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CONTENTS

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

Editorial

Opportunity knocks

When the issue of lack of residential care facilities or the holding of young people in police cells has recently arisen in the media, the Children, Young Persons and Their Families Service (CYPFS) has responded by saying that the Department of Social Welfare is building more residential beds for young offenders as part of the new Residential Care Strategy. However this is by no means the whole strategy. While the extent of the building programme is huge, the opportunity it presents CYPFS is even greater.

To be in a position of rebuilding almost the entire residential service at one time is unique in our history. The new residences will be "state of the art", offer an increase in both youth justice and care and protection beds, and present a greater variety of services for clients.

And there's more…The rebuilding of the residential service offers a significant symbol of change, revitalisation and modernisation upon which the Service can focus. As it is occurring around the change of millennium it can attach itself to the freshness, excitement and optimism that the new century will bring. It is also an opportunity to leave behind some of the problems that have "dogged" residential care in the later part of this century. This won't just happen by itself, however; the opportunity needs to be recognised and utilised.

For residential workers the opportunity exists to spend less time supervising young people just to prevent them from escaping insecure and inadequate environments. It should not be underestimated how restrictive this function is on the development of programmes and the opportunities to work intensively on casework matters. The new environments will be conducive to supervision. Abscondings, and the associated work those incidents create, will become a rarity. New technology will facilitate better recording of cases and reduce the substantial demands of the Residential Care Regulations which currently require endless duplication of information about the young people admitted and managed in residences. The result will be more "quality" time for residential workers to put into programming and casework.

A second opportunity exists to repair the historic division between field and residential social work services. Residential and field social work need to present a seamless service in which the residence offers a service to the field as part of the overall continuum of care for a young person, whose placement is planned and purposeful and whose transition back into the community is smooth.

Increasing the number of residential beds is not a panacea for resolving the problems between residential and field services. It may present a temporary respite, but the reality is that unless the resource is carefully managed the benefits of the extra beds will be used up quickly and the threshold issues which are problematic now will reoccur.

Arguments over the need for residential care, the quality of applications, and the removal of the young person from the residence, need to be replaced by professional consultations by parties on both sides of the fence. Residences need to become user-friendly and the perception changed that they are harder to get into than to exit. Residential social workers must develop casework plans, group programmes and placement evaluations so that services meet the needs of their client groups.

On the other hand, much of the responsibility for the efficient use of the residential resource rests with the field services. Residential placements require intensive planning before, during and post-placement, otherwise young people either languish in residence or only return to the community for a short period of time. Residences can only be guided by the

directions they receive on admission by way of meaningful objectives.

Instead of thinking of residential placements as a "last resort" with its implied hopelessness, these placements must be viewed as opportunities for concentrated casework both within the residence and outside it in the context in which the young person lives, without the direct day-to-day demands placed on the situation by the young person's behaviour.

The Residential Services Strategy presents a third opportunity; that is to raise the public profile of the Service. This includes clearing up misconceptions about residences and putting across our side of the story by showing some of the problems we face and the great work we do.

Interest in the building programme is unavoidable. As each new residence is constructed, interest will be focused in a new community. These opportunities need to be used to maximum effect both locally and nationally.

This will not be easy. Anyone who is a regular reader of the papers or watches the news on TV will be aware of the Nimby (Not In My Back Yard) syndrome which has impacted on the current usage of residences as well as attempts to build new ones. Some community members regard problem youth as a group that should be out of sight so they can be out of mind.

However the NIMBY attitude runs contrary to the underlying themes of The Children, Young Persons, and Their Families Act which emphasise normalisation and inclusion, and where "labelling", "scapegoating" and isolation are seen as contrary to rehabilitation. For CYPFS, the support for the principles and intent of the CYP&F Act is an obligation and not an optional extra. The residential building programme and the public consultation processes associated with the Resource Management Act provide an opportunity to debate the issues in the public arena.

We live in a world in which organisational structures and organisational relationships have a life and momentum of their own. There are few opportunities to make significant change. The Residential Services Strategy is an opportunity that has not been matched in many years. For CYPFS, opportunity has come knocking at our door and we need to welcome it and put out the tea and biscuits.■

Chris Polaschek Senior Advisor, CYPFS National Office

Social Work Now 1998/99

Deadline for Contributions

December issue: 15 September

April 1999 issue: 4 February

Letters

Selective reporting shows more education needed

I AM WRITING to express my concern about the press releases that appeared in several national newspapers related to my article in the April issue of *Social Work Now*, "Family violence and teenage dating trouble: is there a connection?" As readers will know, this article was about the relationship between violence witnessed or experienced in the home and violence in teenagers' dating relationships. The newspaper articles, however, made minor reference to the family violence and opted for headlines about boys being sexually abused by their girlfriends. I consider this to be misleading on several counts. First, the headlines did not reflect what the journal article was about. Second, the headlines totally ignored the fact that reports of unwanted sexual activities were made by the majority of girls, but a minority of boys. Third, the information was taken outside of the context of the wider study. For example, the emotional consequences of unwanted sexual activities for girls were significantly more negative than for boys. Most boys reported they were not bothered, but girls reported feeling dirty, abused, angry and cheap. Girls' responses were highly consistent with effects of child sexual abuse reported in the literature; boys' responses were not.

I also take exception to the inaccuracy in the newspaper reports. I refer to the comment that I had said unwanted sexual activity was relatively common in dating relationships but considerably less than that reported in the family. Not only did this not concur with the figures cited elsewhere within the newspaper article, it did not match what was actually written in the journal article. It is unfortunate that no attempts were made to contact me to discuss the research. This might have prevented the publication of misleading headlines and content that was inaccurate. Such reporting raises the question why the particular statistic about boys was selected. It would seem there is a long way to go in terms of violence education.

Sue Jackson University of Auckland

***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.

Training standards

THE LETTER FROM Ronelle Baker published in *Social Work Now* issue 8 (December 1997), has been drawn to my attention. It merits a response on the three matters it raises.

First, there is an allegation that all schools of social work shrink from failing some "potentially unsafe students" in their fieldwork placements. It is patently untrue and it is regrettable that you saw fit to publish such a sweeping and damaging assertion without checking out the facts first. If your correspondent had a grievance against a particular school, it should have been addressed to that school.

Second, there is an inference that employers in the social services industry are the passive dupes of schools of social work, and without standards of their own. It is misguided to claim that schools ought to be the sole arbiters of who may practise social work. Few social work educators would claim that the successful attainment of a first-level professional qualification is anything more than an indication that the graduate is ready to begin practice, and that further checks are needed. The common quality assurance check used in voluntary agencies with which I'm connected is the contractual requirement for the new employee to hold or to apply immediately for membership of the New Zealand Association of Social Workers Aotearoa (NZASWA): no competency certification by that association, no job.

Third, Ms Baker bemoans the "negative stereotyping of social workers" in the

community and allied professions, and attributes this to the shortcomings of "training providers". While this is a real and complex question which needs urgently to be addressed, the assertion ignores the more influential roles to be played by employers, the Industry Training Organisation and NZASWA. Individual social workers have it in their hands to insist on an effective partnership by educators, employers and the profession by joining NZASWA and making their voices heard.

Dugald J McDonald Head of Department, Department of Social Work, University of Canterbury

Ed note: Social Work Now *welcomes letters to the editor as a forum to raise and express both individual and organisational opinions, some of which other readers will not agree with. We also welcome debate on those views and, of course, about wider matters raised in the journal. In writing her letter, Ronelle Baker was exercising her prerogative to have an opinion about her training and the place of social work today. We are also pleased that a school of social work has offered a counterpoint.* ■

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Dealing with the aftermath: why debriefing is critical

Critical incident stress can affect any social worker and a new service in CYPFS is set to tackle the problems it can cause, as **Robyn Agnew**, **Mary Dawson** and **Cara Elliott** explain

Frontline social workers and other CYPFS staff are always exposed to the possibility of being confronted with difficult and disturbing events at work. They face serious and often horrific child abuse on a daily basis and they may also have to deal with aggressive and violent adults. Staff can be threatened or are the subject of assault and may have had their lives, or the lives of their families, threatened. The emotional toll of this work is a reality many social workers have to deal with and burnout and depression can result from this stress. In the CYPFS Auckland Metro region a new Critical Incident Stress Debriefing Service has been set up to help staff manage and alleviate the fallout from a traumatic event or critical incident. Critical incident stress (CIS) usually arises from a traumatic or sudden situation or event which triggers a strong reaction in an individual. The incident often makes an overwhelming demand on the individual's coping ability short-term.

If CIS is left unattended it can result in reduced staff efficiency, confidence and competence, and may eventually lead to disillusionment or quitting the Service. Living with the symptoms of CIS undermines the quality of a person's life, including family life, and may destroy career satisfaction. Sick leave, staff safety, staff retention, internal and external organisational relationships, and the direct provision of service to CYPFS clients can all be negatively affected by the psychological, spiritual and physical impact of CIS.

This article describes CIS and how it is being addressed by the CIS Debriefing Service.

Critical incident stress

CIS occurs when "normal" staff experience an "abnormal" event which overcomes their usual coping mechanisms. They may feel overwhelmed by their sense of vulnerability and/or lack of control over the situation.

Both the job and the environment within which CYPFS staff work can be difficult and unpredictable. Staff often work with clients who are caught in a multi-generational cycle of abuse and living with unresolved trauma. As a result, staff may be exposed to transference which can affect their emotional well-being and/or physical health.

CIS debriefing should be offered when the critical (abnormal) nature of an event has overtaken or threatens to overtake a person's normal coping ability. For example, after:

- death or injury to a client, co-worker, visitor or oneself
- verbal abuse, intimidation or harassment
- physical or psychological threat
- situations which have been difficult to manage, or are drawn out, or attracted media attention
- staff have been affected by a series of seemingly minor or almost routine events within a short period of time.

The site of impact of CIS

CIS can impact on people in the areas of:
Cognition – impaired processing, arousal, overload;

Emotions – incident-related emotions, insecurity, mistrust;

Identity – work attachment, self concept, cultural identity, motivation, satisfaction;

Spiritual/existential – questioning values, one's sense of the future, community service and spiritual faith, and diminished well-being;

Social – withdrawal, mistrust of others, misunderstanding, not belonging.

Symptoms of CIS

Short-term and longer-term signs may indicate that a person is suffering from CIS. These include restlessness, apathy, poor decision-making, spiritual and existential doubts, disorientation, difficulties with sleeping and eating, confusion, anger, trembling, body aches, and so on.

Establishing the Debriefing Service

The initiative for the Auckland Metro Debriefing Service came from CYPFS staff in Waitakere. After a client died in 1997, they asked the Auckland area manager to introduce a system to provide support to staff. This initiative was taken up and the Auckland Metro Management Group sponsored further development.

During 1997, 20 selected senior social work staff from the Auckland Metro region were trained in CIS debriefing by Australian psychologist, Rob Gordon, who has been the clinical director of the Victoria Human Services, Critical Incident Stress Debriefing Service.

During and after the training, Mãori and Pacific Islands debriefers evaluated and adapted the debriefing model to ensure it was culturally appropriate. This cultural development continues.

The Auckland Metro Debriefing Service has been fully operational since February 1998. It offers consultation to site managers following a critical incident and, when appropriate, a debriefing service to help staff recover from CIS and return to their usual level of functioning as soon as possible. The service recognises that psychological injury can be as debilitating as more obvious physical injuries and that psychological support can assist staff and accelerate their recovery.

The CIS debriefing model

The debriefing service is based on the Mitchell Critical Incident Stress Debriefing Model whose main goals are to:

- reduce the impact of a critical incident on those who were involved and who choose to participate in the debriefing
- accelerate the recovery of people who are experiencing normal stress reactions to abnormal traumatic events.

Its secondary goals include:

- providing education about stress, stress reactions and survival techniques
- providing the opportunity for emotional ventilation
- providing reassurance that the stress response can be managed and recovery is likely
- reducing the sense of uniqueness or abnormality
- strengthening a sense of group cohesiveness.

The model involves voluntary participation in a structured group meeting in which a distressing traumatic event is discussed. It is not counselling or psychotherapy. The group meeting is conducted by specially trained debriefers, at times accompanied by peer support personnel. It follows a seven-phase model.

1. *Introduction/mihi/karakia*. The purpose and rules of debriefing are explained.
2. *The fact phase*. Group members give their names and briefly describe their involvement with the incident, their role during the incident and some facts from their perspective. There are usually two tellings of the incident; the first sketching it out and the second filling in the gaps.
3. *The thought phase*. Group members are asked to describe how they felt during the incident.
4. *The reaction phase*. Group members are given

an opportunity to express their reactions to the event.

5. *The symptom phase*. Group members are asked what symptoms they felt at the scene, a few days later, and what they are currently experiencing.
6. *The teaching phase*. The debriefer links information about normal responses to stress to symptoms expressed in phase five, informs group members on what to expect, and mobilises positive ways for individuals to deal with their stress reactions.
7. *The re-entry phase*. The debriefer draws conclusions, checks for questions, gives information about how group members can support each other and informs the group about follow-up procedures.

Referral process

Site managers make referrals to the debriefing service and consultation is offered to them on the need for defusing, mobilising peer support and debriefing. Information is given on alternative management support strategies and on defusing strategies. Defusings are conducted with the affected staff immediately following an incident and after the police have left (if they have been called) and prior to staff leaving the site. A defusing may confirm the need for a debriefing. Staff are also mobilised for peer support, if necessary, to ensure no-one leaves for home or spends time on their own if they are in need of further care or support. After a defusing, all staff (except those in shock or traumatised) attend a site meeting (demobilisation) to be briefed on what has happened and is to happen.

Debriefings are conducted for individuals or groups of staff. They include assessment, follow-up and referral of staff to one-on-one therapy for Post Traumatic Stress Disorder (via EAP) if required. The debriefing session is usually arranged within one or two days after the incident to maximise the benefits. Most debriefings are conducted by one debriefer with another in a support role.

The debriefers

The debriefers are selected from another area or from a different site from the referring site. The confidentiality of the debriefing service is critical to the integrity of the service. All information obtained, including the names of the staff participating, is treated confidentially. The only exception is when information relates to a criminal or serious disciplinary matter.

The ethnicity, gender and age of affected staff are all taken into account by the coordinator in selecting the members of each debriefing team. The Metro debriefing team includes Māori, Samoan, Pākehā and Cook Islands members. Senior staff were selected for training, firstly by their peers and site manager, and secondly by a separate cultural caucus of the original Metro project team.

