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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 Agency.

Editorial

Getting in early

We live in exciting times. As the Children, Young Persons and Their Families Agency readies itself to become a stand alone Department in October this year, a whole raft of innovative and wide-ranging services and preventative work is being researched, developed and launched to improve the lot of children and to strengthen families under the auspices of the Agency's Early Help vision.

A key aspect of this vision is a focus on early preventative services and resources to reduce the need for crisis intervention over time. Early Help will not only be delivered by CYPFA, but through increased collaboration with our partners in the statutory and voluntary sectors we can all improve case planning and access to services for at-risk children, young people and their families.

Several early intervention preventative programmes such as Social Workers in Schools and Family Start are already well established. Family Start was initiated in April last year as part of the Government's Strengthening Families interagency strategy to provide intensive, home-based help services to families with new-born babies in need of support. It was designed to help these families access a comprehensive range of welfare, health, education and other necessary services, according to their needs.

Since then, considerable work has been carried out between CYPFA's contracting group and voluntary and other agencies to develop Family Start programmes and services. Parents are offered help after they have been identified by doctors, midwives or nurses as needing additional support around the birth of a new baby. Early contact is made with these parents through Family Start family or whānau workers.

These workers undertake a thorough needs assessment with the family and work alongside them to provide support, teach parenting skills and to link the parents and children with other services they might need. Families with the greatest need will be given intensive support for the first two years of their new baby's life, after which they will receive a level of contact appropriate to their requirements until their child turns five and starts school. Through Family Start we are aiming to improve outcomes for children by providing timely, preventative and early intervention help before any potential difficulties become fixed.

Family Start is jointly funded by Social Welfare, Health and Education and a committee made up from their respective purchasing agencies – the CYPFA Contracting Group, the Health Funding Authority (HFA) and Early Childhood Development (ECD) – has been deciding on the preferred providers to deliver the programme.

Three prototype Family Start programmes were set up at the end of last year in Whangarei, West Auckland and Rotorua. CYPFA is the lead agent in Whangarei and Mā te Whānau Tīmata Trust is the contracted service provider. The lead agent in West Auckland is the HFA with Waipereira/Pasifica delivering the service, and in Rotorua ECD is the lead agent with Tipu Ora the provider. Funding was also provided last year to expand the Early Start programme in Christchurch.

The success of the first three Family Start services and positive evaluation results from similar programmes overseas, saw the programme earmarked for extension to three new sites in Hamilton, Kawerau/Whakatane and Invercargill. This welcome news was followed later by an announcement in the 1999 Budget that a further nine sites were to be developed in Kaitaia, Gisborne, Hastings, Wanganui, Horowhenua, Masterton, Porirua East, Nelson and Dunedin, with funding

totalling $41 million over the next three years.

This commitment of resources has been great news for all of us involved in Family Start and we have negotiated interagency agreements on which sector will lead programme development in which particular area. CYPFA is the lead agent for Hamilton, Kaitaia, Gisborne and Hastings, ECD for Wanganui, Horowhenua and Porirua East, and the HFA for Masterton, Nelson and Dunedin.

All services are tendered out to community providers and the preferred providers for the Hamilton, Kawerau/Whakatane and Invercargill sites have recently been selected. Hamilton and Invercargill are joint ventures made up of existing providers in their communities and all three providers are currently negotiating contracts with their respective lead agents. Contract negotiations should be completed by the end of August with the first clients being accepted into the programmes in November. The names of the successful new providers will be announced once both parties have signed their contracts.

The tender period for the second round of programmes opened on 2 August and closes on 20 September. Selection panels made up of representatives from CYPFA, HFA, ECD and Te Puni Kōkiri will shortlist proposals early in October with a view to the programmes being up and running by March 2000.

When all the services are operating at full capacity, around 3,600 families will be helped by the programme. So far, the response to the Family Start programme from the community groups I work with has been extremely positive and they are highly supportive of the collaborative approach of the co-funders. This enthusiasm and dedication is extremely encouraging – as well as absolutely essential – if Early Help is to become a working reality to help children get the best start they can in life. ■

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Deadline for Contributions

December issue: 17 September

Y2K dates

April 2000 issue: 4 February

August issue: 9 June

New approach for hard-core, high-risk kids

The question of how best to help repeat offenders or severely disordered adolescents is being addressed by CYPFA with a new Youth Services Strategy. **Lisa Hema** looks at what the research has to say about effective programmes and services for these young people

In 1989, a radical new youth justice system was introduced by the Children, Young Persons and Their Families Agency to re-address the issue of youth offending in New Zealand. The system has achieved considerable success in many areas – particularly with its emphasis on restorative justice, support for the victim, court diversion and the inclusion of families and whānau in decision-making processes affecting the young person. However, concerns about its effectiveness with the small group of persistent, repetitive, serious young offenders and other non-offending young people considered high risk who come to the Agency's notice, has prompted a review of practice and programmes for this group.

An interdepartmental working party (CYPFA, Health, Justice and Education) reviewed the Children, Young Persons, and Their Families Act in relation to recidivist offending, and its recommendations have formed the basis of CYPFA's new Youth Services Strategy (YSS). The strategy has four key components incorporating: needs and risk assessment tools; targeted, structured day programmes; specialist rehabilitation programmes; and specialist group homes. This article looks at what the research has to say on what constitutes an effective programme and service for this at-risk group of young people.

In the past, systems set up to provide services and programmes to address adolescent problem behaviour may have seemed appropriate, but two major difficulties have become apparent.

The first centres around how to determine what outcome has been achieved for a young person when a programme or service is non-specific. This might be, for example, a day programme that provides educational and recreational services to keep a young person off the streets, but which fails to address the reasons why they were on the streets in the first place. CYPFA's contracted programmes and services require a young person's attendance but sometimes less attention has been paid to ensuring families or other people important to the young person are also involved. Historically, the Agency has not always adequately specified the programmes and services required or identified the target population.

However the new Youth Services Strategy and the recent integration of the Community Funding Agency and the Children, Young Persons and Their Families Service into CYPFA have provided the opportunity for innovative service planning and effective collaboration between what were previously two organisations.

The second major difficulty was the lack of evaluation on whether stated outcomes for

programmes offered to this client group were met. Government monitoring and auditing processes have focused on how programmes have spent their funding rather than carefully evaluating whether the money was well spent on achieving positive outcomes. Now, however, the Social Policy Agency has responsibility for evaluating the strategy on behalf of the government and this will include component evaluation around the practice tools, methodologies and specialist care services as well as a three-year evaluation on the outcomes of the YSS.

Programmes

In developing the YSS, it was important to collate an evaluation of programmes and services for adolescents available both in New Zealand and overseas, and the DSW library was commissioned to provide a literature review of published material in this area. Much of the literature focused on "wraparound" services, that is, services for children and young people at risk of being removed from their homes. Other material included principles and theories for programmes that work with adolescent offenders, as well as some evaluations. Many of the successful programmes incorporated cognitive behaviour theory along with systems and processes designed to enhance protective factors and reduce risk factors.

The prevention material also examined a US programme called "Communities That Care". It looked at the theory behind the project, its process for evaluating a community, how a community's risks and strengths were prioritised, the identification of existing – and lacking – supports, and how it ensured effective community collaboration to strategise how people could "take care of their own".

The two major principles of community-based prevention that emerged from the research were:

- local level funding
- the need to ensure buy-in from all those involved, including personnel from government and non-government departments.

Fundamental differences exist between prevention programmes and those for adolescents already in the system. Prevention programmes, as their name suggests, focus on preventing undesirable behaviour from occurring. Wraparound and other similar programmes aim to reduce the recurrence of already established undesirable behaviours. Although the differences can be subtle (wraparound is community-based, as is a prevention strategy), it is still important to make the distinction. Not only are the approaches for the two strategies different, they also aim for different outcomes.

Prevention programmes

Historically, service provision to children, young people and their families has focused on certain types of problems or behaviours, usually in isolation from other service requirements. For example, young people who have committed a violent offence are often sent to anger management counselling to address and modify their violent behaviour. This counselling rarely considers the engagement of those people (such as parents) from whom the young person has learnt this behaviour or other factors contributing to the behaviour. Anger management counselling is not usually provided within a framework of other services that could be designed to complement each other.

Wraparound services

Wraparound is a philosophy, rather than a model of service delivery, that believes children, young people and their families should receive services tailored to meet their needs rather than accessing services that serve generalised need. That service should be provided in a way that is accessible and acceptable to the family after its full participation in the decision-making process. The values attached to this philosophy include "family focused, parent involvement, unconditional care, building and maintaining normative lifestyles, culturally competent, and individualised care" (Malysiak, 1997). This philosophy is compatible with the Children, Young Persons, and Their Families Act

although service delivery, to date, has not reflected this to its full potential. Wraparound services also traditionally work with flexible funding and collaboration between governmental and non-governmental agencies. An interagency approach is generally taken for case management and service provision with the lead agency often being a non-statutory or non-government agency.

Predictors for youth offenders

A number of research projects, including longitudinal studies, have identified risk factors that contribute to the onset of adolescent offending. Protective factors have also been identified that contribute to the likelihood that adolescent offending will not begin.

Research with populations exposed to multiple risk factors has shown that not all children and young people exposed to multiple risk later go on to exhibit serious delinquent behaviour or commit crime. Studies have identified three subgroups of factors that protect against risk:

Not all children and young people exposed to multiple risk later go on to exhibit serious delinquent behaviour or commit crime.

Individual

- being female
- high intelligence
- positive social orientation
- resilient temperament.

Social bonding

- including affective and supportive relationships with family members or other adults.

Healthy beliefs and clear standards

- including family and community norms that are opposed to crime and violence and supportive of educational success and healthy development.

In the United States, the Office of Juvenile Justice and Delinquency Prevention has developed a comprehensive strategy to prevent youth re-offending, particularly for serious, chronic and violent offenders. Part of this strategy includes graduated sanctions that are similar to New Zealand's Youth Justice tariff system. The core principles of the strategy are to:

- strengthen the family
- support core social institutions such as schools and community organisations
- promote delinquency prevention as the most cost-effective way of addressing youth offending
- intervene immediately and effectively when delinquent behaviour occurs in order to minimise the chances of the young person becoming a serious, chronic or violent offender
- identify and control the small group of serious, chronic and violent offenders through the use of objective assessment tools to determine which level of the continuum is most appropriate for a young person
- address risk and protective factors (Sourcebook on Juvenile Offenders, 1995).

A meta-analysis completed by Lipsey (1992) synthesised results from a number of programme evaluations to determine which factors had the largest impact on programme outcomes. The analysis found that programmes "employing behaviourally oriented, skill-oriented and multimodal treatment methods produced larger effects than did other treatment approaches. Deterrence and 'shock' approaches were associated with negative results. In addition, Lipsey found successful treatment approaches produced larger positive effects in community rather than institutional settings" (SJO, 1995).

Other researchers found that services reflecting appropriate interventions, targeted at a high-risk population, worked better than services less consistent with the principles of

effective rehabilitation. Palmer (1992) found that "at the generic level, interventions considered most successful were behavioural, cognitive-behavioural, skill oriented or life skills, multimodal and family intervention" (SJO, 1995).

Effectiveness of programmes

The USA National Council on Crime and Delinquency (NCCD) conducted an extensive search on many juvenile programmes and reached similar findings. These showed that the programmes that work best are those that address the key areas of risk in a young person's life, strengthen protective factors and provide adequate support and supervision. The NCCD found these factors are applicable to youth at all stages of the system.

Andrews et al (1990) suggest that the quality, intensity and appropriateness of the intervention is more important than the particular stage of intervention (SJO, 1995), although the "earlier the better principle" is supported in other research. The principles of good quality, suitable levels of intensity of programme and appropriateness are also important.

Programmes or interventions that do not seem to work include conventional individual psychological counselling, deterrence approaches and most peer group counselling strategies that simply gather groups together without more substantial intervention to address the deeper areas of risk and strength (SJO, 1995). Interventions or sanctions that do not contribute to the reduction in re-offending are short-term community service, restitution and mediation programmes. There is limited evidence to show that these types of programmes may contribute to an increase in both the offenders', and victims', satisfaction rates in the justice process (SJO, 1995).

Programmes and services evaluated as working are those that "do engage those problems and deficits, do have an underlying developmental rationale, and do try to alter the institutional and ecological conditions that most affect the youth's life" (SJO, 1995).

These programmes include the following themes:

- They are holistic (or comprehensive or multisystemic) and deal with many aspects of a young person's life simultaneously, as needed.
- They are intensive, often involving multiple contacts weekly or even daily with at-risk young people.
- They mostly – although not exclusively – operate outside the formal juvenile justice system under a variety of auspices, such as public, non-profit, university and other community-based agencies (similar to those which already exist in New Zealand).
- They build on a young person's strengths rather than focusing on their deficiencies.
- They adopt a socially grounded approach to understanding a young person's situation and dealing with it, rather than an individual or medical-therapeutic approach (SJO, 1995).

Other successful programmes are those which have not imposed unfamiliar cultural values on the young person or their family, but have enhanced their existing culture.

Other successful programmes are those which have not imposed unfamiliar cultural values on the young person or their family, but have enhanced their existing culture (Northey et al, 1997). They may also bond young people to pro-social adults and institutions, reduce the influence of negative role models and require young people to recognise and understand the thought processes that rationalise negative behaviour.

These programmes are continued over a reasonably long period of time, are delivered by committed (not necessarily highly trained) staff and develop individual treatment plans to address specific need. Plans are also reviewed

regularly to ensure the programme does what it said it would do.

Effective counselling approaches are those which are cognitive-behaviourally based and include family counselling. They may also address issues relating to school, peers and community, and include consistent monitoring and support – although this is, of course, dependent on the needs of the young person. Aftercare (the process of reintegration back into the family and community after a residential placement) is also an integral factor of a successful programme.

