

Contents



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02 Editorial

04 **Bridget McCarthy** discusses foetal alcohol disorders and their implications for the social services

10 **Ana Su'a-Hawkins** and **Tracie Mafile'o** bring a Pasifika perspective to cultural supervision

17 **Gabrielle Maxwell** presents part two of her article on new research on youth justice

24 **Jackie Feather** reports on a new model of clinical research

29 **Parveen** and **Thomas Kalliath** examine the management of a good work-family balance in social work

34 **Nicki Weld** and **Maggie Greening** explain their new tool for gathering information

38 Recent research

41 Legal note

46 Book reviews

51 Information for contributors

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Editorial

Paula Tyler explains the goals of Child, Youth and Family to achieve registration and ongoing training of social workers

Five months ago I came to New Zealand to further pursue my work with children, young people and their families. The work that Child, Youth and Family does intimately touches the lives of people on a day-to-day basis. It is one of the few government departments where we can directly see the difference we make.

In order to deliver the best services we can to vulnerable children, young people and their families, we must create a work environment in Child, Youth and Family that better supports quality social work practice and builds greater social worker capability. I am excited by the initiatives already underway and I know these will build on the strong platform for professional practice.

The baseline review identified the need for the Department to review its strategy to develop the social work workforce with a focus on improving the capability of this workforce over the medium term. However, we cannot do this alone.

As many of you will be only too aware, the issues relating to social worker capacity and capability extend across the sector and are critically important to the success of any initiatives that Child, Youth and Family undertakes. With this in mind the Department

will be working in collaboration with the Ministry of Social Development and the wider sector to improve social worker capacity and capability.

For its part, the Department has just developed its Social Work Workforce Capability Plan, which identifies three goals – retention, professionalism and recruitment. These goals will be implemented via a number of initiatives over time.

Retention is important, not only because of the need to retain experience, but because of the difficulty in trying to recruit more social workers in an already tight market. Recruitment activities will tend to be directed at replacement and aim to access new sources of supply rather than attracting qualified social workers from other organisations in the sector.

Our plan identifies a number of key issues for the Department in continuing to build the capability of our workforce and to improve retention. These include:

- addressing workload and work environment issues
- professional supervision and on-the-job support
- continuing to develop a fully qualified and registered workforce

- acknowledging the ageing profile of the workforce
- addressing remuneration inconsistencies
- improving the Child, Youth and Family brand in the employment marketplace.

Another area identified in the plan, and something to which I am deeply committed, is supporting the professionalism of our workforce. This includes backing registration and the work currently taking place in Child, Youth and Family to ensure social workers are competent to practice and are professionally accountable.

The increase in qualification levels at Child, Youth and Family is a reflection of this commitment. There was 55 per cent of staff tertiary qualified at 31 March 2004 compared with 41 per cent in 2001. As at 30 June this figure has increased to 58.3 per cent of frontline staff holding a social work tertiary qualification of level 6 or higher. These results are especially pleasing given they have been achieved while managing unprecedented increases in demand for services.

The third part of the plan, recruitment, remains important, and we have a range of initiatives in that respect. However, as I have indicated, we are aware of the finite social work resources available across the sector, so we are taking a sector-wide approach to this.

I can only repeat how vital training, education and experience is for all who work in this area. I want to encourage the professional development of our social work staff by providing opportunities for social workers to complete a formal qualification. Any process, including registration, that can measure capability and competency while adding to professional practice offers benefits to all who work in the Department and to all those we work with.



Paula Tyler is the Chief Executive of Child, Youth and Family. She was appointed to this position in August 2004 and was previously the Deputy Minister (equivalent to the role of Chief Executive in the New Zealand public service) of the Children's Services Department in Alberta, Canada.



One drink too many?

Bridget McCarthy discusses foetal alcohol disorders and their implications for the social services

Introduction

When Madeleine Taylor, then contracted as a policy analyst with the Services, Policy and Development Team at Child, Youth and Family, first asked me to write this article my understanding of the impact of alcohol on the unborn child was minimal. I simply knew that women should not drink while pregnant. I had little comprehension of the debilitating consequences that prenatal drinking could have. Now, after all I have learned, I question why I, an educated 25-year-old woman, was largely ignorant of this preventable and yet widely prevalent disability. Well-versed in the risk to the foetus of smoking, how many young women are aware that: 'Alcohol causes more damage to the developing fetus than any other substance, including marijuana, heroin and cocaine'? (Institute of Medicine, 1996). It is my firm belief that to support families, whānau, children and young people dealing with alcohol-related conditions we must first understand what it means to live with this disability. The aim of this article is to raise awareness so that we might be able to work alongside these families and whānau and

support them in their daily struggle for understanding, acceptance, and a chance at life.

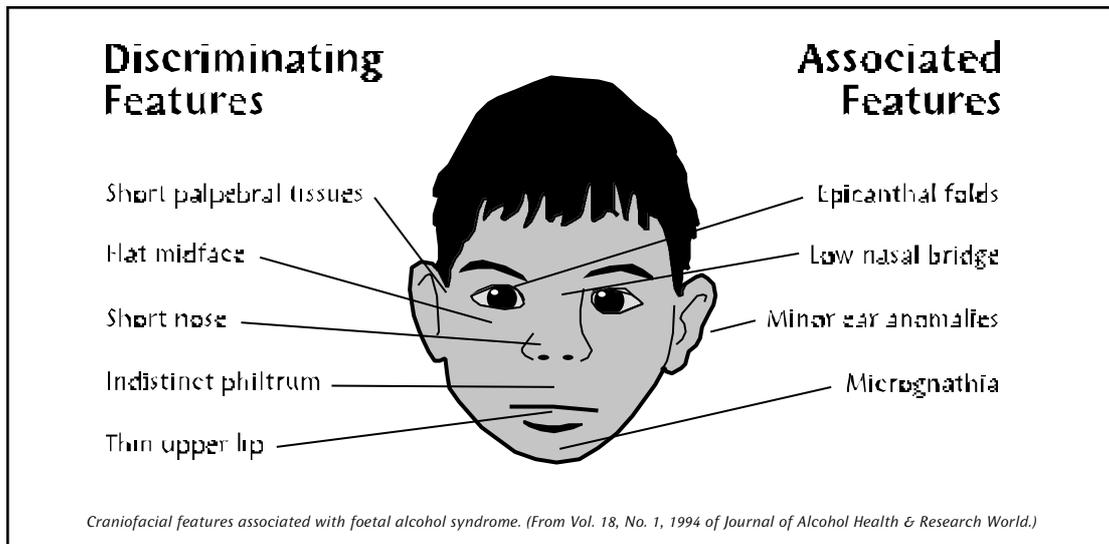
What is FAS/FAE?

It is just over 30 years since the term 'Foetal Alcohol Syndrome' (FAS) was first used to describe the pattern of abnormalities witnessed in the children of alcoholic mothers (National Institute on Alcohol Abuse and Alcoholism, 1991). Today, FAS is acknowledged as "a condition characterised by abnormal facial features, growth retardation, and central nervous system problems. It can occur if a woman drinks alcohol during pregnancy. Children with FAS may have physical disabilities and problems with learning, memory, attention, problem solving, and social/behavioural problems" (Kitson, 2004). This damage is irreversible and

entirely preventable (British Columbia Centre of Excellence for Women's Health, 2004).

'Foetal Alcohol Effects' (FAE) is a term that was developed more recently to describe the sufferer who did not present with obvious facial characteristics, and whose disabilities may not be as severe, although this is not always the

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'Alcohol causes more damage to the developing fetus than any other substance, including marijuana, heroin and cocaine'
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case. The full range of disabilities that may be experienced, from full-blown FAS to mild FAE, is commonly described by using the term 'Foetal Alcohol Spectrum Disorder' (FASD).

How common is the condition?

Today, despite ever-growing awareness of the issue, there are many who have little or no knowledge of the irreversible and devastating consequences that can occur when a woman drinks alcohol while pregnant. This despite the fact that "FAS is now considered ... to be the most common non-hereditary cause of mental retardation" (Kitson, 2004).

The New Zealand experience

Present estimates of the prevalence of FAS/FAE in the New Zealand population are 2–3 per 1,000 live births for FAS and 4–5 per 1,000 live births for FAE (ALAC, 2004). By comparison, New Zealand estimates for cystic fibrosis are 1 per 3,000, cerebral palsy 1–2.6 per 1,000 and Downs syndrome 1 per 1,000 live births. In 1999 there were 57,421 live births in New Zealand. Given the above estimates, there would have been

between 142 and 256 children born with either FAS or FAE in that year.

The number of children affected by full FAS is relatively small compared to the total number affected prenatally by maternal drinking. One estimate suggests that only 10–40 per cent of affected children meet full FAS criteria. Those who don't will often go undiagnosed despite the fact that they may still suffer the same intellectual, behavioural and physical consequences (Greenbaum and Koren, 2002). Bruce Ritchie from the Foetal Alcohol Support Trust (FAST) states that "Statistics on FAS/FAE only reflect the more extreme end of the spectrum. Most of the damage goes undiagnosed, but not unpunished".

Due to the lack of diagnostic capabilities and the varied presentation of the disorder, the number of undiagnosed cases in this country and overseas well exceeds the above figures. This was recently confirmed at a Parliamentary Health Select Committee hearing. A presentation by Shirley Winikerei from FAST, biochemist Dr Kathy Kitson, and paediatrician Dr David Newman

informed the Committee that the low reported rate of FAS/FAE was essentially a reflection of a low rate of diagnosis, and not a true reflection of the rate of incidence.

Recent studies would seem to support this. In 1999, a New Zealand study of 500 pregnant women found that of the 81 per cent who drank alcohol, 29 per cent continued to drink after confirmation of the pregnancy – placing approximately 16,000 babies at risk (Rogan, 2001). A more recent study by Dr Sherly Parackal at Massey University highlighted the grave concerns surrounding young women and alcohol consumption when figures revealed that over 80 per cent of teenage mothers consumed alcohol while pregnant. Such figures indicate a rate of alcohol consumption 2–3 times that of the United States.

However, it is not only binge drinking or even

regular consumption that is a cause of concern. A study earlier this year confirmed that “even low sporadic doses of alcohol consumption during pregnancy may increase the risk of congenital anomalies” (Martinez-Frias et al, 2004).

Consequences

Many young people affected by FASD end up offending as a consequence of misunderstanding social norms or as attention seeking behaviours. Inappropriate sexual behaviour is also a prevalent issue. Young women are drinking more and frequently to the point of intoxication raising concerns around unplanned, unprotected sex and pregnancy. With such behaviours there is the possibility of damage to the foetus while the mother is unaware of the pregnancy. Additionally, sufferers of FAS/FAE are at greater risk of sexual abuse, particularly when they

<i>Identifying FAS/FAE</i>	
If you see someone who consistently:	If they have FAS or FAE they possibly behave this way because they:
won't co-operate	have difficulty understanding and don't remember instructions
repeatedly misbehaves	act impulsively; don't understand, have difficulty paying attention
takes the blame for others	are easily led by others
seems lazy	are often exhausted, can't start something on their own or are disorganised
lies	need to fill in the gaps, are willing and compliant but have a slow auditory pace so may only understand every third word in a normally paced conversation or, although highly verbal and able to repeat instructions, are unable to put them into action
doesn't care, shuts down, displays uncomfortable body language	are frustrated by their inability to express feelings in relation to the specified action
deliberately tries to irritate	can't remember or are over-stimulated
acts immaturity for their age	may have the functional capabilities of a younger child
steals	do not understand ownership or have poor judgement
acts irresponsibly	are unable to understand the consequences of their actions

remain with their biological families. This is because these children can lack comprehension of social boundaries and may be naïve.