It is critical that the debriefing team matches the ethnicity of staff, as staff must feel as comfortable as possible during debriefings and must be given the cultural support they need in order to effectively explore CIS. "Normal" cultural processes of prayer, acknowledgement and containment are included in the debriefing process.

Māori and Pacific Islands debriefers are developing models of practice based on the Mitchell Model.

Staff access

All staff in Auckland Metro can access the debriefing service. Plans are in hand for the service to be made available to all CYPFS staff throughout New Zealand in the future. Debriefings may be one-on-one or as a group and participation in any defusing/debriefing is voluntary.

Follow-up

Where necessary follow-up is conducted by the debriefers. Staff who are still symptomatic a month after the incident will be referred via EAP for an individual assessment for Post Traumatic Stress Disorder and treatment. The site manager can also assess staff needs after the incident – a normal human resources management function.

Closure

Closure is completed by the coordinator with

the manager following the debriefing. The confidentiality of participants is maintained.

Usage of the service

From February to June 1998, managers have consulted with the CISD team 12 times. Sixteen debriefings have been held, including seven one-on-one debriefings. A total of 26 staff have been debriefed and 20 debriefers have been involved. Evaluation forms are also currently being developed for participants. CIS debriefing can help staff to see their actions and experience within a context that limits their personal responsibility and liability, and enables them to feel they are part of a larger system that will support their efforts.

A CIS case study

To illustrate how a critical incident can arise and how its effects impact on the staff involved, the following fictional case study describes a typical scenario which could arise in any CYPFS office.

Background

A social worker, Ellie, has been managing a case involving the neglect and physical abuse of a three-year-old child. The child has been removed from her mother's care and placed temporarily with an aunt. The aunt brings the child to the CYPFS site office for an hour twice a week and Ellie supervises access for the mother.

The incident

- The supervisor, Maude, was aware Ellie was supervising access in a room near the reception counter.
- Social work support supervisor, Joe, and clerk, Patricia, were working in the vicinity.
- Next door to the access room the practice consultant, Lucy, was working on a PQA with another supervisor, Dan.
- Ellie had asked a colleague, Benny, to come into the access room 20 minutes into the session to check that all was well, as safe practice for herself. Benny had to take an urgent call regarding a runaway client and got caught up.

Fifteen minutes into the access visit, the mother talked herself into a highly elevated and dangerous state and launched herself at Ellie screaming. Ellie yelled for assistance pressing the alarm button.

Lucy and Dan raced in from next door. Lucy told Dan to ring the police and grabbed the mother's arm. At reception Joe heard the alarm at the same time as it sounded in the manager's office, and started to dial 111. Patricia raced to the access room.

Dan reached reception, saw Joe calling the police and ran back to the room to help get the child away from the incident.

The manager, Prudence, ran into the access room.

Benny heard the alarm, saw Prudence running and remembered that he had agreed to visit the access room. He sprinted to the room, saw Ellie being assaulted and then the mother being restrained.

The manager fetched Ellie's supervisor, Maude, who went into the room where Benny and Ellie were. Maude noticed that Ellie had blood on her neck. Prudence checked that the police had been called and were on their way. When they arrived, the mother left with them and the child left with her aunt.

Prudence called for the site's trained peer support person, Awhina, who helped her assess to what extent staff were affected by the incident. Prudence and Awhina decided it was necessary to conduct a defusing which confirmed the need for a debriefing. Peer support was also mobilised to provide care and company for those who wished it, and a general site meeting (demobilisation) was also held to inform the rest of the staff what had happened and what was to happen.

The debriefing

The debriefing began the following afternoon with a karakia and proceeded in the seven phases described earlier.

CIS was present in the following forms:

- Maude had not been able to sleep, had worries about the standard of her supervision, flashback images of the blood on Ellie's neck and feelings of nameless dread and apprehension.

- Benny had been experiencing dizziness, sweating and was unable to eat. He thought that he was responsible for the incident, as he had forgotten his 20-minute call into the access room. Benny had not talked to his partner about the incident and was pretty sure his partner was right about him being in the wrong profession.
- Patricia was disconnected from the rest of the staff and was less obviously distressed than them. However, it was clear she had been deeply disturbed by the sound of the mother "out of control". She was wondering why she chose to work in CYPFS. She clearly remembered the tone of the mother's scream although she couldn't recall the words.
- Joe was being "staunch" but acknowledged that he had been experiencing unusual blinding headaches. That morning he had been unable to concentrate on a work problem.
- Lucy couldn't remember what happened between hearing Ellie's call for help and finding herself in the room restraining the mother. She remembers thinking, "Why isn't Dan helping?" She couldn't remember feeling this angry in a long time. She hadn't remembered until the second telling that she had asked Dan to call the police and that was why he wasn't there immediately to help to restrain the mother.
- Dan had few symptoms of CIS and was able to shed a lot of light on the incident. In particular, he was able to fill in a memory gap for Lucy that, if left unfilled, would have created problems for their future working relationship.
- Ellie reassured staff that an earring had ripped her ear in the struggle and it was her only injury. During the "thought" phase of the debriefing her particular worries surfaced. Ellie thought she should have predicted the incident, as did Maude. These worries went very deep and, in Maude's case, had affected her sleep. Ellie, like Benny, was having an existential crisis, that manifested as "I thought I was doing a good job with the casework. Do I really have anything to offer this profession? Why do I feel so bad?"

  She told Benny and Maude that she had not been able to predict the incident, which started about 15 minutes into the access and peaked very quickly. She told Benny she valued him as a social worker and would co-work with him again.

  Benny's personal CIS evaporated at this point. He felt tremendously well-supported by Ellie's feedback and thoughts of leaving CYPFS evaporated.
- Patricia wanted to know what the mother was screaming. She was told that she had been swearing "You bitch you bitch you bitch you bitch." Patricia began to cry, saying, "That's just what my grandmother used to scream at me."
- Maude needed to hear how the incident unfolded. On hearing the details she was able to understand what had been an incomprehensible incident for her. Her feelings of nameless dread started to shift, and her focus moved from the implications for herself, to Ellie and the staff.
- Lucy regained her lost minutes. This stopped her worries and she realised she had been inappropriately blaming Dan for being absent.

The process then moved from a telling of the events (at least twice), through to staff's thoughts during and after the incident and their reactions during and after the incident.

The model will attend to the points above by framing any remaining CIS as normal. Staff are informed that the symptoms usually gradually disappear over a short period of time and, if they don't disappear, an individual debriefing can be arranged or further help offered.

Staff are encouraged to keep talking about the event if they wish and to take special care to seek out activities which bring feelings of safety and pleasure, particularly with their families. They are also encouraged to monitor alcohol and drug use.

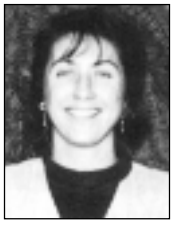
Staff are encouraged not to "beat themselves up" over what they might have done differently and to:

- view this incident as an extraordinary event outside "normal" experience
- avoid scapegoating
- see each other's response as valid
- be open to allowing the "recounting of events" to fill in missing links and change the perceptions and therefore the feelings generated
- continue to view each other as valuable and professional
- support one another.

After the debriefing, further support would be offered to the manager and a follow-up letter would be sent to each participant advising that further help was available if required. ■

Robyn Agnew has managed the Central Auckland Video Unit and Specialist Services Central for three years. She has a Diploma in Applied Social Studies and is a member of NZASW and a registered ACC therapist. During the past ten years she has practised as a clinical therapist both for Child and Family Mental Health Services and CYPFS, having joined the Service in 1993. Her therapy experience has related to mental health issues arising from trauma. The work with the Metro-sponsored project team has extended her training and experience into critical incident stress management.

Mary Dawson is Manager and Clinical Psychologist at CYPFS South Auckland Specialist Services Unit. Previously she was a psychologist in the Wellington health service, the Nottingham Social Services in the UK, and a research psychologist with the University of Nottingham Child Development Unit. Her specialist areas of interest include child trauma, diagnostic assessment of children, and therapy with children and families. She has also worked as a trainer in these areas.



Cara Elliott is a CYPFS Social Work Trainer in the Otahuhu office. Previously she worked in the child care and protection field in Melbourne for ten years. A critical incident stress management system had been in place there for more than a decade and Cara built up extensive experience with debriefings as a social worker and supervisor.

Note

Due to space considerations the references and a list of stress management techniques have been omitted but are available on request from the editor at *Social Work Now.*

CISM and CISD Metro Project members

Cara Elliott, Social Work Trainer; Mary Dawson, Manager Specialist Services South; Robyn Agnew, Manager Specialist Services Central; Barry Maher, NTU Manager; Cherie Appleton, Social Work Trainer; Trescia Lawson, Supervisor CP; Akaiti Crummer, Manager; Ngaire Eruera, Kai Arataki; Senia Sefo-Godinet, Supervisor YJ.

A New Zealander's reflection on Hawaii's Healthy Start

A stint with an American programme for potentially at-risk infants gave social worker **Pauline Mossman** a different perspective on agency care

The Healthy Start programme in Hawaii is achieving international renown for its work with at-risk families of newborn infants. In a decade of declining one-on-one services for children born into families under stress, Healthy Start continues to demonstrate that support to these families has positive benefits for the children and that abuse and neglect are preventable.

For the second half of my 1997 student field work placement for my Masters degree in social work, I was based with a Healthy Start programme provider – the Hawaii Family Support Centre. This article discusses the work of the Centre and outlines how it translates into practice its aims and objectives of child abuse prevention. It also examines the work I was engaged in and provides a rationale for this type of intervention.

Background

Healthy Start began in July 1985 as a pilot child abuse and neglect prevention project in a rural Hawaiian community which faced many social problems. An evaluation of the programme three years later showed that not a single case of abuse had been reported among the project's 241 high-risk families. There was also evidence of reduced family stress and improved functioning among the pilot families (Breakey and Pratt, 1991).

The programme was expanded to more than two dozen other sites both in and around the islands of Hawaii and the Department of Health now contracts seven private community agencies to provide Healthy Start services. My placement was with the original, and largest, of the programme delivery agencies – the Hawaii Family Support Centre.

Healthy Start is funded by appropriations from the government and charitable donations and is based in the maternal and child health unit of the Department of Health.

The programme aims to improve family coping skills and family functioning, promote positive parenting skills and parent-child interaction, and to encourage optimal child development in order to prevent child abuse and neglect.

What sets the programme apart from others is that it systematically identifies, prenatally or at the birth of a child, over-burdened families through the use of a family stress checklist. More than 8,000 families are screened annually for risk factors and 2,300 are currently enrolled in home visiting services.

There are two parts to Healthy Start – family assessment (where I was based) and family support.

Family assessment

Family assessment involves screening medical records at the maternity hospitals for general risk indicators. If risk factors are identified, a family assessment is carried out with the parent or parents of the newborn. The assessment evaluates a family's strengths, coping skills, support system and stressors. Those families who identify on the assessment rating scale with multiple and severe risk indicators are offered support services.

In 1996, 5,336 maternity records were

screened with 3,137 (59 per cent) proving positive. Of the positive screens, 2,236 families were further assessed in a comprehensive interview and 1,254 (23 per cent) returned high-risk scores on the potential for abuse rating scales. Of these, 588 families were referred for Healthy Start home visiting services as vacancies opened up, with the others going to support agencies such as Parentline and Home Reach. No assessment was carried out on 916 families for a range of reasons including prior involvement with child protection services or because they had moved out of the service area. Only 0.9 per cent of families refused assessment altogether with approximately 9.4 per cent declining Healthy Start services when offered.

Family support

The aim of the family support home visiting programme is to empower, nurture, educate and support parents to look after their children well. The service includes basic family support, parent-child interaction, child health monitoring, father involvement activities and group activities until the child is five years old.

> Staff are selected primarily on the basis of their personal attributes and their ability to relate well to others, as opposed to only academic qualifications.

Effectiveness

Research in three major studies has shown that abuse and neglect in at-risk families not in the Healthy Start programme has occurred in approximately 20 per cent of cases. The incidence in Healthy Start families is 0.7 per cent.

Personnel and management

The Family Support Centre is managed by the director who pioneered Healthy Start and offers technical assistance and advice to other agencies locally and abroad who are administering the programme. The director is supported by a small administrative team.

The centre is a high-profile organisation, conscious of upholding positive public and organisational relationships. The director carries out much of the public relations work, but there is a clear expectation that all staff work cooperatively with the public and other organisations.

As the agency that pioneered Healthy Start, the Family Support Centre is now well-established and has a stable staff with a low staff turnover, indicating healthy internal relationships.

From my meetings with staff in other organisations, such as doctors and hospital social workers, I know that Healthy Start is viewed positively and is respected as an agency of worth. Cordial relations exist between it and the staff of other agencies who may work with the same families.

Staff are selected primarily on the basis of their personal attributes and their ability to relate well to others, as opposed to only academic qualifications. The qualities which are looked for in staff include a non-judgmental attitude toward families with problems, a history of being well-nurtured themselves as children, an understanding of what causes parental stress, a good personal support system, a relatively stable home life, successful experience in caring for children, a fondness for children and a sense that small children are to be nurtured. They must also believe in, and have a knowledge of, non-cruel methods of disciplining children.

Family assessment workers are each expected to assess 300–350 programme participants per year, and to screen 700 births. Family support workers initially carry a caseload of 15 families. Later, as families progress to a level where they require less support, the caseload increases to 25 families.

Training and supervision

All home visitors, family assessment workers and supervisors attend a six-week orientation training course and, approximately ten months later, an additional two weeks of advanced training. In-service training is then

available for one day every quarter in addition to weekly training during team meetings.

Staff have weekly supervision with a performance evaluation at the end of the first three months, and annually thereafter. Promotion and salary increases are discussed at the annual evaluation and all staff have personal development plans which identify strengths, weaknesses and areas for improvement. Numerous quality control checks and reviews are built into the programme to maintain standards and to ensure ineffective procedures or processes are addressed.

The culture

Hawaii is an American state inhabited originally by Polynesians, but with subsequent settlement by many other races including African American, Caucasian, Chinese, Filipino, Japanese, Korean, Mexican, Portuguese, Puerto Rican, Melanesian, Samoan, Native American and Vietnamese.

All ethnic groups are represented in the Healthy Start programme but the majority (47 per cent) are those with native Hawaiian ancestry. This over-representation is not analysed in the agency documents, but the Family Support Centre does have a positive recruitment policy for staff from the cultures represented in the client group. There are also Healthy Start programmes exclusively for Hawaiian families.