Research has also shown that the most effective sanctions are those which are graduated and flexible around the degree and type of behaviour. Immediate sanctions may include monitoring mainstream schooling achievement and providing after-school programmes and counselling options. Intermediate sanctions provide more intensive intervention, such as day programmes (for young people who cannot or do not attend mainstream schools), a concentrated focus on the ecology of the young person's environment and, perhaps, counselling services which include the family and link in with the community. Intermediate sanctions are usually home-based, with greater monitoring and supervision of the young person. Secure care sanctions place the young people in a residential environment, with aftercare an important component of the post-release programme.

Wilson and Howell (1995) have said that the expected benefits of a graduated sanctions system include:

- increased responsiveness and responsibility in the juvenile justice system
- increased juvenile accountability
- decreased costs of juvenile corrections through keeping young people in their community rather than high-cost detention facilities
- increased programme effectiveness (Serious and Violent Juvenile Offenders, 1998).

Lipsey (1995) also found that effective treatments for non-institutionalised serious offenders included individual counselling, therapy using citizen volunteers in conjunction with regular probationary supervision, interpersonal skills and behavioural programmes. Least effective were wilderness and challenge programmes, and deterrent or vocational programmes.

For institutionalised serious offenders, successful programmes covered interpersonal skills and "teaching family home". In this latter initiative, young people are taught skills by "teaching parents" in a community-based, family-style behaviour modification group home during the school week (SVJO, 1998).

All these programmes involve the principles of cognitive-behaviour therapy and family involvement. Multisystemic therapy (MST) addresses the multiple systems existing simultaneously around a young person. It differs from "categorical" services in that the therapy is provided from a holistic foundation rather than implementing many counselling services, each with a single focus. Evaluations of MST have found this to be one of the few interventions actually addressing the issue of serious juvenile offenders in their entirety. MST "graduates" took longer to be re-arrested and had fewer, and less serious, arrests than those who did not receive this therapy. Families were more cohesive and tolerated MST better than other forms of therapy (SVJO, 1998).

Zero offending

However, programmes do not reduce re-offending rates to zero. The largest reduction in offending was approximately 40% which is a substantial reduction given (as the researchers note) these young people were the most serious offenders. In terms of savings (to property and people) the financial rewards are huge for a minimum input cost, particularly if young people are treated in the community rather than institutions.

Often, "punitive interventions and sanctions *need not* demonstrate an ameliorative effect to justify their use, but treatment and rehabilitation *are expected* to demonstrate success to justify their use" (SVJO, 1998).

The key to a successful juvenile justice

system is the ability to balance all the requirements of the key stakeholders, some of which are conflicting. For example, young people require consequences for their actions, fair and equitable treatment and rehabilitation. Victims require accountability and restitution (of some sort). The general public requires safe communities and the justice system requires a reduction in (re)offending rates as well as the ability to provide a fair and equitable system of justice.

Northey et al (1997) suggest that "chronic delinquents do not typically fear juvenile court sanctions, based on their past experience with the court system, which suggests that other interventions are needed to impact this population."

New Zealand's youth justice system has been criticised for being too lenient on young people who commit offences and for not upholding the rights of victims. Although recent statistical information suggests the attendance of victims at family group conferences (FGCs) has improved, little is known about true victim satisfaction rates in relation to FGC outcomes. Berzins, cited in Bazemore (1997), has said that what most victims want is quite unrelated to the law. This is one of the challenges of the justice system, to hear and recognise the victim's voice and to ensure that their wrong is put right as far as is practicable.

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A major challenge to the current youth justice system has been its ability to identify young people who are likely to continue offending, as well as to provide sanctions and rehabilitative services that hold young people accountable and meet their needs, and to balance this with the requirements of the victim. The introduction of risk assessment and needs assessment tools as part of the Youth Services Strategy will address this requirement. The risk assessment tools will identify those at risk of re-offending and determine levels of intervention, monitoring and supervision while the needs assessment tools will identify areas where services are required. Providing research-based tools for Risk Identification, Needs Assessment, Case Planning and Outcome Assessment will improve the effectiveness of case management and ensure the right services are targeted to the right young people.

Conclusion

An effective youth services strategy can establish multi-level service provision and intervention. For example, a family assessed by CYPFA as being at a low intervention level (family/whanau agreement) may simply be referred to an agency contracted to provide wraparound services. CYPFA may, or may not, continue to be actively involved. For example, the contracted agency may be the lead agency with CYPFA providing monitoring services, or the needs identified may be met via a plan coordinated by the contracted agency with no further CYPFA involvement.

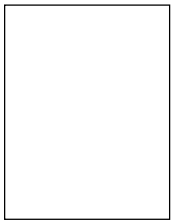
CYPFA will need to remain involved when children and young people are in the custody of the Director General. The level of contact will depend on the identified needs of the young people and their families, the ability of the contracted agency to provide any necessary services, and the Agency's statutory requirements to ensure the safety and well-being of the child or young person.

The strategy

As well as the new risk and needs assessment tools, the Youth Services Strategy being developed and introduced by CYPFA includes:

- Developing CYPFA youth justice case management responsibilities to include social services responses where appropriate, and to which the young persons and their families consent.

- Contracting with voluntary sector agencies for new service options that will significantly improve the continuum of options currently available for high-risk young people in the community. The government has invested an additional $11m in the strategy for community-based services over the next three years (in addition to the $61m over three years to fund the Residential Services Strategy).
- Enhancing the capacity of residential services through the development of specialist residential treatment centres, providing purpose-built youth justice residences, and redeveloping existing residences for care and protection purposes. ■



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Paying attention to neglect

Neglect can be insidious or overt, but the results are always harmful, says **Anne Caton**

In May this year, CYPFA launched the fourth stage of its Breaking the Cycle of Child Abuse campaign with a focus on raising awareness and preventing neglect. The following article looks at the behaviours that constitute neglect and the damage it can cause

Introduction

Every parent wants their child to do well and to grow up healthy and strong. Sometimes parents don't know how to do what is best. Sometimes circumstances overwhelm them and they fail to meet a child's needs adequately. Sometimes they find it hard to love a particular child or see what the child's needs are. Parents are not able to meet all their child's needs all the time. It is persistent neglect or the failure to deal with something that is life-threatening that causes harm.

There is a large degree of consensus about the most severe types of neglect, but there are grey areas where people disagree. Identifying and dealing with neglect is not easy. It is uncomfortable to question parents about the way they raise their children. Challenging the adequacy of care raises questions about who is responsible for the well-being of children in society, and who has the right to judge.

Sometimes a child may show obvious signs of neglect. Unfortunately, a lot of damage can be done before the signs are obvious. Catching neglect early is important. Although it may not be easy to spot at first, there is only one place to look. Neglect is by definition something which happens in the relationship between the child and their parent or usual caregivers. The hard bit is that you are looking for the absence of something. However, its effects are profound.

Defining neglect

Defining neglect is about how we define and meet children's needs. Definitions need to allow for different ways of raising children and cover all the ways in which children can be harmed. The Australian Institute of Health and Welfare defines neglect as:

> Any serious act of omission or commission which, within the bounds of cultural tradition, constitutes a failure to provide conditions that are essential for the healthy physical and emotional development of a child (Tomison, 1995).

Child maltreatment experts divide the many types of neglect into sub-categories of negligent or inadequate parental behaviour, which may occur as distinct forms of neglect or be part of generalised neglectful parenting that also includes abusive behaviours. The following six groupings provide a conceptual framework for discussion.

Types of neglect

- Physical neglect: Not providing the necessities to sustain the life or health of the child. This includes not providing adequate nutrition, appropriate clothing, adequate domestic and personal hygiene or an adequate living environment, or unwillingness or inability to provide appropriate care or control for a child.
- Medical neglect: Not providing adequate health or mental health care, including refusal or delay in seeking medical treatment, failure to give regular medication for chronic conditions and

Table one. *Types of Maltreatment*

	Physical	Psychological	Sexual
Active	Non-accidental injury Intentional poisoning	Emotional abuse Denigration and humiliation	Incest Assault and rape
Passive	Non-organic failure to thrive Poor health care Physical neglect	Emotional neglect Lack of affection Lack of social and educational stimulation Abandonment	Failure to protect

Adapted from Browne, 1995. (Categories used in this paper have been added.)

failure to take normal preventative measures. It can result from a belief that the medical intervention would be undesirable or dangerous, for example, refusal to allow blood transfusion on religious grounds.

- Supervisory neglect: Inadequately supervising a child, particularly if it leads to increased risk of harm. This may involve leaving them alone, failing to remove hazards from their environment or not watching them closely in dangerous situations. It often occurs where children are left in the care of another child who does not have the maturity or experience to care for them safely.
- Emotional neglect: Not providing adequately for a child's emotional and psychological developmental needs. This includes ignoring the child's need for attention and stimulation or failure to provide the appropriate nurturance, interaction and experiences. Emotional harm may also be the outcome of any other form of neglect.
- Educational neglect: Not providing learning opportunities. This includes babies and pre-schoolers who need stimulating objects and experiences which encourage exploration, effort and achievement. School achievement is not encouraged and a child may be kept home to help or because the parent colludes with the child's wish not to attend school.
- Abandonment: Leaving a child without arranging or providing necessary care.

Neglect in the context of maltreatment

Kevin Browne set all types of maltreatment in a matrix to show the distinction between those caused by active and passive caregiver behaviour (see table one). Neglect is generally understood to encompass the items in the passive row.

How common is neglect?

Neglect is the most common form of child maltreatment. It attracts less attention than physical and sexual abuse but is a bigger problem. Although it is difficult to define, and agencies and nations differ in the way it is measured, a good indicator of the extent of child neglect can be found in reports made to statutory agencies.

- One study of the 2.4 million child maltreatment reports in the USA in 1989 found that child neglect comprised 55% of all reports.
- Child Protection Registers in England and Wales in 1993 show that 20% of the children and young people aged under 18 years were registered for neglect alone, with a further 1,100 registered for neglect combined with other forms of maltreatment.
- In Canada, 49% of the cases reviewed in 1996 were defined as neglect.
- Australian figures for 1990/91 showed approximately 25% of cases substantiated as neglect.

CYPFA statistics for 1997 show 2,121 reported cases of child neglect. The

proportions of substantiated cases found were:

- 33% neglect
- 26% physical abuse
- 21% sexual abuse, and
- 20% emotional abuse.

How harmful is it?

There is agreement that neglect is harmful, although it is often difficult to know whether it is the neglect itself that causes the harm, or other influences on the child including the underlying problems related to the neglect. Studies identify a range of psychological and life outcomes, but the most clearly demonstrated effects are:

- babies and toddlers who fail to thrive
- developmental delay
- poor school achievement
- brain damage
- death.

Failure to thrive

Failure to thrive describes an infant who shows a decline from a previously established growth pattern or who falls well below the expected weight gain for their age. If there is no medical reason, then either the parents have a poor understanding of feeding requirements or it is highly likely that neglect is the cause. Sometimes a child who is not wanted or is rejected fails to thrive.

Developmental delay

Neglected children fall further and further behind their age group on all measures of development. At its most severe, neglect can cause mental retardation. Studies also show neglected children lack enthusiasm for problem solving and have an inflexible and uncreative approach. They have difficulty coping and tend to be more angry, frustrated and non-compliant.

Poor school achievement

At school, neglected children fall further behind, and even neglect which begins during school years shows up in poor school achievement. One study found that:

> Academic failure emerged as the single most dramatic and consistent risk factor for school-age neglected children who scored far below their non-maltreated peers on school performance measures. The neglected children's raw scores on standardised tests of language, math and reading skills were much lower even than those of abused children.

The neglected group were often absent from school, and in adolescence dropped out earlier.

Brain damage

The poor school achievement and mental retardation found in these studies is linked to measurable, physical effects on the brain. Severe neglect early in life can cause damage that is permanent, irreversible and physically evident.

> In one study, twenty children who had been raised in globally under-stimulating environments - children who were rarely touched or spoken to and who had little opportunity to explore and experiment with toys – were examined with sophisticated new brain-imaging techniques and other measures of brain growth. The children were found to have brains that were 20 to 30 percent smaller than most children their age and, in over half the cases, parts of the children's brain had literally wasted away (Ounce of Prevention Fund, 1996).

Brain development requires active interaction between adult and child to ensure all the neurons in the brain are stimulated to form connections. This build-up of neural pathways produces complex behaviours such as language, numeracy and social understanding. Further development and learning builds on the existing network. If the network is deficient or distorted it is difficult, and may be impossible, to reprogramme it.

Fatal neglect

Neglect can be fatal. Neglect-related deaths can be a surprisingly high proportion of avoidable deaths.

- A Texas study found that of 267 children

confirmed as child maltreatment deaths, 39% died of physical abuse, 21% of physical abuse and neglect and 40% just through neglect.

- The US National Centre on Child Abuse and Neglect found that of a sample of maltreatment fatalities, 44% resulted from neglect.

Although it is understandable that parents sometimes leave their children unsupervised, these findings illustrate the potentially serious consequences. In an Iowa study, parents often said they left the children unattended only briefly. One study described 110 of 167 child fatalities as "preventable deaths" which

> ... could have been prevented with additional care on behalf of the parent, and an improved understanding of the inability of young children to recognise and avoid hazards that older children routinely treat with caution.

Agencies do not always appreciate how serious neglect can be, and there is a tendency to believe that children do not die from neglect.

Deaths from inattention or inadequate supervision can occur in any family, but seem to be more likely where levels of care and anticipation of danger are weak.

More desperate are deaths that follow prolonged, sustained physical neglect often while various formal agencies are involved. Agencies do not always appreciate how serious neglect can be, and there is a tendency to believe that children do not die from neglect. In Reder, Duncan and Gray's sample of 35 children, most were killed through physical violence, but two died from avoidable accidents and three were locked away and provided with no care at all until they died from malnutrition and hypothermia. Delcelia Witika was a similar case in New Zealand.

