaviours which ranges from thoughts of suicide (also described as suicidal ideation) through suicide attempts of varying degrees of severity, to completed suicide. In New Zealand, two recent surveys of suicidal thoughts and attempts in young people have

suggested that the clear majority of young people (approximately 75 per cent) reported no suicidal thoughts or behaviours. A further 18 per cent reported thoughts of suicide without, however, acting upon these thoughts. A further 5–7 per cent reported that they had made suicide attempts with most of these attempts, however, being minor and not resulting in significant injury (Horwood and Fergusson, in press; Injury Prevention Research Unit, personal communication).

The incidence of suicide attempts which do not result in death has increased in parallel with recent rises in suicide rates. However, it is difficult to obtain estimates of the incidence of suicide attempts since many minor attempts do not come to medical attention. One measure of suicide attempts which is recorded

is the number of hospital admissions for treatment following attempted suicide. There were approximately 1300 suicide attempts requiring hospital admission for young people aged 15–24 years in New Zealand in 1995 (NZHIS, 1997a).

Estimates suggest that there are approximately 30–50 suicide attempts of varying degrees of severity which do not result in death for every completed young male suicide, and approximately 150–300 suicide attempts for every female suicide (Kosky, 1987).

Among young people who attempt suicide there is a significant risk of a further suicide attempt. A series of follow-up studies has suggested that between 6–15 per cent of youthful suicide attempters will repeat the suicide attempt within the following year, with further suicide attempts being most likely to occur within the three months following the initial attempt (Hawton and Catalan, 1987).

Gender

The relationships between suicidal behaviour and gender are complex. Suicide is much more common among young males than females: 80 per cent of suicides among young people occur in males. In contrast, females are much more

likely than males to make suicide attempts which do not result in death; approximately 75 per cent of all hospital admissions for suicide attempts in young people occur in females. However, recent evidence suggests that young males and females are equally likely to make medically serious suicide attempts (Beautrais, 1996).

Female suicide attempts tend to peak slightly at age 16 years, and then decline very slightly with increasing age. In contrast, male suicide attempts tend to increase with advancing age, with a peak in the mid-twenties when male and female suicide attempt rates tend to converge (NZHIS, personal communication).

The greater propensity for females to make suicide attempts which do not result in death

Two recent surveys have suggested that the clear majority of young people reported no suicidal thoughts or behaviours.

may reflect, in part, the fact that young females tend to have higher rates of depressive and anxiety disorders than males of the same age. The greater tendency for males to die by suicide may be

accounted for, in part, by the fact that males tend to choose more lethal methods of suicide than females (Beautrais, 1996; Horwood and Fergusson, in press).

Ethnicity

Traditionally, suicide rates have been lower in Maori than non-Maori. In recent years, however, Maori suicide rates have tended to converge to those of non-Maori. In 1995, for the first time, Maori suicide rates were higher than non-Maori rates. However, this data must be interpreted cautiously, as the numbers involved are small (27 Maori suicide deaths among 15–24-year-olds in 1995), and may reflect changes in classification of ethnicity (NZHIS, 1997b).

Method

The methods used for suicide tend to reflect custom and availability and vary with culture and country. In New Zealand the most

common method of suicide among young people is hanging (58 per cent of all youth suicides in 1995), followed by carbon monoxide poisoning (16 per cent) and gunshot (10 per cent) (NZHIS, 1997b).

By far the most common method of suicide attempt which does not result in death is overdose of drugs, including both prescribed and over the counter medications. While approximately 90 per cent of all hospital admissions for suicide attempts by young people are for overdose (NZHIS, 1997a; Beautrais, 1996), suicide attempts by overdose are rarely fatal.

Risk factors for suicidal behaviour among young people

Frequently, media discussions of youth suicide imply that relatively little is known about the causes of this behaviour.

In fact, within the last ten years, there have been a large number of studies, including some from New Zealand, which have extensively examined the risk factors associated with youthful suicidal behaviour.

The results of these studies consistently suggest that suicide is a complex behaviour with multiple causes. A series of international studies has now clearly identified four major sets of related risk factors for suicidal behaviour in young people (Beautrais, 1996; Brent et al, 1993, 1994; Gould et al, 1996; Horwood and Fergusson, in press; Lesage et al, 1994; Marttunen et al, 1991; Runeson, 1989; Shaffer et al, 1996; Spirito et al, 1989). The findings from these studies are summarised below. They suggest that the major risk factors for both suicide and suicide attempt behaviour in young people are broadly similar and are as follows:

Social disadvantage

Young people at high risk of suicidal behaviour tend to come from socially disadvantaged backgrounds which are characterised by lower socioeconomic status, limited educational achievement, low family

income and economic disadvantage.

Family adversity, dysfunction and disadvantage

Young people at high risk of suicidal behaviour tend to come from family backgrounds which are marked by a series of adverse circumstances and which may include such characteristics as: parental marital disharmony; parental separation and divorce; parental mental health problems including depression, and alcohol and other substance abuse problems; parental violence and abusive family environments, including physical, sexual and emotional abuse during childhood; poor parental care, including impaired parent-child relationships and poor family communication styles; and the child having been in institutional care during childhood and/or adolescence.

Frequently, young people with suicidal behaviour tend to come from multi-problem family backgrounds in which several risk factors are commonly present. This observation suggests

In New Zealand the most common method of suicide among young people is hanging.

that it is the density and chronicity of a range of adverse factors, rather than the severity of any one factor, which contributes to increased family dysfunction and subsequent suicidal behaviour.

Significant mental health problems in adolescence

The majority of young people with serious suicidal behaviour have at least one recognisable mental health problem at the time of their attempt or death. Most commonly these disorders are affective (depressive) disorders, substance use disorders (including alcohol, cannabis and other drug abuse or dependence), and antisocial behaviours including conduct disorder and/or offending behaviour.

Relatively few young people with suicidal behaviour will have more severe forms of mental disorder such as schizophrenia or other psychotic disorders. While depression, substance use disorders and antisocial behaviours are relatively common among young

people, the more severe conditions such as schizophrenia are rare. However, among those young people with severe mental disorders, the risk of suicidal behaviour is high.

Young people with serious suicidal behaviour frequently have co-morbid mental disorders (ie the co-occurrence of more than one mental disorder). Individuals with more than one disorder, compared to those with a single disorder, tend to have markedly increased risks of suicidal behaviour.

Young people with serious suicidal behaviour frequently have a history of previous suicide attempts and/or of prior contact with a range of health services for mental health problems. The Canterbury Suicide Project has found high levels of recent contact with health services among young people who made medically serious suicide attempts. Within the year prior to the serious suicide attempt 22 per cent had been admitted to a psychiatric hospital, 67 per cent reported outpatient contact with health services for

psychiatric reasons and 53 per cent had made at least one previous suicide attempt. These findings imply that most young people with serious suicidal behaviour are, in fact, known to a range of agencies and services and that effective interventions to reduce suicidal behaviour perhaps need to focus less upon attempting to identify those young people at risk of suicide in the general population and more upon improving the treatment and management of those already known to services.

Adverse and stressful life events

Before the suicide attempt young people with suicidal behaviour tend to have been exposed to stressful or adverse life events including – in particular – relationship difficulties or breakdowns, and problems with the law or police.

In addition, there are suggestions that there may be a genetic component to suicidal behaviour although this has not been well studied in adolescent populations (Brent et al, 1996). For adults, while there are strong

indications that genetic and biologic factors are associated with suicidal behaviour, it is not yet clear whether what is being transmitted is a genetic predisposition to suicidal behaviour *per se* or a genetic vulnerability to the mental disorders or personality traits with which suicide is linked.

Risk factor profile

In summary, the young person most at risk of suicide tends to be someone from a background of social and educational disadvantage, with a history of exposure during childhood to adverse, difficult and disadvantaged family circumstances, who subsequently develops significant mental health problems, including in particular, depression and substance abuse problems, and who then is exposed to a stressful event. While suicidal behaviour may occur in

young people who do not have this risk profile, it is most commonly the case that most young people with serious suicidal behaviour will have some elements of

Most young people with serious suicidal behaviour are, in fact, known to a range of agencies and services.

family, social and educational disadvantage, psychiatric disorder and related difficulties.

Frequently, these risk factors appear to act accumulatively so that young people with greater exposure to adverse risk factors are at substantially greater risk of suicide than those not exposed to these risk factors. These observations imply that suicidal behaviour is not merely the consequence of a recent stress or crisis, nor of current mental disorder. Rather, suicidal behaviour tends to occur as the consequence of adverse or unhappy life courses which are marked by accumulations of risk factors during childhood and adolescence, from the domains of socioeconomic, educational and family disadvantage, psychiatric illness, and stressful life events.