While severe and on-going government funding cutbacks have curtailed services, economic constraints have also impacted on the wider community. Unemployment may not be statistically high in Hawaii, but wages are low for unskilled workers and the cost of living is higher than other American states. The population is transient and affordable housing is not always easy to acquire. The client group of the Family Support Centre is typically from the "culture" of relative poverty, with most families falling into the lower income percentile. This, however, is not a qualifying factor for the Healthy Start programme; it is just a correlation.

Of the families receiving Family Support Centre Healthy Start services, 60 per cent are MedicAid eligible, 38 per cent have a history of substance abuse, 43 per cent have a history of domestic violence and 22 per cent are homeless.

Responding to clients

Although children and their parents are treated as a unit, the Centre is clear about who the primary client is. It is the infant born into a situation of stress who is considered to be potentially at risk of abuse and neglect. If the safety or well-being of a child is threatened, their welfare takes precedence over the needs of parents and other family members.

At-risk children are identified through their medical records at the maternity hospitals. Following this screening, a family assessment interview establishes a profile of the parents and their past, whether the family has multiple stressors or is in crisis and whether violence is a conflict resolution practice in the family. This interview also looks at parental expectations, how the child will be disciplined, how the child is perceived, whether or not the child was wanted and how the parents are bonding to the infant post-birth.

The interview information is collated and then rated on a family stress scale to determine risk. Families with high ratings are offered Healthy Start home visiting services if available in their area; otherwise they are offered other agencies to access if they choose. Families are also given written information about parenting, child development and a useful phone list.

Healthy Start is voluntary but 91 per cent of the families who are offered the service take it up. This high take-up is one indicator of the confidence clients have in the programme, which is also viewed as discreet and helpful. Unfortunately, because of the drop in government funding and resultant cutbacks to the programme, demand now far exceeds the ability to supply services.

Home visiting

Home visiting develops over three phases: from birth to two months; three months to 36 months; and 36 months to five years. The final "cheer on" phase is a continuation of the previous two with increasing emphasis on teaching self-reliance and promotion to a

level where only three-monthly visits are needed to ensure progress is maintained.

Reflections on a work placement

During my field work placement with the Family Support Centre I worked in a family assessment team and was involved in screening all live birth records and then interviewing those parents with indicators of possible stressors that could impact negatively on the infant.

I was required to interview at least one set of parents (or parent) per day and follow through on the recording and processing required. An interview with a parent or parents may take up to an hour, and the work is of an intensive short-term nature with many clients over time.

Training and support

The first two-and-a-half weeks of my placement involved intensive, comprehensive step-by-step training to prepare me for the job. This was crucial and paved the way for me to appreciate the complexity of the work before embarking on practice. It helped me understand in theory what the programme was all about.

The Family Support Centre, and in particular my supervisor, served to remind me that quality training and support is essential to successful involvement and outcomes. Any involvement with clients has, as a forerunner, some kind of preparation – even if it's only the social worker's private thoughts about what they propose to do. I learned just how crucial good training is to tease out one's thinking and set the standards, parameters and guidelines required by the agency and clients. When the worker and agency are able to be clear about philosophy and exactly how tasks are to be carried out, confusion is minimised and clients and workers kept safe.

Screening and assessment work

Some of the main challenges and learning in this work for me were: working with a voluntary client group; feeling uneasy and scared about asking new parents a series of highly personal and sensitive questions; remembering all the personal and social background information to cover in the interview; and remaining objective and specific.

Voluntary client group

Working with a voluntary client group, as opposed to a compulsory group, was something new for me. I have spent the bulk of my career employed as a social worker in statutory agencies where one cannot help but be conscious of the power such authority confers. To be stripped of that and to be at the mercy of a client's consent to one's intervention is a great leveller. It gives clients power over the situation and the right to control the pace, intensity and content of the connection. This work certainly increased my sensitivity to personal and social protocols and expanded my respect for people's personal power and space. I was nervous about having dialogue on delicate matters with parents of newborns in case I offended them and I was conscious that at any time they could terminate the discussions or take umbrage at the nature of them. I found myself being super-sensitive to the clients' level of comfort so I could do my job with their blessing. I learned that a social worker working with a voluntary client group needs to keep their social and communication skills well-tuned in order to provide the desired service.

I was nervous about having dialogue on delicate matters with parents of newborns in case I offended them.

Personal questions

I was nervous about asking parents a series of highly personal questions. I had no legal mandate behind me and I was asking for information that I would be reluctant to readily disclose to anyone. I felt sure parents would be disturbed and distressed and I was astounded that my colleagues got away with asking such questions. I could not believe that people would be cooperative and consensual

in these situations. From three interviews I sat in on with colleagues, I saw my apprehensions were ill-founded, but I could also see how polished they were at working with the new mothers and fathers. I couldn't see how I could carry out the interviews with the same professionalism and ease.

Expectations are the greatest killers. I expected people would not want to talk or share their lives with a family assessment worker but, to my astonishment, I was quite wrong. I was pleasantly surprised at how trusting the general public were and I am still coming to terms with this realisation.

Covering ground

The next challenge was to remember all the material I was required to cover in an interview. It is agency policy that apart from taking down the basic identifying statistics on parents and children, no other notes are to be made in an interview. It is also policy that family assessment workers cover all the key areas which may be stressors for a family (which comprises about 68 factors). This was hard for me. I had to learn these off by heart and I spent many hours in my spare time making acronyms to help. In the beginning I forgot to extend my questioning so that data was qualified and quantified by the parents, but I improved. It was difficult for me to remember what I had heard and then record it accurately later. The brain cells ached with this new test of their capacity.

I found that practice and persistence plus good feedback and encouragement from my supervisor began to pay dividends and surely but slowly I could see that if I had longer in this work I would have become better at this skill. It was a matter of remaining attentive, focused and listening intently to the parents, which was a practice which had a dual spin-off. When people feel heard they are likely to feel okay about talking. I learned to like this format of interviewing, and can see its value as long as there are checks and balances that the worker is indeed recording correctly later. The fact that many parents go on to have other children and may subsequently be interviewed again means there could be comparative records which could keep a check on accuracy. Referrals are also passed on to the home visitors who will verify your information and ask questions if it is inaccurate.

Remaining objective

I was constantly reminded of the need to be objective and specific in data collection and to use only information given to me by clients and not to provide my own interpretive data. This meant I could not do my own guessing or estimations. If a client said they drank alcohol I was required to find out from them how much, what, when and how frequently. I could not make presumptions. I was surprised at how difficult this was for me to begin with. In my regular job in New Zealand it is acceptable for social workers to say what their impressions are, and I became increasingly aware on this placement of just how dangerous that can be, because it can be so inaccurate.

I could not do my own guessing. If a client said they drank alcohol I was required to find out from them how much and how frequently.

In file notes only data that the clients have confirmed is recorded. Practising this was a new experience for me, but I learned that getting clarification eliminates suppositions and serves the families better because it makes information clear and accurate.

The big picture

Organisations like the Family Support Centre can only do so much and this is, in the main, at an individual and family level. The problem of child abuse and neglect also needs to be faced at a societal level by policy makers because the origins of child abuse go beyond the individual stress of parents. The roots of child abuse are in wider systems and processes which must be addressed if children are to be born into a safer and more nurturing society.

Although it works primarily at a local level, the Family Support Centre advocates strongly for measures designed to improve outcomes for children who are at risk in our society.

New brain research is showing the importance of the first part of life – in particular the first four years. If programmes like the Hawaiian Healthy Start, and the more recently launched Healthy Start in New Zealand, can give potentially at-risk infants the benefits of a sound and positive beginning, then it is vital time, attention and resources are directed into this crucial area. ■

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Joining forces

Prospects for a young Dunedin boy improved considerably following interagency collaboration over his case. **Mike Henderson** reviews the background

When the Dunedin office of the Children, Young Persons and Their Families Service (CYPFS) restructured in 1996, the half-time community liaison social worker position was increased to full-time with the addition of the role of youth and community social worker. The position was attached to the youth justice team which was renamed the youth and community mobilisation team. This reorganisation was clearly influenced by the Department of Social Welfare's commitment to the Strengthening Families initiative being launched at that time. Strengthening Families involves agencies – particularly health, welfare and education – using a more collaborative model of interagency case management to achieve more positive outcomes for families at risk.

Initially, the focus of the new youth and community mobilisation team was on strengthening community networks and developing interagency protocols around a best practice model of cooperation and more positive communication. It soon became apparent, however, that if these developing relationships were to be sustained a more flexible response was needed from Dunedin CYPFS regarding the intake and processing of some cases. This was particularly so for relatively non-urgent cases where, because the care or protection issues were not acute, they were not being allocated for quite some time to a caseworker because of other more critical priorities. This delay in processing was causing frustration among other agencies left to manage often quite chronic cases where negative family patterns were firmly entrenched and, having proved resistant to numerous earlier agency interventions, looked set to continue a cycle of despair. It was decided that the new youth and community worker could help tackle the problem of these unactioned cases by taking them on himself and working collaboratively with other agencies to seek effective resolutions. In this way he would not only reduce the unallocated case list but also put into practice the Strengthening Families' model of interagency practice.

The following story is an overview of one of these cases.

The referral

Nine-year-old Allan[1] had come to the attention of CYPFS following a referral from a social worker at a regional health authority funded carer support programme. The programme had been funding regular periods of respite care for Allan during which he would be placed with another family, often for several days at a time, to give his mother a break. The social worker, however, was concerned at the increasing deterioration of Allan's general situation: he was in danger of being indefinitely suspended from school; at home, his family was only just coping with his behaviour despite increasing amounts of respite care; and the allocation of respite care itself was close to running out. If the respite care ceased it was quite likely that Allan, and possibly his two brothers, would be taken into the care of CYPFS since the family had no extended family support. This had happened 18 months earlier when a similar situation had arisen with the family.

The CYPFS Dunedin office accepted the

notification but other more critical care and protection cases were taking priority over it. The delay in processing the notification could have frustrated the referring agency, but this was averted when the new youth and community mobilisation team stepped in. It arranged for the youth and community social worker to accept and action the referral, and to conduct an initial assessment.

Allan

- Allan is nine years old, the oldest of three boys living with his mother Helen and stepfather Brian. The youngest of the three, Kevin (aged six years) is a stepbrother to Allan and the middle boy John (aged eight).
- The family has a long history of dislocation. Eighteen months ago, when Helen and Brian had a period of separation, the boys were placed in the care of Social Welfare for 28 days by their mother on a s139 temporary care agreement. Two family group conferences were held and the agreement had been extended for a further 28 days before the boys returned home.
- Allan was diagnosed with attention deficit hyperactivity disorder (ADHD) some years ago and continues to be prescribed the drug Ritalin.
- Allan has a long history of major behaviour problems at school including short-term suspensions and outbursts of rage that have led to him being physically restrained. Over the past year a full-time teacher's aid has been provided by the Ministry of Education.
- The police have been involved in a number of incidents in the community following property being damaged.
- Incidents of damage to property were also common at home.

Assessment

Background information was sought from other agencies currently or previously involved with the family. These included:

Education: The guidance and learning teacher, the Special Education Services (SES) psychologist and the school principal. The guidance and learning teacher had also been working closely with Allan's brother John. Allan had a full-time teacher's aid.

Health: The respite caregiver, the Carer Support family support worker, and a counsellor. Allan had more than 28 days of respite care over the past twelve months, and counselling was being provided for him by the Child, Adolescent and Family Mental Health Service.

Police: Youth Aid had regularly worked with the family because of incidents of vandalism in the community linked to Allan. Allan had also participated in the Youth Aid Dare to Make a Change programme.

Community: The Family Support social worker as part of the Homebuilder programme. Homebuilders had worked intensively with the family providing social work support, individual and family counselling, and parenting programmes.

Following talks with these key people, a number of themes emerged. Helen lacked confidence and authority in her role as the full-time parent and had difficulties managing the children's aggressive and destructive behaviour and maintaining appropriate boundaries with them. She suffered from depression and was unable to receive much assistance from Brian who worked long hours in a stressful environment.

In general terms, while all of the agency representatives spoke positively of Helen's caring for her boys, they were doubtful of her long-term ability to maintain care of them without a great deal of external support. When the boys had been in care 18 months previously, CYPFS had a high level of involvement with the family which gradually reduced as the situation stabilised and other supports were put in place. Now the family seemed to be returning to crisis and a number of the professionals involved felt the cycle would be repeated.

Breaking the cycle

The youth and community social worker initially sat in on two meetings to discuss the

current situation – one with Allan's counsellor and one with the school staff – which were both attended by Allan and his mother. CYPFS then accepted a lead role in coordinating a case plan in consultation with Helen and two lengthy meetings were held to gather family history. These provided valuable insight into patterns of behaviour, past barriers to change and specific priority issues for Helen. Key agencies and workers were identified by Helen to be invited to a family support meeting (case conference).

The conference

Prior to the family support meeting a positive rapport was established both with Helen and other key workers to generate a spirit of optimism, commitment and a shared vision for all the participants. Because of the challenges facing the family, the plan needed to be innovative, comprehensive and well-supported if it was going to make a difference. In choosing key players, consideration was given to who would support this style. Their ideas were also sought to establish and work through a "menu" of positive options prior to the family support meeting.

Just days before the meeting, however, Allan was indefinitely suspended from school. Yet even despite this setback there was a positive mood at the meeting and Helen spoke assertively about her situation and expressed her determination to keep the family together. She also accepted and took part in a frank discussion about the family's issues.

Negotiations had begun to find a new school for Allan and the principal of the most likely option attended the meeting. The SES psychologist and the CYPFS social worker were clear that at Allan's next school every contingency needed to be addressed to ensure that Allan would succeed. Should there be another failure, the next option was to send him out of town to a residential school for young people with severe behaviour problems. While Allan may have qualified, and his mother had initially supported this step, little would have been gained to actually improve the way the family functioned. If it transpired that institutional care was the only solution to the family's difficulties, then it was almost inevitable the two younger brothers would follow this path.

The family support meeting identified a raft of issues, including:

- The need for school problems to be dealt with in the school setting rather than Helen being constantly summoned to the school, often just to take Allan home.
- The school management plan was to completely contain Allan's behaviour, with clear, consistent and unequivocal consequences for disruptive, aggressive or non-compliant behaviour.
- Respite care was not to be used as a form of crisis management but instead was to be scheduled as a chance for the family to recharge their energy.
- Helen, having acknowledged the need to be much more proactive and assertive in her parenting style, should have her authority reinforced wherever possible in the plan.