Often children with FAS/FAE have special education needs. They require a great deal of individual attention and a small, 'uncluttered' and calming environment based on clear boundaries and consistency. The earlier these needs are addressed, the greater the gains in both intellectual and motor development.

Protective factors

Environmental factors shown to provide the most protection for the FAS/FAE affected individual are a stable and nurturing home environment, and not being a victim of violence. A diagnosis made before the child reaches the age of six has also been identified as "a strong protective factor for all secondary disabilities except Mental Health Problems" (Centres for Disease Control and Prevention, 1996).

Developing and maintaining healthy and constructive relationships between the affected person and those they interact with on a daily basis requires the presence of certain support strategies. Educating parents and caregivers about FAS/FAE behaviours and health complications, and providing respite care and necessary financial assistance, are needs that must be met if support workers are to achieve the best outcomes for both the child and their family.

Assessment

If you wonder whether a child you are working with may have FAS or FAE then the first thing that needs to be done is to have an assessment completed. Recently a 4-Digit Diagnostic Code for FAS was developed to help diagnose the condition and to provide a comprehensive

measurement of the severity of the disorder through the FAS facial phenotype and gestational alcohol exposure (Astley and Clarren, 2000). This is an important step forward in the battle to have FAS/FAE more widely recognised, as it is commonly mistaken for a range of other conditions such as ADHD, autism, conduct disorder or a learning disability.

Intervention

Following assessment, appropriate actions (Timler and Olswang, 2001) needed in the interventions include:

- observing patterns of behaviour
- identifying, educating and supporting high-risk families and individuals
- inviting the family to participate in the development of strategies
- taking extra care through all transition stages
- keeping plans simple and concrete
- maintaining a stable and routine environment
- using consistent language and repetition
- identifying cues for shut down or agitation
- setting up a buddy system.

The presentations and seminars delivered by FAST provide prime opportunities for educating Child, Youth and Family staff about the subject of FAS/FAE. The FAST website also has a resource 'shop' from which items including information packs and assessment guides can be purchased. Particularly relevant are the pre-screening tool, designed to assist in making a referral for diagnosis, and the 'Standards for Practice in Child Welfare' pamphlet, which outlines basic standards of case management for children affected by FASD. FAST also operates support groups in Invercargill, Christchurch and Whangarei.

Where to go from here?

The intention of this article is to inform and to educate; I do not presume to answer the many questions that require further thought and discussion. There are two pressing questions for Child, Youth and Family and other social service organisations:

1. When faced with a pregnant woman who continues to consume alcohol knowing it may harm her unborn child, how do we respond?
2. How many children in Child, Youth and Family care or custody have FAS/FAE and yet remain undiagnosed?

A primary concern for the Department is establishing clarification as to the role and responsibility of Child, Youth and Family staff members in consideration of Section 6 of the Children, Young Persons, and Their Family Act 1989 that 'the welfare and interests of the child or young person shall be the first and paramount consideration'.

Where to go for extra information:

www.fast.org.nz
www.alac.org.nz
www.asantecentre.org
www.come-over.to
Local Alcohol and Drug Community Mental Health Services

Personal reflection

In writing this article I have discovered that, although much of the evidence and many of the personal experiences paints a dire picture of the status of FASD within New Zealand society, there are a great number of people who are passionate about this issue and who are committed to the cause.

Advocacy, support, understanding, patience and respect are the qualities that FASD sufferers deserve in their support workers. Our challenge now is to take up the mantle of some of the most vulnerable members of our society and address the difficulties faced by these children, their families, whānau and caregivers.

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How many children in Child, Youth and Family care or custody have FAS/FAE and yet remain undiagnosed?

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What is cultural supervision?

Ana Su'a-Hawkins and Tracie Mafile'o present a Pasifika perspective

A version of this article entitled 'A case for cultural supervision: reflections on experiences of Pasifika cultural supervision' first appeared in the conference proceedings of the Weaving Together the Strands of Supervision Conference held in July 2004, Auckland (published in 2004).

'E lele le Toloa ae ma'au ile vaivai.'

Wherever we may be in this world we are drawn to our ancestral roots like a magnet because it is for us a big part of our future and destiny.

This article offers our reflections on experiences of cultural supervision as New Zealand-born Samoan (Ana) and New Zealand-born Tongan (Tracie) social workers. In our development as social workers, cultural supervision has enabled us to draw on our ancestral roots as a source of strength and direction. Comments from Tongan social workers who participated in Tracie's PhD study on Tongan social workers are included here. We are both members of the Aotearoa New Zealand Association of Social Workers Pasifika Interest Group and this article was circulated around the group for comment.

'Ole ataata o Taulelei'/'The dawning of good weather'

This Samoan ideology best describes the emergence of cultural supervision as a tool that underpins the importance of:

- cultural awareness
- cultural sensitivity
- cultural safety
- cultural audit
- cultural assessment
- cultural evaluation
- cultural support and monitoring.

Cultural supervision contributes to quality, effective and efficient work and the health and wellbeing of workers. Samoa and Tonga are two island nations of the Pacific rich in cultural heritage, and maintaining their identity is the cornerstone of Samoan and Tongan peoples' pride and uniqueness. Every human being should be allowed to live by their own beliefs and values. At the same time it is vital to learn and to practise other cultural beliefs and values as means to develop and build skills and knowledge.

This article aims at giving an insight into the value of cultural supervision for all Pasifika supervisors and workers. Furthermore, we

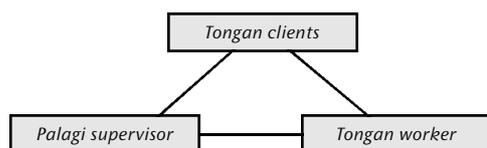
explore the implementation of cultural supervision as the best practice tool for social work practice when working with Pacific people.

Reflections on Pasifika cultural supervision

A useful place to begin an exploration of Pasifika cultural supervision is with the reflections of Pasifika supervisees.

Example one (quote from participants researching Tongan social work practice): Tongan senior male practitioner, a church leader, highly skilled in the fineries of Tongan culture, working in a Pacific agency, with a Pacific (non-Tongan) supervisor: 'To me its safer that I go to a palagi one [supervisor] ... and she can have a point of view from outside the culture ... I don't need an island input, I need a New Zealand input ... because a lot of decisions are made by the palagi, I need to know their mind set ... To be able to survive ... you bring out the best of the Tongan and you also seek out the best from the palagi and try and walk with it.'

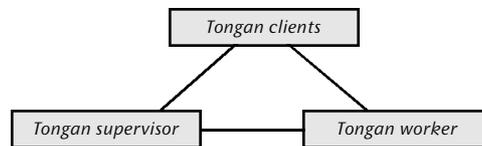
This experience of cultural supervision can be represented pictorially as:



Example two (another quote from participants researching Tongan social work practice):

Tongan female practitioner in a government agency: 'So I pushed them ... and said I would like to have a cultural supervisor ... I saw that it was part of my accountability to my own practice as a Tongan social worker, and also to my community.'

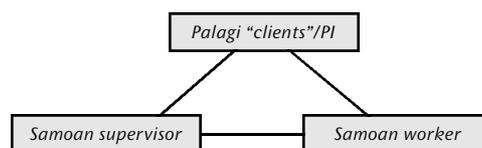
Pictorially, this type of cultural supervision can be depicted as:



Example three (quote from a social worker from Child, Youth and Family)

A New Zealand born Samoan woman 'Cultural supervision ... provides me with the knowledge, support, self-identity, guidance as a Samoan Social Work Trainer. Our contract is specific to my cultural needs and how I can incorporate areas of Pacific practice and skills for non-Pacific into my training role within a statutory mainstream agency ... Cultural supervision provides me with analysing the best practice techniques when working with Pacific Island clients and their families ... What has been successful for me in having cultural supervision? Being empowered to create a change for Pacific people accessing [our] services by having the support and learning to implement process within the agency's policies and frameworks.

This experience of cultural supervision can be represented as:



These illustrations depict two key points:

1. Pasifika cultural supervision is multi-faceted yet ethnic specific (for example, it may be palagi-Tongan-Tongan, Tongan-Tongan, Samoan-Samoan etc).

- Practitioners have diverse needs according to the components that constitute their practice. It is not a response to some static ethnic category, but rather is a response to the need to bring together the agency context, the client realities and the cultural skills, knowledge and identity of the practitioner and the supervisee.

We agree with Young (2004) who highlights that supervision is increasingly likely to involve participants from diverse ethnic backgrounds and states: 'Cultural differences and sameness are often subtle and multifaceted, but they must be acknowledged and included in the nuances of thinking about relationships between therapists [social workers] and supervisors and patients [clients].' This makes 'culture' all the more important as an aspect of supervision, whether this be in terms of cross-cultural or 'same culture' contexts.

What is Pasifika cultural supervision?

Cultural supervision is advanced here as being both broader and deeper than cultural consultation. Cultural consultation may be utilised by a social worker or agency to assist in case management decisions, to facilitate access to families or to gain specific ethnic information. Such consultations take place when the skills, knowledge or networks of the social worker or agency do not reach sufficiently far enough across the divide of cultural difference to facilitate meaningful connections. Cultural consultation then is more about the practice than it is about the practitioner and it begins from the point of cultural difference.

By contrast, cultural supervision goes beyond the components of practice and includes the

development of the practitioner. Further, it primarily begins from the viewpoint of cultural sameness where a Pasifika (Tongan, Samoan, Cook Island etc) social worker practises with families, communities or supervisors who are culturally similar. Cultural supervision is about facilitating the cultural development and capacity of the supervisee through reflection, critique and action. The focus and impact of cultural supervision are not confined to the

specifics of a case scenario but ripple throughout the personal, family, community, cultural and professional domains of the supervisee.

Cultural supervision is also about supporting Pasifika social workers to operate in predominantly non-Pasifika contexts. There may be times

when non-Pacific colleagues, supervisors or managers react to Pasifika cultural practice. Cultural supervision begins to address the marginalised position of Pasifika within social work by facilitating Pasifika supervisees' critical awareness of culture.

The benefits of cultural supervision

The following case study highlights the benefits of cultural supervision for the supervisor, the supervisee, the agency and the wider society.

Sione is 16 years old. He was raised by his grandparents and they were known to him as his real parents. He did not know who his biological mother and father were and for a long time he was suspicious that one of his sisters was his biological mother but the family kept the truth from him. Sione comes from a very traditional Samoan family. The family's first language is

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Samoan and neither of Sione's grandparents are conversant in English. Sione is very proud of his Samoan heritage and often feels a sense of shame for his criminal activities, which include aggravated assault, burglaries and theft.

Sione has been out of the education system since he was 11 years old and he has difficulty reading English, although he speaks two languages fluently. Sione's anger and mistrust have blocked his rational thinking and ability to allow professionals to help him and his family. Sione admits his offending, and acknowledges that his actions are the result of his family's struggle for money and the need to have expensive label clothing like other young people, as well as spare money to put in his pocket.