Misconceptions

In the current climate in which youth suicide has become publicised and politicised a series of misconceptions about risk factors for suicide have arisen. One of the factors often

implicated in causing youth suicide is unemployment. This claim has been examined in two New Zealand studies. The results of both studies suggest that the apparent relationship between suicide and unemployment arises because the risk factors which are likely to contribute to an individual developing suicidal behaviour are the same risk factors which increase the likelihood that the individual will be unemployed. When the background factors which are common to both outcomes are taken into account, there is no evidence of a causal association between unemployment and suicide (Beautrais et al, in press; Fergusson et al, 1997).

Similarly it has been suggested that cannabis use leads to suicidal behaviour. Again, evidence from the Canterbury Suicide Project suggests that cannabis use and suicidal behaviour have common risk factors and when these are taken into account, in conjunction with mental disorders which are co-morbid with cannabis abuse, then cannabis use, in and of itself, makes no causal contribution to suicidal behaviour (Beautrais et al, in press).

The results of these analyses highlight the fact that the risk factors which lead to youth suicidal behaviour appear to be very similar to those factors which lead to a range of other psychosocial disorders in young people including depression, substance use disorders and antisocial behaviours, and imply that the major life pathways and processes which lead to increased risk of suicidal behaviour overlap and correlate quite substantially with those which lead to other young adult psychosocial disorders (Rutter and Smith, 1995).

There is also evidence that rises in these other psychosocial disorders have occurred during the same time period as increases in youth suicidal behaviour (Rutter and Smith, 1995). This trend implies that suicide rates have increased as part of a more general rise in rates of a range of psychosocial disorders among young people during the last few

decades. It suggests that explanations for rises in youth suicide rates might be more usefully sought by considering youth suicide as one of this range of psychosocial disorders, rather than seeking explanations for youth suicide rises in isolation from other disorders.

Implications for suicide prevention strategies

The available research evidence, from both New Zealand and international studies, provides a basis for developing suicide prevention strategies. The strategies below outline efforts which may be made to reduce risks of suicide and suicide attempt in young people, with these approaches broadly mapping on to the range of risk factors which research evidence has consistently identified as being associated with youthful suicidal behaviour.

Depressive disorders and substance use disorders are strong predictors of suicidal behaviour.

Family support and early intervention programmes

To address the role of family and childhood disadvantage in the development of suicidal behaviour in young

people, there are a range of interventions which may be initiated. These are designed to provide enhanced long-term support to high-risk families in attempts to reduce the number of children and adolescents exposed to disadvantaged and dysfunctional family environments which may subsequently lead to suicidal behaviour.

Programmes of this type may be based upon extensions to currently existing services or may require the development of novel services to provide more targeted, focused interventions.

To be effective this type of intervention is likely to require long-term implementation over a period of decades. Such interventions are expensive to fund and to evaluate. Given this cost the justification for early intervention programmes targeted at high risk families may be best based upon a broader set of goals including reducing child abuse, improving health care delivery and education, and reducing depression, substance abuse and offending behaviours, in addition to reducing suicidal behaviour.

Improvements in mental health education and awareness, treatment and management

Research evidence consistently suggests that the clear majority of young people who die by suicide and those who make medically serious suicide attempts have at least one psychiatric disorder at the time of their attempt or death. In particular, depressive disorders and substance use disorders are strong predictors of suicidal behaviour. A clear corollary of these findings is that effective policies for youth suicide prevention need to focus strongly on the prevention, treatment and management of psychiatric disorders in young people. The range of strategies which may be proposed in this area is illustrated by the examples below:

- Promotion of positive mental health among young people, via positive mental health programmes in the school curricula.
- Professional mental health education to increase awareness of mental health issues among professionals and community members who have contact with young people.
- Mental health awareness programmes designed to promote information about mental health issues to the general public, in order to encourage a social climate in which mental health issues are better understood.
- The development of best practice models of care, treatment and management for young people at particularly high risk of suicidal behaviour (eg those who have been recently discharged from inpatient psychiatric care, those who have a history of previous suicide attempts and young people diagnosed with psychotic disorders).
- Improved delivery of mental health services to young people in efforts to encourage attendance and compliance with treatment programmes.

Improvements in social areas, including the provision of more equitable opportunities for education and employment, may contribute to suicide prevention.

- Improved efforts to identify and effectively treat depression in young people by, for example, the development and promotion of appropriate guidelines for general practitioners.
- The development of protocols for crisis mental health services to provide improved care for young people immediately following a suicide attempt.
- Mental health treatment for the parents of at risk young people who themselves have mental health problems.
- The development of postvention guidelines and bereavement and support services which may be implemented in communities, schools and workplaces after a suicide has occurred and which are designed to limit the potentially contagious

impact of the suicide, particularly among young people.

Restriction of access to means of suicide

Restricting access to particular means of suicide is frequently promoted as a major approach to suicide prevention. However,

the findings in this area are somewhat conflicting. While some studies suggest that restricting access to a particular means of suicide will result in a decrease in the number of suicides by that method, consequently reducing the total number of suicides, other studies indicate that, if access to a specific method of suicide is denied, another method will be substituted with no subsequent reduction in the overall suicide rate.

Restricting access to methods of suicide is an interventive strategy which has the potential to play a more significant role in some countries than others, depending on the commonly used methods of suicide. For example, restricting access to firearms is likely to impact more on suicide rates in countries where firearms account for the majority of suicides, than in

New Zealand, where a minority (16 (10 per cent) in 1995) of youth suicides result from firearm injuries (NZHIS, 1997b).

However, while restricting access to means of suicide does not address the underlying causes of emotional distress in young people, such limitations may prevent some impulsive suicides which are made in situations of extreme anger or despair. Limiting access to potentially lethal means of suicide has value as one component of a comprehensive suicide prevention strategy.

Macrosocial changes, including the development of policies to reduce social inequities

A series of studies has demonstrated consistent evidence of linkages between family and individual social and economic disadvantage and risk of suicidal behaviour in young people. Improvements in social areas, including the provision of more equitable opportunities for education and employment, may contribute to suicide prevention by reducing risks of childhood and adolescent adjustment and mental disorders which are associated with suicidal behaviour in young people, and by providing a more favourable social environment in which other, more targeted approaches to suicide prevention may have the best opportunity to succeed.

Minimising adverse effects of media discussion of suicide

There is consistent evidence that vulnerable individuals may imitate suicidal behaviour after fictional, documentary or hard news reports of such behaviour. In addition, frequent publicity about suicide may serve to "normalise" and popularise the concept of suicide in the population so that suicide may be more widely perceived as one of a range of common and acceptable options for young people who are subsequently faced with emotional stress or difficulty. Therefore, comprehensive suicide prevention strategies need to include efforts to persuade the media to minimise the volume of reports about suicide, and to report suicide in a muted and cautious manner least likely to provide models which encourage suicidal behaviour among

vulnerable individuals.

Improved statistical information and research about suicidal behaviour

Suicide data needs to be made available in an accurate and timely manner for policy makers, suicide researchers and other data users. In addition, there is a need for further research in New Zealand into a range of issues related to suicidal behaviour and suicide prevention, and for research findings to be coordinated and disseminated to those working in clinical, professional, community and volunteer settings with young people.

Prospects for prevention

It would be misleading to imply that implementation of all of the programmes outlined above would achieve an instant reduction in the incidence of youth suicide. The multicausal and complex nature of suicidal behaviour suggests that efforts to reduce suicide and suicide attempt behaviour will require the introduction and funding, over a long period of time, of a variety of interventions in a range of different areas. These interventions should address the many social, family, individual, and related risk factors which accumulate and, in combination, dramatically increase the likelihood of suicidal behaviour.

Since the clear majority of young people with serious suicidal behaviour have significant mental health problems, it is unlikely that significant reductions in suicide rates will be achieved without corresponding reductions in the rates of a range of psychiatric disorders, particularly depression, substance use disorders and antisocial behaviours, in adolescent and young adult populations. However, there is currently no clear specification of the types of interventions, programmes and policies which might best reduce risks of these disorders in young people.