If institutional care was the only solution to the family's difficulties, then it was almost inevitable the two younger brothers would follow this path.

Case plan

Returning to the old school was not seen as a viable option for Allan both because of the indefinite suspension, and the need for him to be given a fresh start. Although finding a school which would take him had been a difficulty, a neighbouring school finally agreed to enrol him once it became aware of the comprehensive plan and support team that was being put in place for Allan and his family. This package included the following.

- SES funding for the taxi fare as the school was several miles away, and a teacher's aid. CYPFS, however, was to take responsibility for providing the teacher's aid at least for

the first term since specific skills were needed. These included the ability to physically contain Allan, quickly and with minimum fuss, if he lost control, so his classmates would not witness him demolishing the furniture and undermining the teacher's authority as had happened in the past. The teacher's aid would also spend time with Allan both before he started at his new school, and out of school time. For the first few days the CYPFS social worker also took them both to and from school.

- Counselling would continue to be provided by the Child and Family Mental Health Services, but with a focus on the whole family rather than just Allan and his behaviour.
- The school would make available a "time out" room which was close to the classroom, secure and not at risk of damage. CYPFS contributed towards the cost of meeting some of the safety requirements.
- CYPFS would enter into family/whãnau agreements (three-month contracts for family support) for both Allan and his brother John. The agreements were to identify specific positive behaviour changes. John's agreement also included the provision of a Tracker[2] as it was feared that without strong support he may escalate his negative behaviour to get the attention being given to Allan.
- CYPFS would be responsible for maintaining good communication between Helen and all the agencies involved, including scheduling regular family support meetings.

Outcomes

The case was originally allocated to the CYPFS youth and community team in November 1997 and the first case conference was held later that month. Allan had been suspended from school that month and did not start at his new school until the beginning of the new year. At the end of the first term, there had not been a single negative incident involving Allan, and the situation at home was much improved. Allan had changed from being an unpredictable, volatile kid, to being just another pupil in the class. After six weeks, all parties agreed to a reduction in the teacher's aid hours, and these were discontinued at the end of the term, although some home contact was maintained. Now, at the time of writing and at the end of term two, the school situation continues to be totally positive. Allan is described as a happy boy with a good sense of humour, who relates well with his teacher and class. He takes great pride in his school work and, for example, decorates pages in bright colours instead of last year's drab or black, is learning well and does his homework without a fuss.

All reports both from, and about, the family are really positive. The constant crises now appear a thing of the past and Helen reports she is far happier, more assertive and in appropriate control.

Allan's stepfather Brian is no longer in employment and has time to engage more fully in parenting the boys and both he and Helen participate in counselling. They are optimistic and positive about the progress and also about the process they have been part of.

Analysis

One of the most critical issues contributing to the stunning turnaround in Allan's behaviour was the collaboration between agencies behind a common plan that had total family involvement and support. While the overall plan led to some reduction in inputs from agencies, it has generated a far greater sense of synergy from those inputs because of the coordination of resources. A sense of support and optimism was created that quite quickly became infectious both for Helen and the support team.

It had also been very important to create a sense of containment for Allan which he would be unable to break through. When he was placed in the time-out room at his old school he would jump out of the window and run away. Now, although it had not been needed, the new time-out room was secure.

Finally, the selection of the teacher's aid was a pivotal factor. Tama, a first grade rugby player in his early 20s, nearly two metres tall and with a relaxed friendly disposition, soon

had the class in awe. Trained as a Youth Justice resource worker, Tama had the skills and physique to be able to quickly contain Allan physically if necessary. From the start, his instructions were to not attach himself like a shadow to Allan but rather to be part of the class support unless he needed to step in after the teacher's usual strategies had failed. However, the class did know that he was linked to Allan and with that went a degree of kudos. Since Allan first met the teacher's aid at home their relationship was, from the beginning, set up to be more than just school-based. The family/whānau agreement covered the out-of-school relationship between the two.

Conclusions

When the referral for this case was first made there was a sense of despair about Allan's future. Many of the agencies involved had given up hope of progress and believed that residential care was the only option. However the Child Adolescent and Family Mental Health Service counsellor provided some previously unshared insights that explained some of Allan's behaviour patterns. This highlights the critical need for sharing assessment information, or holding joint assessments, so that a common language and focus underpins any collective work with the family. In the absence of earlier interagency coordination, Helen and her family received a range of advice and differing expectations from the various agencies which led to confusion and inertia.

Putting together a team that was positive, optimistic and focused on supporting the family in a model of change was critical, as was the development of a sense of professional trust and sharing around issues of power and responsibility. This was enhanced by a willingness by the parties to creatively commit their agency resources to support the plan on the basis of what was best for Allan and his family, rather than around traditional boundaries or responsibilities. The resulting plan was therefore the best that we could collectively create, rather than just what was readily available in the hope that it would do. The team met regularly with Helen, and Brian when he was able. These gatherings became a wonderful opportunity for the family to share the progress that was being made, and an affirming and supportive relationship built up between team members and Helen. Helen was particularly appreciative of the team concept since it meant she did not spend hours going to individual meetings at different agencies each of which focused on their own isolated issues.

Good analysis, creative planning, sound professional relationships and an interagency sense of partnership has produced a plan which has gone a long way to help Allan and his family regain their dignity and independence. While it is critical that supports are not withdrawn prematurely, at the time of writing the outcome looks positive for all concerned, and the family are very positive about the process which was both inclusive and supportive of their needs.

Helen and Brian have both read and endorsed this account of their story and they add that, "Everybody pulled together as a team and was there to find solutions and not to blame." ■

Mike Henderson is the Community Liaison and Youth and Community Social Worker in the CYPFS Dunedin office. He joined the Service in 1992 as a mature-age BSW graduate from Massey University, working initially in the care and protection area before taking up his current position. He also has experience in guidance and teaching.

Notes

1. All names and other identifying details of Allan and his family have been changed to protect their anonymity. They have also read this article and given permission for its publication in *Social Work Now*.
2. A Tracker is an adult who spends time with a young person to provide a positive role model, and who also takes them on outings and provides a listening ear. They are paid a small honorarium by CYPFS after screening and training.

Questioning child complainants in sexual abuse cases: Is justice served?

How children are questioned in court will significantly affect their answers. **Emma Davies** and **Fred Seymour** examine the various styles and suggest how best to meet the needs of young witnesses

The adversarial nature of the criminal court system in New Zealand has an impact on the way a child's evidence in a sexual abuse case is heard in court. Although favourable law changes now allow a child's evidence-in-chief to be presented on videotape, the current procedures still take place within the same adversarial context that, in effect, seeks to discredit the child's evidence.

The impact of the adversarial system on children remains a concern and is one of several that have long been raised over how children who allege sexual abuse are required to give their evidence in criminal trials. Some of the other concerns are:

- Will the information children provide give a full account of events that have occurred?
- Will the information be accurate or will it reflect the influence of the interviewers doing the questioning and/or discussions with other adults with whom the child has spoken?
- Will the process itself subject children to further stress and adversely affect their ability to tell their story? Will that, in turn, create even further trauma for them?

The Evidence Amendment Act (1989) and the Summary Proceedings Amendment Act (1989) did go some way to addressing these issues. In the court trial, children may now be cross-examined via closed circuit television (CCTV) or, if in the courtroom itself, they may be shielded from the alleged perpetrator by a screen. In these ways, the stress of giving evidence is reduced. However as mentioned above, there has been no change to the essential court process and children's evidence is still heard within an adversarial system and may be subjected to vigorous cross-examination that attacks the veracity of their accounts and their credibility as witnesses. The specialist staff, such as evidential interviewers, who conduct the videotaped interviews of a child's evidence-in-chief, also tread a tightrope in their work. If they are supportive of the children, they are criticised for their bias by those involved with the criminal justice process. If they are not supportive, they are criticised by child advocates for not facilitating children to tell "their stories" – what the children allege has happened to them.

Accurate information

The literature is divided as to how to get the most accurate information from children. On the one hand, it appears that a stressful interviewing style with a disbelieving attitude may decrease the likelihood of a full disclosure. Stress is thought to decrease attention, to

reduce motivation and to interfere with efficient recall (Saywitz and Nathanson, 1993). Young people have stated that emotional support, a believing attitude and an attempt to minimise stress all help accurate disclosure (Westcott and Davies, 1996). However, other researchers have suggested that such a stance can lead to children making statements that conform to the interviewers' expectations, rather than to help access accurate information (Ceci and Bruck, 1995).

Research tends to support the notion that free reports from children produce more accurate information than answers to direct questions (Lamb et al, 1996). However, there is some debate as to whether sufficient detail to determine whether or not the abuse occurred can be elicited from open-ended questions only, particularly with young children (Pipe et al, 1998).

In the court context, research involving children has found that one of children's most salient fears about being a witness is not understanding the questions (Sas et al, 1991). Pipe and Henaghan (1996) found that many child advocates in New Zealand were particularly concerned that children frequently did not understand the questions asked of them. If children are to communicate accurately with the court they must be asked questions in words that they understand (Brennan and Brennan, 1988; Cashmore, 1992; Davies and Noon, 1991; Murray, 1995; Walker, 1993). We also know that a barrage of leading and misleading questions can have a serious impact on the accuracy of children's statements (Ceci and Bruck, 1995).

This paper reports on research we conducted to determine the types of questions being used by evidential interviewers, prosecutors and defence lawyers.

Conduct of the research

We obtained transcripts of 12 evidential interviews and 26 transcripts of examinations and cross-examinations of child complainants in 16 child sexual abuse trials held in 1994. Half of the transcripts were from the Auckland District Court and half were from the Auckland High Court. We coded more than 6,000 questions from these transcripts. All rapport-building questions, questions pertaining to the competency requirement (truth, lies and promises) and neutral closing comments and questions were not included in the analyses. We looked at the use of open and closed questions, the sentence structure of the questions asked, the order and focus of questions asked in cross-examination and the number of times judges intervened.

The ages of the children in the evidential interviews ranged from six to 12 years, with an average age of nine years. The age of the children and the young people questioned in court ranged from six to 17 years, with an average age of 12 years.

Open and closed questions

In this analysis we were interested in the interviewers' and lawyers' use of open and closed questions.[1] We found that evidential interviewers used open, non-loaded questions significantly more than prosecutors and defence lawyers. Evidential interviewers were the only questioners who used connecting statements (such as, "umhh" and "ah") which often served the same purpose as open questions, that is, to keep children talking without directing their statements. Sometimes evidential interviewers repeated the exact words of a child immediately after they spoke. By using the same words the interviewers are apparently endeavouring not to interrupt the child's flow while also urging them to continue speaking. Nearly 70 per cent of the questions or statements made by evidential interviewers were either open questions, an immediate repetition of a child's words or connecting statements.

Recapping statements are designed to clarify what a child has said and to ensure that the evidential interviewer has understood correctly. They are commonly used towards the end of the interview and are a way of checking back with a child that what was said is what was meant by the child. Evidential interviewers used this form of checking significantly more than lawyers. Interviewers were careful to use the words of the child in their recapping statements. These statements once again

facilitate children to tell their accounts.

Evidential interviewers asked fewer non-leading closed questions about the specifics of an incident (19 per cent) than either prosecutors (41 per cent) or defence lawyers (63 per cent). It has been argued that this type of questioning may lessen the accuracy of children's statements (Lamb et al, 1996; Rawls, 1996). However, since defence lawyers predominantly asked leading questions which were frequently about peripheral events (see below), evidential interviewers may need to use some closed questions to clarify the specifics of central incidents *from the child's point of view*.

It is not surprising that defence lawyers used significantly fewer open non-loaded questions and more closed leading questions than either of the other questioners given that this line of cross-examination is advocated in leading texts on the subject as a means of destroying witness credibility (eg Eichelbaum, 1989; Levy, 1994). If children retract their statements at the end of cross-examinations which have consisted mainly of closed leading questions, the withdrawal is quite possibly a response to the questioning rather than the facts of the case. It is ironic that defence lawyers will often attack evidential interviewers for using leading questions, while placing enormous reliance on this form of questioning themselves.

Sentence structure

In the second study we were interested in the use of difficult questions asked by evidential interviewers and lawyers and, in particular, their use of multifaceted questions, and those with negatives or complex sentence structures. The research showed that these types of questions were rarely used by evidential interviewers and, while they were commonplace in the cross-examination of child complainants, prosecutors used them less than defence lawyers. When a defence lawyer uses difficult questions it is usually either deliberately to confuse young complainants, or it reflects a lack of training on how to effectively communicate with children. Children and young adults alike are disadvantaged by a legal system that does not insist that questioners ask simple, appropriately phrased questions.

The order of cross-examination questions

The research literature suggests that children's memory is best facilitated by logically ordered prompts (Cashmore, 1991). However, leading texts on cross-examination advocate that lawyers should try to confuse witnesses by asking questions out of sequence (Eichelbaum, 1989; Levy, 1994). For example, Eichelbaum states:

> Successful cross-examinations are usually based on indirection – the ability to establish points without the witness perceiving the purpose or becoming aware of the point until it has already been established. Varying the order of your topics will make it less likely that the witness will realise the purpose of a given line of questions.

Commentators and researchers have pointed out that skilled cross-examiners employ this technique with children. It goes unnoticed by the witness and the jury, yet has the effect of confusing child complainants and undermining the evidence (Brennan and Brennan, 1988; Brennan, 1995; Glaser and Spencer, 1990; Myers, 1987).

Of the 26 cross-examinations of children and young witnesses analysed for this study, 65 per cent used this technique more than once through the course of a cross-examination. Of the cross-examinations of children aged 13 years and under, 69 per cent used this tactic. This is particularly concerning as it is younger witnesses who are likely to be most confused by this technique (Cashmore, 1991).

The focus of cross-examination questions

A related technique which confuses child witnesses under cross-examination and undermines their credibility, is to ask about peripheral events such as dates, sequence, specific locations or times of events (Davies et al, 1997; Glaser and Spencer, 1990). Memory is selective and some inconsistency in testimony is normal. Furthermore, children's reports should be expected to vary depending on the setting in which they are questioned (Batterman-France and Goodman, 1993;

Saywitz and Nathanson, 1993). Child witnesses will also not necessarily recall the answer to every question, particularly if the questions are about things that they perceive as irrelevant and uninteresting (Pipe et al, 1998).