Relationship between neglect and abuse

Neglect is often associated with other types of abuse, though this is not always clear from the formal classification of cases reported to statutory agencies. In a British sample, one third of the cases labelled neglect included concerns about physical abuse. Similarly, children known for physical and sexual abuse are often also neglected. In addition, there are suggestions that early neglect increases the risk of other maltreatment.

What children need

What parents want for their children

All parents want what is best for their children. Research in Britain found agreement between the developmental literature and a sample of parents from a wide range of backgrounds and circumstances about the areas in which children needed to succeed in order to have a good quality of life as adults, which were:

- health
- education
- emotional and behavioural development
- family and peer relationships
- self-care and competence
- identity
- social presentation.

A programme based on this research provides examples of practical needs in each category at each age. For example, ensuring the child's teeth are checked, reading the child a story two or three times a week, seeking special help for any learning problems at school. Given that these are the dimensions most parents think important, the absence of attention to the associated tasks may be a useful measure of neglect.

Ages and stages

Children grow and develop through defined stages of development. Children who fail to complete the tasks at one stage are limited in their ability to complete subsequent stages. Caregivers need to understand the challenges

and limitations of each stage, and provide appropriate support and stimulation.

Secure attachment

Most developmental theorists believe that a secure attachment to the parents and usual caregivers is a fundamental support to a child. Attachment may be to one or more carers, but needs to be stable and marked by warmth and reciprocity. The ideal attachment is sensitive, accepting, cooperative and accessible. It is damaged when parents reject, ignore, or are oblivious to the child's needs and wishes. Insecure attachment places children at risk, and studies of children who do well in spite of adverse childhood experiences identify the positive, sometimes protective, effect of a strong, stable, caring relationship with at least one adult – who need not be a parent.

Learning and stretching

Children need to master new skills to build their competence and move to the next developmental stage. They need opportunities to try a range of age-appropriate activities, and to be encouraged to stretch themselves and achieve. Competence in practical skills builds self-worth and the confidence to be self-reliant. It fosters the ability to make choices and a belief in one's capacity to change things. Practical competence is identified as a protective factor for children who experience adverse childhoods.

Adequate supervision

Children lack full awareness of hazards, and can unwittingly put themselves in a situation of serious risk. Parents vary in their ability to anticipate hazards. They also cannot watch every child every minute of the day. Parents in difficult circumstances – with many children or without transport and supportive adults on hand – can find themselves needing to leave children unattended for short periods. There is debate about whether it is ever reasonable to leave children without adult supervision – home alone – and if so, what the limits might be.

Supervisory neglect is one area in which age-related categories are necessary, as what is reasonable for a child changes with their level of competence. New Zealand law tries to make allowance for the variety of circumstances:

> Every person is liable to a fine ... who being a parent or guardian or person for the time being having the care of a child under the age of fourteen, leaves the child without making reasonable provision for the supervision and care of the child for a time that is unreasonable or under conditions that are unreasonable having regard to all the circumstances (Summary Offences Act 1981).

The term "reasonable" may seem difficult to a layperson, but it is a common concept in law and there are tests by which "reasonableness" is determined.

Basic needs

No parent is perfect, but the concept of "good enough" parenting may be achievable. Good enough parenting can be summarised as providing five basic needs:

- physical care and protection
- affection and approval
- stimulation and teaching
- disciplines and controls which are consistent and appropriate to the child's age and development, and
- opportunity and encouragement to acquire gradual autonomy.

Families where children's needs are neglected

Neglect tends to be a chronic problem, in that it is part of sustained inadequate parental behaviour. Such parents may be capable but overwhelmed by personal or external problems, or their understanding of what parenting demands may be diminished. This section covers common features of parents and families where children are neglected.

Lack of knowledge and understanding of child development

Parents of neglected children often do not know much about how children grow and develop, nor what is reasonable to expect at different ages. Research shows that they commonly:

- lack child care skill and knowledge
- have more negative ideas about their children's behaviour
- interpret age-appropriate behaviour as deliberate acts and a threat to the parents' self-esteem
- do not know that they do not know, and
- tend to see child rearing as a simple rather than complextask.

Interactions

Neglect rarely has a single cause but arises in an interaction between individuals and other parts of the family system. The climate of the family affects each member, and the family unit interacts with others in its circle. Factors in the wider society also have an impact. Factors are not causal and may be positive or negative depending on their context. For example, having a large family can provide a lot of support or be a source of too much stress.

Many studies of parents who neglect look only at mothers, but it is important to look also at the role of fathers and other key caregivers.

Parent factors

The ability to care for a child requires emotional maturity, mental capacity and coping skills. Research finds that parents of neglected chil dren often:

- Lack the physical energy, or mental and emotional capacity to cope with children, because they are depressed, or mentally or physically ill, or have significant intellectual limitations, or are addicted to alcohol or drugs.
- Are people whose own development includes unresolved issues of trust, dependency, and autonomy. Such parents are more likely to have difficulty understanding and meeting the demands of their children, and may seek to meet their own needs through the parent-child relationship.
- Experienced a childhood of neglect and inadequate care. Not all such parents neglect their children but they form a sizeable proportion of those identified as neglectful parents. They may lack a positive model of child rearing to draw on, and may see their own experience as the normal and right way to raise children.

Many studies of parents who neglect look only at mothers, but it is important to look also at the role of fathers and other key caregivers, as well as the stresses impacting on parenting. Although the parents' emotions and responses to stress are key factors, different circumstances such as a supportive partner and less stressful social circumstances can make a difference.

Parent-child interaction

One clear aspect of neglect is that, by definition, the issue is between the child and their primary caregiver. In other types of maltreatment, the person responsible may be any family member, acquaintance or temporary carer. In sexual abuse, the abuser may be a stranger.

It is clear where observation and assessment is needed. Numerous studies show a qualitative difference in neglectful parent-child interaction. Browne describes effective parenting as " ... characterised by a flexible attitude, with parents responding to the needs of the child and the situation". Neglectful parents:

- show very low rates of positive physical contact, touching and hugging
- show high levels of coercive, aversive interactions
- ignore positive behaviour in their children
- have a low overall level of interaction, and
- emphasise negative behaviour.

While some children are more demanding, this is insufficient to explain maltreatment.

Healthy parenting responds to the child and is interactive and reciprocal. Rigid or absent responses leave the child out of the equation with no way to make their needs known. Rigidity can be dangerous.

Family factors

The child is affected by the general family climate and the effectiveness with which the parents organise the complex tasks of family management. Common factors in families where there is neglect include:

- Family stress arising from one or more stressors, especially the ones listed below.
- Poverty that adds both stress and practical difficulties. Not all poor families neglect their children, but poverty is strongly associated with neglect and can be a final factor in an already marginal family system.
- Family size may have a positive or negative effect depending how it is configured. Large families can provide support and social interaction, but they can overstretch a budget and be a source of conflict and difficulty.
- Sole parent families are proportionally over-represented in studies of child neglect. It is known that sole parent families are disadvantaged in terms of income, housing, employment and general health and it is likely that in general the sole parent is more stressed than other parents. A sole parent family which lacks support and resources (both personal and economic) may simply be too small a *system* no matter how competent the parent. Fergusson's longitudinal study of children in New Zealand found that experiencing separation and living in a sole parent family slightly increased risk of reduced academic achievement and social problems, but that other adverse aspects of children's lives had the major effect.
- Social isolation can be a source of stress, but so can overcrowding and conflicted relationships. It can be a danger sign if a child is shut away from healthy interactions with other family, friends and neighbourhood activities.

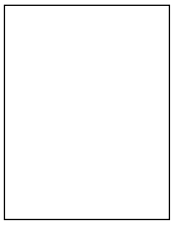
The most important variable may be the emotional tone or climate of the family, with a positive climate sustaining family members to persevere through difficulties and contributing to "success in the world". One adverse variable does not cause neglect. However, a compounding of difficulties may overwhelm the family system and require outside intervention.

Factors in the wider system

Wider family support, a community which provides services for children and parents, key agencies such as health services, and schools which have a supportive approach to families in need, all contribute to positive outcomes. At a wider level, societal provision for families through housing, employment and income support can also impact positively.

Conclusion

Spotting neglect early is important. It is surprisingly prevalent and does a lot of damage. Early identification means looking at how a parent behaves with a child and judging which behaviour is harmful. It is important to act on unease about a child's situation but to act carefully. What is defined as good and adequate parenting depends on our own ideas about child rearing, and our family, culture and social class influence these. On the other hand, to wait and see whether what is happening harms the child means serious damage may be done. It is important to act – for the children concerned, for their families, for the next generation of children and indirectly for society. ■



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Note

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Setting a benchmark for neglect

To gauge the success of its social marketing campaign against child neglect, CYPFA must first establish a picture of current attitudes and behaviours, says **Susie Hall**

Compared to other forms of child maltreatment, the nature and consequences of child neglect are generally poorly understood. Yet statistics from the Children, Young Persons and Their Families Agency show neglect is the most common form of child maltreatment it deals with. Last year CYPFA was involved with 2,164 cases of child neglect, which equates to 32% of all substantiated cases of maltreatment. And these are just the cases the Agency knows about.

Neglect is a highly preventable form of child maltreatment, particularly if it is identified early. Failure to address neglect in the first three years of a child's life may create an increased need for long-term and costly interventions with children or young people irreparably harmed. To tackle the insidious problem of neglect, CYPFA has extended its abuse prevention and social marketing campaign – Breaking the Cycle – and launched a neglect prevention programme. The primary aim of social marketing is to change behaviour (not dissimilar to a primary social work task). The Government has committed $5 million to a three-year social marketing programme, with the third year of funding subject to CYPFA meeting performance measures.

The Neglect Prevention Programme was launched in May 1999 and is a targeted programme that fulfils a statutory requirement to increase community awareness about the neglect of children and young people, as well as to change attitudes and behaviour about it. The programme aims to help families meet their care, control and support responsibilities and contributes to the Government's Strengthening Families policy. As part of CYPFA's prevention service, it also targets both at-risk families and a broader audience who would not usually come into contact with the Agency's services, but who would benefit from the education and advice activities of the programme.

Child neglect is a complex and multifaceted problem, so CYPFA has designed a long-term, integrated strategy with a significant education component. This aims to:

- promote early detection and early intervention in cases of child neglect
- encourage families toward "self-help" assistance.

These aims will be achieved through integrated education and assistance programmes that target specific audiences over a three-year period. The programmes encompass community, professional and public education as well as telephone information, advice, counselling and referral services. Over two years, 1,250 meetings are to be held with community groups and health, welfare and education professionals; information targeting Maori and Pacific people will be published, as well as other resources in six languages; a national conference on neglect is to be organised and television, radio and print advertising campaigns will be launched.

Market research company Colmar Brunton has been commissioned to evaluate the effectiveness of the public education campaign. In Year 1, the research programme includes benchmark and post-campaign surveys

to be conducted before and after the first phase of the campaign. The survey questionnaires were developed by Colmar Brunton using the findings of qualitative research undertaken with caregivers and social workers.

A key plank of the programme is the benchmark research, as it provides the basis against which to evaluate future research measuring attitudinal and behavioural shifts as a result of the neglect campaign. This report presents findings of two benchmark surveys, one conducted among parents and caregivers and the other among the general public. Benchmark measures of self-reported behaviours towards neglect have also been undertaken.

The following research has been taken from Colmar Brunton's executive summary of the benchmark survey.

Methodology

The benchmark survey conducted among *parents and caregivers* was carried out in May 1999. The survey consisted of 460 face-to-face interviews, including sufficient numbers of Māori and Pacific Island parents and caregivers to allow for separate analysis. The benchmark survey was conducted among the *general public*, also in May. It covered the 15 main urban areas and consisted of 500 interviews.

Summary of key findings

Perceptions of what constitutes child neglect

In general, awareness of neglectful behaviours is widespread among parents and caregivers. The general public tends to have a lower understanding of what constitutes child neglect. Among both these key groups, however, some confusion exists over the distinction between child neglect and child abuse.

- When asked to describe child neglect, caregivers and parents most commonly mention types of emotional neglect and abuse (85% after prompting with a broad definition of child neglect), and inadequate care impacting the child's physical well-being (84%). Around half of caregivers (47%) mention various types of lack of supervision.
- Not providing a child with adequate food (73%) is the single neglectful behaviour most commonly mentioned.
- The general public survey reveals lower levels of understanding of what constitutes child neglect. Child neglect is most commonly associated with inadequate care that impacts on the physical well-being of the child (62% without prompting with a broad definition of neglect), with inadequate provision of food receiving particular attention (53%).
- Compared to the caregivers' survey, the general public are notably less likely to comment on emotional neglect/ abuse (55% compared to 72% without prompting).
- Some confusion surrounding the distinction between neglect and abuse exists among both parents/caregivers and the general public. Thirty-four percent of caregivers, and 31% of the general public, mention physical abuse (without prompting). Emotional abuse is also commonly mentioned.

For most, child neglect is perceived to be a serious problem in New Zealand. Perceptions of the seriousness of specific behaviours, however, vary markedly.

Perceived size and seriousness of the neglect problem

For most, child neglect is perceived to be a serious problem in New Zealand. Perceptions of the seriousness of specific behaviours, however, vary markedly. Inadequate care impacting on the physical health of the child is clearly viewed as being most serious, followed by supervisory neglect behaviours and emotional neglect of babies. Emotional neglect of children is considered to be least serious.

- Seventy per cent of caregivers perceive that at least 20–25% of children are neglected. In comparison, 47% of the general public

believe this proportion of children is neglected.