A social worker of Samoan origin and with knowledge of Samoan traditional culture was working with Sione. The social worker regularly accessed both cultural advice and cultural supervision and worked to incorporate cultural and traditional strategies that made sense and had meaning to Sione and his family. In discussion with the cultural advisor, appropriate Samoan people were contracted to carry out specific tasks that matched Sione's needs. These included:

- a specialist counsellor with cultural knowledge and expertise
- a pastoral family counsellor
- Samoan cultural training, such as training in language, dance, legends and heritage
- a one-on-one worker to mentor and supervise Sione on a daily basis
- a Fono a Matai.

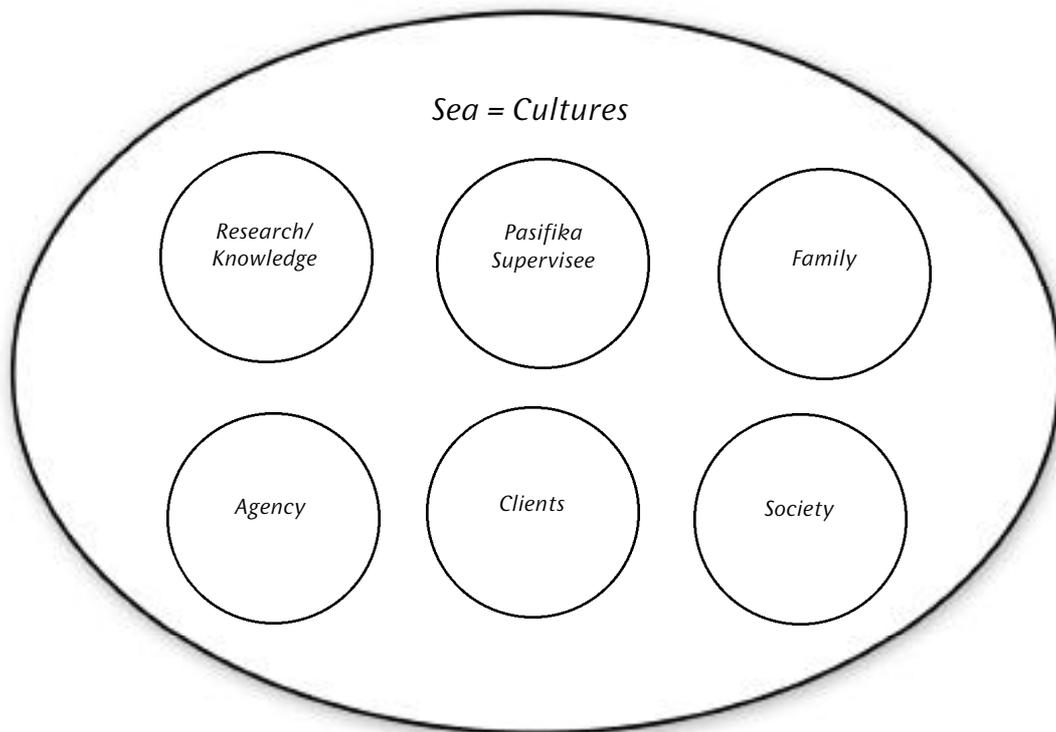
A family meeting also took place and the family was very supportive of these initiatives.

One aspect of the healing for Sione was the Fono a Matai, which depicts the Samoan village Fono (council) a Matai (chiefs) fa'afaletui setting. The purpose of this programme was to reculturalise and reeducate Samoan young people about respect, obedience, patience, love and humility. Sione spent one day a month with the matai where the dialogue was in Samoan. The Samoan concept of 'O le ala i le pule o le tautua'/'the way to leadership is through service' was the paradigm used to underpin the programme.

The social worker had the role of pulling together the implementation of each initiative and this was done in the context of cultural consultation and cultural supervision and liaison with management. The cultural components were critical to the healing of this young person. Clinical supervision was important, but it was also vital to have Pasifika cultural supervision to ensure cultural safety, especially in meeting the needs of the client and family. The result was that there were mutually supportive working relationships and as well as change in the young person that included transition in to the community, the practitioner found new learning and enthusiasm for social work practice. The social worker states that 'as a New Zealand-born, I believe in going back to learn about the traditions of my culture in order to succeed as a Samoan young woman'.

There are a number of reasons for the benefits of cultural supervision demonstrated in this case study.

1. Pasifika supervisees need to work within complex Pasifika social and family structures and associated values: various authority figures, strong sense of history and tradition, 'proud people', spirituality, experience, etiquette, ideology and background, and values of respect for our elders and love and nurturing for our young ones.



CULTURAL SUPERVISION = scrutinising cultural connections between components to make a resourceful whole

2. Pasifika social workers represent not only themselves, the profession and their agency, but first and foremost their aiga, kainga, whānau etc, when working within their own ethnic group.
3. Pasifika supervisees are more exposed, personally and culturally, than a palagi supervisor and given minority culture status.
4. Pasifika supervisees, working in predominantly palagi contexts, are continually required to undertake 'cultural translation' between palagi and various Pasifika paradigms.

A vision for best practice in Pasifika cultural supervision

In envisioning best practice for Pasifika cultural supervision we take the perspective of

Oceania/the Pacific being a 'sea of islands' as an analogy of Pasifika cultural supervision.

'There is a world of difference between viewing the Pacific as "islands in a far sea" and as a "sea of islands." The first emphasises dry surfaces in a vast ocean far from the centres of power. Focusing in this way stresses the smallness and remoteness of the islands. The second is a more holistic perspective in which things are seen in the totality of their relationships ...' (Hau'ofa, 1994).

The imposed imperialist view of the Pacific was that the various islands of the Pacific were poor, isolated and dependent. An 'Oceania' view, from the perspective of ordinary Pasifika peoples, sees the Pacific as vast, where peoples and cultures

move and mingle. This latter view is of a strong, resourceful and interdependent Pacific/Oceania.

In considering Pasifika cultural social work supervision, we see the many islands being the components of Pasifika social work. There are the Pasifika practitioner, practice, clients, agency, society, research, knowledge, language, history, politics and so on. In cultural supervision, culture is recognised as that which connects rather than separates the many components of social work. Cultural supervision is the process of scrutinising the cultural connections between components so that a strong and resourceful whole is realised for both Pasifika supervisees and Pasifika people in general.

To further this analogy, there is a Tongan saying 'ta ki liku, ta ki fanga' ('having regard to weather side, having regard to beach'). This proverb talks about the ability to do well and thrive when at rocky seas and to do equally well when at shore. The sentiment reflects the value of social workers being able to fakatoukatea, that is, to be competent within Tongan cultural and palagi contexts. We could add that, given globalisation, this involves the successful negotiation, grafting or weaving of various elements, both Pasifika and palagi, in a way that does not undermine Pasifika physical, spiritual, emotional and economic wellbeing. Cultural supervision is about enhancing the capacity of Pasifika social workers to do just that.

This metaphor for cultural supervision fits well alongside Autagavaia's (2000) Pacific Islands' supervision model in which there are the interrelated domains of the personal, cultural

and professional. She argues that supervision for Pacific peoples must include personal and cultural foci, wherein there are strengths, to enhance the professional domain.

Hau'ofa expresses it in the following way, and we claim this in respect of Pasifika cultural supervision:

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Cultural supervision recognises the diversity among Pasifika social workers and their diverse needs
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'Oceania is vast, Oceania is expanding, Oceania is hospitable and generous, Oceania is humanity rising from the depths of brine and regions of fire deeper still, Oceania is us. We are the sea, we are the ocean, we must wake up to this ancient truth and together use it to overturn all hegemonic views that aim ultimately to confine us again, physically and psychologically, in

the tiny spaces that we have resisted accepting as our sole appointed places, and from which we have recently liberated ourselves. We must not allow anyone to belittle us again, and take away our freedom.'

Conclusion

In conclusion, we make some cautionary points about cultural supervision:

1. The changing nature of culture makes cultural supervision a dynamic and evolving process.
2. The addition of cultural supervision does not remove responsibility for anti-oppressive practice in supervision (Maidment and Cooper, 2002) or agency practice; for example, issues of institutional racism still need attention so they are not silenced.

Cultural supervision recognises the diversity among Pasifika social workers and their diverse needs. It encompasses the development of practice as well as the development of the

Pasifika practitioner to bring about social change for Pasifika. Like the sea connecting, rather than separating, islands of the Pacific, culture is the sea connecting components of practice. Cultural supervision is a process whereby cultural connections between components are scrutinised to make a resourceful whole.

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Achieving effective outcomes in youth justice

Gabrielle Maxwell discusses the implications of new research for principles, policy and practice

This article is the second of two taken from the paper Dr Maxwell presented at 'Never Too Early, Never Too Late', the Youth Justice Conference held in Wellington in May 2004. Part one appeared in the August issue of *Social Work Now*.

Introduction

The first part of this article examined the nature of the New Zealand youth justice system and its success in meeting basic goals. This second part will examine factors related to successful life outcomes for those who become involved in the system and identify key factors in effective outcomes, offer analysis and provide an overall assessment of the system. To remind new readers – the data presented here come from an analysis of 1,000 cases involving young people aged 16 years who experienced a family group conference (FGC) in 1998. Over half (520) of these young people were also interviewed about their early life, their experiences of the youth justice system and their life since the FGC.

Predicting outcomes

Since their experience of the FGC, most of the young people who had appeared in the Youth Court were able to develop positive goals and achieve successes. Out of those followed up, 70 per cent had been constructively employed in the last six months and over 80 per cent reported close personal relationships. Over half, about 60 per cent or more, do not want any further involvement in crime, feel life has gone well for them, and have positive views about the future.

However, negative life events and risk factors were also recorded for over 60 per cent. Approximately a third said they had been involved in further detected offending, and this figure agrees with court records. Data on convictions for offences committed as an adult showed that nearly half appeared

before the courts in the first year after they turned 17, and three years after reaching the age of 17 this figure had risen to 69 per cent. Most offences involved property crime, followed by traffic and violence. Within three years, 22 per cent had received a prison sentence.



A third said they had been involved in further detected offending



The results of the analysis undertaken to identify the factors that predict reoffending and positive life outcomes as young adults were clear and consistent, both internally and with previous studies that examined similar issues (Fergusson et al, 1994; Zamble and Quinsy, 1997; Farrington, 1994; Andrews et al, 1999). The data provides strong support for the model described in the full report of this research (Maxwell et al, 2003) that explains both reoffending and positive life outcomes in terms of a variety of earlier life events. Family background factors had an impact on the young people's lives, but so too did the responses of the youth justice system – including the experience of a restorative FGC. Events after the conference also affected the future of the young people. These data demonstrate that, if reoffending is to be reduced and the breach in the social harmony is to be repaired, diversion and decarceration are critical as are constructive processes and responses: the system can make a difference. The findings here are a strong validation of key elements of the theory of restorative justice, which advocates a focus on:

- repair of harm
- reintegration of those affected by the offending
- fairness and respect in the way those involved are responded to
- participation of all those affected by the offending
- empowerment of those most affected to make key decisions
- forgiveness for the offending when matters have been resolved.