An analysis of the court transcripts found defence lawyers asked about peripheral events in all of the cross-examinations of children under 13 years and in 85 per cent of the cross-examinations of young people aged 13 years and over.

A focus on these events is likely to have particular difficulties for children who have been abused over a long period of time. These children's experience of their abuse is unlikely to fit into discrete separate events. The specific episodes are likely to merge into one long experience that may have particular triggers or factors that led up to each episode. If the children get the peripheral details of each episode mixed up, this does not show that the abuse did not occur. However, their evidence is undermined by the breakdown of their experience into discrete specific events. In the transcripts analysed, 77 per cent of the child complainants alleged they had been abused on more than three occasions. Of these children, 60 per cent were cross-examined about the abusive events as though each event was a separate entity.

Judges' intervention

Section 23(5) of the Evidence Amendment Act (1989) says a trial judge is obliged to ensure that no question is intimidating or overbearing with respect to the age of the witness. It is also surely in the interests of the prosecution to protect their young complainants. However, in the cases researched, neither party intervened to protect a child complainant on the basis of the issues raised in this article.

Conclusion and recommendations

Unless children are asked straightforward questions in language they can understand, and unless adults are sufficiently informed to understand what children are saying and to intervene appropriately, then the concept of justice cannot be served.

In recognition of these issues, we have previously offered the following recommendations (Davies and Seymour, 1998):

1. That judges ensure that lawyers ask simple, clear questions. In particular, courts should require lawyers to eliminate questions involving negatives, multifaceted questions, questions with no grammatical or semantic connections, questions in the passive tense, and tagged questions.
2. That lawyers and judges receive specialised training prior to questioning, or presiding over, cases involving children and adolescents. This training could address appropriate and inappropriate questioning techniques to ensure everyone is aware of which questions to ask and those to avoid or disallow.
3. That judges use section 5(1) of the Evidence Amendment Act (1989) to stop inappropriate questioning of child witnesses.
4. That prosecutors point out the following (when relevant) in their closing submissions: (i) Any retraction at the end of a cross-examination which has consisted of predominantly closed, leading questions, is likely to be a response to the questioning rather than the facts of the case.
   (ii) Questions asked out of sequence confuse child complainants and are an attempt to undermine their evidence.
5. That judges point out the following (when relevant) to the jury in their summing up statements: Memory is selective and some inconsistency in testimony is normal. Inconsistency about peripheral events does not necessarily mean that the abuse did not occur. This is particularly important in

Unless children are asked straight-forward questions in language they can understand… then the concept of justice cannot be served.

cases involving multiple incidents of abuse.

6. That the logistics of introducing child advocates into the criminal justice system are explored. Advocates would be in court to protect child complainants from inappropriate questioning.

These recommendations are targeted at court practitioners, as this is where the main changes should rightfully occur. But what can social workers and evidential interviewers do? Both children and their primary carers may be better equipped to deal with the inherent difficulties of a criminal trial if they are offered education for court. This education would include visiting the courtroom, empowering children to state when they do not understand questions asked of them in court, and appropriate preparation for cross-examination. The preparation would need to be done in collaboration with the other agencies involved, particularly the police, the victims' advisors and crown prosecutors. Social workers could act as a support person for children with whom they have a strong relationship. They could also facilitate a meeting, or make sure one is arranged, with the crown prosecutor well in advance of a trial to ensure that children have at least one friendly face in the courtroom.

In more general terms, those staff who work with children in CYPFS and its video units could use their contact with lawyers to discuss what is appropriate questioning for children. Appropriate questioning in court is in the interest not only of children but is also in the interest of justice. By raising the issues and encouraging debate, we can advocate for children – in the interests of justice. ■

Emma Davies is nearing completion of a PhD at the University of Auckland. Her research project investigates children's and primary carers' experiences of the sexual abuse investigation and criminal justice process in the Auckland region. Emma has had more than ten years' experience conducting research on women's and children's issues in applied and academic settings.

Fred Seymour is a Senior Lecturer and Coordinator of the Post Graduate Diploma in Clinical Psychology programme at the Department of Psychology at the University of Auckland. He was previously Director of the Leslie Centre, Presbyterian Support, in Auckland. He has had practice, teaching and research interests in child abuse issues over the last 15 years.

Note

1. **Categories of open and closed questions**

Opening questions
No limits on the range of answers.
No indication of the most desirable responses.
eg And how did that make you feel?

Open loaded questions
No limits on the range of answers.
Most desirable response indicated.
eg Why didn't you say to him stop that, don't do that?

Closed non-leading questions
Limited range of responses.
No indication of the most desirable response.
eg Was the vehicle stationery or moving along the road?

Repeated statements
Repetition of information just given by the child, using the child's words.
eg Child says "He held my hand", interviewer says "He held your hand".

Recapping statements
Repetition of information just given by the child earlier in the series of questions with the same questioner.
Recaps what the child has said.
eg And you said that your father was over at the school?

Connectors
Unlimited range of responses.
Non-verbal communicators that serve to keep the child talking.
No indication of the most desirable response.
eg Ummah, ah.

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

Brain development in young children: the implications for social policy

Robin Fancourt describes new findings on the effects of abuse and neglect on children's brain development and discusses the implications for social policy

As the secrets of the extraordinary miracle of brain development are uncovered, we are gaining more understanding of how traumatic experiences in the early years of life result in profound and permanent disruption of brain organisation and function.

Understanding how developmental experiences trigger complex pathways of chemical and physiological reactions that control brain development is the key to understanding the roots of adult violence, abuse, neglect, criminality and social dysfunction.

The scope of the problem

Children can become competent, intelligent and contributing adults if their basic needs for love, security, trust and affirmation are met by a caring and committed parent. But every year thousands of New Zealand children are traumatised by domestic violence and abuse. They are raised in homes that are chaotic and have no regard for the unique needs of children.

Abuse, violence and the need for survival

The one over-riding function of the brain is to ensure survival. The brain cells that control this function and their pathways to all vital organs are already mature at birth. Triggered by sudden threat or fear they activate the "flight or fight response". This automatic reaction shuts down all unrelated brain functions. It is a superb defence mechanism when the threat or fear is acute and transient. However when this response is persistently activated by chronic and ongoing violence, lasting and profound damage can be caused.

Adults manifest this damage in an array of symptoms, known as Post Traumatic Stress Disorder, which show that they are trapped in the terror of the original event and are unable to process the present.

For young children who are developing physically, cognitively, emotionally and socially, the symptoms include and go beyond these neuropsychiatric consequences. Unremitting triggers of fear and terror have a permanent effect by determining how brain cells migrate, divide and make contact with others, with the survival response becoming the pattern of their brain development.

The results of early abuse and violence

The outward signs of this disordered brain development depend on the development stage of a child and, in part, on their gender.

Regressive behaviours, unusual fears and repetitively re-enacting some elements of the trauma are some of the signals in very young children. School-age boys are likely to be disruptive and aggressive or have symptoms similar to those of the Attention Deficit Hyperactivity Disorder. School-age girls are less likely to attract attention as their signs result from an array of presentations caused by dissociation that lead to them being seen

as dreamy, compliant or inattentive. For both genders the failure to learn is a common consequence.

These signals become more overt and deeply rooted in adolescence when aggressive behaviour can turn to violence, and sexualised behaviour can become abusive or manifest in responses which lead to repeated victimisation. A lack of trust or sense of belonging can result in suicide, gang membership, and antisocial and criminal acts. Behaviours with a high health risk such as smoking, drug and alcohol addiction and early and unprotected sexual activity are often adopted.

A wide range of seemingly unrelated adult sequelae have all been traced along this path. Significant among them is the repeated pattern of harmful child rearing, the perpetuation of violence, a career in crime, a disregard for social order, and an array of psychosomatic, psychiatric and psychological disorders as well as physical diseases caused by the high health risk behaviours.

A lack of trust or sense of belonging can result in suicide, gang membership, and antisocial and criminal acts.

The impact of early neglect

The neglect of very young children is an even more potent source of permanent harm to brain development and lifelong function. The acquisition of all skills, of a sense of self and an attachment to others can only occur in partnership with a caring parent. A lack of this reflective relationship brings the loss of crucial brain building opportunities.

Where this lack is early, persistent and comprehensive, CT scans can detect that the cerebral cortex is not growing as usual. The outward evidence is global retardation and a small head size. Far more common, and often unrecognised as to its origin, are various degrees of intellectual, social and verbal delay.

Poor caregiving and chaotic households can also be damaging, resulting in a lack of attachment to or empathy with others.

Implications for social policy and practice

This new information about brain development compels us to ensure that children receive enriching, consistent and nurturing early experiences and that people of any age who have been harmed are helped to recover.

Social policy protocols should be re-examined to reinstate the concept of care by incorporating and:

- understanding of how a developing brain adapts to abusive and neglectful experiences in the first three years of life
- understanding of the role of the brain in the behaviours of maltreated children and the development of better ways to approach their problems
- appreciation of the immense damage to growing children who live with chaos, violence and lack of affection.

The first priority for children must be the chance to develop the foundations of all the capacities required for human life. Family preservation is not an option when parents cannot or will not change or if they do not accept that they are responsible for inflicting harm.

Young children who are being neglected require rapid and definitive intervention to prevent their potential from being permanently stunted.

The intervention must be founded on an early assessment of their behaviours, rather than the current verbal evidence required for court. Clinical studies show that children begin to tell about their experiences when they feel a sense of security and as their verbal competence improves. Children may not be able to give verbal evidence because their behaviour is a result of anxiety turning to terror through the hypersensitive stress response, as well as the more direct translation of their fears.

At-risk children also need to be assessed as to whether they have a secure and healthy attachment to the main adults in their lives. If this is absent, any effects are more likely to be

permanent and crippling.

Breaking the cycle of abuse and violence is possible. It must begin with careful and clear-headed thinking about young children's brains. ■

Dr **Robin Fancourt** is a paediatrician working in private practice in New Plymouth. She has previously held consultant positions in the public health service in Blenheim and New Plymouth. A major interest in child abuse and neglect and their lasting consequences, has led to her becoming accredited in the medical examination for sexually abused children and adolescents through Doctors for Sexual Abuse Care (DSAC) of which she is a former president. She is currently Chairperson of Children's Agenda and is Chief Executive Officer of the NZ Committee for the ISPCAN International Congress to be held in Auckland in September this year.

Note

Dr Fancourt's special interest in the impact of abuse and neglect on brain development and in the lack of inclusion of young children in current protection services was sparked by the work of Professor Bruce Perry of Houston, who will be a major contributor to the ISPCAN Congress.

A personal view of service improvement

A rising population and pressure on services has prompted the need for a re-examination of CYPFS operations in Auckland. **John Hoult** outlines the work of the Metro Project

The Auckland Metro Project was set up to take a comprehensive look at ways to improve CYPFS service delivery in Auckland because of the increasing demands of a rapidly growing population and current and projected pressures on existing services. It was completed in June last year and recommended a range of solutions, many of which have already been implemented by the Children, Young Persons and Their Families Service (CYPFS).

Objectives

The project was announced in May 1995 and comprised two stages. Stage one began in August 1995 and ended in December of that year, while stage two began in August 1996 and was completed in June 1997.

The project's terms of reference recognised problems with CYPFS service delivery in Auckland, the most important being the care and protection and youth justice interface. This was seen as a source of "tensions, misunderstandings and practice anomalies between the Service, its customer organisations and among some of its own staff… In some cases, this (the interface) has had a direct and negative effect on individual clients and customer organisations."

In 1995, Auckland's care and protection services and youth justice services were totally separate entities. The terms of reference charged the project with completing "a full study of the operations in the Auckland Metropolitan Area, in order to determine and identify those factors which encourage or inhibit effective integrated care and protection and youth justice practice".

There was an emphasis on bridging the gap between care and protection and youth justice so that CYPFS' clients and customer organisations received "as near as possible a 'seamless' service, whilst preserving the distinct legislative boundaries".

The project was also required to consult with and give feedback to staff and customer organisations in order to:

- examine funding and resource allocations to and within Auckland
- undertake a national comparative analysis of all deliverables expected of the Service
- determine operational requirements to support sound practice
- identify operational activities that encourage or inhibit successful service delivery
- develop a range of practice options which support sound practice and eliminate inhibitors to successful service delivery.

The project was also to examine all other aspects of the Service's operation in Auckland.

Staff participation

The project gave staff an opportunity to identify and communicate problems that inhibited the delivery of quality, effective services and asked them to find solutions to the problems.

In stage one of the project, staff consultation was largely on a site-by-site basis, although there were across-site consultations

with some staff groups, for example, clerical staff, coordinators and Mãori staff.

Eleven sites, including two specialist services units, were involved in the project and at least three visits were made to each site. A record was made of the issues and solutions raised at each meeting and this was sent back to the site for verification and discussed at later meetings.

Three information packs were sent to each site and contained: compilations of the issues and possible solutions identified by the sites; demographics data by site and area; workloads by site and area; the results of questionnaires and surveys sent to sites and offices.

In addition, staff received seven news bulletins on the project's progress. The last bulletin contained a questionnaire on a range of solutions to some key issues.

A quality control panel comprising staff from different offices, including some managers, oversaw the project, which was ultimately answerable to the General Manager through a steering committee made up of the three Auckland Area Managers and the National Manager Practice Policy.

In stage two, solutions to the problems and issues raised in stage one were developed through eight "brainstorming" meetings which were open to all staff. The meetings were attended by ten to 50 staff.

The issues and their solutions were then compiled and provided to sites. The project team visited each site to obtain their response to the solutions. Weekly meetings were held with all the Auckland managers to obtain their input into the issues, solutions and process.

As each issue and the solutions to it were developed, they were sent to the General Manager for approval. The complete set of issues and solutions made up the body of the stage two report. The solutions together totalled over 50 actions, which formed a service delivery action plan for Auckland.

Implementing the solutions became the responsibility of the area and site managers in Auckland. Working parties were formed to develop the detail of some solutions, and projects were developed to investigate other solutions.

External consultation

The Service Excellence Project conducted a survey of external customer groups in the latter part of 1995 which revealed considerable dissatisfaction among external agencies. Typically there was criticism of:

- high care and protection thresholds
- disputes or inactivity between care and protection and youth justice
- poor telephone access to the service
- inconsistent thresholds
- inconsistent policy on service provision
- lack of coordination or cooperation between offices and areas.

People also said they were unsure which office their agency should deal with. Many of these criticisms were also raised by staff during the course of the project.