- Eighty-one per cent of caregivers believe child neglect is a serious problem; one-third rate the problem as "extremely serious". The problem is perceived to be less serious among the general public: 75% consider there to be a serious child neglect problem with 8% rating it as "extremely serious".
- Caregivers perceive inadequate care impacting on the physical well-being of the child to be the most serious form of neglect. Specifically, over 80% consider the following types to be extremely serious:
  - Not providing children with the medical care they need (83%)
  - Not providing children with adequate food, clothing or housing (81%).
- Supervisory neglect behaviours and emotional neglect of babies are considered to be relatively less serious. Between 50% and 70% of caregivers consider the following behaviours to be "extremely serious":
  - Leaving a child aged one to six home alone for more than ten minutes (68%)
  - Leaving a child aged between seven and nine home alone for more than an hour (67%)
  - A child aged one to five living in a household with unsafe storage of medicines and pills (66%)
  - A ten-year-old child lights a fire without supervision (66%)
  - Not sending school-aged child to school (64%)
  - Not cuddling, or rocking, their baby regularly (63%)
  - Not talking to, or playing with, their baby regularly (62%)
  - A ten-year-old with a lit candle but no adult supervision (61%)
  - Children aged one to five living in a household with unsafe storage of detergents and chemicals (58%)
  - Not giving children hugs or kisses or telling them that they love them (54%).
- Emotional neglect of children is perceived to be the least serious. Less than a third of caregivers perceive the following neglectful behaviours as being "extremely serious"
  - Not reading to, or with, their child aged two to six years (32%)
  - Not talking with school-aged children about how their child's day was (29%)
  - Not helping school-aged children with their homework (27%)
  - Not spending time doing things regularly with the child (25%).
- The general public were asked to rate fewer neglectful behaviours than in the caregivers survey. The general public rate each behaviour as less serious than caregivers. The neglectful behaviours in order of most to least seriousness are:
  - Not providing children with the medical care they need (53%)
  - Not providing children with adequate food, clothing or housing (50%)
  - Leaving a child aged between seven and nine home alone for more than an hour (40%)
  - Not sending school-aged child to school (37%)
  - Not spending time doing things regularly with the child (10%).

Perceived effects of neglect

High proportions of both caregivers and the general public have opinions on the effects of child neglect. Child neglect is most commonly thought to result in the emotional deprivation of the child.

- The most commonly understood effects of neglect relate to the emotional deprivation of the child (mentioned by 81% of caregivers and 53% of the general public). In this regard, people comment on effects

such as low self-esteem/confidence, and feeling unloved or a social misfit.

- Other most commonly mentioned effects relate to the child becoming abusive (64% of caregivers and 48% of the general public), the child not fulfilling their potential (52% of caregivers and 34% of the general public), and the damaging effect of neglect on the child as an adult (36% of caregivers and 44% of the general public). In contrast to the others, this last perceived effect is mentioned more commonly among the general public than among caregivers.

Contemplating behaviour change

Caregivers show strongest desire to change behaviours that impact on the emotional well-being of the child. Caregivers are less likely to admit to a need to change supervisory behaviours such as home alone situations and supervising children in potentially dangerous situations.

The behaviour most caregivers want to improve on is spending time doing things together with their child.

- The behaviour most caregivers want to improve on is spending time doing things together with their child (56%).
- Between a quarter and a third of caregivers desire to enhance their parenting skills in relation to behaviours that impact on the emotional well-being of the child. These behaviours are:
  - Give the child hugs, kisses or tell them you love them (31%)
  - Talk, play or sing to your baby (31%)
  - Read to, or with, your child aged two or over (30%)
  - Tell the child when they have done something well (29%)
  - Talk to your child about how their day was (26%)
  - Help your child with their homework (24%).
- Caregivers are least likely to feel they need to change their behaviour in regard to supervisory behaviours. Specifically, a fifth or less wish to improve the following behaviours:
  - Childproof locks on cupboards for detergents and chemicals (20%)
  - Childproof locks on cupboards for medicines (20%)
  - Supervising child when lighting fires (11%)
  - Taking child with them, or staying with the child, rather than leaving them alone in the house (10%)
  - Supervising a child when they have a candle burning (10%)
  - Using family/ friends/neighbours to care for the child rather than leaving them at home (8%).
- Data pertaining to the desire to change behaviour was also analysed separately among caregivers who report neglectful behaviours. Due to small sample sizes, this data should be interpreted as being indicative only. However, the data does suggest that caregivers who exhibit neglectful behaviours tend to be more likely to believe that these desired behaviours are not necessary for them personally. Among these caregivers, there is a mix in attitude, with some showing a desire to change their behaviour and others showing no desire to do so.

Self-reported measures of behaviour

- Large majorities of caregivers report undertaking the following behaviours every day or several times a day:
  - Cuddling/rocking their baby aged under two (98%)
  - Talking/singing/playing with their baby aged under two (97%)
  - Talking with their child about their

day (89%)
  - Giving hugs/cuddles/kisses (87%)
  - Doing things together (83%)
  - Telling their child when they did well (70%).
- Helping children (aged five to ten) with their homework is less frequently undertaken; 32% do this between one and three times a week and 8% had not done this in the last week.
- 17% of caregivers report that they live in a household where detergents and chemicals are kept in an unsafe location.
- 13% of caregivers keep medicines and pills in an unsafe location.
- Fewer than 3% of caregivers admit to having undertaken any of the following neglectful supervisory behaviours in the last couple of months: lighting a fire without supervision, letting the child light a candle with no supervision, leaving a child aged one to six home alone, and leaving a child aged seven to nine home alone.

Demographic trends

Attitudes towards child neglect, as well as self-reported behaviour, vary by demographic group. A few key trends are highlighted below for the caregiver survey:

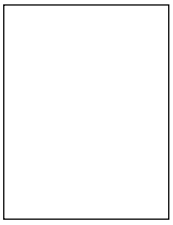
- Analysis by ethnicity reveals the strongest demographic trends. In summary, Pacific Island caregivers have notably lower levels of understanding of what constitutes neglect and its effects, as well as the seriousness of the problem in general and of specific behaviours. However, Pacific Island caregivers appear more likely, than New Zealand and Māori caregivers, to acknowledge the need to change their behaviour.
- Male caregivers exhibit lower levels of awareness of what constitutes neglect and the seriousness of specific types of neglect. Male caregivers also report spending less time undertaking behaviours that contribute to the emotional well-being of children.
- Those in part-time employment tend to have a greater understanding of the types of behaviours that constitute neglect. Those in full-time employment tend to perceive a number of emotional neglect behaviours as less serious than caregivers in part-time or no employment. Caregivers in full-time employment also report spending less time behaving in ways that contribute to the emotional well-being of children.
- While the more highly educated respondents show higher levels of awareness of what constitutes neglect and its effects on the child, this group is less likely to perceive child neglect as being a serious problem in New Zealand.
- Caregivers living in high-income households have a greater understanding of what constitutes neglect and its effects. Conversely, however, caregivers in lower income households report spending more time undertaking behaviours that contribute to the emotional well-being of their children.
- Compared to caregivers with older children, those with younger children perceive some emotional neglectful behaviours to be more serious and report spending more time undertaking behaviours that contribute to emotional well-being of children.

Summary

A consistent theme has emerged over recent years from the qualitative research CYPFA has undertaken with abusive and neglectful parents. Parents have told the Agency that if they are not exposed to other forms of parenting, are not aware their behaviour is wrong, are not aware of the consequences of their behaviour, and if they have no access to information and/or support, then they are more likely to abuse or neglect their children. Conversely, parents believe that if they are exposed to other forms of parenting, are aware their behaviour is wrong and of its consequences, if they have access to information and/or support, then they will be less likely to abuse or neglect their children.

CYPFA's social marketing programme is based on this underlying premise.

Following the establishment of the benchmark research, the next vital step is the active participation of those working with children and their families in the community-based education programme that starts in August this year. CYPFA's ability to help prevent child neglect through its prevention programme is dependent on a strengthened partnership with the community and a shared commitment to eliminating the tragic loss of potential seen in New Zealand as a result of ignorance about child neglect. ■



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Post Traumatic Stress Disorder in Children

The long-term effects of trauma on a child can have devastating consequences if not dealt with effectively, as **Julie Maddison** explains

Post Traumatic Stress is a normal response to experiencing, witnessing or participating in an overwhelmingly traumatic event which is outside the normal range of human experience. In issue five of *Social Work Now* (December 1996), an overview of the signs and symptoms of Post Traumatic Stress Disorder (PTSD) was published. This article looks at the more specific area of PTSD in children and the role social workers can play in minimising the effect of trauma on children.

A diagnosis of PTS as a disorder (PTSD) is not made unless the symptoms have persisted for longer than a month and have become problematic and interfere with normal functioning and enjoyment of life. PTSD may manifest months or even years after the traumatic event.

Stress-response symptoms are caused by the effect of a traumatic experience on a person's neurophysiological systems that come into play as the body prepares itself for fight or flight.

The digestive system slows down, chemicals and hormones go to all major muscles, heart and respiration rates change, the field of vision and hearing focuses on the cause of the alert, and perceptions of time alter. The body is rapidly prepared to be as efficient and effective as possible during the alert.

Once the danger is over, these physiological systems should eventually return to normal. However, in some people this alarm state remains high, and in some people who are under constant threat (battered wives, abused children, victims of war, etc) they may not return to a "normal" equilibrium.

Burgess, Hartman and Clements (1995) state that "when trauma occurs, the neurohormonal system is activated and is regulated by epinephrine, which helps during dangerous states in learning. However, when individuals are trapped and cannot remove themselves either through fleeing or fighting, a particular type of learning – trauma learning – occurs that does not allow a reduction of stress through adaptive means of the fight flight response."

Many abused children are caught in this freeze mode as they do not have the physical or personal power for fight or flight. Instead of the normal adaptive response of the stress system bringing the levels of stress down, they become "stuck" and a new baseline of physiological arousal is set.

The symptoms of PTSD are numerous but fall into three main categories:

- persistent re-experiencing of the traumatic event
- persistent avoidance of stimuli associated with the trauma or a numbing of general responsiveness
- persistent symptoms of increased arousal.

Goodman et al(1990) say a traumatic event becomes implanted in the mind because of an evolutionary stress response geared towards the survival of the species. This response enables people to learn how to avoid that dangerous situation and to protect themselves.

If you have a childhood memory of a frightening or embarrassing experience, such as wetting your pants in public or breaking

something valuable, you probably also remember feelings of fear – rapid heart rate, knot in the stomach, the need to run, or the wish that the floor would open and swallow you up. It is also almost certain that you can remember vivid details about the incident. The adults who were present may not have thought the incident important, but from a child's perspective this event was a major concern.

The memories that you have will depend on what developmental milestones you had reached, the intensity of the experience, how you were comforted afterwards and how secure you were already. If the fear response was operating, you may remember some things vividly but completely forget others. Perceptions of time may also be distorted with the event appearing to have happened in slow motion.

As a result of a traumatic experience, a child may experience increased aggression, disruption in school, a poor attention span, inappropriate sexual behaviour, learning difficulties, an inability to maintain friendships and relationships with peers, a chaotic family life, disturbances in the concepts of reality, self-harm, trouble with the law, dissociative symptoms and possibly a sense of a foreshortened future.

James (1989) outlined withdrawal, elective mutism, hoarding, indiscriminate clinging, dangerous risk-taking, avoidance, explosive aggression and progressive isolation. Terr (1991) outlined the emotional and physical responses to trauma in childhood as toileting regression, recurrent bladder problems, gastrointestinal dysfunction, hysterical seizures, eating disorders, regression to immature developmental stages, self-abusing behaviour, sleep disorders and obsessive/compulsive behaviours.

Examples of traumas

The following are a small selection of terrifying experiences which children on CYPFA caseloads have experienced.

Witnessing

- domestic violence
- sexual assault on parent or siblings
- the killing of one parent by another
- the threatened, attempted or successful suicide of a parent
- war crimes
- sadistic killing of animals.

Experiencing

- long-term neglect
- sexual, physical and emotional abuse
- being left alone at home
- locked in cupboards
- rejection or abandonment
- threatened with knives
- threatened with being dismembered
- serious burns
- natural and man-made disasters
- abduction
- torture
- near death experiences such as car accidents and drownings.

Adoption trauma can have a long-lasting effect on the development of a child. It is, of course, unethical to do research on babies by putting them into a stress situation; however, extensive research with primates has shown the extent by which separation from the familiar mother causes severe stress responses.

Field (1994) states that infant emotion regulation develops in the context of synchrony and attunement in early mother/infant interactions and that dysregulation can occur when the mother is either physically or emotionally unavailable.

This attunement is the natural rhythm in behaviours (eye contact, smiling and so on and physiological responses such as heart and respiration rates and smell) between a mother and her infant which enable them to communicate once the child has entered our "alien" world.

While in many cases the mother can become adjusted to the infant, there is still a high risk that some children will be placed in an environment that does not offer them the

necessary attunement to feel safe and develop with a secure attachment. Verrier (1992), who is an adoptive mother herself, poses the question, "what if adoption is the worst trauma we can inflict on a child?"

Brain altering

Perry (1993) states, "A trauma-induced, prolonged stress response will result in an abnormal pattern, timing and intensity of catecholamine activity in the developing brain." These experiences, he says, actually alter the brains of traumatised children, with the effects being seen in the brain functions related to the central nervous system. Some of these functions are the regulation of emotions, anxiety, arousal, concentration, impulse control, sleep startle reflex, autonomic nervous system regulation, memory and cognition.

These findings pose ethical and practical implications for social workers faced with early childhood neglect issues. How long should they work on strengthening the family when every month of an infant's life is vital in their brain development? A parenting course cannot give a person the ability to give and receive affection, trust others, to feel safe, or to care about their child when no one cared about them.