Conclusion

It is likely that youth suicide will remain an issue of contemporary social significance and public health importance in New Zealand and that reductions in youth suicide rates will not be achieved rapidly or readily. The risk factors

for suicidal behaviour have now been well-identified and are available to inform the development of intervention and prevention strategies to reduce the incidence of suicide and suicide attempt behaviour. The next challenge for suicide research lies in the development, evaluation and refinement of suicide prevention programmes. Since it is well-recognised that suicide is multicausal it is clear that there is no single intervention which, alone, will make a large contribution to suicide reduction. Rather, what is likely to be effective is a multifaceted and intersectoral approach combining a variety of interventions which are all aimed at reducing suicide risk. The challenge lies in identifying that mix of programmes which will be most effective in achieving this goal. ■



Annette Beutrais has a background in research work and is currently Principal Investigator with the Canterbury Suicide Project. This research study, begun in 1991, examines suicide and serious suicide attempts in people of all ages and includes a five year follow-up study of individuals who have made serious suicide attempts.

Note

Due to space considerations, the references have been omitted and are available on request from the editor at *Social Work Now*.

Adolescent health and the urge to conform

Peter Hepburn discusses safety and health issues for young people in the face of peer pressure

Adolescence is marked as a time of personal growth, both socially and emotionally. As adolescents begin to explore their expanding and changing environment, they are forced to continually re-evaluate their capabilities and how they handle the various aspects of their life. This period of stress and constant self-examination is integral to the development of the adolescent personality.

This article looks at the reasons why adolescents may engage in unsafe and unhealthy behaviours, and argues that if young people engage in these behaviours it is to fit in and be part of the group (ie to conform).

During the 1970s and 80s, identity research focused on how self-concept developed from adolescence through to early adulthood. Self-concept is how an individual perceives themselves through the characteristics attributed to them. This concept is closely linked to self-esteem which, in turn, stems from how closely an individual's idea of themselves compares to a perceived ideal.

While some theories broadly divide the development of self-evaluation (or self-concept) into four general categories, adolescence is typified by more intrapersonal psychological characteristics including emotions, attitudes, beliefs and motives. As self-evaluation matures, the characteristics used to define it become less readily observable by others and more internal. This inwards shift in focus is where much of adolescent conflict emerges.

Stress

Middle adolescence is acknowledged as a period of great stress for young people and is a time when they may increasingly rely on comparisons with others to re-evaluate their self-concept. Some writers have suggested that since the concept of "self" is a predominantly social construct, adolescence will inevitably mark an increase in the significance of other people's opinions. The impact of those reflected opinions and their part in the formation of self-concept has been termed the "looking glass self".

Young people form their identity during adolescence and also work towards personal autonomy. Although as a young person increases their autonomy from their parents, their converse ability to remain autonomous against peer pressure, and possibly engage in anti-social behaviours, decreases. This suggests that one form of pressure or allegiance is exchanged for another (from parents to peers).

More opportunities

As young people move through adolescence they become involved in increasingly diverse activities within a greater range of settings, with their peers and away from parental supervision. This provides opportunities for them to be exposed to alternative ways of doing and seeing things, experimenting with their dress and appearance as well as other ways of behaving (perhaps "risky" behaviour).

It is not surprising that adolescents seek acceptance with a peer group, since

conforming to a social group is a relatively basic need in humans (ie to belong, to be accepted, to be valued). In adolescence that need is heightened, and conformity in some contexts and situations is just a part of "growing up".

Throughout their lives, people tend to conform to rules and behaviours (often contradictory), in a variety of contexts and with different groups. Adolescents are simply "trying on" different values, behaviours, interests and lifestyles to see how they "fit".

Peer influence does not completely displace parental or family influence. Adolescents may change only in obvious ways, such as appearance, where they "hang out", their music, language, or slang, but may still have values and beliefs which are similar to their parents.

Eventually, as young people move through adolescence to early adulthood, they begin to discard attributes and behaviours that were valued in adolescence. Ironically, the very process of seeking personal autonomy may involve conformity and needing to belong, but the outcome may also be the strength to resist that very pressure to conform. ■



Peter Hepburn is a Youth Justice Supervisor at Auckland North CYPFS. Prior to this he was a care and protection social worker. Peter has a particular interest in adolescence with a specific focus on offending and problem behaviour. He is studying for an MA in Psychology and hopes to specialise in adolescent abnormal psychology.

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Workload management and measurement

John Hoult looks at how to measure a caseload and why it's useful to social workers

Is it possible to measure a social work caseload? It is not only possible but it is also essential if social workers and the agencies they work for are serious about providing a quality service to clients.

Social work involves complex processes carried out with clients often over long periods of time. Historically, attempts to create a measuring system for caseloads have not been sufficiently robust to be either reliable or fair. They have also stemmed from the worker or organisation's perspective, rather than from a focus on client service, or the level of service a client requires.

But starting with a client service perspective is critical to achieving an effective caseload measurement. This perspective should address issues such as:

- What needs to be achieved with a client?
- What are the goals and what tasks need to be done to achieve them?
- Who carries out the tasks and in what order of priority?

Answers to these questions form the basis for a case (or work) plan which will be developed using the principles of best practice.

Measuring an actual workload comprises three main elements:

- What are the plans, goals and priorities for every work plan?
- How much time does the social worker have?
- How long does it take to reach a specific outcome or goal?

Once you know how long a particular task takes, the time factor can be built into planning processes, and the social worker knows how much time to allocate to a case. The number of tasks which will be done will then depend on how much time a social worker has available to carry them out. A social worker can ultimately achieve only so much, given the time and the complexity of the tasks to be done.

There is nothing new in this approach and many social workers already carry out informal case measurement when they assess the impact on their time of a particular case: the greater the difficulty or complexity, the longer the time to be allocated to a case. What has not been previously developed is a system for understanding or measuring the differences between cases. The Workload Management Project tackled this proposition and has produced a method for understanding the complexity of work that is output-based. It enables a worker to rate a case low, medium or high complexity on four or five key factors:

- Client/family dynamics.
- Access to client.
- Access to resources.
- Interfaces.
- Victims (for youth justice).

Each factor has a set of descriptions which define low, medium or high complexity. An example of client/family dynamics in output 221CP is:

Complexity factors	Low rating = 1	Medium rating = 2	High rating = 3
Client/family dynamics	One type of abuse or neglect. Receptive to CYPFS involvement. Willing to acknowledge problem. Good communication within family and with social worker. Independent, able to manage. No evidence of dysfunction.	Two types of abuse and/or neglect. Ambivalent about CYPFS involvement. Ambivalent about alleged problem/s. Some communication problems within family or with social worker. Not fully independent, requires some assistance. Some levels of dysfunction.	Three or more types of abuse and/or neglect. Resist/avoid/hostile to CYPFS involvement. Not willing to acknowledge alleged problem/s. Poor communication within family or with social worker. Dependent, not able to manage without assistance. High level of dysfunction.

Once each factor is rated, the figures are added together then divided by the number of factors to achieve an overall score.

Not surprisingly, tests carried out by the project have shown a direct correlation between the complexity of cases and the time required to complete all the work.

Hours of work

How much time is available to carry out the workload tasks? This is easy to calculate. A social worker receiving the extra duties allowance and employed full-time works 2132 hours in a year. If they are entitled to the maximum of five weeks annual leave, with deductions for statutory holidays and some sick leave, the hours available for work reduces to about 1750 hours in a year.

We can also determine how long it takes to complete a particular output, based on the data we gathered from a series of trials. One trial asked staff to rate the complexity of cases they had worked on over a four to five month period, along with an estimate of how long each had taken to complete. Another trial requested staff to record all the time they spent on a case over a two to three month period. These cases were also rated a level of complexity.

Using this data, we developed time guidelines which indicate the average time it takes to handle a case of a certain complexity in a particular output. See tables below.

A 221 care and protection case, with no emergency plan

Complexity	Low	Medium	High
Hours	8	12	18

A 221 care and protection case, with an emergency plan

Complexity	Low	Medium	High
Hours	27	42	56

Note: These are average figures only, and are guides not requirements.

A youth justice output 233 monitoring a court plan

Complexity	Low	Medium	High
Hours	8	22	44

Using this data, it is possible to “build” hypothetical caseloads. For example, a key care and protection social worker with 1100 hours available, who is allocated only low complexity cases in output 221 care and protection, with no emergency actions, could manage around 135 cases in a year, or about 11 a month.

A worker allocated only high complexity cases in output 221 care and protection, with emergency actions, could manage 20 a year or about 1.5 a month.

In youth justice, a social worker allocated only low complexity cases in output 233 youth justice (monitoring court orders) could manage about 135 cases in a year or about 11 in a month. A worker allocated only high complexity cases in the same output could manage about 25 a year or about 2 a month.