The analyses reported here validate several key points about how best to respond effectively:

- early action is important and is able to be effective in both preventing reoffending and ensuring positive life outcomes
- the focus of early intervention needs to be on building positive relationships in both the school and the family environment, rather than on simply reacting by denunciation or punishment to early indicators of anti-social behaviour
- using diversionary strategies and least restrictive sanctions and avoiding charges in the Youth Court wherever possible is likely to lead to more positive outcomes
- a constructive FGC can make an important contribution to preventing further offending despite negative background factors and irrespective of the nature of the offending
- life events subsequent to the conference also matter – taking advantage of this chance to respond to psychological problems, alcohol and drug misuse, educational failure and lack of employment opportunities are all important options that can reduce reoffending and increase positive life outcomes.

A number of different aspects of the FGC are important in making reoffending less likely. There should be good preparation of all participants before the conference. At the conference the young person should feel supported, understand what is happening, participate and not feel stigmatised or excluded. A conference that generates feelings of remorse, of being able to repair harm and of feeling forgiven is likely to reduce the chances of further offending. Processes that are diversionary, sanctions that are the least restrictive and outcomes that are constructive are associated with positive life outcomes. These findings provide a validation for the objects and the principles underlying the Children, Young Persons, and Their Families Act 1989 (the Act). They also support the features that those close

to the youth justice system in New Zealand have already identified as being important to good practice (Levine et al, 1998) and for the main tenets of restorative justice theory.

Unfortunately, few of the young people in this study appear to have participated in positive and effective education or development programmes. The results of overseas research (Sherman, 1997; Farrington, 1994; Andrews and Bonta, 1998; Andrews et al 1999) strongly suggest that if the restorative process were followed up with appropriate programmes of good quality, the outcomes would be even more positive.

The findings also indicate that there are different types of young people. While most either experience positive life outcomes and fail to reoffend or experience negative life outcomes and do reoffend, there is another group who have a more mixed experience as young adults. This group was identified as reporting positive life outcomes but also being involved in further reoffending. Further work needs to be undertaken to describe these differences more fully. There are also puzzles around why having matters resolved in court and relatively severe sanctions are linked to negative adult life outcomes. The direction of causation is by no means clear and further analysis may provide additional information.

Nevertheless, the findings identified clearly the most important precursors of good outcomes in respect of backgrounds and criminal justice events. Critical factors in building on positive youth justice system experiences include:

- providing appropriate and effective mental health services
- making employment a realistic possibility
- avoiding placing the young people in situations where they form close bonds with others involved in offending.

Further implications for policy and practice

An analysis of the background factors most likely to be associated with conviction as an adult has a number of implications for crime prevention strategies. As in other research, a number of factors can be identified in the family backgrounds of young people which place them at risk and these can potentially be addressed by early intervention programmes aimed at such children and young people. Early involvement with Child, Youth and Family, either for reasons of care and protection or because of earlier offending, is an important predictor of negative life outcomes. This finding suggests the importance of ensuring the quality and effectiveness of interventions when a child or young person first comes to the attention of the Department. A lack of school qualifications is another major factor in poor outcomes indicating the critical impact of effective management of problems that lead to school exclusion, drop out and failure.

The level at which a young person is dealt with in the youth justice system emerges as an important factor in life outcomes. This finding underlines the importance of compliance with the diversionary principles of the Act by

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ensuring that children and young people are always dealt with at the lowest possible level in the youth justice system.

Recording data

Currently there is a lack of consistency in recording systems across agencies, which is a major impediment to both research and policy development. In addition, much of the data that is desirable, such as information on residential admissions and lengths of stay, and on reoffending, is not available. If practice is to be improved, information on performance needs to be readily accessible through reporting systems based on a well-defined, clear and comprehensive database. This needs to include the following features:

- consistent identification numbers for individuals used by police, Child, Youth and Family, and the courts
- a case-based approach to recording rather than an offence- or incident-based approach
- key data on processes of police warnings and diversion, conferencing and court appearances, including dates of referrals and other actions
- complete data on outcomes of cases
- consistent criteria for performance of key tasks such as time frames for referral, decision-making and completion of cases
- data on monitoring of key elements associated with effective practice
- information on reoffending
- standardised use of self-reported ethnicity.

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Monitoring

Certain key situations were identified at which the monitoring of practice is necessary if best practice is to be achieved. These include monitoring the following aspects of the process:

- protection of rights when a young person is arrested or interviewed
- police practice in deciding to take no further action, or whether to warn, divert, refer to FGC or charge in the Youth Court
- young persons' admissions of responsibility and agreement with proposed plans at the FGC
- completion of elements of the plan after the FGC
- programme provision including data on the availability and effectiveness of services
- follow-up reporting to victims.

Effective practice in restorative justice for young offenders in New Zealand

The analysis of data has enabled best practice in relation to FGCs to be clearly identified. The following summary of the key points of best practice has emerged from the observation of

conferences, a consideration of the views of participants and the statistical analyses of outcomes:

1. It is important to ensure that youth justice coordinators receive professional support and backup in an office where morale is high and their contribution is valued.
2. All professionals who may be called upon to take part in a FGC should receive training for their role. This training should include identification of key tasks and knowledge of best practice guidelines. The use of simulated role play situations involving coordinators

and other local professionals under the guidance of a skilled trainer could allow rehearsal and discussion of options that would optimise the chance of constructive and effective outcomes consistent with best practice.

3. The right participants need to be invited, including fathers, mothers, and other people who will be able to support the young person. At the same time, the number of professionals should be limited to include only those who are essential for the process.
4. For families, young people, victims and professionals unaccustomed to attending conferences, preparation appears to be best achieved at a face-to-face meeting with the coordinator, where information is given on the purposes of the conference, the order in which things are likely to occur, the role that each will be expected to play and the possible options for outcomes.
5. It is important to consult participants about preferences with respect to time, place and process. The Children, Young Persons, and Their Families Act requires that participating families and victims be asked about these matters before the conference, that their wishes are responded to whenever that is possible and that the agreement of all key participants to these decisions is sought.
6. Participants need to be greeted on arrival and introduced to one another. It is vital that the seating arrangements are appropriate for both victims and offenders. The conference should begin with formal introductions.
7. Any culturally responsive processes that may be used, such as karakia and prayers, and the language that will be used should be explained to all participants beforehand.
8. Early in the conference there should be discussion of the facts of the offence and checking to determine whether the young person denies or substantially accepts these facts. It is important that there should be no suggestion of either the family or the professionals coercing the young person into agreeing with the facts set out by the police.
9. Victims should have an opportunity to fully express their views and to be heard with respect and without interruption.
10. This is best followed by an opportunity for the young person and their family to respond to the victim without interruption or additions by other participants at this time.
11. All present need to be fully involved in a discussion of options for responding to the offending before the family and young people deliberate privately.
12. The young person and family need to be given adequate time to deliberate privately.
13. The proposals of the family and the young person should be listened to by all when the meeting reconvenes.
14. An open discussion should then be encouraged where every participant can express their views on the proposals and negotiate modifications in order to achieve the agreement of all.
15. It is essential to avoid domination by one or more parties of any part of the proceedings, especially by the professionals.
16. All those present must be treated fairly and with respect, and encouraged to contribute at all key phases. This includes before the private family time and after the young person and their family have made their proposals.
17. If it is not possible for all participants to be in full agreement with the final plan then details of the non-agreement must be recorded.

In addition, there will doubtless be aspects of practice that are important but have not been identified here because of the type of data collected and the questions that were asked. For example, the need for professional supervision, regular conferences and meetings with other coordinators in the area, and the use of regular team meetings of all local professionals' have been identified as important by youth justice

coordinators and others in both this and previous research (Levine et al, 1998; Maxwell and Morris, 1993; Maxwell et al, 1997; Morris and Maxwell, 1999). Further information about programmes that are effective in rehabilitating and reintegrating young people is still needed. The hoped for opportunity to undertake an analysis of the impact of programmes on reoffending and reintegration has been limited by the relatively low numbers for whom programmes were provided in the retrospective sample and the limited timeframe for data collection in the prospective sample. The impact on outcomes of receiving support from effective youth justice social workers has not been able to be assessed because they were rarely involved with the young people in the 1998 sample, and only minimal information on Youth Court processes has been collected owing to limits on budgets and on the records that are available.

Parallel to the development of the youth justice system in New Zealand has been the development of restorative justice theory and practice in the adult system here and throughout the world. In particular, throughout Australia there have been a variety of different youth justice systems using some form of conferencing that have built on the New Zealand experience and developed a variety of different models of practice.

Nevertheless, the New Zealand youth justice system continues to attract great interest because it is the only national system anywhere in the world. It has now been in operation for over 12 years, so judgments can be made about its ability to deliver what it promised in its early

years. The research presented in the two articles is the first examination of the impact of all aspects of the system as opposed to an analysis of specific aspects such as conferencing.

Conclusion

In some respects, the youth justice system has continued to grow in strength and become more restorative in its philosophy and practice. The sanctions adopted by FGCs remain at least as restorative in 2002 as they were in 1990. The way in which the police have developed their own diversionary practices reflects restorative philosophies rather than the punitive measures that underpin much police action in response to young people in other jurisdictions. The Youth

Court appears to have become even more inclusive than it was in 1990/91, if the views of young people and families are to be relied upon. Victims more often have positive feelings about their experiences than in the early years. Reintegrative and rehabilitative programmes were offered more often in 1998

than in 1990/91, and current policies aim to strengthen this aspect of the youth justice system. Meanwhile, both community- and government-sponsored models of providing restorative justice options in the adult justice system are flourishing.

On the other hand, restrictive sanctions are still being used in cases where these do not appear to be necessary for public safety, and the practice of laying charges in the Youth Court has increased in cases where relatively minor offending is involved and where relatively minimal sanctions are eventually applied.

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¹ Including Youth Court, police, Child, Youth and Family and community agency personnel as currently being set up under the Youth Offending Strategy (Ministry of Justice, 2003).

Furthermore, there remain considerable areas where improvement in practice is both needed and possible. Enhancing the wellbeing of the young people through support for reintegration into the community remains a major area where their needs are not being met. Victims and young people are not always being effectively included in decision-making at the FGC. Youth justice coordinators and other professionals do not always manage the conference situation in a way that optimises involvement, encourages consensus decisions and provides an opportunity for remorse and healing. The use of the Youth Court for making decisions could be reduced. Improvements in both monitoring and the keeping of records on key processes and outcomes could allow the youth justice system to be more effectively tailored to assisting effective practice that would achieve greater satisfaction for participants, increased repair of harm and the reintegration of more young people who have previously offended into the wider society.

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Becoming a local scientist-practitioner

Jackie Feather reports on a model of clinical research all practitioners can use to examine their practice and enhance outcomes

As a psychologist I love to dwell on the art and science of my role. I have the privilege of working with children, young people and their families, along with their social workers, parents and caregivers, and other professionals. The dedication and passion of the practitioners involved, as well as the courage and willingness of the majority of our clients to participate in assessment and therapy, never fails to stir my heart. The art of my work is an interweaving of my training and experience, along with a good dollop of creativity, a sense of fun, and a belief that all people have the possibility of living a great life regardless of what may have happened to them. The science of my role is, of necessity, a little more deliberate. As practitioners we all use a scientific approach whether we are aware of it or not. There is enormous strength and potential in becoming cognisant of the scientific aspect of our work and using this to enhance not only the outcomes for our clients, but also our own job satisfaction.