The brains of traumatised children, says Perry (1993), "develop as if the entire world is chaotic, unpredictable, violent, frightening and devoid of nurturance – and unfortunately, the systems that our society has developed to help these children (the juvenile justice, foster care and mental health systems) often continue to fill their lives with neglect, unpredictability, fear, chaos and, most disturbing, more violence."

Famularo, Fenton et al (1996a) state that paediatric PTSD is a substantial mental illness whose symptoms are both severe and long lasting. In their study, 156 children who had been removed from their parents' custody due to severe child abuse and neglect were randomly chosen for research from juvenile and family court records. Of this group, 62 met the strict criteria for PTSD. Two years later, 52 of those children were still in the study and, of those, 17 still retained the PTSD diagnosis.

Susceptibility

Adults who suffer severe psychological trauma can, in many cases, reflect on the world and themselves as they knew it before the trauma and this will aid their journey towards healing. However, for children who have not yet developed an understanding of the world and themselves, it is a much harder journey as they may not be able to conceptualise a safer and better time ahead.

Merry and Andrews (1994) assessed 66 children who had been sexually abused by extra- and intra-familial abusers and found that 63.5% of them had a diagnosis that fell into one or more of the following categories:

The brains of traumatised children develop as if the entire world is chaotic, unpredictable, violent, frightening and devoid of nurturance.

- Oppositional Defiant Disorder (19.6%)
- Post Traumatic Stress Disorder (18.2%)
- Anxiety disorders (30.3%)
- Depressive disorders (12.1%)
- Attention Deficit Hyperactivity Disorder (13.6%).

Famularo, Fenton et al (1996b) surveyed 117 "severely maltreated" children of whom 35% met the criteria for PTSD. They concluded, "paediatric PTSD is a severe psychiatric disorder" and that a PTSD diagnosis is significantly correlated with:

- Attention Deficit Hyperactivity Disorder
- Anxiety disorders
- Brief psychotic disorders
- Suicidal ideation
- Mood disorders.

The memory and physiological effect of

trauma interferes with a normal enjoyment of life. It can leave a child feeling in a constant state of hyperarousal and hypervigilance believing that the world is an unsafe place. They may have flashbacks triggered by something that is associated with the trauma. "Every time I smell Vaseline, I remember every detail of the sexual abuse which was carried out on me when I was little" (22-year-old). "Whenever I see chickens running around I get scared feelings and want to be sick because my father made me watch him kill the chooks when I was only four years old" (16-year-old).

For some people, the flashbacks come without anything in particular triggering it.

Adaptations

There is a wide range of adaptations to trauma. Some of these, according to Van der Kolk and others writing in 1996, are dissociation, somatisation, and affect dysregulation. Perry and Pollard (1998) say that two primary but interactive responses to stress are hyperarousal and dissociation. They have also highlighted gender differences to stress responses: "Young boys typically come to the attention of the clinician because of their externalising symptoms. There will be reports of aggression, inattentiveness and noncompliance. Typically these inattentive boys are diagnosed with ADHD.

> …The maltreated, dissociating girl daydreaming in the classroom is less bothersome to caregivers and teachers than the hyperactive, impulsive non-compliant boy. Girls are maltreated as much, if not more than, boys. Girls' brains process trauma with the same principles of neurodevelopment and neurophysiology as boys. Girls are damaged by trauma as much a boys, yet they are much less likely to get our help.

While care should be taken over drawing conclusions about repressed feelings causing physical ailments, perhaps the long-term consequences of this dissociative \ passive method of adaptation to trauma may be reflected in the findings of Tamerra, Moeller and Bachmann (1993). In their study of 668 women, 53% reported childhood abuse and significantly more hospitalisations for illnesses, a greater number of physical and psychological problems and lower ratings of overall health than the non-abused females. Perry (1996) states that:

> Different children have different styles of adaptation to threat. Some children use a primary hyperarousal response, some a primary dissociative response. Most use a combination of these two adaptive styles. In a fearful child, a defiant stance is often seen. This is typically interpreted as a wilful and controlling child. Rather than understanding the behaviour as related to fear, adults often respond to the 'oppositional' behaviour by becoming more angry, more demanding. The child, over-reading the non-verbal cues of the frustrated and angry adult, feels more threatened and moves from alarm to fear to terror. These children may end up in a very primitive 'mini-psychotic' regression or in a very combative state. The behaviour of the child reflects their attempts to adapt and respond to a perceived (or misperceived) threat.

The memory and physiological effect of trauma interferes with a normal enjoyment of life.

In records held by CYPFA, there are inevitably reports on children who are regarded in their larger family as having been extremely difficult from the age of two or three, always known as a screamer, not a likeable child and so on. While there are many possible explanations, one cause may be that the child is living in fear and attempting to adapt in the only way it knows how. Primary caregivers who are mentally unwell, not bonded to the child, or who are drug – or alcohol – impaired have a major impact on the developing brain of the young child.

Social work practice to minimise the effects of trauma

Social workers are first-aid workers, not

therapists. In all cases it is important to recognise your own limitations and to keep in mind the wise words of "do no harm". Also, not to assume that someone else will do the right thing. Many caregivers do not talk to or listen to their children in a meaningful way so you might be the first adult "on the scene" who can begin the process of healing.

Key points

- The child needs calm, nurturing, safe adults around them.
- Their terror increases when the adults are no longer there for them.
- Children need to be heard and be able to express their feelings of anger, grief, guilt, fears, and so on, through different mediums.

Historical trauma

Children need to have supportive, loving, therapeutic and possibly pharmacological help if they are to be given the chance to manage the intense feelings they are dealing with.

For children traumatised in the past, arrange appropriate interventions that do not re-traumatise them and educate the significant people in their life.

If a child is constantly running away it will be difficult to implement any therapy and, for some, containment is vital if they are to be protected from harming themselves or others. A child may be running from something that can practically be changed (abuse) or running to something they want (to be with mates). However, in many cases, they may be running from what is inside of them (emotional pain and panic or anxiety attacks) and always looking for a place or a person who will make them feel better/safe/important, or whatever it is they want.

Many researchers have noted that psychological trauma is stored in the somatic memory and effectively changes the biological stress response. Van der Kolk (1994) explains that "in PTSD failure of declarative memory may lead to organisation of the trauma on a somatosensory level (as visual images or physical sensations) that is relatively impervious to change".

Sadly, some of the children seen by CYPFA have experienced either chronic neglect or abuse which have set the pattern for how they respond to life. Others may have experienced a one-off psychological trauma many years prior to our intervention, but it may never have been dealt with. Whatever the situation, it is vital to help children access therapeutic intervention if they are to avoid becoming at risk of developing adult psychiatric disorders.

Early and appropriate therapeutic intervention, in a safe environment, can help prevent later problems such as adult psychiatric illness, criminal leanings and poor parenting. However, many of the children CYPFA sees have had little or no intervention at the time of the traumatic event, and the symptoms have begun to manifest in many behavioural, psychological and physical ways. It is vital that children who have already been diagnosed with PTSD or who have suffered a traumatic event or events are offered appropriate intervention.

A young person who is living in a state of high physiological arousal is likely to be acting in a way that could bring more traumatic experiences upon themselves.

A young person who is living in a state of high physiological arousal is likely to be acting in a way that could bring more traumatic experiences upon themselves. These young people cannot be expected to function in a normal environment such as their school as they are feeling far from normal. Social workers need to know of a range of therapists available to deal with the complexities of trauma work.

Dealing with a recent trauma

Sometimes it is possible to carry out "psychological first aid" (defusing) by facilitating a discussion about the incident and providing information both about the incident

and the physical and emotional effects of traumatic events. This can also ensure that immediate supports are put in place to provide emotional and physical safety for the person involved until in-depth help is organised. For example, an adult phones to say he has a teenager at his house who is a friend of his son and has been in a car smash. The young person is hysterical, convinced his parents are going to kill him and he is horrified that he has nearly killed his girlfriend. He is convinced he is going to prison and that he will have to pay for the car. He is extremely aggressive and also wants to run but the caller is keeping him there.

This boy had stolen a car and driven it dangerously for some time before crashing it. His girlfriend had run away from the scene of the accident. He was interviewed by police and taken to school while his social worker and parents were called, but he ran away.

By listening to the retelling of the story the boy began to see that his girlfriend must have been reasonably okay as she was able to run away and the crash was not serious enough to be life threatening. His parents might be angry but they are not likely to kill. He can then be given information about the heightened stress responses of his body which are making him want to hit out (fight) and run (flight) and that this will settle down in time.

The social worker can later talk to the boy's parents and explain what he is going through. They will assess the response of the parents to gauge whether they are safe people and, if so, bring the family together so they can take over the issue and reassure, nurture and encourage the boy to see that he is loved and that they will help him get through the legal, youth justice and financial matters. The parents can be given information on what follow-up is likely to be needed.

The intended outcome of this sort of immediate psychological first aid is that the young person will be less likely to go on doing dangerous things simply because he sees himself as bad. His physiological state will return to a normal equilibrium that will prevent him acting in a fight or flight way. He will also be able to concentrate on appropriate things as the re-experiencing of the trauma settles down to a real rather than excessively dramatised experience.

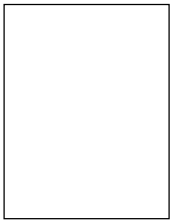
Dealing with an immediate trauma

Social workers are often in the position of having to remove a child or children from their parents. In some cases this can be done with agreement from the parents but at other times there is the potential for a horrific scene which can highly traumatise the children. Wherever possible, preparation for any removal of children needs to be considered and well thought out as any action must be swift in order to protect the child from adults yelling and screaming and possible violence. The time of the uplifting is not the time to have doubts, confusion or disagreement between professionals, no petrol in the car, unprepared foster parents, and so on. The experience from the child's perspective depends on their age and many other factors but in all cases, by minimising horrific sights, sounds, smells and so on, you can minimise the traumatic memory of the event.

Summary

Some children may experience a traumatic event and not experience any major impact on their mental health due to the nature and duration of that incident, positive environmental factors such as loving and supportive adults around them, a non-chaotic home, and so on. However, for other children the events will have severe, long-lasting effects on their mental health. These children may have brains that have not been able to develop in a healthy, loving environment, do not have family support, or have parents who are living with their own past traumas, or who are drug, alcohol or mentally impaired.

Social workers can minimise the damage by recognising the effects of traumatic experiences on children and the fact that young people are not always resilient and often do not grow up and forget what happened. Social workers can make appropriate assessments and referrals to therapists specialising in childhood trauma work. ■



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Marketing ourselves in user-friendly terminology

The language we use can determine how people see us, suggests **Pauline Mossman**, so it is important to choose our words carefully

As a community liaison social worker for the Children, Young Persons and Their Families Agency (CYPFA), I have become increasingly aware of the turn-on and turn-off effect of certain words and phrases that we commonly use with others. Some words distinctly alienate people and it could be timely to reconsider what we say and why we say it.

Language triggers both desirable and undesirable feelings, images and responses. Words can endear people to our cause, or distance and even frighten them. The meanings of words change over time and words that may have been fitting a generation ago, may be contextually different to society now. From CYPFA's perspective, and as a public service, we need to be mindful of the impact of frequent key words we use on other people and, from time to time, review their effectiveness on our service delivery.

The public perception of CYPFA is often suspicion, anxiety and fearfulness. As a statutory agency some of this is unavoidable but many of the words and phrases we commonly use also make people apprehensive. My work involves raising public awareness of childcare problems, as well as encouraging people to refer to our agency when they suspect a child is being mistreated. I have experimented with my CYPFA presentations and people's verbal and non-verbal responses to them, and there is a noticeably more hostile response when I use heavyweight phrases rather than more moderate words.

We don't consistently sell our work well. We want to be seen as helpful to children and their families, yet we use punitive language that does not help to position us positively in the market as a user-friendly service.

To stimulate some initial thinking on this matter, I have identified six key words that we frequently use yet which work against us securing better public relations.

All in a name

We talk about receiving and making *notifications* and *reports* of child abuse. These are official and powerful words that can make people hesitant and even disinclined to bring care concerns to our attention because they feel they are dobbing someone in. We live in a society where people do not like to be thought of as snitchers so these words can put off people from acting on a child's behalf. People, nowadays, do stop to think about the possible personal cost of contacting us.

If we can lessen some of the negative consequences for the people that we want to contact us, then we should do so. The terms *notify* and *report* are alienating and we would probably create more sympathy and interest in our cause if instead we asked people to *refer* to us.

Investigation is another off-putting word that we use all the time, with its connotations of an unpleasant process that most people understandably do not want to be associated with. It is synonymous with interrogation and can be seen as an extreme and objectionable process. Investigation hints at doing things "to" as opposed to doing things "with".

CYPFA's work is usually investigative, but there are softer sell words such as *assessment* and *appraisal* that we could use with the public and our clients to create better communications.

What do the words *child abuse* conjure up

for people? Many professionals identify these words with extreme and life-threatening physical and sexual abuse or neglect. Yet children who are harmed in other serious, but less sensational, ways can be overlooked because the words *child abuse* don't necessarily capture their predicament in the minds of the adult audience.

Another corollary to using *child abuse* is that this phrase has attributive and blaming connotations. If we are looking to work cooperatively with referrers and with families, it does little for our image if we persist in using a term that frightens people. To be associated with the label *child abuse*, either as a suspected adult perpetrator or as a person referring the matter, generates fear, anxiety and even hostility.

Child care difficulties and *child care concerns* are possible alternatives.

Intervention is another word that comes across as imposing, intrusive and interfering, as opposed to supportive and helpful. The work we carry out is difficult enough without us also selling it as harsh, and increasing resistance and creating further antagonism. Instead of *intervention* we might begin using *assistance* and *support* and see if this helps lessen the antipathy to our work.