Artificial constructs

Although these caseloads are artificial (because staff generally work across several outputs, with cases of varying complexities), time can still be allocated to a case regardless of the output and the complexity.

A certain degree of flexibility will also be always required when measuring workloads, as the circumstances of a particular case can change over time.

A tool for change

It is important to be able to measure workloads for several reasons. Firstly, it ensures that the level of service a case requires is clearly identified. Secondly, it provides a social worker with a realistic timeframe and workload to carry out the required service; and finally, it enables staff to gain some satisfaction from achieving all that was required.

Many staff are currently over-worked and the measurement system demonstrates this quite clearly, both quantitatively and qualitatively. When there is too much work and too little time to do it in, one or more of the following can occur:

- Client service is compromised.
- Casework is compromised.
- Workers' satisfaction is compromised.

The workload management and measurement system that has been developed will contribute to our understanding of these issues and their solutions. It will provide staff with a tool to measure work volumes and to better manage stress and it can help in preventing professional dangerousness. New staff to the Service can be better inducted with the allocation of only low complexity cases until they are more experienced, while not overloading senior staff with too many high complex cases. And managers at all levels can use this tool for budget planning and allocation. ■



John Hoult has worked for CYPFS for 20 years as a social worker and a supervisor. His involvement in special projects has included CYPFis; the Weeks review; SWis; the Auckland Metro Project; and the Workload Management Project. He is currently manager of Auckland Metro Services.

Best justice for all

The Youth Justice Creative Outcomes project reinforces good, basic practice with some effective pointers for the future, writes **Pam Phillips**

Many youth justice practitioners are hungry for information to improve their youth justice practice. Recent research into youth justice practice has been undertaken by the Social Policy Agency in collaboration with the Children, Young Persons and Their Families Service (CYPFS).

This article outlines the process for the research, the findings and the Service response. The process of research is relatively simple; the difficulty comes when translating the findings into practice.

The Creative Youth Justice Practice Project was designed to provide examples of good practice in youth justice; in particular, creative family group conference (FGC) plans for serious and repeat offenders without a custodial component. This focus is in keeping with section 208(f) of the Children, Young Persons, and Their Families Act 1989 (CYP&F Act), which states that any sanctions imposed on the child or young person who commits an offence should:

1. Take the form most likely to maintain and promote the development of the child or young person within his or her family, *whānau*, *hapū*, *iwi* and family group; and
2. Take the least restrictive form that is appropriate in the circumstances.

Process for the research

Youth justice coordinators and social workers throughout New Zealand submitted cases serious enough to have warranted a custodial sentence where plans developed kept them out of custody.

These plans were considered against the principles outlined in section 208 of the CYP&F Act.

Interviews were held with the participating youth justice coordinators and social workers to determine the key elements of their practice which made such creative outcomes possible. The youth justice practitioners were brought together in a workshop to share their own experiences and ideas on good youth justice practice.

Youth Aid officers and two youth court judges were also interviewed to determine what they looked for in an FGC plan to make them support non-custodial outcomes for serious or recidivist offenders.

Findings

It became clear that facilitating an FGC was a comparatively small part of the youth justice coordinator's job. Excellent FGC preparation and networking within the community and other justice system agencies produces the best results.

Family group conference

Preparation

Thorough preparation is the key to a successful family group conference. Necessary preparation includes fully informing the young person, the young person's family and the victim of their rights and obligations, of the importance of their role in the family group conference, and about the family group conference process itself. It also meant encouraging the participation of extended family members as well as the attendance of the victims.

There is no doubt that what you do before the FGC, the way we set all that up, determines the success or otherwise of the outcome... If you have a situation where you are sending in a whole bunch of loose people trying to come to a decision, you can be sure the outcome is going to be pretty messy.

First FGC crucial to breaking the cycle

The coordinators identified that every conference is important. If the first FGC is done well there is a good chance of avoiding an escalation to further FGCs because the young person turns away from future reoffending.

First contact

While each coordinator used their own preferred methods to contact the participants through letters, phone calls, home visits, pamphlets and videos, nearly every one emphasised the importance of including face-to-face meetings between themselves and the participant.

Family responsibility and empowerment

A key element in preparing family members is impressing upon them their responsibility in the FGC, reminding them that the legislation is about getting families to take and accept responsibility for their young people.

At one FGC they said, well, who's going to supervise the community work? And I turned around to an uncle who was there but wasn't paying much attention to what was going on, and I said, what do you do? Ah, he said, I'm on the dole. So, I said, you couldn't supervise this boy at the marae? Oh, he said, I can do that. Now that simple request of that uncle provided dividends further down the line. I met him on the street and he said, "That boy was going to get in to trouble again so I took him out to the marae and got him some more work."

Coordinators were very clear about the importance of "going wide" in terms of inviting extended family participation in the

FGC. They focused on the value that extended family members brought to the conference in terms of support, ideas and actual contributions to the undertaking of the plan.

The thing that I use with them is to say, suppose that this young person was killed in this car, your son was killed in this car, and who would come to the tangi? They'd say, oh so-and-so, uncle so-and-so. I'd say these are the ones that I'd like to go to the FGC. I know that's a brutal way of doing it, but sometimes you only use that when you are up against the concrete wall.

In helping families to prepare themselves for developing an FGC plan it was valuable to emphasise that the young person was to be the centre of the proceedings and who knew the young person better than they?

Victim involvement

The youth justice coordinators agreed that the involvement of victims was crucial to a good FGC. Coordinators considered that the keys to getting the victims to come to

Nearly every one emphasised the importance of including face-to-face meetings between themselves and the participant.

the FGC are to impress upon them the importance of their contribution, as well as the benefits that might accrue to them. These benefits could be tangible in terms of reparation, as well as intangible such as the feeling that could come from attending a conference, and expressing pain and loss.

Victim roles in creative outcomes

Coordinators gave many examples of how particular victims decided to take on enormous responsibilities with young offenders, above and beyond ensuring that they were held accountable for their crimes. This at times included providing young people with work opportunities.

Another thing to emphasise is that when you have been burgled and your privacy has been invaded, you have in your mind a picture of these monstrous young people, but when you see these kids sitting in the

FGC they are really quite pathetic. I mean they are basically quite gutless kids with very low self-esteem. And you go away with a completely different picture of the people who are doing this kind of stuff. The other thing is that you lose all your fear of being done again – fear of the threats “we’re gonna get you”, because, in my experience, that never, never happens. None of that revenge stuff ever happens.

Connecting with the young person

Coordinators made a point of speaking to the young person on their own to inform them about the FGC process and to make sure that they were prepared to provide their own input to the FGC plan.

Preparation of young person

Young people need to be prepared for meeting with the victim and in particular to avoid an unproductive, defensive reaction after being confronted with the results of their offending.

Managing the tension

There is tension between the need to help families with ideas for their FGC plan without inhibiting them in developing their own solutions which may, in fact, be more appropriate to the young person’s circumstances and their own resources.

Three key features

In managing this tension there are certain areas where coordinators did try to encourage an FGC plan. These included: firstly, supporting the idea that the plan hold the young person accountable for their actions; secondly, making sure the victim’s loss was addressed and there was some form of “closure” for them; and thirdly, incorporating elements to help the young person develop in a more positive direction.

Care and protection dynamics

At times FGC preparation is complicated by a care and protection history for the child or young person. These care and protection issues typically signal a range of problems which include:

- Difficult family dynamics;

- Ineffectively addressed behaviour problems;
- Families who feel disempowered and unwilling to enter the FGC process;
- Outstanding care and protection issues that need to be addressed.

Youth justice coordinators identified their view that care and protection processes could benefit by the addition of a focus on holding the child or young person accountable for their behaviour.

Māori youth justice coordinator strengths

Māori youth justice coordinators who have shown creative practice, particularly those living in their rohe and with strong links to their iwi, reflected the following strengths:

- A vision of Māori taking care of their own;
- An ability to work with whānau, hapū, iwi;
- The use of whakapapa;
- The ability to kōrero Māori;
- An understanding of tikanga.

Hand it over to them and give them as many chances as it needs. Society may say that one conference should fix everything, but the reality is that you're not going to fix ten years of problems in one go. If it takes the whānau three or four times to get it right, then so be it. Let them do that. However if the plans keep breaking down... the coordinator must be honest to our people, we must be comfortable to challenge them, and say to the whānau, well you had your chance, now I'll see what I can do.

Pro-active work

Getting community relations right

Networking with community agencies and other government departments is the proactive side of the work done by youth justice coordinators. This work helps to develop an environment that is optimal for understanding and implementing the CYP&F Act.