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This approach brings
the knowledge and
attitudes of a scientist
to the local setting
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The 'scientist-practitioner model' is one of the models that provides the foundation for training and practice in clinical psychology but there is no reason why this model cannot be applied equally to social work or any other form of professional practice. Basically this approach brings the knowledge and attitudes of a scientist to the local setting in which the practitioner works, recognising the value of local observations and local solutions to problems (Stricker and Trierweiler, 1995). If you remember those science experiments at school, it's a similar process. We begin with a problem to solve (in this situation, a new case) and amass our tools (such as training, experience, resources, and those 'arty' things described already – passion, creativity, sense of possibility and so on). We assess the situation and come up with a plan (a 'hypothesis'). It is here that the application of science to practice can become a vibrant and interactive process. Ever asked a colleague for ideas? Remembered something you learned in training? Drew on something that worked

before? We all use these applications and supervision to help us formulate ideas and reflect on our casework. The distinction in becoming a scientist-practitioner is that this is developed into an intentional process. As with any scientific experiment, once the hypothesis has been formulated, it is tested. How do we know whether a case plan is effective? We gather evidence in a number of ways – talk to parents, caregivers and teachers, observe children, request reports from other professionals, consult with our supervisors and so on. If we are not satisfied with the results we create a new hypothesis and test it out. To express our work very simply, if we believe we have achieved the aim of safety and wellbeing for the child, we close the case.

The value in becoming an intentional scientist-practitioner is manifold. To begin with, the way we approach our work in the first instance can be grounded in science. What is the justification for the way we assess a situation and plan our intervention? For example, the Risk Estimation System (RES) is a social work tool which gives a picture of the strengths and risks and provides a clear rationale for targets for intervention. Similarly, it may only take a few minutes to email the Information Centre for a literature search on a particular issue where a key article may offer an approach that is effective and saves time. A familiarity with the scientific literature in the field and use of the tools available is the first step.

A second and more indirect benefit of science to the practitioner is the use of scientific thinking. In any situation there are many observations that can be made and avenues that can be followed. Your own ‘theory of practice’ provides

the lens through which you look and determines the choices you make. It is important to be aware of your own lens. A good way to do this is to sit down with your supervisor and brainstorm all the influences on your practice. For example, what is your cultural world view? What theoretical models of practice do you draw on? Are there any other beliefs that influence your practice? To what extent is there scientific evidence to support your beliefs? In this way it is possible to evaluate the theoretical basis for your casework plans.

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Are there any other
beliefs that influence
your practice?
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Thirdly, a scientific approach will pay attention to documenting change in order to evaluate interventions. For example, an initial assessment using tools such as the RES or Wellbeing Assessment will

provide quantifiable data that can be reassessed for change following an intervention – ‘pre’ and ‘post’ testing being a very simple scientific method we can all engage in. Qualitative data can also be used. It is not uncommon for a practitioner to be presented with a lot of verbal information, but the trick for the scientist-practitioner is to ask the right questions at crucial times so that targeted data can be obtained. For example, a caregiver may be asked at the outset of a child’s therapeutic intervention: what are the key issues for this child? The same question can be asked during and at the completion of therapy. Further detail around these issues can be obtained and documented.

Finally, a scientist-practitioner gains ample data from his or her work, which can be used to discover trends, identify useful interventions, develop resources and provide the basis for local research.

As an example, I would like to share with you a research project I have been carrying out at the Specialist Services Unit (SSU), Puawaitahi, based on the scientist-practitioner model. To begin with I wish to acknowledge and thank my manager, Dr Mary Dawson, and my PhD supervisor at Massey University, Dr Kevin Ronan, for their support and encouragement, my colleagues who have worked collaboratively with me, and the children, parents and caregivers who have participated in the research.

I was interested in learning more about how to maximise and measure the effectiveness of therapy conducted with children and young people at SSU. Through my training I was aware of evidence-based therapy, and I was also familiar with the therapeutic approaches that we use at SSU. A literature review established that there has been a major lack of research in New Zealand and overseas on effective psychotherapeutic interventions for children traumatised by abuse (James and Mennen, 2001; McFarlane, 2000). This was in spite of evidence that the trauma of abuse strongly influences children's affective, cognitive and neurobiological development, and that early comprehensive intervention may effectively reverse some of these changes (Streeck-Fischer and van der Kolk, 2000). Recent research has documented the prevalence of post-traumatic stress disorder (PTSD) in abused children as 21 per cent to 64 per cent depending on the nature of the abuse (Ackerman, Newton, McPherson, Jones and Dykman, 1998; Dubner and Motta, 1999; McClosky and Walker, 2000). Initial studies suggest that trauma-focused cognitive

behavioural therapy (TFCBT) may be effective and long-lasting in the treatment of PTSD in abused children (Cohen, Deblinger, Mannarino and Steer, 2003; Deblinger, Steer and Lippman, 1999; Kolko, 1996).

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The programme has been tested with sixteen 9 to 15-year-olds presenting with PTSD as the result of multiple abuse

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Drawing on the literature about evidence-based approaches and our own existing clinical practice, I developed a 65-page manualised TRCBT programme designed to be used flexibly over 16-20 weeks. There are four phases to the therapy: psychosocial support and education, coping skills training,

trauma-processing and special issues. Social work support and parent/caregiver sessions are an important part of the therapy.

The programme has been tested with sixteen 9 to 15-year-olds presenting with PTSD as the result of multiple abuse and referred to SSU for therapy by their social workers. All children and their parents/guardians consented to being involved in the research, which has been carried out with the ethical approval of Child, Youth and Family and Massey University.

There were four children in the pilot study, which involved initial testing of the draft treatment manual. The results were positive and showed that the therapy was effective, as indicated by the quantifiable and qualitative data collected throughout the assessment and therapy. The second study was carried out with two Māori and two Samoan children. This has been an exciting process of collaboration with my colleagues Paora Murupaenga and Tina Berking, and has entailed an interweaving of cultural and Western psychology models. The third study has involved the use of the

developed manual by me as the therapist with four children from a range of cultural backgrounds, and the fourth study has entailed the use of the developed manual by other therapists. Final sessions, follow-ups and data analyses are currently being carried out. Overall results look promising, with some children resolving their trauma symptoms in 8-16 weeks, while others require a longer time period, particularly if there are ongoing issues, such as placement uncertainty.

So how was change documented and the programme evaluated? As with all children and families referred to SSU, there was an initial consultation with the social worker and a case plan was jointly formulated and signed off. A therapeutic needs assessment included a structured clinical interview with the child and the caregiver separately to gain a clear picture of the child's problems. This was augmented by a full battery of self-report checklists (which were all reliable and valid psychometric measures) that were completed by the caregiver, teacher and child pre-therapy. During therapy, three of the self-report measures targeting the child's specific difficulties were completed by the child every week. The full battery was again completed by the child, caregiver and teacher following therapy, and later at 3 month, 6 month and 12 month follow-ups. These checklists have provided ample quantitative data to enable the child's progress throughout therapy to be monitored and changes to be documented. Qualitative data has also been gathered by seeking feedback from the child, caregivers, and social worker throughout therapy as well as at the conclusion of therapy and at follow-ups.

Verbal reports by the children and their caregivers and their scores on the checklists all indicate that the children's coping skills have increased and their PTSD symptoms decreased by the end of the therapy programme. These results have been maintained over the follow-up period.

The thrilling part of being a scientist-practitioner is the ability to document the effects of your intervention in very specific ways. Scientific thinking reminds us to ask questions which give us information we may never have gained

otherwise. Participants in this research have reported outcomes such as: "fewer or no bad dreams", "less upset when thinking about the abuse", "less jumpy or nervous". Young people report that they continue to use the coping skills that they

have learnt. For example, at a 6 month follow-up S (aged 14) reported: "[When feeling upset] I talk to someone, do that breathing". Caregivers report positive results from the programme: "S is infinitely better. Cognitive behavioural therapy has been good for him – he has strategies for dealing with situations. It's made a big difference." It has also made a big difference to me to know that my work is helpful to my clients.

In conclusion, this is an appeal for all practitioners to consider becoming scientist-practitioners. Not only is this likely to benefit your own practice and outcomes for clients, but it also provides a basis for local research that can be used as evidence for the good work that we know we do in Child, Youth and Family. This can be shared with colleagues at site and at community level, as well as providing a springboard for developing models that can be presented nationally and internationally.

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Managing the work-family balance in social work

Parveen and Thomas Kalliath examine some of the stresses in social work practice and identify strategies to restore a good mix of work and family time

Social work is commonly believed to be a highly stressful occupation as a result of conflicting roles, status, functions and contexts (Gilbar, 1998). The need to be helpful is often the primary motive for social workers to choose this profession. This can easily lead to over-involvement with clients, thereby contributing to stress (Lloyd, King and Chenoweth, 2002). Social work is based on the philosophy of being non-judgmental in relationships with clients. A consequence of this is that social workers may find it hard to admit that sometimes the attitudes and personalities of their clients can make it difficult to provide an effective service. They may accept personal responsibility for any failure (Lloyd, King and Chenoweth, 2002). One social worker enrolled in the third year of the Bachelor of Applied Social Science, Social Work Endorsement, reflected in her journal: 'I had little success in reaching this client by phone and when finally I did, the mother told me to "f**k off" as she is sick of "all you people" ringing up'. The social worker went on to write:

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We are often exposed
to the sadder and
darker side of society
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'I cannot say that my feelings were not hurt, this must be acknowledged. It is to some point an expected part of the job no matter how unpleasant. It cannot be minimised that the social service profession is an often anguishing and a thankless job. We are often exposed to the sadder and darker side of society and this is something as practitioners we are choosing to do'.

Social workers deal with complex social problems, such as violence, abuse and neglect, family breakdown, poverty and unemployment. Despite the complicated nature of these problems, they are required to understand the issues behind any difficulties and decide with the client what is to be done, even when the options and time may be limited. This is often the most complex assignment of any profession (Mattaini, Lowery and Meyer, 2002). Other team members do not always understand what social workers do. In an informal discussion I was having with a group of social workers, one of the social workers commented: "I am tired of explaining to people what I do because what I do is not clearly

visible to them. They think all I do is talk to people about things". Organisational factors such as work pressure, high workload of difficult cases, role ambiguity, low work autonomy, lack of challenge on the job and the relationship with the social worker's supervisor have also been identified as predictors of feelings of stress and burnout (Perry-Jenkins, Repeti and Crouter, 2000).

A starting point for social workers in dealing with these stress-inducing realities of their work situation is to gain a clearer understanding of what job stress is and how to identify signs and symptoms.

What is job stress?

Stress is an adaptive response to a situation that is perceived as challenging or threatening to the person's wellbeing (Quick and Quick, 1984). According to Khan and Byosiere (1992) 'stress is a dynamic condition in which an individual is confronted with an opportunity, constraint or demand related to what they desire and for which the outcome is perceived to be both uncertain and important'.

Chronic stress can lead to burnout which can impair the human service worker's effectiveness (Collings and Murray, 1996). Burnout is a syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that can occur among individuals who do 'people work'. Burnout results in a gradual loss of caring about the people they work with. Over time, staff find that they simply cannot sustain the kind of personal care and commitment called for in the personal encounters that are the essence of their work

(Maslach and Leiter, 1997). Identified signs of burnout (Lewis, 1998) include:

- frequent fatigue and exhaustion
- loss of weight, appetite and/or hair
- frequent headaches
- chronic gastrointestinal problems
- substance abuse
- difficulty in sleeping
- self-imposed isolation
- taking work home
- undeserved criticism of self and/or others
- a mechanical approach to work and loss of enthusiasm
- resistance to change
- impatience and irritability
- stereotyping others
- strained relationships.