Challenges

Stage one identified two main problem areas for the Service in Auckland; firstly the work-to-resource ratio and secondly the organisation and use of current resources.

The project found that resources were inadequate in Auckland largely because of the substantial increase of the under-17 population in recent years. At the end of 1995, the projected growth of the under-17 population in Auckland in the period from 1991–1996 was 35,000. This is equivalent to the total under-17 population in the Rotorua area. For the same period, the projected growth for Wellington was 6,200 and for Christchurch 6,000.

The increasing population had a significant impact on social work workloads. Comparisons of the ratios of social workers and all staff to the under-17 population in Auckland, Wellington and Christchurch at the end of 1995 revealed the following:

Metro Area	SW:u-17 pop	Staff:u-17 pop
Auckland	1:2005	1:987
Wellington	1:1748	1:808
Christchurch	1:1360	1:670
National total	1:1549	1:748

It was also believed that thresholds for accepting referrals to the Service were much higher in Auckland than elsewhere and, as a result, Auckland staff were dealing with more complex work. There was no substantive data to verify or refute this belief.

The project's response to the problem of the use of resources was more complex. While more resources were clearly required for Auckland, the report also suggested that existing resources could be more efficiently and effectively utilised.

The project team developed a matrix of the problems and issues, and plotted the number of sites which had identified each issue. This process identified 94 issues. Fourteen were seen as being most critical and widely held. They included: workloads; the youth justice/care and protection interface; placements; structural organisation; management style and performance; services and programmes; after-hours casework; SWis; supervision; culturally appropriate workers and ethnically-based teams; manuals and handbooks; the recruitment and retention of staff; training, bursaries and induction.

While more resources were clearly required for Auckland, the report also suggested that existing resources could be more efficiently utilised.

These issues were seen as hindering the delivery of a quality service to clients. The care and protection/youth justice interface, for example, raised many issues. Due to the location of the specialities at two different sites, there was often a lack of understanding and knowledge of the work areas. New staff were often not exposed to or trained in working with the other speciality. Staff sometimes did not cooperate in the management of clients, and disputes sometimes arose over funding client needs.

SWis issues included insufficient terminals, and database boundaries making access to client records cumbersome and difficult.

There were also a number of issues over placements which caused staff and clients problems. Many specialised placement needs were either not available, for example, for sexual offenders, or were in short supply, for example, emergency beds. Placement information could be difficult to obtain and keeping track of bednights was extremely difficult.

The stage one report described these and 11 other issues and made a series of recommendations and proposals.

Resource changes

As well as recommending that the project proceed to stage two to develop solutions to the issues raised, the stage one report made specific suggestions regarding resource allocation and distribution. In particular, it recommended:

- more resources for Auckland from the supplementary estimates
- a review of the national funding allocation process to ensure Auckland receives adequate resources to match increases in population
- developing an intra-area and site funding process for Auckland
- developing a planned approach to services, site and area boundaries within Auckland to achieve consistency with the urban authorities, which would enable an accurate juxtaposition of the boundaries used by Statistics New Zealand for population data in Auckland.

The stage one report also made recommendations on the 14 issues which inhibited effective service delivery. To help smooth the care and protection/youth justice interface, it proposed that the "primary worker model" be adopted. Under this model, families involved with CYPFS would be allocated one worker (the primary worker) who would deal with all care and protection and youth justice issues for the children in that family.

Staff could also continue to work in specialist areas such as care and protection. If a care and protection case developed a youth justice concern and the care and protection primary worker did not have sufficient

knowledge and expertise, he or she could access knowledge and/or a youth justice worker to co-work the case. This model is akin to the lead worker model used in the Strengthening Families project.

Thirty nine of the 94 issues identified by staff as inhibiting service delivery related to the perceived lack of coordination, cooperation, consistency and effectiveness across areas and sites. The project proposed that consideration be given to having a single area office for the Auckland Metropolitan Area to improve coordination and possibly help ensure that resources were used more effectively.

The stage one report also proposed that a small team be created to coordinate some functions, so that resources currently managed by each site or area office could be used more effectively. These functions included:

- relationships with the Community Funding Agency (CFA) and Child and Family Support Services (C&FSS)
- provision of after-hours duty
- management of family homes
- assessment of placement needs and service contracts
- development of services and programmes for CYPFS clients
- evaluation of the effectiveness of contracted services for CYPFS clients
- liaison with other government and local body service providers to ensure that adequate complementary services are provided and that resource responsibilities are clearly defined.

Thirty nine of the issues identified by staff as inhibiting service delivery related to the perceived lack of coordination, cooperation, consistency and effectiveness across areas and sites.

Stage two

Stage two of the project returned to the 14 key issues raised in stage one and, in consultation with all staff, considered a range of solutions, including those identified in the stage one report.

Four of the 14 issues were not addressed in the brainstorming sessions in stage two. Workloads and manuals and handbooks were not addressed, as a national project was already charged with developing a workload management and measurement process and manuals were being updated nationally.

The solutions that arose in stage two were developed into an action plan by the project manager along with the area and site managers. This action plan contained 55 specific actions designed to improve client services in Auckland. Actions which have been carried out to date include:

- The collapsing of the SWis boundaries. This occurred in March 1997 and gave all Auckland staff access to all Auckland clients.
- A sabbatical leave policy offering eight three-month sabbaticals each year. This was designed to attract staff to the Service and assist in retaining staff by giving them an opportunity to pursue a project while having time away from the front-line.
- The creation of a senior conference for supervisors, coordinators, senior practitioners and practice consultants.
- The project sponsored the development of the induction programme now applying nationally to new social workers.
- The creation of the Auckland Call Centre to provide easier and improved telephone access to the Service, better management of calls to the Service, and a professional, complete and consistent response to calls to social workers for advice and information or to make new referrals.
- Centralised placements and bednights to provide better and more accurate information on places available and to coordinate relationships with CFA and C&FSS. A central database on agencies

providing beds was created.

Some recommendations made by the project have not been implemented due to lack of funds. These include a proposed dedicated after-hours service and the appointment of a recruitment liaison officer who, in addition to recruiting staff, would manage the Service's relationship with tertiary institutions providing social work courses and manage students on placement with the Service.

Some of recommendations of the stage one report were also not implemented; namely, the operation of a single area in Auckland and the primary worker model, as Auckland staff and managers did not believe they were viable.

Monitoring and evaluation

It is a year since the Auckland Metro Project was completed and some of the initiatives are now undergoing their first evaluation. These include a recent staff survey of the sabbatical leave policy, and a national project to evaluate the Call Centre. It has been difficult to identify accurate measures of the success of some of the other initiatives. Although no definitive conclusions on the project's effectiveness can be made, it appears that its initiatives have generally been very successful. ■

John Hoult has worked for CYPFS for 20 years as a social worker and a supervisor. His involvement with special projects has included CYPFis, the Weeks Review, SWis, the Auckland Metro Project, the Workload Management Project, and the call centre expansion project. He is currently Manager of centralised services in Auckland which includes responsibility for the call centre, media liaison, and the relationships with CFA and C&FSS.

It's okay to talk about incest

Ceridwyn Roberts backgrounds the recent Rape Crisis awareness campaign and the reasons for its focus on incest

Every year Whãnau Ahuru Mõwai: Rape Crisis[1] holds a Rape Awareness Week. This is not a fundraising appeal, but rather an opportunity to publicise an aspect of sexual violence, and to do "a spot of consciousness raising". This year the theme was incest. Feminist thought and bicultural commitment have informed the Rape Crisis definition of incest, which is "unwanted sexual connection between blood relatives". This definition includes uncles, aunts and cousins related by blood. These relationships are not covered by the Crimes Act charge of incest.

A three-pronged plan was devised for Rape Awareness Week incorporating an advertising campaign, a media strategy and the publishing of a statistical report. We used money from the Minister of Social Welfare's Contingency and Innovation Fund to produce a series of print advertisements with an incest theme. The *It's okay to talk about incest* campaign was developed pro-bono by Ogilvy & Mather Advertising in consultation with Whãnau Ahuru Mõwai: Rape Crisis, the Children, Young Persons and Their Families Service (CYPFS), and the Department of Social Welfare's Family Violence Unit. The campaign was timed for release in national Rape Awareness Week, 4–10 May, and its aim was to encourage the public to talk about incest. Specific targets included encouraging incest survivors to reach out and get support, and raising the profile of incest as a severe problem in New Zealand society.

The adverts used the real-life stories of five incest survivors told in their own words. One female and one male survivor wrote their stories for the newspaper advertisements and a combination of survivor stories were used for the magazine advertisement (which doubled as the poster).

Julia, an incest survivor abused by her father, wrote in one advertisement, "Nobody forced him to come into my bedroom two or three times a week from when I was four. Nobody held a knife to his throat to make him lie down on top of me. There was no-one blackmailing him to pinch what weren't even nipples yet."

Graphic detail was followed by a description of the emotional toll that incest takes on its victims. Brian, a male survivor of his father's sexual, physical and mental abuse, told how "… I haven't been able to get close to people, to trust anyone. I feel that time's running out for me to have a really close, fulfilling relationship with someone I can trust."

The advertisements ended on a positive note, asking both incest survivors and members of the public to break the silence on incest by talking to people who understand. The advertising included phone numbers for local Rape Crisis groups, the CYPFS logo and an 0900 donation number.

Rape Crisis: Whãnau Ahuru Mõwai had never done any real advertising nationally and there were no previous national campaigns in Aotearoa targeting incest, although some groups had run local initiatives. We did, however, build upon the experience of the 1988 Telethon and its ensuing debate to tailor our campaign to meet specific criteria.[2]

In the *It's okay to talk about incest* campaign no statistics were used in the advertising and *The Incest Report*[3] was clearly demarcated as being only about Rape Crisis clients. A plan was put in place to combat all potentially negative comments.

Interagency relationships

Rape Crisis has been pleased at the development of our relationship with CYPFS

throughout the incest campaign. The assistance of CYPFS, both in monetary contribution through the Contingency and Innovation Fund, and in professional advice and support, was invaluable.

Rape Crisis, in conjunction with CYPFS, is currently developing a national protocol. This protocol will involve the safety of women and children survivors of sexual abuse, and will foster better working relationships between local Rape Crisis groups and their CYPFS offices.

Media strategy

During the week, Rape Crisis ran a national media campaign profiling incest survivors. The strategic aims of this campaign included coverage of the theme of incest on television, radio and in the press. A number of incest survivors known to Rape Crisis agreed to tell their stories to journalists. This helped give a human face and emotional impact to drive home the message that incest exists and everyone needs to talk about and challenge it.

Rape Crisis was joined in the media campaign by a number of other organisations, chief among them being CYPFS, and this multidisciplinary interagency approach worked very well. The strategy allowed for a variety of media angles and gave journalists a list of potential spokespeople on different issues around incest. This enlarged the possible exposure and resulted in a strong, cohesive message.

An embargoed introductory media kit was sent out to television reporters, all national, local and iwi radio stations and all metropolitan, provincial and local newspapers the week before Rape Awareness Week. This was followed up by staggered press releases about different aspects of incest, which included impact on survivors, issues for male survivors, positive fathering and the potential rehabilitation of sexual offenders.

Statistical report

The final aspect of Rape Awareness Week was the release of *The Incest Report*, a statistical account of Rape Crisis clients in 1997. It was launched by the Minister of Youth Affairs and Associate Minister of ACC and Women's Affairs Deborah Morris.

During 1997, Rape Crisis was contacted by 1,206 sexual violence survivors and 374 (31 per cent) of these women and men identified themselves as incest survivors. These incest survivors were sexually assaulted by 424 blood relative offenders (some survivors were sexually assaulted by more than one offender), and 138 offenders (41.3 per cent) were identified as the fathers of their victims.

Some of the other more disturbing facts highlighted by the report include:

- More that 30 per cent of sexual violence survivors were abused by blood relatives.
- 41 per cent of incest survivors reported sexual assault by their fathers. Other incest perpetrators included (in descending order) uncles, brothers, cousins, grandfathers and mothers.
- 87 per cent of incest survivors were sexually abused before their 13th birthday.
- 90 per cent of incest attacks took place more than a year before the victim went to Rape Crisis.
- Incest survivors were more likely to experience sexual violence while children and to be repeat victims in later life.
- Only 21 per cent of incest victims reported their abuse to the police. The longer the time since the abuse, the less likely the survivor was to go to the police.

During 1997, Rape Crisis was contacted by 1,206 sexual violence survivors and 374 of these women and men identified themselves as incest survivors.

Rape Crisis believes that incest includes a range of sexually abusive behaviours and is not limited to sexual intercourse. In legal terms our definition of sexually abusive

behaviour is that of indecent assault.

The definition used in *The Incest Report* excludes relatives related by marriage, for example, stepfathers and brothers-in-law. When those related by blood and marriage or partnership are examined the most common sexual offenders recorded by Rape Crisis were (in descending order of frequency) survivors' fathers, partners, uncles, brothers, cousins, stepfathers, ex-partners, grandfathers, mother's boyfriends, then mothers, stepbrothers and brothers-in-law.

It seems likely that there are far more incest survivors in our communities than those who come to Rape Crisis for help. It takes an average of 17 years for people who are victims of incest to contact Rape Crisis. The taboo of this topic is so great that one woman waited 70 years after her abuse to call us. We therefore cannot and do not say what the incidence of incest in the community is; just that we believe our statistics are the tip of the iceberg.

It takes an average of 17 years for people who are victims of incest to contact Rape Crisis.

Other research

The recent Christchurch Health and Development Survey followed 1,000 children from birth. Of the children surveyed 7.3 per cent of girls and 3.4 per cent of boys reported child sexual abuse before their 16th birthday, and 23.5 per cent of perpetrators were family members.

The Otago Women's Survey found that of nearly 1,500 Dunedin women, 252 reported some form of sexual abuse before the age of 12, 24.6 per cent had experienced attempted or completed intercourse, 46.4 per cent were exposed to genital touching and 29 per cent experienced non-genital abuse.

According to ACC, of 489 New Zealand males who were sexually abused as children, 40 per cent were abused by family members (78 per cent male, most frequently cousins), 32 per cent by people connected to the family (for example, stepparent, childminder or boarder) and 18 per cent by strangers.

A review of 15 international studies involving 187 women showed that 50 per cent of female psychiatric in-patients are survivors of childhood sexual abuse.

New Zealand psychiatric in-patients who had been sexually abused as children were three times more likely to be suicidal on admission, and four times more likely to have been first admitted before age 18 than non-abused patients; 41 per cent of the abused patients reported sexual abuse by relatives (Read, 1997).