Coordination works

Interagency coordination and cooperation help make the youth justice system effective and efficient in general. Networking with community

agencies has two specific purposes: firstly making resources available for FGC plans; and secondly promoting programmes to help young people avoid offending in the first place.

Police Youth Aid and youth justice coordinators

The Youth Aid officers and youth justice coordinators who were interviewed agreed that both formal and informal meetings develop relationships that promote good youth justice work.

Good court relations

Regular meetings with court staff were beneficial to the smooth running of the court system.

Operational issues

Social workers and FGC resourcing

Site variations

It is clear from interviews with youth justice staff that the social work role is used in different ways in different offices. While there are certain roles which will always have to be carried out, there were considerable variations between offices in the extent of their involvement in FGC preparation and plans.

Remand

Social workers have a valuable role when a young person is remanded in the custody of the Director-General of Social Welfare. One of the youth court judges made the point that a remand in Social Welfare custody was a useful tool for providing appropriate monitoring and oversight. If a young person can be maintained safely in the community while on remand they are less likely to receive a custodial sanction.

Three FGC practice models identified

Local practices in setting up FGCs varied from office to office. The three main patterns were:

- The social worker setting up the FGC, contacting and preparing participants while the youth justice coordinator facilitates the conference.
- The youth justice coordinator undertaking the full preparation and facilitation of the

FGC.

- The social worker working under formal delegation from a youth justice coordinator doing some or all of the preparation.

Overall, youth justice coordinators preferred to undertake all the preparation and facilitation for an FGC not only because of the importance of the preparation but also for continuity and consistency throughout the process.

Resourcing

A number of resourcing issues arose which centred around:

- Convening FGCs;
- The implementation of FGC plans;
- Whether or not there is a shortage of youth justice coordinators.

The level of difficulty in resourcing family group conferences varied from area to area. While most said they had no problems obtaining resources for an FGC plan, others indicated that they have been hindered by budget constraints.

Workload management

Some coordinators felt a need for more staff at their level in their district. They argued that social workers were increasingly being used to do the work of coordinators as coordinator workloads became unmanageable. However, other coordinators believed their caseloads would be better controlled by educating the police to use diversions more often, particularly in relation to minor offending, and by pro-active work in the community to reduce offending.

It isn't so much isolating the one-off success story and saying, isn't that marvellous? I think we've all got to go back and say, look, what is the common thread in all of this... there have to be some core things in place for any plan to work well.

Youth Aid

It was acknowledged that the Youth Aid section of the New Zealand Police was an integral part of the youth justice system. The research found that a Youth Aid officer was

more likely to accept non-residential plans for serious repeat offenders, depending on:

1. How well the plan met the needs of the victim.
2. Whether the young person was held accountable.
3. Educational or developmental elements to help the young person avoid offending in the future.
4. The overall feasibility of the plan.

Accountability in tandem with future planning

Holding a young person accountable for their actions is a significant principle for Youth Aid officers – as it is for the youth justice coordinators. But it is also important to them to consider the young person's future. The officers participating in this project felt an obligation to protect potential victims as well as the current victim, and wanted to ensure that the plan addressed the key issues of keeping that young person from re-offending.

Youth court

The two youth court judges interviewed provided valuable insights into the question of what factors might support or impede alternatives to supervision with residence. Both judges shared the view that supervision with residence should only be used as a last resort and they expressed their support for alternative outcomes wherever possible.

One of the judges argued that community-based options had more potential for making a change in the young person than supervision with residence or a custodial sentence. Eventually, young people have to return to the community and the transition to the next stage of their lives is easier if a community-based option has been used.

Important elements

The following elements were identified as particularly important when evaluating non-custodial plans for serious and repeat

offenders:

1. Oversight.
 - Are there suitable adults to provide oversight for the young person especially in the evening?
2. The nature of proposed activity.
 - Does the plan provide suitable opportunities for the young person to develop especially in areas such as sport, cultural activities, school and involvement with their extended family?
 - Are the young person's educational needs addressed?
3. The success or failure of previous plans.
 - If a similar, previous plan was not successfully completed, the judge would think carefully before agreeing to another one.
4. Has counselling been targeted at specific issues?
5. What has been the role of the victim and their involvement in developing the plan?
6. Concerns regarding the use of curfews and ensuring that the time of the curfew doesn't set the young person up for failure.
7. Evidence that many options have been explored.
8. Provisions for effective monitoring.

Capitalising on the Creative Youth Justice Project

With respect to the researchers, and as mentioned earlier, collecting the information is relatively uncomplicated; however difficulties can arise in disseminating the findings and incorporating them into practice.

The following four methods will be used to help with this process:

1. **Integration with other research:** The findings of this report, along with related research¹, will be examined for common themes, areas identified for further research if

Networking with community agencies and other government departments is proactive work.

necessary, and will be used to guide the CYPFS Best Practice in Youth Justice Project.

2. **Integration into training:** The learning from this and other research will be incorporated in the national training curriculum currently being developed by CYPFS Training Unit.
3. **CYPFS practice guidelines:** The research will be assessed against current practice guidelines and, where necessary, the guidelines will be updated to incorporate the key findings.
4. **Publication:** The ultimate conclusion from this piece of research was that:

The key to developing desirable FGC plans for the most difficult cases – plans that are in accord with the principles of youth justice and which avoid custodial sanctions where appropriate – is not any startling or unusual cleverness in the plan itself, but rather a solid overall youth justice practice that is committed to effective quality control and gatekeeping.²

Given this conclusion the question had to be asked; “Should the work be published?” Overwhelmingly the response must be yes, the research did have something important to say! The report describes the richness of the coordinators’ and social workers’ experiences, includes some illustrative FGC outcomes and demonstrates the importance of people rather than a quick fix solution to the variety of issues that arise in practice. ■



Pam Phillips is a Senior Advisor in the Practice Policy team at CYPFS National Office. She has extensive experience in CYPFS and has held a number of positions from practice consultant, youth justice and care and protection coordinator and supervisor to social worker and support clerk.

Notes

1. Related research covers: *Restorative Justice* (unpublished) by Rob Teppett, CYPFS, *Child Offenders Study* by Gabrielle Maxwell and Jeremy Robertson, and *Family, Victims and Culture: Youth Justice in New Zealand* (1993) by Gabrielle Maxwell and Allison Morris.
2. *Creative Youth Justice Practice* (1997) (unpublished) by Marlene Levine, Simi Tuiavii, Aaron Eagle and Christine Roseveare, Social Policy Agency.
3. The next issue of *Social Work Now* will publish some of the creative solutions presented by youth justice practitioners to the project organisers.
4. Quotes used in this article have been taken from *Creative Youth Justice Practice* where they were anonymously presented.

Measuring up: An approach to evaluating child well-being

As the CYPFS outcome measurement project enters its final phase, **James Barber** discusses why it is important to gauge the results of social work interventions and how to quantify caregiving

Almost as soon as the Children, Young Persons, and Their Families Act 1989 (CYP&F Act) passed into law, the Department of Social Welfare (DSW) began the work of evaluating its performance against the objectives of the Act. A DSW committee evaluating the CYP&F Act appointed a sub-committee in 1990 to investigate the potential of the CYPFS' Information System (CYPFis) to provide the necessary data. The sub-committee produced its report in December of that year along with a number of recommendations about relevant information that could be extracted from CYPFis (DSW, 1990). The Social Policy Agency also employed a consultant to survey the outcome measures already in use by CYPFS workers, with a view to building on existing systems. However, the disappointing finding of that study was that there was insufficient systematic data collection in the field to provide anything like a solid foundation for outcome evaluation (Centre for Research, Evaluation and Social Assessment, 1995). This article reports on work in progress within CYPFS to redress this situation in the care and protection field.

The process of constructing outcome measures can be divided into the following three steps:

1. What to measure?
2. How to measure?

3. Instrument construction and field-testing.

The outcome measurement project is currently in its third and final stage, and what follows is a brief summary of the approach that has been taken at each stage in the process so far.

Step 1: What to measure?

As a statutory organisation, CYPFS must ultimately be evaluated under the Act it is responsible for administering. Section 4 of the CYP&F Act, which sets out the objectives of the Act, can be summarised as follows:

1. *(That) children and young persons are safe within their family/whanau groups, or are protected where their safety or well-being can not be guaranteed.*
2. *(That) parents, families/whanau and communities take responsibility for the care, protection and control of their children and young people.*

(Families and Children Unit, 1989).