Stress spill-over

Researchers have established a direct correlation between stress experienced in the work place spilling over to the family domain and vice versa (Frone, 2003; Grzywacz, and Bass, 2003; O'Driscoll, Brough and Kalliath, in press). Studies have linked feelings of job stress to depression and emotional distress, which in turn have been linked to poor marital relations and problematic parent-child relations (Paden and Buehler, 1995; Bowen, 1998). In studies done by Crouter et al (1999) and Wortman et al (1991), a spouse's feelings of depression and work overload were greater when their husband or wife reported more pressure from work.

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**Chronic stress can
 lead to burnout**
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Increased overtime, feelings of distress at work, and excessive work load result in negative behaviours toward family members that are less sensitive and responsive, and can cause work-family conflict (Perry-Jenkins, Repetti and Crouter, 2000).

When work-family balance is restored, many of the workplace difficulties that interfere with work performance and employee wellbeing are removed (Grzywacz, and Marks, 2000; Hammer, Colton, Caubet, and Brockwood, 2002). Many employers realise that it makes good business sense when staff balance their work and family life (Marshall, 2000; Raizel, 2003). To restore equilibrium, some carefully thought out strategies need to be implemented at both individual and organisational levels.

Work-family balance: individual level strategies

Research on work-family balance has identified a number of strategies that could be helpful in bringing a sense of balance and reduced levels of stress (Moses, 2004; Voydanoff, 2002):

1. Set limits and stick to them. It is important to learn to say 'no' when you are feeling overwhelmed and over-committed. This should not be interpreted as a sign of failure.
2. Re-evaluate your expectations of yourself both at home and at work.
3. Be clear about your priorities and what is most important to you. This will help you make decisions on demands placed on you at both home and work.
4. Limit evening meetings and weekend events.
5. Use one wall planner to schedule all events – work, family and personal.
6. Be clear about your roles when you are at work and when at home. Switch off from work when you are at home and avoid feeling

guilty about it. Avoid checking work related e-mails, receiving work related calls (unless on-call) or taking work home. When you are at work, limit personal intrusions.

1. Avoid turning your kitchen/dining table into a work station.
2. Develop self-care skills. Do the things you enjoy doing.
3. Access support from a supervisor and colleagues.
4. If your workplace offers family-friendly policies of flexible work hours or location of your work, make use of these.

Work-family balance: organisational level strategies

While efforts to improve work-family balance at an individual level are important, organisational support is necessary to create an environment for this to happen.

In recent years, progressive organisations have implemented one or more of the following family-friendly policies (Department of Labour, 2003; O'Driscoll, Poelmans, Spector, Kalliath, Allen, Cooper, Sanchez, 2003).

1. Part-time arranged to suit both the employer and employee.
2. Flexible work hours enabling workers to choose the hours, days and the amount of time they want to work either from home or from the office.
3. A compressed work week in which the employee works the full number of hours on a reduced number of days – such as 40 hours over four days.
4. Job sharing, with two or more workers to share one full-time position.
5. Telecommuting so work is done from home through computer access to the office.

6. Childcare support and the provision of childcare centres.
7. Personal leave programmes that allow employees to take extended maternity, paternity and personal leave to care for family.

In a study of 355 New Zealand managers, organisational researchers found that the development and implementation of family-friendly policies by itself was insufficient to make a dent into this problem. It was essential that the culture of the organisation support employee efforts to attain a balance between their career and personal lives (O'Driscoll, Poelmans, Spector, Kalliath, Allen, Cooper, and Sanchez, 2003).

Conclusion

According to a survey carried out by the Department of Labour (2003) on the perceptions and attitudes of New Zealanders towards their work-life balance, the majority of respondents felt that their work and life was out of balance. In response to growing concerns over this issue, the government set up the Work-Life Balance Project under the leadership of the Associate Minister of Labour, Ruth Dyson. The purpose of this is 'to promote policies and practices to help people achieve a better work-life balance' (Work-Life Balance Project, 2004).

As social workers, we can be at the forefront in taking initiatives to restore a good work-family balance in our own lives and discuss the harmful effects of stress. As a professional group, we must advocate organisational policies that are family-friendly and represent our concerns at the highest level of government. It is vital that legislation is put in place that will encourage

organisations to adopt policies that support employees in achieving a better work-family balance.

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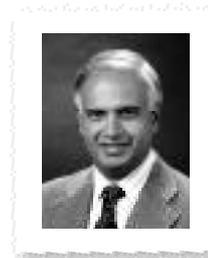
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The Three Houses

Nicki Weld and Maggie Greening explain their new tool for gathering information

Introduction

We created the Three Houses tool as a way of gathering information to contribute to intervention plans. Initially we took the concepts from a Māori model of health 'Te Whare Tapa Wha' (Durie, 1994) and made some adaptations to these. We then combined concepts from resilience theory, solution focused theory, and strengths-based practice, including the 'Signs of Safety framework' (Turnell and Edwards, 1999) to develop the tool. The Three Houses is a tool designed to build rapport, and to create a process that includes working with clients and gathering information from their perspective.

The concept of the house was chosen because not only is it a symbol recognisable and understood by most people, but a house is a part of a wider environment, such as a neighbourhood or a community. This reflects the systemic and ecological nature of the tool. By also describing an individual or family as a house in a metaphoric sense, we can ask a number of key questions, including:

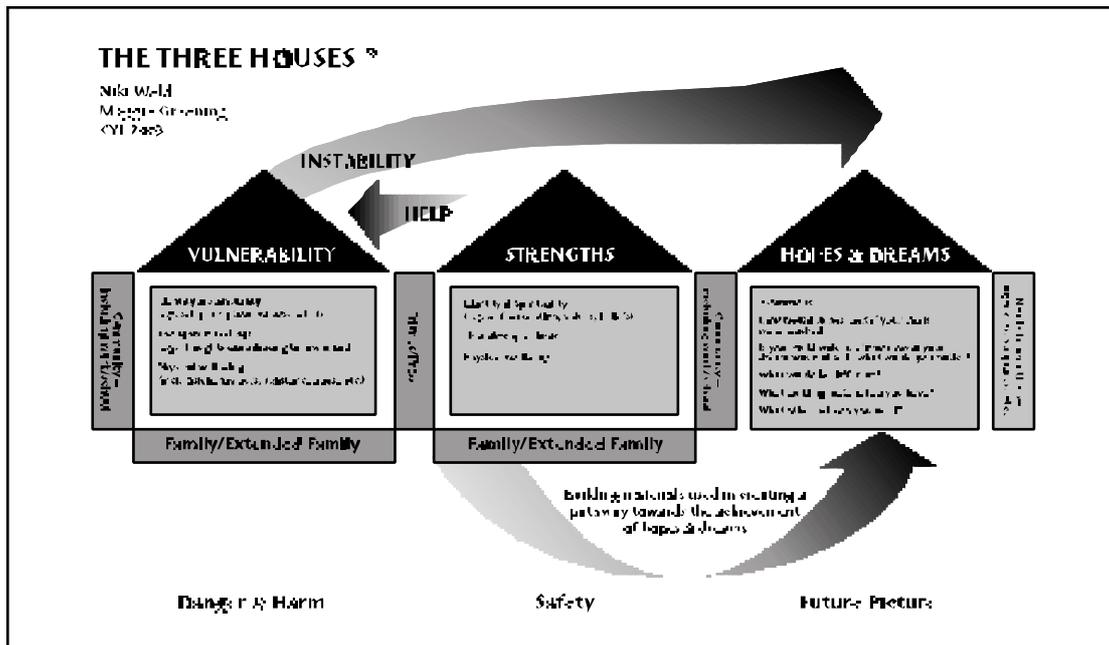
1. What makes their house (this can be themselves or their family) strong?
2. What makes this vulnerable?
3. What are their hopes for their house?
4. What is happening both within and around a person that keeps them safe from, and also vulnerable to, danger and harm?

5. What goals or aspirations do they have for themselves and their family?
6. What would they like to be different in their lives?

The tool (as illustrated in the diagram on page 35) is divided into 3 houses which represent vulnerabilities, strengths, and hopes and dreams. It is applied with a child (where developmentally appropriate) or young person, the family and also the worker. This recognises the interdependent nature of all those involved, and aims to bring together each person's information to help build toward solutions and to develop interventions that generate change. The houses can be completed in any order and this is decided by the worker and the individual or family. The tool is designed to be used as part of a transparent process with no hidden agenda. This means the social worker needs to be upfront in discussing it with an individual or family, so people clearly understand what they are being asked to do and where the information will go.

The House of Vulnerabilities

The House of Vulnerabilities identifies factors that make a person at risk of danger and harm. The interior of the house looks at identity and spirituality, such as negative self-perception, values and beliefs; thoughts and feelings, including thoughts that contribute to low mood or harmful behaviour; and physical wellbeing,



where there are factors such as substance abuse and risk-taking behaviours.

The exterior of this house targets family and extended family, especially where there is sanctioning of illegal and violent behaviours by the family; friends and peers and activities they are into that increase harm; community, school or work where there may be a lack of structure and unsafe environments. It identifies the ways in which these factors contribute to creating vulnerability to increased danger and harm.

Social workers in Tauranga (where the strengths-based learning laboratory for Child, Youth and Family is being run) have been using the Three Houses as one of a range of strengths-based tools. They renamed the House of Vulnerabilities as the House of Hiccups or House of Worries when using the tool with children or young

people, as it was felt vulnerabilities was a difficult concept for children and young people to understand.

The House of Strengths

The House of Strengths identifies the same internal and external factors as the House of Vulnerabilities, but the focus is on what is positive and helps to keep a person safe and well. This can assist in identifying external protective factors and internal resilient traits. It gives the individual or family a sense of what is working well, and what they have to build on to strengthen and improve their situation. The House of Strengths can be used to counteract what is in the House of Vulnerabilities by identifying the exceptions and the strategies that can help with the vulnerable factors.

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The tool is designed to
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The House of Hopes and Dreams

Finally the House of Hopes and Dreams is the place of aspirations – how a person’s world would look if their goals were reached and what they would like to be different. It uses questions from solution-focused brief therapy, including the “miracle question” (De Shazer and Berg, 1984), to create this future picture. It aims to give everyone, including the professionals working with this tool, a sense both of their goals and of the possibility that things can change in their lives. The House of Hopes and Dreams refers back to the previous two houses to identify what resources are available and to identify what factors may create instability.

Other resources

Other building materials may be required in order to help build the House of Hopes and Dreams and these will contribute to the plan or pathway (see diagram) which should comprise of small and achievable steps. Extra resources to build the pathway might include extra community assistance through agencies. First and foremost, existing natural resources should be identified so external services are not imposed on families unless necessary. Engaging individuals and families in the path-building conversation will help increase their motivation for intervention plans that can be formed from the pathway and the House of Hopes and Dreams.

For social workers, the Three Houses can be used as a supervision tool around case work or clinical practice. The concepts remain the same, but are focused around a professional role. In relation to clinical practice, the task is to identify internal and external factors that make

a worker vulnerable and the internal and external resources that strengthen them in their role. These are found in the work environment, the domestic or personal situation, the worker and their agency values and beliefs, and any applicable outside agencies. The House of Hopes and Dreams identifies how the social worker would like to be in their role, how they can build

this from their House of Strengths and what additional help they might require to assist them.