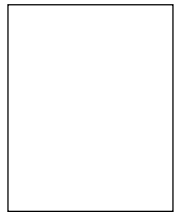
As well as their common vernacular, many organisations also have in-house words, phrases and acronyms that inevitably find their way into use with external clients. These terms can end up being segregating, baffling and off-putting to people outside that organisation.

What does the public make of the word *intake* as in intake team and intake worker? It sounds like a word more commonly associated with ingestion, or a pipe at a water treatment plant, as opposed to the first level of service to children and their families who are hurting. Does it inspire confidence as the most appropriate name for the place we want people to contact for advice or to see as professional?

Preliminary services or *assessment team* are more explicit, yet cordial, alternatives.

What about *bednights*? How does that relate to children? *Bednights* is used in service discussions, with parents, at case and family group conferences and with other professionals. Why do we use it when we are not actually purchasing beds and evenings for children, but a whole 24-hour care package? Bednights may be a convenient fiscal term, but when it creeps into everyday usage it takes on a tone of vulgarity that is unbecoming for a service trying to promote an image of children first. *Available board* or *available foster care* are more appropriate.

As CYPFA workers, we are accustomed to our language, but people who do not work directly for the Agency are not. We need to have positive and sympathetic links with the community, because these connections are what children's well-being often depends upon. When we use words that seem intimidating rather than helpful, people are likely to be hesitant about supporting or becoming involved with us. We can do better to market ourselves in user-friendly terminology to build better client and public relationships. ■



Pauline Mossman is a CYPFA Community Liaison Social Worker based in Rotorua. She has 22 years' experience as a social worker, care and protection coordinator and senior care and protection social worker. Her special interest is in child abuse prevention programmes.

Note

Social Work Now *is always keen to air debate on Comment pieces and the first response comes from Audrey Barber, Principal Advisor in the Office of the Chief Social Worker, who writes: Pauline Mossman has certainly given us something to think about here. The Office of the Chief Social Worker welcomes the debate that this article may prompt among social workers and others who seek to explain the roles and responsibilities of the Agency to individuals, families and community groups. While we support Pauline's aims – simplicity, clarity and telling things as they really are – we are concerned that replacing some words with others might dilute their meaning. While child protection is not child care and intake is not assessment, notifications may be reports. The Agency delivers a range of services across the welfare spectrum, from supportive to investigative and this might be a very good time, before the development of the new case management system is completed, to discuss the language we want to use for the future. Many of the terms we use are also predetermined to a certain extent by the legislation we work under – The Children, Young Persons, and Their Families Act – and reflect our statutory requirements and context.*

A country practice

Vicki Carmichael and **Jill Kennard** discuss social work practice in the rural setting

Rural social work has a unique character and faces different challenges than its urban counterpart. For rural social workers at the Children, Young Persons and Their Families Agency (CYPFA), success often depends on an in-depth knowledge of the local area, extensive networking and building on the strong sense of community.

Masterton, where we were both based until January this year, is the main rural town in the Wairarapa in the south-east of the North Island. It has a population of approximately 18,000 people and forms the centre of six small townships, all servicing the surrounding farming community. The township sits off the main state highway, surrounded by hills with large areas of sparsely populated, coastal country, with the nearest cities (Wellington and Palmerston North) one-and-a-half-hours' drive away.

The rural economy is depressed and in transition. Many farmers are being forced to consider alternatives to traditional farming in order to survive, large areas of hill country have been planted in forest and the number of workers employed on farms has dropped. A significant number of people are still employed in fishing and agriculture. Single parent and low-income families are attracted by cheaper housing and low rents, and many of the available houses are farm cottages that are no longer needed for farm workers.

Communication and transportation are ongoing problems. Public transport is non-existent in many parts of the Wairarapa and is limited out of the area. What does exist is relatively costly. Phone communication can also be expensive since most calls between the townships are toll calls.

This article is based on a paper originally presented at the 6th Australasian Conference on Child Abuse and Neglect, Adelaide, Australia, October, 1997.

Local statistics

- Total population: 42,000 (15% Māori)
- Unemployment rate: 8.1 per cent (national average is 7.7%)
- Number of schools: 52 (most of these are small schools with 2–3 teachers)
- CYPFA care and protection notifications: 462 in 1996/97; 418 in 1997/98; and 374 in 1998/99
- 25.6 per cent of families with dependent children are single parent families.
- A higher percentage than the national average of children are aged between 5–14 years.
- Mental health workers in the lower North Island anecdotally report that we have an unusually high number of people with mental health problems, many of whom have moved into the area from the city.
- The Central Area, which includes Masterton and the Wairarapa, was rated in the last Census figures as the third poorest area in the country.

Families in the community

Families and whānau in the area fall into two broad categories – those who were born and bred in the area and have extended family or whānau nearby, and those who have moved into the area and are isolated from their family or whānau. Usually, we work with isolated families who have limited resources. Nuclear families are often forced to rely on each other for all their needs as their nearest neighbour may be several kilometres away.

The more physically isolated a family is, the less likely it is that third parties will notice and report child abuse. Dysfunctional families often choose to isolate themselves both socially and physically, and a rural setting provides many opportunities for this. Some dysfunctional families have shifted from the city to avoid intervention from CYPFA or other authorities. A challenge for us is to identify the at-risk family and put them in contact with key people in their community such as a farm owner or manager, district nurse, or school principal who can help them in times of crisis.

The special challenges of giving good social work service in the country are increased by:

- stress on the family caused by social and physical isolation and limited resources
- the lack of street addresses and road names making it harder to find and investigate at-risk families
- the lack of public transport, which means families need their own cars, even when they cannot afford one
- the lack of opportunities for children to find help or support if they are in danger or have problems
- the lack of neighbours or organisations to report abuse, especially in families with no ties to the community
- staff do not get to hear of unsafe families until the problem becomes major or there is a specific serious incident.

Transportation difficulties in a rural setting are significant and clients cannot access services without help. This help may be assistance with the costs of running a car or providing a car and escort driver to get them to appointments. One family we worked with had small children and a car that was not roadworthy. They were unable to get groceries, attend counselling or get the support they needed to function, despite their continuous attempts to borrow cars or hitchhike. Social isolation and financial pressures aggravated their shaky family relationship and domestic violence occurred. A whanau agreement was negotiated by their social worker, the main focus of which was to get the family mobile so they could function better as a family, go to counselling and get support. The ultimate outcome was that the children were safe and the risk of harm was reduced.

The more physically isolated a family is, the less likely it is that third parties will notice and report child abuse.

Dislocation

When families are isolated from their support networks, it can be hard to keep children within their extended family or whanau and close to their parents. At times we are forced to weigh up the benefits of keeping children close to parents with out-of-family caregivers against seeking placement out of the area with extended family or whanau. This dislocation can require social workers to use innovative methods to keep the family connected while ensuring child safety, such as using escort drivers who may also monitor access visits. Staff who live out of the area may also act as escort drivers when travelling to and from work. One high-risk parent was living with her young children in a rural area where no monitoring was available. Her older children had previously been removed by CYPFA and she had shifted home to avoid coming to notice. In an attempt to break the cycle and keep her young children with her, she took part in a residential parenting course followed up by daily visits from Parenting Centre staff. She made refresher visits to the centre while regular psychological assessments helped to monitor her progress. We are now negotiating to use a CYPFA property adjacent to the residential programme so she can live with the children in a semi-controlled environment. This case was high-cost over a relatively short period in an attempt to settle its long-standing care and protection issues.

Closure – when a family increasingly

withdraws from contact with others – is relatively common among our clients, especially since some families choose to live in isolated rural areas specifically for this purpose. A community may also protect its own and refuse to seek help from the authorities, usually because of fear of retaliation or because of conservative opinions. These isolating attitudes increase the risk to children and make intervention to protect them much more difficult. It is often all or nothing. We try to overcome these attitudes and fears by education, talking to small community groups and through messages on local radio and in newspapers. National television advertisements such as the Breaking the Cycle campaign reinforce this.

Work options

The ongoing closure of some rural industries and businesses has drastically reduced employment opportunities in the area. Workers who commute to the city every day may spend longer than usual away from their children (with up to 3–4 hours daily travel). Local work options such as shearing and milking which involve both parents can mean children are left unsupervised because of a lack of child care. In one case, preschool children were left asleep and locked in their bedroom for several hours each morning, and then left alone in the evening while both parents were in the cowshed milking. The social worker introduced the family to a rural financial advisor who helped get a caravan for the children, which was placed beside the cowshed.

It can be difficult to contact families at their work and sometimes there simply isn't a telephone. Social work staff adjust to this and use local networks to trace people, particularly if the people are doing casual work or are hard to locate. For example, staff learn who the shearing and forestry contractors are, as we may need to ring around to locate family when a notification is received. After-hours or weekend work to visit clients is a routine part of the job which we accommodate by working flexible hours.

It can be difficult to contact families at their work and sometimes there simply isn't a telephone.

CYPFA staff

Our staffing profile has shifted from being one of largely experienced, mature, permanent and unqualified social workers to a combination of experienced staff and transient, newly qualified, younger and less experienced workers. As employment criteria into the Service are raised to exclude unqualified staff, fewer of these older, often Māori, staff are employed. This is significant because of the number of Māori in our community. With the development of iwi social services it is hoped that qualified Māori social workers will come home to work.

The staff's intimate knowledge of the local community is one of our biggest resources. Many have grown up and gone to school here and have enormous local knowledge of skills, resources and family links. This is particularly useful when dealing with large, extended abusive families. However, issues can arise because of a lack of anonymity, such as sharing a hospital ward with clients, meeting clients in the supermarket or at social events. Angry clients may contact social workers at home or they may even approach their children. These are regular, practically unavoidable occurrences. A social worker may know clients through school, church or community involvement. While this relationship can be managed by co-working, good supervision, or if necessary, by allocating a case to another worker, knowing clients is not always a problem and is sometimes a distinct advantage for networking and keeping in touch.

Social work staff may have to develop personal coping strategies to minimise the impact of clients on their own and their family's personal lives. Strategies include unlisted phone numbers, street numbers not listed in the phone book, being very firm with

clients who turn up on the doorstep, putting limits on conversation when meeting clients casually, and avoiding particular times or places to shop. In such a small town though, most people know where everyone lives regardless of whether they are listed in the phone book. Social workers must be clear about boundaries and be able to separate their work role from their role in the community.

Safety issues are crucial for staff working in isolated areas away from telephones, neighbours or the police. It is essential that staff co-work and have an effective back-up system whether it is the police, a mobile phone, or making sure colleagues know their itinerary and approximate schedule.

Serious abuse team

Because the area is too small to have its own full-time police child serious abuse team (SAT), there can be delays in the response to child abuse. This increases the demand on social workers to maintain stability in the family and to ensure the safety of the child, for example, after a child has made a clear disclosure of sexual abuse by a family member during an evidential interview. These delays also mean social workers are more likely to be involved in violent situations for example, they may have to remove a child if police have not taken away a violent or abusive caregiver. When there is a police presence available the family's awareness of the seriousness of the situation is heightened and they are more likely to believe the child.

Combining services

Because geographical distances between the staff and the clients are so great we may ask other agencies or professionals to make initial contact with a child and/or family/whanau to assess the immediate safety risk, or to monitor their ongoing safety. This may be an iwi social service, school, Plunket nurse, playcentre, midwife or district nurse. The local CYPFA community liaison social worker and frontline staff all help to educate the appropriate people for this work.

If CYPFA cannot respond to a request for assistance, or if it is not appropriate for us to respond, there are few other options for help available to rural families. There are major gaps in services within our community. It is important that social workers know what the different agencies can offer, along with their limits. In Masterton, CYPFA plays a significant role in working with other agencies and groups to develop services such as the Safer Community Council, Family Violence Network, Mental Health Network and the District Truancy Service. Between them, these networks encompass all the local community groups and organisations that are involved with children and families, and each meets during a lunch hour once a month. A fifth network to bring together all those working directly with children is currently being set up. CYPFA is active in trying to ensure a strong relationship between the community groups and volunteers.

Handbrake Turn is another example of an excellent local initiative that pulls together all the agencies that are funded to provide services to young people and helps them deliver their programmes. Targeted at 13–15-year-olds and running six days a week, Handbrake Turn includes drug and alcohol services, Women's Refuge, Masterton District Council, iwi, Stopping Violence services, budget advisors, Choice Health, Plunket, Pregnancy Help, outdoor pursuits, Street Youth ministries and the polytechnic. The group tried to run the programme with volunteers but is now looking for funding to employ a coordinator.

Funding

Funding is an ongoing issue for all of CYPFA, but the additional concerns for rural areas include:

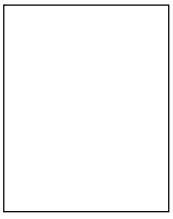
- the need for more costly, larger cars because of distances and road conditions
- higher fuel costs because of mileage and larger engine size
- the increased cost of servicing office equipment which is maintained from central city bases

- increased postage, courier and toll call charges
- the highest electricity charges in New Zealand
- extra equipment to ensure safety, such as mobile phones
- the increased cost of locating and funding services for clients.

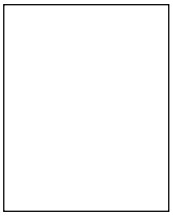
Conclusion

The many challenges to rural social work are balanced by the positive aspects of style, conditions of working and quality of life. We work closely with colleagues in other agencies and in the community and over the years have come to know many of them well. Although meeting clients outside of work can be a major disadvantage, it can also help us to keep in touch with ex-clients as well as presenting a more human face for social workers and the Service.

Most of our staff work in a rural office because they enjoy living in the area. It offers a great lifestyle, a more relaxed way of life and cheaper housing. Lifestyle blocks of land are also available near to a town and we are close to mountains, beaches and the open countryside. Fruit is available from local orchards, wine from the vineyards, and larger cities are not too far away. Rural social work can be a very rewarding choice. ■



Vicki Carmichael was a supervisor at the Masterton office until January 1999 and is now a Social Work Supervisor responsible for international case work at CYPFA national office.