Campaign results

When it is our young people who are at risk Rape Crisis believes it is impossible to emphasise information about incest enough. Incest is a crime that keeps on hurting those it affects. The impact of incest goes far beyond the price of counselling survivors and imprisoning offenders. The economic and social cost of incest includes the survivor's mental health problems, the potential continuation of a cycle of abuse, and the loss to the country of the unrealised potential of incest survivors.

Anecdotal evidence from Rape Crisis and other sexual abuse groups around the country suggested that calls from incest survivors increased during and immediately after Rape Awareness Week. This will be confirmed with the collation of the next round of statistics from local groups and is being examined by a survey sent out to Rape Crisis and other sexual abuse groups around the country.

The success of the media campaign was considerable. Rape Crisis National Office received more than 80 media enquiries about the incest theme. During the week there was positive exposure on all television channels, the two major radio news networks, National Radio, Radio Pacific, nine iwi radio stations, a number of local radio stations and the vast majority of daily and provincial newspapers. Most of this exposure was due to the bravery and strength of the survivors who related their personal histories of incest.

The Minister of Youth Affairs, in her speech at the launch of Rape Awareness Week,

spoke about the profound effects of incest:

> Incest, like child abuse in general, has been found to be related to almost all mental health problems in childhood, adolescence and adult life. The most common effects of incest include sexual dysfunction, problems with intimate relationships, depression, self-destructive behaviour – often including drug abuse, suicidal behaviour and self-destructive relationships.

This was the first time that the Government has publicly acknowledged the link between child sexual abuse and suicide, and is a major step in the acceptance of the economic and social costs to the whole community that result from sexual assault. ■

Ceridwyn Roberts has been the National Spokesperson for Rape Crisis: Whãnau Ahuru Mõwai for 18 months. Her position includes public relations strategy and implementation, lobbying government and securing sponsorship for special projects. Ceridwyn has a BA in English Literature and a Diploma of Arts in Theatre and Film Studies and she sometimes studies towards a National Diploma of Journalism.

Notes

1. The aim of Rape Crisis: Whãnau Ahuru Mõwai is to work towards the elimination of rape and sexual violence against women and children by providing counselling and support services, education and prevention services and increasing the number of trained professionals in the area of sexual assualt.
2. The 1988 Telethon was marred by an advertising agency's misuse of statistics provided by the Mental Health Foundation. This created a media furore and some of the good work achieved in exposing issues of child abuse was undermined.
3. Copies of *The Incest Report* and the 1997 report on *Rape Crisis Clients 1992-1996* are available for $5 each from Rape Crisis National Office, PO Box 6181, Wellington.

Consultative practice

Mary Schluter, **Paul Muir** and **Nick Findley**
discuss the work of practice consultants and their strategic role in CYPFS

In this second of a two-part article on practice consultants, we look at typical work scenarios for practice consultants, the findings of a Service-wide questionnaire into their work, and issues for child protection agencies to consider when employing consultants. In the first article, published in the last issue of *Social Work Now*, we looked at the findings of an overseas literature review on the effectiveness of consultants in social work practice, and at their establishment within the Children, Young Persons and Their Families Service (CYPFS).

Typical problems and consultancy tasks

Using a table developed by Hope (1992), we compiled the following list as an overview of typical problems and consultancy tasks encountered by practice consultants.

Focus	Problem	Consultancy task
Career development	A social worker, unsure about his future in the Service, wanted to investigate opportunities for promotion and/or work satisfaction, including training and development, both within the Service and in alternative social services.	To explore with the worker the reasons for their uncertainty and the pros and cons of the options.
Coaching	A social worker and her supervisor identified her difficulty in recording succinct and workable computer notes, reports and submissions.	To coach the social worker to a competent standard.
Organisational change	A service delivery manager asked for help in deciding what staff briefings to hold and what communication systems would be needed following a reorganisation of care and protection teams.	To liaise with the manager and generate options about the required communication systems in consultation with staff.
Facilitation	Supervisors wanted to participate fully in their fortnightly meetings and needed a neutral third party to keep track of, and prioritise, agenda issues, and record outcomes and tasks to be actioned.	To facilitate supervisors' meetings, record and distribute outcomes as agreed.
Policy	The service delivery manager wanted someone to initiate the local implementation of a nationally devised strategy for dealing with dangerous situations.	To respond to the national strategy by setting up a dangerous situations team which was representative of staff and which would recommend local responses and protocols to management.
Practice	A social work team had placed in care two out of three children from one family. Another team, however, had assessed the third child as safely placed with the mother. The two teams wanted to reconcile the different child protection decisions.	To facilitate a case meeting where the workers and supervisors from the respective teams could share information, explore decision-making processes and determine on-going action.
Evaluation	An area manager is not sure of the effectiveness of a particular self-managing social work team compared with other teams doing similar work, such as assessment and resolution of child protection issues.	To produce a report that evaluated the effectiveness of the self-managing team.
Supervision	A social worker supporting pre-school sexual abuse victims and their families wanted help to deal with the impact of this work on her both personally and professionally. Issues included interagency liaison and frequently dealing with strong, often conflicting, emotional responses from families and the community.	To provide clinical supervision.
Review	CYPFS received a notification of child protection concerns, but the infant died at 14 weeks.	To review casework practice and report to the Chief Social Worker at national office in accordance with "Death of a Child" guidelines.

Focus	Problem	Consultancy task
Complaint	The Commissioner for Children received a complaint from the mother of a young person who was in the care of the Service for three years. The mother wanted a review of this case on the grounds that decisions did not always appear to be consistent with the CYP&F Act 1989 and that her daughter was adversely affected as a result.	To peruse CYPFS records, interview the primary staff involved and report to the area manager on the chronology of events and practice issues.
Planning	A supervisor and team members had difficulty managing and prioritising casework, especially following through and completing agreed tasks, and balancing this with new work requiring urgent responses.	In conjunction with the supervisor and social workers, developing ways to plan and prioritise work with an emphasis on task completion and case termination.
Practice	A social worker felt stuck about the case direction of a 14-year-old in residential care whose behaviour was difficult.	To explore options with the worker, facilitate case meetings with other professionals and to help plan for a future placement and resourcing.

Casework practice referrals

For many practice consultants, and as shown by the examples listed above, issues around casework practice represent the majority of their referrals. The referrals frequently involved staff feeling "stuck" and prompted opportunities for a practice consultant to review case direction as well as to facilitate and/or participate in case meetings. A significant number of other referrals dealt with team issues including interpersonal relationships and case management. Managers most frequently requested help in developing and implementing national and local policies and protocols. They also regularly referred reviews and complaints to consultants for a Service response.

Balancing act

A key issue for consultants is finding the right balance when responding to referrals. Managers may not make as many requests, but their work can take up a lot of time. A significant challenge for consultants is to prioritise their work to allow time for immediate or short-term responses to case matters as well as to plan for substantial pieces of work contracted over longer periods.

Evaluation

To help evaluate the effectiveness of the practice consultants' role we distributed a questionnaire to all CYPFS staff in August 1997.[1]

Response to questionnaires

We received 183 responses representing about 15 per cent of the potential number of returns. An independent reference group collated and processed the responses, identified themes and drew up a summary.

The respondents provided a useful random sample of staff covering a variety of Service roles.

Roles of respondents

Managers: area/site	10
Specialist services	7
Coordinators	8
Supervisors	41
Social workers	66
Residential social workers	18
Support staff	18
Not known	15
Total	*183*

Access to consultants on site

Of the sample returned, 107 had a consultant on site and 76 did not. Of the latter group, 39 had access to a consultant in their area.

Referrals to consultants

153 respondents said they had used consultants, 27 had not and three did not indicate.

Type of referral

Overwhelmingly, the respondents said they used consultants for casework assistance. While social workers and supervisors generally requested advice on the direction of difficult cases, managers often asked for case reviews following complaints or requests from both inside and outside the Service.

Another significant theme was the use of consultants to help staff with aspects of professional development, whether through

the competency programme, coaching, identification of training needs, facilitation of training opportunities, career development or supervision.

Consultants and work performance

Advantages

Many respondents viewed consultants as helpful for work performance because they could be a sounding board as well as a resource offering objective advice regarding practice.

Many referred to the variety of roles that consultants could potentially apply to the situations they were involved in such as facilitator, mediator, advisor, supervisor, coach, researcher, supporter, recorder, advocate, trainer, broker, monitor and so on.

Barriers

A number of youth justice social workers had not used a consultant for some time. For some, their rationale was that because consultants over-whelmingly had a care and protection background, they did not have an understanding or experience of the youth justice sections of the CYP&F Act or of youth justice practice.

Workers who did not have a consultant on site felt disadvantaged and considered it hindered their potential performance.

Many respondents identified time as a barrier, as the consultants were extremely busy. Others saw availability as an issue. Workers who did not have a consultant on site felt disadvantaged and considered it hindered their potential performance as there was a gap in addressing their professional development needs. They also noted the lack of an independent person to consult over practice issues. Others said that consultants were often asked to take on operational roles, such as acting manager, or were taken away from normal duties to do national project work or reviews of children who died in care.

Another theme was role clarity. Some respondents felt that if they were clearer about a consultant's purpose and roles, they might use them more often.

Using external consultants

Respondents thought the advantages of external consultants included the potential to introduce a fresh perspective, greater objectivity (because they were not enmeshed in the system) and cost savings (as they would be contracted only as needed for particular tasks or projects).

Some of the disadvantages included a lack of familiarity with the system or culture of the organisation, and accessibility – especially with decision-making in complex and difficult cases.

Summary

While a majority of respondents clearly indicated they believed practice consultants were effective, there were some obvious challenges regarding their role in CYPFS.

Moderation versus diversification

It is evident that some parts of CYPFS are better resourced with consultants than others. Some rural sites seem to have limited or no opportunity to use them, since managers have made a choice to spend their staffing resources elsewhere. Yet at other sites, the managers say they would not do without them. How consultants are used also varies depending on the area.

There appear to be considerable differences in staff perception of the role of consultants and how they might be used. Some staff see them as responding more to the needs of management and less to the needs of frontline staff. Consultants are stretched too thin, some say, and, with decreasing numbers, they are doing too many tasks, some of which may not be appropriate. Others clearly have a good relationship with consultants, consider them to be accessible and use them at every opportunity.

An immediate issue this raises is whether there needs to be national coordination and moderation of consultants or whether area managers should be left to choose how they deploy their staffing resources.

Over time, consultants have been involved in an increasing range of national and local tasks:

- actioning case reviews following the death of a child in care
- helping to develop strategies for the dangerous situations protocol
- professional quality assurance
- facilitating case conferences for children and young people when social workers are considering alternative care or a family group conference
- case transfer protocols.

These responsibilities, however, have an impact on the effectiveness of consultants in other areas. CYPFS may need to decide where the limited consultant resource is best deployed and to establish clearer boundaries for the role. It may be that external consultants could be used to action some tasks and allow the internal consultants to focus on others.

What staff want from consultants

Staff want consultants to first have the experience, skills and personality to do the job. If appointments are made internally, consultants need to have a credible record in the Service, they must model good social work practice, be good communicators and be able to handle conflict. They should appreciate the differing perspectives which staff may have on the issues and dilemmas facing them and be able to help them shift from a "stuck" position by encouraging them to see things differently and to move on.

Second, staff want consultants to explain how they work, what work they will respond to and what roles they are prepared to take on. Staff clearly want consultants to market their job and to engage with them about how they can be used.

Third, they want consultants to be accessible and, if this is a problem, to know when the consultant is going to be available.

Fourth, staff want consultants to be a resource outside the operational line. They clearly concur with the intent of the original position description. When consultants are drawn into operational roles, especially at management level, staff see this as undermining the consultants' usefulness to them.

What consultants want from CYPFS

Based on the literature and our experience, several key factors are involved in effective consultancy.

One is a clear mandate. Consultants need to feel validated in their role and to have distinct boundaries (in the same way that all child protection staff need boundaries).

Another is role clarity. In any referral from staff, there is the potential for the consultant to take on several roles. In our experience we have found it useful to take a collaborative approach in determining which roles are to be played by whom among those involved in any given piece of work. We have been careful not to be perceived as "the experts" and to acknowledge the shared learning of working together. Our emphasis is to work with staff on the business they want to change. We are a resource to them. Ownership of the business remains in the operational line.

Contracting then becomes a key ingredient. If the consultation is more than a one-off meeting with a staff member, we make a three-way agreement involving two parties/levels in the operational line. The work is then linked in operationally and ensures accountability.

Supervision is as vital for practice consultants as it is for any other child protection worker – a fact which is confirmed by Rushton and Nathan's research. Consultants need to ensure they have supports in place to help them perform successfully. ■

Paul Muir is currently a part-time Practice Consultant for CYPFS in the Canterbury area. He has worked in DSW/CYPFS for 20 years as a social worker, supervisor and in professional development roles. He has been a practice consultant since 1992 providing

consultancy advice for staff and actioning management requests including case conferences, reviews and complaints. He also works part-time as a communications consultant actioning counselling, supervision and facilitation requests.

Mary Schluter is a Facilitator/ Trainer for the Strengthening Families project based in the Canterbury area. Since 1980, she has worked in a number of roles at CYPFS including social worker, supervisor and trainer. She was also practice consultant and clinical advisor to the Risk Management Project.

Nick Findley has been a CYPFS Practice Consultant in the Canterbury area for the past five years. Prior to that he worked in numerous roles including general social worker, family homes supervisor, training and development officer, adoptions supervisor and manager. He has been with DSW/CYPFS for 21 years.

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Notes

1. The authors wish to extend special thanks to Rosalie Jordan and support staff at the CYPFS Southern Training Unit for collating and processing the responses to the questionnaire and to the independent reference group (Yvonne Crichton Hill, Clive Summers, Richard Tan and Gerard Bloomfield) who identified the key themes in response to each question and provided summary comment.
2. Copies of the questionnaire and the covering letter are available from the editor at *Social Work Now*.

Legal Note

Reviewing reviews and planning post-declaration plans

Procedures and protocols surrounding post-declaration plans can appear labyrinthine, but **Stewart Bartlett** sheds light on the process

There is a warehouse full of anecdotal evidence suggesting that social workers, lawyers and the courts spend an excessive amount of time dealing with post-declaration plans and reviews of those plans. Social workers especially may have the best cause to gripe about the incessant to-ings and fro-ings attendant upon the review process. In particular, the service obligation (ie setting up or serving a plan) is one which weighs heavily on any social worker burdened with other pressing responsibilities.