In relation to working with a child or young person and their family, the worker can use the tool to look at their position with the case, what they have to offer, their vulnerabilities and

their hopes for the case. Tauranga staff have used the Three Houses approach in supervision and found it to be a useful tool in terms of identifying where a worker is currently with their caseload and in their wider clinical practice. It is anticipated workers will be able to share information from their Three Houses with families where this is appropriate and relevant to a case.

Uses for this tool

The Three Houses tool has been used in a variety of contexts by the Tauranga staff, including on initial investigations, with young people in care and at family/whānau hui. On investigations, it was felt by one worker that the Three Houses tool helped lower resistance to involvement by Child, Youth and Family. With the tool families felt that their strengths were acknowledged in the interview along with any issues and problems. Social workers found that using the tool helped bring a focus to family meetings and it created different conversations with people,

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which allowed their strengths and positive resources to be seen. When identified by children, the House of Hopes and Dreams helped focus and unify interventions in family situations where conflict around decision-making was present. Social workers have included the information attained by the Three Houses tool within Court reports (in long-term care cases) and these have been received favourably by Judges.

Our hope for the Three Houses tool is that it helps us to hear the voices of the children, young people and families who have come to the notice of the Department and to recognise their goals, hopes and strengths. We want social workers to gather information that will expand the focus from only danger and harm factors. We do not want to be naïve or idealistic about this, and conversations about what makes children vulnerable to danger and harm must take place. However, if we do not look at what keeps children safe during the times they are not being harmed, how they themselves manage adversity, the positive and the negative aspects in their families, and how we as workers help or hinder them, then we are not doing full safety assessments.

Judge James Rota put a challenge out to Child, Youth and Family at the 2004 Youth Justice conference in Wellington. He said he was tired of looking at the same old intervention plans which give no indication of the individual they have written about. The Three Houses is a tool that is designed to ensure information from all those involved with a case is present – be it good, bad or hopeful. If intervention plans build on the information identified in each house, they will be individualised and focused on the person we are working with.

Conclusion

We want to acknowledge those whose ideas have contributed to this tool, especially Andrew Turnell and Steve Edwards, and we welcome social workers using it and adjusting it to support their work. Many thanks to Marianne Pilbrow, a social worker in Tauranga, who created the template of the image, and to all the wonderful staff at the Tauranga site who are using this tool in their work.

Finally, it is important to realise that we see risk, but do we miss seeing what else might be present in families that could provide safety for children and young people? The Three Houses is a tool that can help us as social workers expand our view.

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Recent research

Anne Duncan on a current project investigating unmet need

Introduction

Analysts at the Research and Evaluation Unit at Child, Youth and Family are currently working on a project which attempts to measure the level of unmet need, particularly in the areas of mental health, disability and education, for children and young people involved with the Department. It is a tough ask. How do we measure something that, for the most part, we are not even aware of? Nor do frontline social workers often have the time to think about these 'hard-to-see' issues. We are so busy responding to urgent and obvious need that we don't often have the luxury of looking for needs that are unmet and being able to do something about them.

It is an important task and one of the pieces of research that has been called for as part of the recent baseline review of Child, Youth and Family. It is essential to get some idea of the level of unmet need because our future resourcing (read 'funding') may well be based on having an understanding and appreciation of the amount of unmet need in the community. This is also true for the resourcing of other parties that provide services in health and education for the Department's clients. Conversely, not understanding levels of unmet need may negatively impact on our ability to meet them.

The methodology

Having established the rationale for the work, the Research and Evaluation analysts along with others in the Department, including external advisors, have been working on a methodology that will deliver on the requirements.

So far, we have come up with a four-pronged attack. This involves a mixture of qualitative and quantitative methods that will help us move towards the goal of answering this perplexing question of unmet needs.

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The four prongs are contextualised in a wide literature review and in consultation processes. There has been much written internationally about the need to measure and address unmet need, but very little on how to devise a rigorous methodological model for doing so.

The approach we have adopted seeks to draw out data from a number of sources and put it together in a way that will build a picture not only of the type but of the level of unmet need. Ultimately, the project aims to be able to put a dollar value on unmet need, but the first step is to get some idea of the size of the "black hole" and the impact it is having on how long children and young people stay under our care and protection, and how they are dealt with while

they are with us. We all want better outcomes. This project is one way that will be enable us to achieve this.

The questionnaire

One of the four prongs is a questionnaire for frontline staff involved in family group conferences (FGCs) and residences. It asks for an estimation of the education, mental health and disability needs of all children and young people who either have an FGC or are in a residence during a short period in October and November 2004. The worker who has contact with them is also asked if, in their opinion, there are unmet needs, what these are, what services could be provided to assist in meeting that need, what it would cost and if this would affect how long the child/young person spends in care and protection or in the youth justice system. The person who fills out the questionnaire may not know all the answers to these questions, but they are asked to fill it out to the best of their ability.

It is expected that this will provide over 500 completed questionnaires for analysis, which will assist the analysts at Child, Youth and Family to develop some idea of the level or scale of unmet need according to two groups of frontline workers. It will also provide some insight into their perceptions of how this unmet need is affecting the duration of the child or young person's contact with the Department.

Interviews with service providers

The second prong involves a series of in-depth interviews with organisations contracted to Child, Youth and Family to provide services in

the area of mental health, disability and education. Again, they are being probed as to their assessment of the level and types of services they are providing and those they are unable to provide.

This will give similar information to the questionnaire, but from a different perspective.

Needs assessments

The third prong is a series of professionally administered needs assessments on a small number of children and young people who are involved with Child, Youth and Family. These will be educational and mental health assessments using international instruments that will provide calibration within the New Zealand context,

although comparisons can also be made internationally. They will measure psychopathological indicators as well as educational achievement and ability.

Analyses of CYRAS data

Care and Protection, Youth Justice, Residences and Adoptions System (CYRAS) is a data system

that has been set up primarily for use by frontline workers in the field, and as such it is a tool that can be a little clumsy for researchers. However, there is still a lot of information that can be gleaned from an examination of this database. Over the last six months several different analyses have been carried out on case data in order to attempt to derive an indication of the levels of unmet need. It is a bit hit and miss and, on its own, this data would not provide a reliable indication of the scale of unmet need. In conjunction with the other three approaches, it is likely that the information will be useful and informative.

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Summary

In attempting to answer a complex question such as the size and cost of unmet need, various methodological approaches are being employed by the Research and Evaluation Unit at Child, Youth and Family National Office. This is also called the multi-method approach, which associates rigour with 'methodological appropriateness' and triangulation of data sources. The approach maintains that, although difficult, it is not impossible for a sensible and well-planned research approach to estimate the size of the unmet need among children and young people involved with the Department. It is also expected that the research will enable an estimate of appropriate cost allocations. Social workers, FGC coordinators, service providers, and Child, Youth and Family databases will provide research analysts with the information they need to make such an estimate.

This is an innovative approach toward solving the complex problem of measuring unmet need. It may lead to the development of a methodology that may serve other organisations that seek to carry out similar assessments and that operate under the same sort of imperatives. As such, it may make a significant impact not only on the care and protection sector in New Zealand but be used in other areas of social service provision.

The results? Watch this space!



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Legal note

RISK ESTIMATION IN CARE AND PROTECTION

Zoe Griffiths examines the legal threshold in “likely to be abused” cases

Introduction

Assessing the likelihood of further or future abuse is a subject that has caused one of the greatest difficulties in family law, particularly in the context of care and protection proceedings where there is a conflict between the interests of the protection of the child and parents’ interests in caring for their own child.

Usually in these cases an application for declaration is made on the grounds of s 14(1)(a) of the Children, Young Persons, and Their Families Act 1989 (the Act).

‘the child is being, or is likely to be, harmed (whether physically or emotionally or sexually), ill-treated, abused, or seriously deprived;’

It is the second limb of this section where the Court is asked to make a prediction of harm that is the most problematic. It must make an assessment of future human behaviour based on historical events. This is even more difficult when only allegations of abuse can be placed before the Court.

The real possibility test – In re H (Minors) (Sexual Abuse Standard of Proof) [1996] 1 All ER 1 (HL)

The starting point in decision-making in this area is the House of Lords decision of *In re H*. This case concerned an allegation of sexual abuse by a 13-year-old girl. She had alleged that her mother’s partner, R, had sexually abused her since she was seven or eight years old. R had

been acquitted in the criminal Court of all charges. The local authority alleged that either the sexual abuse had occurred or there was a substantial risk that the abuse had occurred so, accordingly, there was a substantial risk that the girl’s

younger siblings would suffer abuse and a care order should be made in respect of them.

The local authority appealed the decision of the Judge at the first instance, who had declined to make a care order. The House of Lords delivered a 3:2 split decision. Lord Nicholls delivered the majority judgment with Lords Browne-Wilkinson and Goff of Chieveley dissenting.

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This is even more difficult when only allegations of abuse can be placed before the Court
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Majority judgment

Lord Nicholls first considered the meaning of the word “likely” and noted that its primary common usage meaning is ‘more likely than not’. He then went on to consider the word in the context of care and protection legislation and the ‘boundary line’ that Parliament must draw between the interests of the protection of the child and the interests of the parents in caring for their own child. He concluded that the common meaning would draw that boundary line too high when what was at issue was the risk of the child suffering significant harm. A child may need protection just as much when the risk is considered to be less than 50/50 as when the risk is much higher.

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A child may need protection just as much when the risk is considered to be less than 50/50
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possibility test, he did not agree on how this was to be applied by a Judge considering future significant harm. Lord Browne-Wilkinson found that the facts relevant to an assessment of future risk were different to the facts relevant to a decision that harm is in fact being suffered.

Lord Browne-Wilkinson was concerned that the majority decision would make child protection law unworkable – that legal proof of actual abuse would leave the Court powerless to protect those children where there are the gravest suspicions of actual abuse but no proof of that abuse.

Two New Zealand High Court decisions have interpreted the real possibility test with different outcomes.

Facts are required before the Court can conclude that there is a “real possibility” that a child will suffer harm in the future. Judicial doubts or suspicion are not enough, but a finding of future harm is possible in those cases where the combination of evidence of facts proves there is a likelihood that a child who is not yet suffering harm may suffer in the future.

His Lordship concluded at page 23: ‘In my view, therefore, the context shows that in s 31 (2) (a) “likely” is being used in the sense of a real possibility, a possibility that cannot sensibly be ignored having regard to the nature and gravity of the feared harm in the particular case’.

This is the foundation of the real possibility test with its lower threshold.

Minority judgment

Lord Browne-Wilkinson disagreed with the majority decision. While he agreed with the real

C v C [2003] NZFLR 643

This case concerned a four-year-old girl, K, who made a disclosure to her caregiver of sexual abuse by her father. A custody order under s 78 of the Act was made in respect of both K and her seven-year-old brother. K’s father had a conviction 14 years prior for indecent assault of a 13-year-old girl. That conviction was explained by the father as having flowed from some innocent hi-jinks with two girls during which he admitted to some inappropriate touching. K’s father was initially charged with the sexual abuse of his daughter. The charges were withdrawn when it became apparent that K’s evidence could not support a criminal trial.