Jill Kennard was for four years a practice consultant in the Central Area and is now an Advisor in Operational Policy at CYPFA national office but continues to live in the Wairarapa.

DARE to Make Change

Freda Briggs and **Russell Hawkins** evaluate a drug abuse resistance programme for young people

DARE[1] *to Make Change* is a community-based programme designed to help at-risk youth gain control over their lives. The programme is offered by the DARE Foundation in cooperation with the police Youth Education Service with funding from Telecom. The participants' high-risk behaviour usually involves drug and alcohol abuse, criminal activity, self-destructive behaviour (such as prostitution and suicide attempts), vandalism, school truancy and school failure. These young people are often disliked by their peers and they commonly exhibit angry behaviours, blaming others for their own problems.

The key resource of the programme is the book *Gem of the First Water* written by American (Auckland-based) psychologist Ron Phillips with Dan Brewer. The basis for the change process is therapeutic story-telling intervention that utilises principles from a variety of sources including William Glasser's reality therapy. The process of reality therapy is designed for small groups of up to six children in early adolescence.

The stories involve a boy's journey into self-awareness. It is anticipated that listeners will identify with the central character, interact with the facilitator, develop trust, complete activities and gradually apply the concepts to their own lives. The participants are invited to identify the behaviours they would like to change and to begin their own change process.

The book is read in 20 one-hour sessions and each chapter is followed by questions that invite the young people to reflect on their life experiences. It also looks at how they can:

- manage their feelings in positive ways
- make appropriate decisions after considering alternatives
- accept responsibility for the consequences of their actions
- think before they speak/act
- have the courage to change their lives
- set personal goals and challenges and commit to achieving them
- develop a feeling of confidence and self-worth
- experience fun and fulfilment in their lives.

Young people are invited to join the programme on the basis of their "out of control" behaviour. DARE committees and police education officers may contact schools to let them know that the programme is available or the police may make a referral to DARE after a parent has contacted them about their child's behaviour. Facilitators are community members, usually teachers, police, school counsellors, youth or health workers, who have undergone a one-day training session. They are supported by a coordinator and a DARE Committee.

The need for the programme was confirmed by Ministry of Education statistics that showed 2,226 students were suspended from intermediate and secondary schools in the first term of 1997. Of these, 452 were suspended for verbally abusing teachers, 166 for theft, 126 for alcohol abuse, 80 for persistently smoking in school, 44 for vandalism, 17 for sexual misconduct, 16 for sexual harassment and 145 for other offences which included two cases of

This article is based on a paper presented at the 12th International Society for the Prevention of Child Abuse and Neglect Congress in Auckland, 1998.

arson. Most schools admitted that the suspensions were a last resort that did nothing to address the problems of the individuals. Access to support services was often very difficult, especially for those living outside the three major centres, Auckland, Wellington and Christchurch (*The Press*, p2, 4.4.1997).

A 1997 Ministry of Education report also showed that an additional 272 students had been excluded from school for verbally abusing teachers and 39 were suspended for making physical attacks on staff.

Research methodology

In 1997, the authors were commissioned to evaluate *DARE to Make Change* by surveying 69 facilitators, 116 participants (aged nine to 16 years) and all but 32 of their parents. Sixty per cent of the young people were male. The interviews took place in 14 locations in the North and South Islands. The interviews with the programme participants took place up to two years after their involvement with *DARE to Make Change* had ended and used both open-ended and closed questions for the collection of qualitative and quantitative data. The same methodology was also used for interviewing the parents and facilitators.

Young people are invited to join the programme on the basis of their "out of control" behaviour.

Participants' survey

Most participants had been invited to join the programme after coming to the notice of the police or as a result of concerns registered by teachers or parents. Many had exhibited serious behaviour problems for a long time before joining the programme and had failed to respond to psychological treatment, counselling, anger management programmes, ADHD treatment and police intervention. Several participants had been excluded from between six and ten different schools prior to the programme.

Twelve boys were interviewed in two boarding schools, four of the young people lived in foster homes and 17% had previously been in foster placements. The rest of the participants were either at a single boarding school, or with their parent/s or other relatives. Sixty-three per cent of participants were members of two-parent families, 20% lived with single mothers and 6% had a step-parent. Two groups of children were enrolled in Activity Centre programmes as they had been excluded from schools many times.

Benefits from the programme were reported by 81% of participants and related to:

- acceptance of responsibility for own actions
- stopping smoking
- stopping stealing/ trashing cars
- stopping housebreaking and crimes of violence
- stopping drunkenness
- stopping "doing drugs".

A girl who had engaged in compulsive theft at school, home, shops and from relatives for six years and who had failed to respond to counselling, psychological treatment and the justice system, stopped stealing after hearing the third chapter of the book. This change of behaviour was confirmed by her parents and school. She could not explain it other than saying that she "decided that her life was crap and there were better things to do". Her mother described the programme as miraculous and said she had formerly been obliged to strip-search her daughter when leaving shops or other people's premises because of the regularity of the stealing. The girl's behaviour had caused the breakdown of the mother's social relationships.

Overall, the children claimed that they had improved in:

- anger management
- self-esteem
- peer and family relationships
- consideration for others
- their ability to resist bad influences

- accepting responsibility for own actions
- drug and alcohol abuse
- school attendance
- school academic performance.

These improvements were confirmed by the programme facilitators and those parents who were interviewed.

Although some participants said that they were bored at the beginning of the programme, they gradually became absorbed and couldn't wait for the next chapter. They rated the story as:

Very good: 67%

Good: 22%

Okay: 11%

Not very good: 1%.

Although the programme challenged participants to review their lives and behaviour, only 18% said that they felt uncomfortable during the sessions. They rated the facilitators as follows:

A very good job: 68%

A good job: 24%

Okay: 8%.

There were no negative responses.

There was strong evidence to show that the young people readily identified with the character in the story. Respondents could see similarities such as selfishness, impulsiveness, refusal to listen, lying, behaving offensively, and being big-headed and self-centred. Up to two years after the programme, these young people were able to tell the researcher which parts of the story had affected them deeply. They often blamed high school teachers for contributing to their truancy, rebelliousness and poor school performance. They claimed consistently that English and maths were taught in ways that ignored their developmental needs; they could not concentrate on "boring chalk and talk" and needed to learn through activity methods. This learning style was well demonstrated during *DARE to Make Change* sessions attended by the researcher. Although the young people were colouring the pictures from the story and sometimes asked for other colours and talked to neighbours about their work, they were able to answer all of the questions and discuss the relevance of the chapter with the facilitator.

Survey of participants' parents

Whereas facilitators expected parents to be uninterested in these children and the programme, all but two of those interviewed proclaimed the programme to be an astonishing success in changing their own as well as their children's lives. Parents said they needed:

- more dialogue with the facilitator
- a copy of the book so that they could discuss it with their children after the programme ended and there was no external support
- occasional parent workshops on positive child-management strategies.

Her mother described the programme as miraculous.

The most successful results took place when:

- parents were in contact with (but did not know) the facilitator
- participants were in small groups or one-to-one situations.
- Parents acquired and practised new parenting methods which engaged their children in:
  - taking responsibility for their actions
  - problem solving
  - making choices
  - considering consequences.

As a result of these findings, a parent component was designed and trialled in Dunedin. Parents confirmed that their children enjoyed the programme. They praised the facilitators and said that involvement in *DARE to Make Change* had resulted in improved family communications and relationships. They used less authoritarian and more democratic parenting styles. They

involved children in decision-making, discussing the possible consequences of different courses of action and taking responsibility. As a consequence, there was a significant reduction in angry behaviour in both parties. One parent said that the *DARE* programme was "100% successful where ADHD and anger management programmes had failed".

Parents revealed that school bullying, scapegoating by teachers and home difficulties had often contributed to their children's behavioural problems, short fuses and truancy. For example:

- One father died by suicide, and while the mother was well-supported by friends, no one thought it necessary to offer the children the opportunity for counselling. As a consequence, anger had built up over several years.
- One mother was a heroin addict with a history of drug-related crime. Her daughter, attending an Activity Centre, was already an alcoholic and suffered kidney and liver damage.
- One father suffered from a psychiatric illness that severely affected parent/child and family relations.
- Some children felt unwanted in blended step-families.
- Some Maori boys had already survived initiation ceremonies to join criminal gangs of which their fathers were members.

Parents revealed that school bullying, scapegoating by teachers and home difficulties had often contributed to their children's behavioural problems, short fuses and truancy.

Facilitators' survey

Ninety-seven per cent of facilitators were engaged in part or full-time paid employment. More than half held university degrees, 17% at post graduate level. Sixty-nine percent of facilitators reported having high levels of satisfaction from using the *DARE to Make Change* programme and described a large number of examples of positive changes in participants' attitudes and behaviour.

Facilitators engaged in small group work produced records showing that 25% of participants made "dramatic" improvements in their social relationships, attitudes and behaviours within the first few weeks. Fifty percent of participants showed "substantial" improvements overall and only two boys were said to have deteriorated after membership of the programme. Their parents confirmed that they gained confidence and self-esteem, but their behaviour worsened.

It should be noted that, in larger groups, a minority of young people had been asked to leave the programme in the early stages because of inadequate attendance or excessively disruptive behaviour. It is also worth noting that 28 Otago facilitators were student teachers who participated in the programme in a one-to-one way as part of their health curriculum field experience. Unfortunately, at the time of the interviews, these students had graduated and dispersed, but participants and parents spoke highly of their efforts.

Problems for facilitators

Lack of school support

The researchers and DARE committees were surprised to find that 39% of facilitators identified "lack of school support" as their greatest problem in delivering the programme. In many cases, lack of support bordered on sabotage. This may be explained in terms of sheer disbelief that a programme involving story-telling could influence children for whom a range of professional support services (including the teachers themselves) had failed. Teachers often made negative and cynical comments to researchers about the popularity and success of the programme and facilitators, predicting that improvements in behaviour would only be short term. Class teachers also argued that children enjoyed attending

sessions and, therefore, the programme "rewarded them for bad behaviour when they really deserved to be punished".

Teachers who were also facilitators confirmed that their colleagues used the programme to threaten or criticise participants for minor misdemeanours, making statements such as, "That programme isn't doing you much good. It's a waste of time sending you", (after one session) and, "If you don't produce better work, I'll stop you from going to the *DARE* session".

Teachers who were also facilitators reported that their group members often missed sessions because:

- they were detained by the teacher of the previous class
- they were removed from the group by the principal as punishment for misbehaviour elsewhere
- they were suspended from school and banned from attending the sessions.

Given that these were the students in greatest need, some teacher-facilitators moved to other premises.

In addition, some teachers reported that, although a comfortable, relaxed environment is important, they were given the least comfortable rooms in the school (such as an unused and fully equipped dental clinic), and the accommodation sometimes changed from week to week. One said that she had to provide her own heater. A principal charged $14 a day for the afterschool care for the teacher's children while she took *DARE* sessions with the school's most disruptive students. Another principal charged the teacher for the "electricty" for one hour per week for 20 weeks. In other words, teachers trying to help children in their own schools encountered obstruction.

Safety factors

Safety factors caused concern. Some male facilitators were working in occasional one-to-one situations that were potentially unsafe. One of the difficulties for facilitators was that young people did not respond well when sessions were held in their own homes and family members were in adjacent rooms. Participants were unable to discuss their own problems for fear of being overheard. Participants were also wary if the facilitator was a family friend or socially acquainted with their parents. When several children were removed from different classes to create a new group, the boys invariably behaved disruptively in an attempt to gain dominance. Difficult behaviours occurred for up to three to four weeks until the boys began to identify with the character in the story. Some female European-New Zealand facilitators experienced difficulties with groups of Pacific Island and Maori youths as they felt intimidated and threatened when the young people sensed their inexperience and resultant lack of confidence.

Several participants had been excluded from between six and ten different schools prior to the programme.

Suggestions for improvements

Facilitators were asked to provide suggestions for how the programme could be improved. The most frequent response related to extending facilitator training to include group management skills, handling reports of sexual abuse and other crimes, and strategies for working with difficult children.

The need for separate parent involvement was emphasised. Parents realised that home and school environments often contributed to children's problems and, for long-term change, parents needed to adopt different parenting strategies.

It was also argued that there should be follow-up calls to children after the programme ended, for example after one month, three months, six months and one year. Parents pointed out that the programme ended on a high note and the relationship with the facilitator suddenly ceased. Some participants went into a state of grief and some

began to "wilt" one month after the support structure had suddenly been removed.

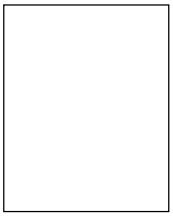
Girls said that they would prefer to be in single sex groups because boys of the same age tended to be less mature and they engaged in attention-seeking behaviours when placed in new mixed situations. Other suggestions for improvement included making the story more Māori-appropriate and replacing the American language of its author for "Kiwi" language.

Conclusion

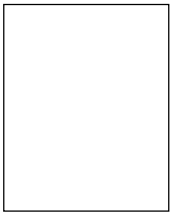
Facilitators, participants and parents confirmed that *DARE to Make Change* had been successful in changing young people's negative attitudes and behaviours. The programme's organisers accepted that some of the success may be attributed to the fact that the participants received one-to-one attention from a kind, non-judgemental person with whom they created a close, trusting relationship. Given their home backgrounds, this is likely to be a new experience for many of the young people.

The most successful programmes were those which involved one-to-one or small groups with a firm but kind facilitator and some degree of parent involvement accompanied by changes to parenting styles.