CYPFS' outcome measures must be valid for the purpose of assessing these objectives and the variables contained within them. There are two interrelated but logically distinguishable types of outcome measure implicit here: the first focuses on the child and his or her level of safety, protection and well-being, while the second relates to the behaviour of certain key adults. Care and protection outcome measures must therefore

be capable of monitoring both caregiver behaviour towards the child and the child's safety, protection and well-being.

The first of these constructs – caregiving behaviour – is conceptually easier to deal with because it is capable of direct measurement at any given point in time. When CYPFS substantiates an abuse or neglect notification it has two immediate responsibilities. It must (a) stop the abusive adult-to-child behaviours from occurring; and/or (b) promote nurturant caregiver-to-child behaviours. In contrast to caregiving behaviour, the objects of the Act in relation to child safety and well-being contain both a current *and* a predictive dimension. Although child well-being, like caregiving behaviour, is assessable here and now, the child's safety at Time 1 only becomes knowable at Time 2. This is because the concept of safety refers to the potential for future abuse rather than to the present situation.

Strengthening families

At various points throughout the CYP&F Act and in the handbook setting out the practice principles implied by the Act (Families and Children Unit, 1989), there is also considerable emphasis on maintaining and strengthening the family/whānau unit. Under the Act, separating children from their family is a last resort and must proceed incrementally, with more physically and psychologically distant placements occurring only after arrangements nearer to the original situation have been eliminated. Section 13 of the Act provides operational definitions and a hierarchy of disruption, along with detailed prescriptions about the progression to be followed by CYPFS workers. There are four levels of disruption implicit in section 13 and the criteria for classifying interventions by level are reasonably straightforward:

Level 1 disruption: The child remains at home and there is no change to his or her study or work routine.

Level 2 disruption: The child is removed from home for a short time but lives in a family environment within the same locality and maintains close contact with his or her family.

Level 3 disruption: The child is removed from home indefinitely but lives in the same locality with a family of the same hapū, iwi or cultural grouping.

Level 4 disruption: The child is removed from home, locality and cultural grouping indefinitely but is given the opportunity to form an attachment to a caregiver. To these objects of the CYP&F Act must be added the injunction applicable to all statutory authorities that practice should be both culturally competent and consistent with DSW's obligations under the Treaty of Waitangi.

In summary, then, CYPFS is committed by statute to the following five outcome categories:

1. Promoting adequate standards of caregiving;
2. Optimising the child's well-being;
3. Minimising the risk of future harm to the child;
4. Minimising disruption to the child's family/whānau;
5. Cultural competence and Treaty of Waitangi obligations.

The present project has been working on the first two of these outcome categories. Separate projects have been designed for each of the other categories.

Step 2: How to measure?

An obvious problem in trying to measure caregiving and well-being is that both variables relate to the private behaviour and subjective states of people who spend most of their time beyond the gaze of CYPFS workers. In social sciences we have only four basic options for measuring the behaviour and subjective states of others. We can:

1. Ask the individuals concerned about their feelings and behaviour (*self-reports*);
2. Ask someone who knows the individuals concerned (*key informant reports*);
3. Observe the individuals concerned; or
4. Infer their feelings and behaviour from other known facts or events such as the

child's health or instances of re-abuse.

All of these sources contain a random and systematic measurement error; a situation which can be expressed as follows:

$$\text{Observed score} = \text{true score} + \text{random error} + \text{systematic error}$$

This formula indicates that any care and protection measure will normally contain a component which is "true" in the sense that it validly measures what we seek it to measure, but it will also contain two types of error: random and systematic. For example, a measure of parenting behaviour which relies on the observations of a social worker during a home visit will contain a component which is a "true" measure of parenting, but it will also contain error because the parent's behaviour will be influenced by the presence of the

worker. This can be called systematic error because it is a consistent bias that is built into the measure itself. Strictly speaking, worker observation does not measure caregiving behaviour generally, but only under conditions where a CYPFS official is present. As well as this, different social workers may not agree on what they saw. This is random error because it is inconsistent and unpredictable: variations depend on fluctuations in the mood or personality of the observer, the observed or both. Measures which contain high random error components are *unreliable* and measures which contain high systematic error components are *invalid*.

Table 1 summarises some of the more common sources of error in the four types of measures when they are put to the task of assessing caregiving and child well-being.

Table 1: Common sources of error in outcome measures

Target variable and measurement type	Source of error	Error type
Caregiving behaviour		
1. Self-report:		
(a) Perpetrator	<ul style="list-style-type: none"> Strong incentive to conceal or distort the truth. 	Validity
(b) Partner	<ul style="list-style-type: none"> Possible/probable incentive to conceal or distort the truth. 	Validity
(c) Child	<ul style="list-style-type: none"> Possible/probable incentive to conceal or distort the truth (eg fear of reprisal from perpetrator, fear of separation from caregivers). Reliance on capacity for understanding and self-expression. 	Validity and reliability
2. Key informant report:		
(a) Family members/friends	<ul style="list-style-type: none"> Differences between informants in level of knowledge. Differences between informants in the effect of their presence on the caregiver. Possible incentive to conceal or distort the truth. Differences between professionals in level of knowledge. Differences between professionals in the effect of their presence on the caregiver. 	Validity & reliability
(b) Professionals	<ul style="list-style-type: none"> Differences between professionals in level of knowledge. Differences between professionals in the effect of their presence on the caregiver. 	Validity and reliability
3. Worker Observation	<ul style="list-style-type: none"> Presence of the worker will influence caregiving behaviour. 	Validity
4. Inference:		
(a) Child health & welfare	<ul style="list-style-type: none"> Variations in child health and welfare are not wholly attributable to the quality of caregiving received. 	Validity
(b) Re-abuse	<ul style="list-style-type: none"> Overestimation of success because not all reabuse is both reported and substantiated. Underestimation of success because the measure is insensitive to improvements between episodes of abuse. 	Validity and reliability
5. Child well-being		
As above	In addition to the above threats, add: <ul style="list-style-type: none"> Natural fluctuations in child's state. 	Reliability

As Table 1 indicates, a CYPFS worker who wants to know whether intervention has improved the quality of caregiving could obtain reports from perpetrators, their partners and/or the children themselves. The worker could also ask other family members or friends and professionals such as police or medical staff who know the family well. Alternatively, workers could rely on their own observations of the family or try to draw an inference about caregiving from the health of the child or the frequency and severity of any re-abuse. However, as Table 1 also shows, all measures based on these strategies are very likely to contain significant random and/or systematic error components.

Because there is no one source of information upon which CYPFS can rely in all circumstances, the approach this project adopted was to obtain measures from as many sources as possible. Our assumption was that if multiple sources converge on one conclusion, we can have much greater confidence in that conclusion than if few or none of the strategies agree. For example, if there have been no instances of re-abuse and the perpetrator,

partner, child and key informants all agree that the caregiving received by the child is currently adequate, we can be much more confident that the situation is acceptable than if there were disagreements between sources, or if we had relied on only one source of information.

Having established that outcome measurement required an instrument or instruments for assessing each of the information sources listed in Table 1, the next task within Step 2 is to develop criteria for constructing or selecting these instruments. After all, different instruments have different advantages and disadvantages, depending on the purposes of the research. In the present context, the most useful instruments are those which can be administered by CYPFS workers within their normal duties. Furthermore, whatever information is collected is not just for CYPFS but must be interpretable by politicians and the public at large, to whom CYPFS is ultimately accountable. A number of important criteria for instrument construction follow from these assumptions. These criteria have been summarised in Table 2.

Table 2: Criteria for selecting or constructing instruments

Criterion	Rationale
Are the measures:	
1. Feasible?	If the measures are to be obtained by CYPFS workers they must be brief and not reliant on specialist training.
2. Capable of accommodating missing data?	It will rarely be possible to obtain complete information from all sources.
3. Interpretable by the layperson?	Highly technical indicators would do away with the public accountability objective.
4. Quantifiable?	This will ensure that: (a) results can be aggregated and disaggregated as required; (b) outcomes can be accurately costed; and (c) degrees of success and failure can be identified.
5. Capable of indefinite and unscheduled repeated measurement?	It is rarely clear in advance how long a case will last or how often client contact will occur.
6. Normed against the general population(s)?	Without community standards, it is difficult to decide whether a given result represents a success or a failure.
7. Able to discriminate between clinical and non-clinical populations?	If an instrument cannot distinguish between functioning and non-functioning families, it is useless for the purpose of assessing progress.
8. Culturally fair?	The potential for the worker's values to influence results must be minimised.
9. Valid and reliable?	All measures should satisfy the standard tests of reliability and validity.