It is also a truism that there will be as many variations on the review process embodied in The Children, Young Persons, and Their Families Act as there are family courts in New Zealand. Recently my colleague Pamela Bertram and I took the time to consider the procedures set down by the legislation for post-declaration processes. Our examination proved revealing. The Act clearly contemplates three quite different approaches to plans, reviews where orders are rolled over, and reviews where consideration is given to discharge, variation or addition of orders.

Post-declaration plans

A post-declaration plan is required if one of the orders referred to in s128 of the Act is being contemplated. When a child or young person has been declared in need of care and protection it is highly likely that a presiding judge will be considering a custody, guardianship, support or services order. But how should this be actioned?

Judge Twaddle contemplated the procedural niceties of this most common of situations in re the T Children (Family Court, Hamilton, CYPFS No 206/95, 28 October 1997). In doing so, he answered a number of questions about the requirements of the Act in terms of procedural regularity.

Must a formal application for orders be filed and served? No. Section 128 only requires that orders are being contemplated to require the filing of a plan. The proposal to make orders comes from the court rather than the social worker.

Have the parties the right to call evidence on the plan? No. The right is not available to the parties. The judgment does not expressly prohibit the court from allowing evidence to be given if it thinks fit. As Judge Twaddle says (p10):

> The Act does not specifically give any party the right to call evidence on the plan itself. There is no need for this to happen; the parties will either have called evidence prior to the making of the declaration, or have had the opportunity of doing so, and all relevant matters as to the then current situation will be before the court.

Can the parties make submissions to the court about the plan? Yes. Section 169 expressly gives that right.

Although it is not considered in the judgment, the question can also be asked, who is charged with the duty to serve the plan on the parties? The answer is that there is no service requirement. Section 132 of the Act states that the plan shall be given to the parties "by the Registrar of the Court" wherever possible not less than one day before the sitting of the court. Service is a specific legal process. The obligation to give the plan

to the parties does not start that specific process. The court will simply need to be satisfied that the plan was given to the parties. This applies to reviews of plans as well.

Roll-over reviews

Roll-over is a vernacular term signifying a review of a plan where no intention has been expressed to alter the orders. I would hazard a guess that more than half of the court files relating to CYPFS are roll-over reviews.

The mechanics of review will be familiar to those readers who work in the care and protection field. Section 135 of the Act stipulates what must be included in the content of the review of a plan whether it is a roll-over review or otherwise. It includes an obligation to state "in respect of those persons who were required to be given a copy of the plan... whether each of those persons agrees with the recommendations contained in the report."

This clearly places an obligation on the social worker to assess consent or dissent while they are preparing the review. However, what consequent duties are placed on the court if a social worker has recorded a party's express dissent with the content of the plan or the continuation of the orders or if the social worker has been unable to ascertain consent or otherwise?

The only duty imposed on the court in those circumstances is to give "such persons (if any) as it thinks fit an opportunity to be heard" (section 137(1)). There is no right for a party to call evidence. The right to make representations in s169 is severely curtailed by the virtually unfettered discretion given to the court to allow only the people it thinks fit to make representations.

Although he was not obliged to do so, Judge Twaddle commented on roll-overs and his views are consistent with the above analysis.

Reviews with variations of orders

When a social worker who is reviewing a plan wishes to add, vary or discharge orders they proceed as for roll-overs. They must also indicate in the review whether all the parties agree to the recommendations contained in the plan.

This process significantly alters if the agreement of all parties is not signified in the plan. It is immaterial whether actual dissent is the issue or whether the social worker has simply been unable to ascertain consent. It is also immaterial if consent has been noted in the plan but is then subsequently withdrawn prior to the hearing of the review.

The social worker must file formal applications for the proposed variation of order, discharge of order and/or fresh order. That application will have to be served formally on the parties and dealt with in the same manner as any other formal application made under the Act.

I would hazard a guess that more than half of the court files relating to CYPFS are roll-over reviews.

Summary

The policy behind the post-declaration mechanisms of the Act becomes clear when these processes are analysed.

The initial plan will not be subject to unnecessary delay and formality. The parties will have had an opportunity to put forward their point of view in the declaration proceedings and the nature of the required plan will have become clear in those preliminary proceedings. This perspective may not always be reflected in practice. Accordingly, the court still retains a discretion to allow a full evidential hearing should the circumstances dictate that justice or the best interests of the child require it.

The review of a plan is just that. It is a review. It is not an opportunity for the parties to attempt to re-litigate the situation or to unduly delay the process. It is an opportunity for the court to oversee developments for the child and it is a mechanism to ensure that the child does not slip from being overseen by the system. If the parties wish to change the orders, they are obliged to file the appropriate formal application.

However, should the review involve a change of orders, the onus falls on the social

worker to show the court that each and every party to the proceedings agrees with the recommendations of the plan. If that heavy burden cannot be discharged, the social worker must file formal applications for variation or otherwise. ■

Stewart Bartlett is a solicitor in the Legal Service at CYPFS national office.

Book Reviews

Psychology and Family Law: A New Zealand perspective

edited by **Margaret-Ellen (Mel) Pipe** and **Fred Seymour**

Published by University of Otago Press, Dunedin (1998)

Reviewed by Sarah J Calvert

CYPFS social workers carry out their jobs within the shadow (and the substance) of the family court. Much of this work involves an interface between law and practice, protecting children and gathering evidence, and between care and action. Social workers are therefore only too familiar with the many dilemmas that arise from that interface. When there are problems at the interface it is often CYPFS social workers who find themselves subject to scrutiny. This slim volume is therefore a valuable resource for CYPFS staff.

The book covers issues which arise within the family court in New Zealand. The first section focuses on issues within the family court relating to separation, access and custody. The impact of these issues on children is addressed, as is the impact of domestic violence on both partners and children. I was especially pleased to see an article devoted to the hidden impact of domestic violence on children. While overseas literature has commented at length on the need to assess how exposure to violence in their home affects children, we needed this material to be placed within our own context. This section also provides an excellent overview of the family court process which would be most helpful for anyone who is unfamiliar with this system.

The second section of the book address more child-specific issues. There are articles on the emotional maltreatment of children (a highly significant but often ignored area of child protection work), the extent and impact of child sexual abuse in New Zealand (again, it is of great value to have New Zealand data), and a chapter on listening to children which uses New Zealand research to help us interview children without compromising their evidence. Finally, there is a chapter looking at children's rights and how well New Zealand measures up in providing for children.

There are some considerable omissions in this small book, given its title. It does not cover statutory CYP&F work within family law and so ignores the contribution of both statutory social work and psychology in that setting. The contributions that might have been made by CYPFS staff to the relationship between psychology and the work of the criminal courts is also ignored. This is a significant omission because of the extensive work done within CYPFS.

The real value of this book is to place work with children and families within our own context, using research done with New Zealand children and families.

Protecting Yourself from Domestic Violence: Denise's Story

A video produced by the **Legal Resources Trust**, Wellington, Family Law Series (1997)

Reviewed by Trudy Boersen and Judith Robinson

Denise's Story is a two-part video on how to apply for and use a protection order under the Domestic Violence Act. Part one demonstrates the process of applying for the order and how to get assistance from Women's Refuge, a family lawyer and the family court. Part two illustrates how to make a protection order work, what to do if it is breached and how to access help if problems arise.

Ideally, the video should be presented to women in violent relationships by a facilitator using the workbook supplied with the video. Facilitators may include community workers and professionals working in the area of domestic violence. Discussion starters and activities are provided and can be adapted according to the needs of the group.

The content of the video is graphic in its portrayal of domestic violence. Viewers are likely to experience a glimpse of the fear known by those living in violent situations.

Information contained in the video on how to obtain a protection order is clear, concise and objective, held together by the thread of Denise's story. The video is realistic about the uncertainty involved not only in making the decision to pursue a protection order, but also about the difficulties in carrying it through. The story identifies the need for on-going support from understanding

professionals and the need for safety plans.

The video was produced to be used: by those who may be deciding to pursue protection orders; by those who have already obtained protection orders; as a training resource for professionals; in education programmes for perpetrators of violence so that they understand the process from a protected person's point of view; and as a tool to promote awareness of domestic violence in the community.

Producing the video in two parts is an excellent strategy. It not only keeps the before and after processes separate, but the 20-minute time lengths are also more manageable for people under stress. This video should not be given to traumatised people to watch alone.

Copies of *Denise's Story* are available for $39.38 (inc gst) for the first copy, $11.25 for the second and subsequent copies, from Legal Resources Trust, PO Box 11 248, Wellington, phone 04 801 7066.

Let Me Tell You: Mending a broken childhood

by **Anthony McCabe**

Published by Reed Publishing NZ (1998)

Reviewed by Graham Bulman

Let Me Tell You is the story of a young boy growing up in the backblocks of Christchurch during the post-Depression years of the 1930s. While the picture of hard times, struggles, shortages and financial difficulties was possibly a common theme during that era, the ritualised abuse he suffered at the hands of both his mother and uncle, was not.

With his mother it was the playing of "the games" to satisfy her depraved needs; with his uncle it was a calculated approach of bribery and coercion of a young boy easily impressed by the promises of trinkets, baubles and money if he submitted.

As he grew, so did the realisation of the wrong and unfairness he had suffered, but not the answers as to why. From this developed a rebellious streak borne out of frustration and anger. Through a succession of schools and jobs, all the while dealing with the burden of enuresis, is woven the tale of first the young man, then the adult, seemingly hell-bent on a course of self-destruction. Even when things appeared to be going well for him the inevitable anger and doubts would surface causing uncertainty and disruption.

The demons are put slightly in perspective as maturity brings wisdom, but never fully or satisfactorily. As a man now in his 70s, he struggles still to deal with his past, and vivid memories haunt him. Simple clichés of "shattered youth" or "lost innocence" are too insipid to explain the depth of his feelings and anger and the reader cannot help but feel his frustration as it comes out of the pages and grabs you by the throat.

From a professional perspective, perhaps because of the transient nature of the children we deal with in residential care, it can be possible to become slightly inured to the issues of abuse, and the many forms it takes. Some children's predicaments and behaviours are so dire when they arrive in care it can be hard to see beyond the immediate presenting problems to predict what other difficulties might develop in the future.

Having read this book, however, I have a clearer understanding of the insidious, irreversible and lasting nature of abuse – particularly sexual abuse – on some people's lives. This understanding has left me feeling slightly inept but more determined to ensure that the limited time frames we operate within are used to best effect, particularly for those clients suffering the trauma of abuse.

Juveniles and Children who Sexually Abuse: A guide to risk assessment

by **Martin C Calder** with **Helga Hanks** and **Kevin J Epps**

Published by Russell House Publishing, Dorset, England (1997)

Reviewed by Jason Jewiss

Martin Calder is a practitioner in the sexual abuse area in the UK and in this book he brings together material from the USA and puts it into a UK context. It closely follows the British system of justice and child protection, so some parts of this book need to be adapted to a New Zealand context, but it is still is easy to understand

and follow. It uses a vast amount of sources and is backed up with current research and practice.

Calder begins by analysing this "new" social problem and redefines the frequently blurred boundaries of "acceptable" and "unacceptable" sexual behaviours to consider what is "normal" and what is "abusive". He then sets up a good framework for a comprehensive assessment containing a range of materials for use with juveniles and children who sexually abuse, as well as with families. He successfully breaks down the role of assessment and examines it in the context of philosophies, setting boundaries, interviewing strategies and the separate components of the work. He also endeavours to offer a choice of what to use and which materials are most appropriate for each context.

The book also includes two specific chapters written by two other professionals working in this area. Consultant Clinical Psychologist Helga Hanks has written a chapter on "normal" psychosexual development, behaviour and knowledge, while Kevin Epps, a Clinical and Forensic Psychologist, has contributed "Pointers for Carers".

The references are exhaustive and the book's appendix has copies of all the forms and questionnaires that are suggested for use as assessment tools.

As a new worker in the area of care and protection, I found this book very informative and easy to understand. It provides good ideas and tools for initial interviewing and information-gathering which is key to this work. The book would also be very useful to workers who do not have good access to specialist workers in the field.

Calder has been successful when he states that, "this book has attempted to consolidate and select the available practice and research information and make it available to the reader in a practical and user-friendly way".

Positively Me: A guide to assertive behaviour

by **Marjorie Manthei**

Published by Reed Publishing NZ (1998) Third edition

Reviewed by Elizabeth Bibby

Positively Me was first published 20 years ago and this third edition updates the original version and its reading list. In her new preface, Dr Manthei writes, "The first two editions have been used in many secondary schools, colleges, polytechnics and informal groups. It has also been used by church groups, social work agencies and individuals wanting to teach themselves to be more assertive. As explained in the first edition, the book was written with this variety of groups in mind."

I decided, as I started reviewing this book, that I would look at it not only from a personal point of view, but also from my perspective as a social worker and supervisor, as well as someone who is interested in group work.

Positively Me is easily read and provides a simple-to-follow guide for self-teaching, with or without a group to work through the exercises. Ever wondered how to handle constructive criticism better? Or how to give constructive criticism without tying yourself in knots? What about communicating better with your colleagues, supervisor or clients? Wouldn't it be good to always be able to say what you mean and mean what you say? And what about learning to use expressive and protective assertive skills? It is all in the book.

This is a handy reference book for social workers

wanting ideas on how to be more assertive in their personal lives or work-related situations. *Positively Me* offers work chapters on effective communication, assertive skills and rights, giving and responding to criticism, the art of persistence and giving and receiving compliments.

The overview and introductory chapters give step-by-step instructions on getting a group up and running (or getting yourself started) and the rest of the book is in clear, short chapters each with exercises and "homework". Because it is so simply presented, it could be tempting to just read this book quickly then put it aside. There are, for example, only four labels of descriptive behaviour throughout the entire book: passive, aggressive, indirect and assertive. But they are explained with simple, easy to understand descriptions and are related to everyday situations.

From a personal and work perspective, and as a tool for working with CYPFS clients on parenting and self-esteem courses, *Positively Me* is a valuable and rich resource. ■

The reviewers

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Social Work Now
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Contributions are welcomed from social workers, other CYPFS staff and professionals working within the wider field. Articles can include accounts of innovatory workplace practice, case reports, research, education, review articles, conference and workshop reports or be written specifically for one of the regular columns ie innovations, legal note or book reviews. We are also interested in short and medium-length pieces as well as long articles.

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