For further information relating to *DARE to Make Change*, contact: Owen Sanders, Police National Headquarters, PO Box 3017, Wellington, phone (64) 04 495 1307, fax 04 474 9417, or email o.sanders@xtra.co.nz ■



Professor **Freda Briggs** is Professor of Child Development at the University of South Australia and has a long history of working and researching in the child protection area. She has worked on other evaluations in New Zealand most notably with the police in relation to the Keeping Ourselves Safe programme.



Dr **Russell Hawkins** is a Senior Lecturer in Psychology at the University of South Australia and a clinical psychologist in private practice. Child abuse issues are a major focus of his research.

Note

1. *DARE* is the acronym for Drug Abuse Resistance Education.

Legal Note

Accessing information: Who has rights?

Can a guardian access information held by CYPFA about their child? Not necessarily, says **Stewart Bartlett**

Having worked recently with some of the IT experts building the new computer for CYPFA, I was struck by the obvious: One of this Agency's principal tasks is to gather and store information about individual men, women and children. This could be construed as Orwellian, but the reasons behind the information collection and storage policies are quite clear.

A significant driver is the fact that much of CYPFA's work is concerned with assessing future risks faced by children and young people. As family court judges and specialists are often heard to say, the best predictor of future behaviour is past behaviour. For that reason (as well as others), it is imperative that extensive detailed information about identifiable individuals – typified often by its intimate nature – is collected and stored. And, almost inevitably, access to that information has been an ongoing issue.

In this article, the issue of a guardian's right to access CYPFA information on their children is examined, since the majority of requests the Agency receives for personal information are from this group. While hard and fast rules may not be appropriate or helpful when considering these requests, certain factors should always be born in mind.

The law governing this type of application is the Official Information Act 1982 (OIA) *not* the Privacy Act 1993. The OIA deals with requests to government departments when the person asking for the information is not the subject of that information. A decision on whether or not to grant a request will depend primarily on section 9 of the OIA that states:

> (1) Where this section applies, good reason for withholding official information exists, for the purpose of section 5 of this Act, unless, in the circumstances of the particular case, the withholding of that information is outweighed by other considerations which render it desirable, in the public interest, to make that information available.
>
> (2) Subject to sections 6, 7, . . . 10, and 18 of this Act, this section applies if, and only if, the withholding of the information is necessary to –
>
> (a)Protect the privacy of natural persons, including that of deceased natural persons.

While other sections of the OIA can relate to different requests, the above provisions are the pivotal considerations in requests of this nature, along with the overriding principle of the OIA that states information should be made available unless there is good reason for withholding it.

The tension between section 9(1) and section 9(2)(a) has traditionally been dealt with along the following lines. Children, as people, are entitled to have their privacy protected, so section 9(2)(a) applies. On the other hand, the public interest generally requires that guardians should be entitled to access information held by a state agency, such as CYPFA, on their children. Accordingly, the privacy of the child is outweighed by the public interest considerations referred to in section 9(1) which justify release of information about a child to their guardian upon that guardian's request.

However, a legal perspective known as the "Gillick principle" holds that guardianship does not confer absolute rights. It argues that guardianship rights diminish as a child matures, grows older and develops an increased capacity to understand and make decisions for themselves. Therefore, the public interest which justifies the release of information about children to their guardians will, as a general rule, lessen as the child's right to determine the passage of information about themselves increases.

The public interest requirements in section 9(2)(a) must also take into account Information Privacy Principle 11 of the Privacy Act 1993. That principle states:

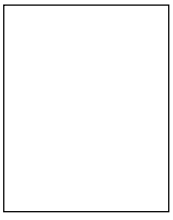
> An agency that holds personal information shall not disclose the information to a person or body or agency unless the agency believes, on reasonable grounds,–
>
> (a) That the disclosure of the information is one of the purposes in connection with which the information was obtained or is directly related to the purposes in connection with which the information was obtained; or
>
> …(d) That the disclosure is authorised by the individual concerned.

In general, one of the reasons that CYPFA collects information is so guardians can be informed about matters relating to their children.

Other factors that should be taken into account when a guardian requests information about their children are:

- Are they a guardian, even though they are a parent?
- Is the guardian a custodial parent?
- Will the act of providing information to the requestor prejudice the rights of the child who is the subject of the information? (The relationship between section 6 of the Children, Young Persons, and Their Families Act 1989 and the Official Information Act is yet to be fully clarified.)
- Will the act of providing information prejudice the rights of a third party, most often the rights of the other guardian?
- Has the guardian acted in such a fashion towards the child, or other adults in the child's life, so as to override public interest justifications for disclosure?

Although the OIA explicitly presents a philosophical base of openness, that philosophy does not sit well with personal information. Information once sent, cannot be retrieved. If the issue is a child's right to say "no" to information about them being given to others, even their parents and guardians, then consider directing the requestor to obtain the child's consent. (This issue is only appropriate for teenagers.) If the issue is about the character or purpose of the requestor, then consider saying "no" but be prepared to have good reasons for this stance. You should also be able to explain those reasons to the requestor and possibly to argue the point with the Ombudsman and the Privacy Commissioner. Always be prepared to seek specialist advice. ■



Stewart Bartlett is Acting Office Solicitor at CYPFA National Office.

Book Reviews

Social Work in Aotearoa New Zealand: An introduction

By **Dugald McDonald**

Published by Longman (1998) rrp $24.95

Reviewed by Paul Muir

Social Work in Aotearoa New Zealand: An introduction is a very readable little book, 122 pages in all, that gives a useful overview of what social work is all about. It provides valuable information, past and current, on the social service industry in New Zealand. It is especially useful for students beginning their studies for a career in social work or anyone considering making a career change to social work.

The chapter with vignettes on 11 social workers held my interest, partly because it was fun to try to identify the person behind the pseudonym. It also effectively illustrated the diversity and range of fields, roles and tasks in social work.

This was followed by an interesting discussion about the meaning of social work. It included comment on the personal motivations of people making social work a career choice, debate about the choices in education and training and the part they play in the development of the social work profession.

The lack of industry regulation and universal standards in the practice of social work is also discussed. The writer encourages "professional solidarity and voice" through membership of the Aotearoa New Zealand Association of Social Workers and adherence to its competency standards.

Dugald McDonald believes that the consistent hope of "making a difference" drives and sustains the social work mission. He believes social work does well protecting the vulnerable members of our society, especially children and the frail aged. He also believes social work has a mission as "the conscience and critic of society" and must overcome mechanisms that attempt to mute this role.

McDonald is currently Head of the Department of Social Work at the University of Canterbury. He has been involved in the practice, research and teaching of social work for 40 years, and his writings have been published in New Zealand and overseas. He continues to be actively involved with social service work in Christchurch. This book would also be useful as a student resource for field work teachers and for supervisors of new social workers.

Redesigning the Welfare State in New Zealand

By **Jonathon Boston**, **Paul Dalziel**, **Susan St John**

Published by Oxford University Press (1999) rrp $45

Reviewed by Don Sorrenson

The authors – Professor of Public Policy at Wellington's Victoria University Jonathon Boston, Lincoln University Reader in Economics Paul Dalziel, and Senior Lecturer in Economics at Auckland University Susan St John – are explicit in their views on the redesigned welfare state in New Zealand. In the final sentences of this book they write:

> To deny people adequate income support in the face of overwhelming economic and social trends is unjust and inefficient. As a matter of urgency, social welfare reforms must be restored to a level that removes the need for foodbanks and other charities to meet the basic living requirements of thousands of New Zealand citizens.

Redesigning the Welfare State in New Zealand examines the philosophical and economic arguments that led to the decision to restructure the welfare state, and also considers alternative policies for building what the authors say would be an effective welfare state in the new millennium. The critical step in this rebuilding, they say, is the need to reaffirm New Zealand's commitment to a policy of full employment.

The book records and analyses policy changes in education, housing, social welfare, employment assistance and superannuation since 1990, with experts from these fields contributing their views. It contains 16 chapters and is divided into three parts. Part one discusses the fundamental principles and key themes of international and domestic debate about the future of the welfare state while the second part focuses on specific topic areas. Chapter 14, for example, is entitled "From Welfare to Workfare" and is informative and thought-provoking given the current policy on the community wage and the Department of Social Welfare policy of From Welfare to Well-being. There is a challenge to the thinking behind the community wage policy that assumes there is work for those who want it as well as the created climate that suggests beneficiaries should find a job. The writers argue that the workfare policy

does not improve the long-term employment prospects of the unemployed, and the final section offers alternatives to the current policies. This was a positive end to the book after the in-depth critique and analysis of the welfare state over the last decade.

Redesigning the Welfare State in New Zealand draws heavily on material in some of the authors' previous books, for example, *The Decent Society* and *Reshaping the State*. This new book would be of value to social workers in a variety of fields. There are challenges to many of the assumptions upon which "New Right" policies are based and their impact on areas such as targeted social assistance and the individualisation of social problems.

States, Markets, Families: Gender, liberalism and social policy in Australia, Canada, Great Britain and the United States

By **Julia O'Connor**, **Ann Shola Orloff** and **Sheila Shaver**

Published by Cambridge University Press (1999)
rrp A$34.95

Reviewed by Fiona Coy

This text surveys the dramatic restructuring of state welfare provision that has occurred over the last decade in Australia, Canada, Great Britain and the United States. It is searching for the connections between – and the benefits and deficits of – the changes in each of these countries based on their social policy regimes.

This book is not an easy read and was never destined for the best seller list. That aside, it provides a very comprehensive analysis especially of the impact on gender equality wrought by the liberal market-dominated policies adopted by successive governments in these countries.

The overall strengthening of market solutions in relation to social provision in these four countries carries with it increased economic and class inequalities. This shift has been characterised by a scaling back of "entitlement" and an increase in work or market participation requirement. In such an environment, issues such as employment opportunities and availability of quality childcare are inevitably raised.

It also raises other questions such as whether states should promote greater social equity and whether governments or private/market entities should provide insurance against social risk. The state has a critical role to play, the authors contend, not only because it manages institutions and relationships like marriage and motherhood, but also because the voices of protest or challenge are largely directed at the state and the state provides various avenues for response.

The authors explore and provide a comparative analysis of three key social policy areas that represent some of the most significant sites of gender politics in western countries over the last few decades. Labour market participation, income maintenance and reproductive rights are investigated within a framework that emphasises the relationship between states, markets and families. The issues of gender, class stratification and in some cases race and age are also considered in relation to that framework.

As illustration, the US easily presents as the most liberal regime of the group (in that it has heavy promotion of market provision and very few alternatives to market participation) where there are no guarantees of food, shelter, relief from destitution, or health care. This is coupled with an historic policy perspective of gender "sameness" which allows for little acknowledgement of issues preventing equal participation in the labour market, and where caregiving is regarded as an impediment to work. Despite various social pressures, what emerges is a social profile that sees the highest poverty levels among women-maintained households (followed by Canada then Australia, with Britain faring better) and huge gaps in income between men and women, but less sex segregation in occupational groups (linked to an emphasis on educational opportunity).

> England, on the other hand, has an historic policy perspective of gender "difference". Here the adherence to traditional interpretations of the roles of male and female have led to a profile that sees far less deep poverty than in the US, but where women are far less visible across 'better' occupational groups. Social assistance in England is seen as a social right, with support to caregivers high and reproductive rights (including NHS provision) strongly evident.
>
> Poverty in Australia while quite evident, is

not so deep as in the US nor is social assistance so stigmatised and poor in quality. Australia is considered to be gender "neutral" in its approach to social policy. While historically it is related to the English perspective, women have won considerable recognition, such that, for example, pay gaps are low, childcare provision is increasing and paid parental leave is available. It is noted that many gains especially in labour market participation are now being eroded.

It is interesting to note that the authors also expressed regret at not including New Zealand in their analysis, especially noting the serious restructuring of social policy since 1990.

The authors succeed in setting a new standard for integrated analysis of social policy regimes. The gendered view of three key social policy arenas in four western "liberal" states and the interplay of those states with markets and families, weaves a pattern worthy of continued application. Ultimately, success for a social policy regime comes from recognising "linkages between citizens' diverse positions in the labour market and their various care responsibilities in ways which allow men and women, parents and those without children, and people of different communities, to participate as equals" both at home and work. This can only be achieved, the authors say, with "a greater level of politically mandated social support than a strict neo-liberal policy permits."

Sex Talk

Video produced by **Punga Productions**, Wellington (1999) rrp $59.95

Reviewed by Mavis Turnbull

Sex Talk is a documentary video designed for teenagers and young adults to encourage them to feel good about themselves and others in sexual encounters. It is intended as a catalyst for discussion to encourage young people to talk openly about sex and sexual relationships. The video's underlying theme supports safe sex practices, and the physical mechanics of sex, as well as emotions and philosophies about sexual intimacies are discussed.

A number of young people with a wide range of sexual experiences share their thoughts about love, honesty, orgasm and safe sex. Their views of love are drawn from their experiences of love as they grew up and some question the idea that sex can be a pleasurable experience outside the context of love.

The issue of honesty is discussed from three points of view. Some of the young people interviewed felt the need for honesty; some shared the experiences that can cause a person to lie; and others talked about the effects of lies and their impact. Perhaps the most important discussion was around the need for safe sex and the young people's fears of contracting sexually transmitted diseases.

This video could be useful for group discussion under the direction of an appropriate facilitator, providing that it was viewed first to ensure that it was suitable for the group. The video runs for 22 minutes and has a PG classification. ■

The reviewers

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Social Work Now

Aims

- to promote discussion of social work practice in CYPFA;
- to encourage reflective and innovative social work practice;
- to extend practice knowledge in any aspect of adoption, care and protection, residential care and youth justice practice;
- to extend knowledge in any child, family or related service, on any aspect of administration, supervision, casework, group work, community organisation, teaching, research, interpretation, inter-disciplinary work, or social policy theory, as it relates to professional practice relevant to CYPFA.

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