Step 3: Instrument construction and field-testing

Drawing on the above principles, the following battery of instruments was constructed and distributed to all social workers who volunteered to participate in the project:

1. **The alleged perpetrator interview schedule** is a semi-structured interview to be conducted by the social worker with the person responsible for the abuse or neglect. In most cases it is quite clear who the perpetrator is, of course, but in other cases there can be more than one perpetrator. Where there is ambiguity of this kind, the perpetrator interview schedule directs the social worker to interview the child's primary caregiver.
2. **The partner interview schedule** is designed for the partner of the perpetrator. Where there is ambiguity about the perpetrator, the worker is instructed to interview the partner of the child's primary caregiver.
3. **The child interview schedule** is designed for children seven years or older who are the subject of the care and protection work.
4. **The key informant (family/friend) schedule** is designed for any close family member or friend of the family whom the social worker believes to be in a position to provide reliable information about what is happening in the child's home and extended family/whanau.
5. **The key informant (professional) schedule** is for administration either as an interview or questionnaire to any professional worker other than CYPFS staff (eg nurse, doctor, police officer, etc) who has on-going contact with the family.
6. **The teacher schedule** is a self-report questionnaire for completion by the child's

teacher where the child is of school age.

7. **The social worker report form** is a self-report questionnaire which asks the child's principal caseworker to record their observations and opinions. The instrument also asks caseworkers to record their level of confidence in the information provided by each of the other respondent types.

Each instrument asks much the same questions so that direct comparisons between information sources can be made. Although the interview schedules have been set out in the form of questionnaires, many questions can be asked in an informal, unstructured fashion, much as a social worker would obtain information in any clinical interview.

It was always recognised that it would not be possible to ask all questions in all cases. For

Care and protection outcome measures must be capable of monitoring both caregiver behaviour towards the child and the child's safety, protection and well-being.

example, sometimes there may be no reliable family member or friend to serve as a key informant; sometimes the child will be unable or unwilling to talk to the social worker; and sometimes the social worker might

consider it clinically unwise or dangerous to interview some of the individuals identified above. During pilot testing, therefore, the guiding principle was to administer as many interview questions as possible without jeopardising the intervention. One month was allowed for data collection on any given client, after which time the record was closed.

Analysis

In analysing the information contained within the seven schedules, the plan was to compute summary outcome scores which were the product of scores on each available schedule weighted by the number of schedules completed and the level of agreement between them. As previously discussed, the more sources in agreement, the greater our confidence in the findings. The procedure

would therefore yield two types of score: (a) a summary score for caregiving and child well-being and (b) a reliability score which reflected the level of agreement between sources. The two scores could also have been weighted by the social worker's ratings of the reliability of each respondent. A judgement that the intervention had been successful would require that summary scores and confidence scores both reach acceptable levels.

All interview schedules were designed to take between 15 to 30 minutes and social workers were instructed not to make a special visit to any individual but to gather the necessary information in the course of their normal activities. If this meant that few of the instruments could be completed, this would be important information in itself as it would indicate that outcome measurement within CYPFS is based on information which contains significant error, and therefore practitioners and policy-makers should be very cautious in judging the efficacy of such practice.

Despite endeavouring to minimise the demands on social workers (see Table 2), pilot testing soon revealed that practitioners found it both onerous and confusing to juggle the seven instruments. As a result, questions from the separate instruments were combined into a single instrument to be completed by the social worker. This new instrument normally takes less than 30 minutes to fill in and feedback so far indicates that it is straightforward and easy to understand. Importantly, the instrument asks social workers to identify each of the sources of the information (see Table 1 above) and to rate their level of confidence in this information. In this way, summary scores and confidence scores can still be computed for each client.

When sufficient outcome data have been obtained from project participants, the final task of refining the instrument and establishing clinical norms can begin. If

CYPFS succeeds in its ambitious objective of implementing a valid, reliable and comprehensive set of outcome measures, it will become the first social work organisation anywhere in the world to have done so. ■



The ex parte line

Ex parte applications should be used with care and arise from close collaboration between lawyer and social worker, says **Stewart Bartlett**

As most readers will know, an ex parte application is one which is heard by the court without another party having notice of the application or having the opportunity to be heard on that application. It is obvious that the sacred rights of the other parties, namely the right to know the case against them and the right to be heard on that case, are severely infringed by an ex parte application.

Social work practitioners might consider that an examination of the rules governing ex parte applications might more appropriately be the stuff of which legal journals are made. Indeed, much of the following refers to the case of **C v K** as well as a memorandum from the Principal Family Court Judge, both of which are found in part three of the 1995 New Zealand Family Law Reports at pp139 and 137 respectively.

Nonetheless, it strikes me that ex parte applications are also the stuff of which border skirmishes between care and protection social workers and CYPFS lawyers are occasionally made. Because of this, the case and memorandum referred to in the preceding paragraph are quite useful, in respect of such applications, in delineating the lines of responsibilities between lawyers and social workers and in communicating the judiciary's expectations.

An ex parte application for orders under the Children, Young Persons, and Their Families Act 1989 (CYP&F Act) can only occur if the court is satisfied that:

- The delay that would be caused by proceeding on notice would or might entail serious injury or undue hardship; or
- The delay that would be caused by proceeding on notice would or might entail

risk to the personal safety of the child or young person who is the subject of the proceedings, or any person with whom that child or young person is residing; or

- The application affects only the party moving, or is in respect of a matter of routine, or is of so unimportant a nature that the interest of any other party cannot be affected by it.

Clearly, a court should not grant orders on an ex parte basis unless the evidence in support of the application clearly establishes one or more of the above grounds. The court will not unreasonably expect explicit reference to rule 54 itself. (rule 54, CYPF Rules 1989)

Full disclosure necessary

What more, though, is required by the court when contemplating an ex parte application eg an application for custody pursuant to s78? That question is answered by both the Principal Family Court Judge's memorandum and by **C v K**.

Judge Mahoney wrote the memorandum to counsel reminding them of a practice note issued some years earlier. That note directs counsel to ensure that all ex parte applications are accompanied "by affidavit evidence, which fully and frankly discloses all relevant circumstances, whether or not they are advantageous to the applicant." (My emphasis)

It is important to note the duty that rests on the lawyer. It is incumbent on them to ensure that the court will be in possession of all the relevant material that, for the time being, they possess. Given this obligation placed upon the CYPFS lawyer, their client social worker should not be surprised to be subject to an inquisitorial effort by the lawyer

to root out all relevant matters. What is likely to be a relevant matter? The following list is neither exhaustive nor definitive, but does represent some of the more common or garden variety questions a social worker should be asked in such circumstances:

- When did you last sight the child and/or the relevant adults?
- Are there other proceedings before the court and, if so, are the parties (including the child) legally represented?
- Are there other adults who can immediately tend to the safety needs of the child?
- What are the risks of proceeding on notice?
- What professional opinions are held about this family by people other than yourself?
- What are the facts upon which the opinion of risk are based?
- What risks do you think there are exactly (eg sexual harm, emotional harm, suicide, loss of evidence prior to evidential interview)?

In **C v K** the ex parte s78 custody order granted by the Family Court was set aside by the High Court. It wasn't set aside because the situation confronting the social worker did not justify ex parte relief. As Robertson J pointed out (p141) "that involves a judgment call by those at the coal face". Rather, the order was set aside because the evidence in support of the application neither set out all relevant facts nor did it attempt to show why ex parte relief was required. Robertson continued:

If there is a possibility that the Court will deal with the matter without any advice to the other party... the obligation on the one party who is before the Court to place before the Court all material which could reasonably be relevant to the consideration is enormously high.

Extraordinary circumstances only

His Honour possessed other views about ex parte applications, especially ones made under the CYP&F Act. Though he was careful not to criticise the Service for deciding that ex parte

relief was necessary, he was quite clear that such relief should be granted very rarely. He said (p141):

The learned Judge who was faced with this application is of course in law entitled to make an order without hearing anyone. The circumstances in which that can be justified are in my judgment extraordinarily limited, especially because it cuts across the very philosophy and the whole approach of the Act.

Naturally those strong words need to be considered, not in a vacuum, but with real regard for the fact that CYPFS intervention in family life tends to be because there are children at risk of real, immediate and serious harm.

Summary

By their very nature, ex parte applications do cut severely across the basic legal rights accorded to everyone who is subject to the judicial process. However, in the child protection field their existence as an option is recognised as being vital. They must only be used sparingly. However the need to use them sparingly must be carefully and properly balanced against the paramount requirement that children be protected from harm.

If an ex parte application is to be made it must be accompanied by all evidence which is potentially relevant to the court when making its decision. It must also justify the request for ex parte relief. That duty rests on the lawyer for the Service, but the lawyer will require considerable assistance from the case social worker.

If the court is not satisfied that the application should be dealt with on an ex parte basis then it will direct that time be abridged and that the matter will proceed on notice in the usual manner.



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Social Capital and Policy Development

edited by **David Robinson**

Published by the Institute of Policy Studies,
Victoria University of Wellington (1997)

Reviewed by Don Sorrenson

This book brings together papers from three events in 1996 in which notions of social capital were presented and debated. These were the Australia and New Zealand Third Sector Research conference, a visit to New Zealand by Professor Robert Putnam, a leading writer on social capital, and a workshop on the subject from which the papers in this volume were collected.

The book contains chapters provided by a wide range of authors from within government departments, as well as the voluntary and private sectors, and each discusses the concepts of social cohesion and social capital, and the relationship with their respective areas of expertise. Contributions include perspectives from the NZ Lottery Grants Board, Statistics New Zealand, the Ministry of Justice, Health Services Research Centre, local government and the State Services Commission. A chapter on the Maori Congress' point of view articulates the place of the Treaty of Waitangi and highlights the paradox of a government emphasis on social capital formation and retention while failing to come to terms with any Maori version of self-determination, autonomy and progress.

Most of the contributors draw on the work of two of the major writers in this field, Putnam and Futuyama, and relate this material to their own particular areas of expertise or interest. I found the book useful in that politicians and community leaders now often refer to notions of social capital but there has been little debate or explanation as to what the term actually means or relates to. This book helps to clarify some of the meanings and begins to discuss whether or not such a concept is useful in relation to policy development. For example, the Department of Internal Affairs is concerned with "building strong communities" and sees social capital as being part

of that picture. The Department of Social Welfare's *Strengthening Families* initiative could be seen in the same light.

For the record, this book defines social capital as the social networks that help society to function effectively and the voluntary organisations that provide links between people in the community, enabling them to be more effective in business, politics and social activities. The contributors generally agree that to develop social capital, communities require high levels of trust, a range of voluntary associations, and opportunities to meet and discuss community concerns.

The range of discussion and perspectives is a useful contribution to the debate on social capital and it is also timely. It is now more than a decade since the dawn of the so-called economic revolution which had such an influence on the thinking about economic and social well-being. In terms of social capital and well-being, my comment would be, "Perhaps you don't know what you've got 'til it's gone..."

Access and Custody

A video produced by the **Legal Resources Trust**, Wellington (1997) rrp \$35 plus gst for the first copy and \$7 plus gst for subsequent copies

Reviewed by Jennifer Pomeroy

This video is the latest to be produced by the Legal Resources Trust and is the first in a new family law series. Later this year, the Trust also hopes to release a second video on the new domestic violence legislation.

Access and Custody is aimed at parents and follows a fictitious couple – Jo and Martin – through their separation and the resolution of the custody and access of their children. At each point in the story "real" parents talk about their own experiences. Contributions are also made by lawyers, counselling coordinators, counsellors, judges and a child psychologist on each of their particular roles in the proceedings.

Joanne Paul introduces the video and acts as the link person, giving factual information at each stage, such as clearly explaining legal aid enti-

tlement and how it can be obtained.

We follow Jo and Martin through the initial visit to a lawyer, conciliation counselling, a mediation conference and finally a court hearing. While the video emphasises that only a very small number of cases (three per cent) actually get to a hearing, it also makes it clear there are no fairy tale endings.

The video is aimed at parents and is presented in an accessible style. (In particular, I liked one of the lawyer's explanations about the difference between guardianship and custody.) The contributors have been chosen to give both a gender and cultural mix and to avoid stereotypes.

Social workers, supervisors and care and protection coordinators would find this video a useful tool, especially for those who have had little contact with custody and access proceedings in the family court.

In my CYPFS office, we work with an increasing number of clients who are already involved with proceedings under the Guardianship Act. It will benefit all parties to have a clearer understanding of this process.

I continue to be impressed by the calibre of the videos that are produced by the Legal Resources Trust. I would encourage social workers to watch this one and I shall certainly be lending it to clients.

The Next Generation: Child rearing in New Zealand

by Jane and James Ritchie

Published by Penguin Books, Auckland (1997) rrp \$24.95

Reviewed by Penny Salmoner

This is a very readable book of interest to anyone who cares about children. According to the authors, the book's intention was to report on their forty years of research, writing and thinking about child rearing in New Zealand. But the book is much more. Along with an exploration of childhood and parenting, the many faces, cultures, characters, styles and political climates that together create what it might be to be a "New

Zealander" are also considered.

Structurally the book is divided into three main sections: a generation of research; addressing the issues; and the next generation. A generation of research comprises the largest section. Early chapters take the reader on, what was for me, a brief but nostalgic journey through the social history of New Zealand families since the early 20th century. The authors' early research into child-rearing patterns from the seventies is revisited and compared with their later research based on the same criteria. The most notable difference over the years is the change to the structure of the family itself. Although it is reassuring to discover that, by the eighties, parents of all types "had dropped many of the hang-ups of the past", it becomes abundantly clear that the parental practice of physical punishment of children continues.

Part two is devoted to information, arguments and justifications that assert that the smacking or spanking of children is "bad practice" (the "Dark Side"). The authors ask "that everyone give it up for the sake of bringing social, moral, and legal pressure on those whose excessive use of punishment causes human misery and social cost". Concepts such as: "smacking validates the model of power"; "powerful persons seize the right to relieve their feelings without regard for those of the victims"; "feelings of powerlessness always affect one's self-esteem and leave one to deal with the emotional consequences"; "smacking is a symptom of domination"; and that "most New Zealanders will defend smacking because they were smacked as children" are all carefully validated and discussed. Positive alternatives that inform and advise on the behavioural management of children are equally well espoused.

In the final section, a chapter focuses on adolescents and suggests that the major issues for young people remain much the same as two decades ago (such as, issues about identity). But the current youth culture is painted rather bleakly as a further "Dark Side" around which parents are advised to "inoculate their young people with the only serum that has power against (it)... that is the power of knowledge and discipline that comes from self respect". Youth suicide is also discussed. As well as advising parents to seek help, the chapter concludes with the recommendation that "doing new things with your offspring whatever

their ages is still the healthiest and most wholesome foundation for relationships”.

The closing chapters bring the reader back to the present with an optimistic look at the future and a reminder of the inevitability of change. The authors are clear, however, that “love alone is not enough”. The other necessary qualities for raising children are, “mutual respect and consistency in the expression of behavioural standards. It is wise, considerate, careful, firm attention that counts.”

Summer of Shadows

by Iona McNaughton

Published by Scholastic New Zealand (1995) and winner of the 1996 Tom Fitzgibbon Award

Reviewed by Maya White

Summer of Shadows is about a girl called Lizzie who is coming to terms with growing up. She has a lot to deal with – starting at a new college, getting her period, being compared to her older sister and fighting with her best friend – when her brother begins to act strangely towards her. She feels the only one who understands her is her horse, Shadow.

But Shadow is getting old. When her family tell her to get him put down, Lizzie just yells at them to mind their own business and slams the door. She feels even more confused and betrayed when her brother Andy begins to touch her. Lizzie

doesn't know how to tell him to stop.

Summer of Shadows is a book about facing up to difficult decisions by finding the courage in yourself. Lizzie found her courage by going to a self-defence course, which helped her realise she was strong enough to deal with her problems. She confronts Andy and tells him to stop.

However, the biggest challenge for Lizzie comes when her best friend Jodie is badly hurt in an accident. Her bravery inspires Lizzie to confront the biggest decision she has ever had to make. Lizzie accepts herself, her challenges and becomes a lot happier. She has learnt the value of friendship, love and inner strength.

I think *Summer of Shadows* is a great book and really shows how much you need to stand up to all your problems and find your own courage. *Summer of Shadows* is a must for anyone who loves drama or sad books.

The reviewers

Don Sorrenson is a Tauranga CYPFS Practice Consultant.

Jennifer Pomeroy is a CYPFS Care and Protection Coordinator at Masterton, currently acting Supervisor.

Penny Salmoner is a Family Therapist/Evidential Interviewer in Dunedin CYPFS Specialist Services.

Maya White is an 11-year-old book reader from Wellington.

Social Work Now

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