In the Family Court the Judge said at paragraph 36: ‘In order for a case to succeed, the Court must be persuaded that, while insufficient to reach the requisite standard of proof for current or past behaviour, the real possibility that past or

present behaviour is occurring or has occurred, combined with other evidence leads to real and significant risk that such abuse may occur in the future’.

The Family Court Judge adopted the test of ‘a real and significant risk’ and relied on the minority judgment in *In re H* of Lord Browne-Wilkinson. The Family Court found that the sexual abuse could not be proven even according to the standard of the ‘balance of probabilities’. Her Honour nevertheless found it was likely that K would be sexually abused. This was based on the separate disclosures K made to the caregiver and social workers with no evidence that could explain any context from which the statement might be made. Her Honour considered the previous conviction and, while the nature of the offending was different to what K alleged, held that the absence of external evidence meant that this added to the suspicion. Her Honour held that it followed that K’s seven-year-old brother was likely to be emotionally abused and therefore a declaration was made in respect of both children.

The parents appealed to the High Court. The appellants’ main argument was that the Judge had applied the wrong test and failed to make a proper assessment of the relevant facts in considering whether the test had been met.

In the High Court, Justice Durie referred to the real possibility test in *In re H* and agreed with Lord Nicholls that a conclusion on whether the threshold of a real possibility had been met still had to be based on proven facts and could not be based on mere suspicion.

He considered that the first ground required the ordinary civil standard of the balance of probabilities and the question could be phrased as whether it is more probable than not that the child is being abused. What followed was the separate question of whether the child is “likely” to be abused, and this required a sense of a “real possibility” of abuse occurring. He concurred

with Lord Nicholls’ lower threshold of a real possibility rather than that of being more likely than not.

His Honour then considered the facts of this case and found that the evidence provided gave rise to no more than a suspicion.

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The threshold of a real possibility had been met still had to be based on proven facts
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‘If actual abuse be not proven, then in considering whether abuse is likely in the future, I think no more can be said of the evidence of actual abuse than it gives rise to a suspicion.’

Further factors were required to convert that suspicion of past abuse into a real possibility of future abuse. His Honour found that in this case there were insufficient relevant facts to reach the conclusion that future abuse was likely. The Family Court concluded that disclosures made by the child to the caregiver and social worker were sufficient to establish the real possibility of future harm. His Honour disagreed and referred to evidence also provided by the extended family that no such disclosure had been made to them and that in their view the children ought to be returned to their parents.

His Honour held that the matters the Family Court Judge relied on could give rise only to suspicion and the surrounding facts did not take the matter further. The appeal was allowed and the declaration was quashed.

S v Chief Executive Child Youth and Family Services, High Court, Christchurch (unreported – October 2003)

The facts of this case involve safety concerns for a 15-year-old girl. The girl's mother began a relationship with S, who in 2000 had been convicted on five counts of sexual offending against two girls aged 12 and 14 years. S had been sentenced to 3½ years' imprisonment for those offences. The Department received a notification that the girl was living in a household that included a sex offender. A social work investigation took place and as a result the girl was removed from her mother's care under s 78 of the Act. The girl had been living in that household for the six weeks prior to her removal.

The application for a declaration was sought on the grounds set out in s 14(1)(a) and (b) of the Act. Again, s 73 applied in that no declaration could be made unless the Court was satisfied that the young person could not be protected by any other means.

The Family Court Judge determined at paragraph 11 that there were two questions for the Court:

1. Is there a real possibility of the young person being sexually abused by S?
2. Can the child's mother adequately protect her from this possibility?

The Family Court assessed the real possibility of sexual abuse occurring by examining a number of other factors, not just the convictions for sexual offending. These factors include:

- an assessment of the psychological evidence
- S's risk of reoffending – taking into account that he had not participated in the rehabilitation programme
- the Judge's conclusion that S was sexually interested in adolescent girls
- S's offending pattern

- S's lack of tools to keep himself from reoffending
- the young person's inability to protect herself
- that S's convictions occurred after some of his employment conditions had been varied in order to eliminate opportunities for further offending.

These factors led the Judge to conclude that there was a real possibility of the young person being sexually abused by S.

The Family Court Judge distinguished this case from those cases where there is a suspicion of past sexual offending but no concrete proof. On appeal the appellant interpreted this statement as being a reference to the decision by Justice Durie in *C v C*.

The Judge then went on to determine the s 73 question and found that the child's mother did not have the ability to adequately protect her. The mother was unaware of the danger S could pose and underestimated the level of opportunity for S to offend against her daughter if she went to work. The Family Court Judge concluded that there was a real possibility that S might sexually abuse the child and that her mother was unable to protect her.

The girls' mother appealed the decision, and the appeal was heard before Justice Chisholm. Several grounds of appeal were raised but the most pertinent to this article was the argument that the Family Court Judge had wrongly distinguished *C v C*.

Justice Chisholm referred Justice Durie's interpretation of the real possibility test and saw no reason to differ from that approach. In considering *C v C*, Justice Durie had considered K's father's previous conviction and had not relied on that conviction. Justice Chisholm contrasted this offending behaviour with S's five

convictions (including the two guilty pleas) and the context of that offending. In other words, the Family Court Judge had gone behind the fact of the offending to the circumstances and nature of the offending.

In considering the Family Court Judge's determination and the factors taken into account, Justice Chisholm stated that there was 'ample evidence upon which the Family Court Judge could have arrived at all of those factors. And once those factors are fed into the overall equation it was clearly open to the Judge to conclude that there was a real possibility of [the child] being sexually abused by S.'

The appeal was dismissed and the names of the parties suppressed.

Conclusion

Whether sexual abuse has occurred is a finding of fact. However, a likelihood of abuse according to recent case law is evidence that on the balance of possibilities a child is more likely than not to be abused in the future.

This test and these decisions provide guidance on the preparation required for the conduct of a 'future risk of harm' case before the Family Court.

The threshold test of real possibility of future harm and the evidence required to support a finding provides a framework in which assessments of future risk can be made for the children and young people who fall within this category.

Zoe Griffiths is the Chief Legal Adviser at Child, Youth and Family.



Book reviews

***From Strength to Strength:
A manual for professionals who
facilitate diverse parent groups***

By Pat Jewell and Prue Blackmore
Published July 2004 by ACER Press, Australia.
ISBN 0 86431 531 7
RRP A\$49.95 (New Zealand price not available.)
Reviewed by Trish Barry.

From Strength to Strength is a practical resource for facilitators of parenting groups and those who want to be in this role. This manual differs from other similar approaches in that it looks to build on the strengths that parents bring to their role, to enhance emotional wellbeing in all family members and to build a sense of community.

The four core module chapters cover areas which the authors say are commonly requested topics by parents:

- child development
- behaviour and discipline
- communication
- emotional wellbeing.

There are 10 other specialist modules in the manual, including adolescent parents, indigenous (Australian) parents, grandparents as primary caregivers, stepfamilies and blended

families, parents from culturally and linguistically diverse communities, parents of children with special needs and parenting children in out-of-home care. Other topics covered by modules deal with short-term or ongoing crises. This information is structured to match children's developmental stages and I found it particularly useful because the groups of parents are usually matched according to the age of their children.

The manual is very up-to-date and structured in a useful and practical way. The advice is also practical, such as how to set up groups and create a detailed outline for each session. The material includes handouts and evaluation forms for each session, session outlines, facilitator strategies for disruptive or distracted participants, and a theoretical framework for each session.

The authors pay attention to adult learning styles and incorporate warm-up exercises, check-in processes, opportunities to process pressing issues, content that relates to the learning of new skills and strategies, homework exercises, a wind-down and closure of each session. They also provide a list of resources and websites available on each topic to assist the facilitators and participants.

The approach taken seeks to enhance the role of parents, recognises that modern families come in all shapes and sizes, and acknowledges the vital

role that parents play in shaping their children. This manual is well-researched and is written in a warm and inclusive style, which ensures it is a valuable resource for those working with parenting groups.

Trish Barry is a Practice Manager at Kingslea Residential Centre, Child, Youth and Family.

Social Work, Immigration and Asylum: Debates, dilemmas and ethical issues for social work and social care practice

Edited by Debra Hayes and Beth Humphries
Published 2004 by Jessica Kingsley Publishers, London.

ISBN 1 84310 194 7

RRP\$66.00

Reviewed by Saro Casinader and Sonya Cameron.

Social Work, Immigration and Asylum provides a timeless yet current insight into the ethical, social and political challenges faced by social workers dealing with refugees, asylum seekers and migrants as they are confronted by changing immigration policies and attitudes of society. Although the contributors are mainly academic staff in Britain and overseas, essays from social workers and project managers are included.

The book is set within the context of the British system of immigration control of asylum seekers. A major focus is the impact of the National Asylum Support Service, through which asylum seekers are forcibly dispersed into often substandard accommodation and provided with benefits of 70 per cent of income support level.

The issues discussed in this book provide a stimulus for debate by raising questions about

how to uphold the principles of social work within an environment in which the government, media and public generally consider asylum seekers to be 'bogus' and undeserving of the rights and entitlements given to citizens. Authors express concern about the number of social workers who, instead of upholding core social work principles such as paramountcy of the child and anti-oppressive and anti-discriminatory practice, are being co-opted into the control of asylum seekers, with an asylum seeker's immigration status (or lack of it) considered a higher priority than their human rights.

Issues of relevance to the New Zealand context are:

- the stance that social work should take in the face of a denial of human rights by the government
- the need for specific training on social work with refugees, asylum seekers and immigrants
- how to avoid clients falling through the gap when they have additional needs (such as refugees with mental health issues refused care by mental health teams who consider they should be dealt with by a team with refugee expertise)
- the extent to which community organisations should be able to lobby for immigration and other rights for asylum seekers who are without legal status, especially when their services are funded by the government
- how to build partnerships with refugee and migrant communities to enable best practice of social work with these communities.

Although providing limited suggestions for improved practice, this book offers thought-provoking reading for social workers to examine their own attitudes and responses to those individuals and families who become recipients of social work services.

Saro Casinader, Senior Advisor, and Sonya Cameron, Contract Specialist, are based in the Funding and Contracting Team at National Office, Child, Youth and Family. They have both had considerable experience working with refugees, asylum seekers and migrants in New Zealand and overseas.

Relational Social Work: Toward networking and societal practices

By Fabio Folgheraiter

This edition published 2004 by Jessica Kingsley Publishers, London.

ISBN 1 84310 191 2

RRP \$59.95

Reviewed by Lynn Riding.

Have you ever wondered what social work is like in other countries? If so, then this book, reflecting the Italian experience, will be of interest. Fabio Folgheraiter is a Professor of Social Work Methodology at the University of Trento, Italy, and is a widely published author. The book is written for social work students and may be somewhat academic for bedside reading. However, it makes a useful contribution to an international understanding of the common concerns of community care and development. Although not an easy read, *Relational Social Work* has a clear introduction and useful summaries at the end of each chapter. It also has an excellent reference list and handy subject index.

Central to the argument in this book is the view that effective social work understands an individual's needs and how these needs are met within social networks. It is through sharing power with the stakeholders (such as clients, families, caregivers, health and education workers, and neighbours) in planning and decision-making that circumstances change for individuals. This networking approach is

distinguished from the systemic approach and defined as "a deliberate action by social workers which takes the form of a relationship – in practice, joint action – with a network of people". The practitioner becomes a guide, letting the tasks stay with others. It is "an authentic social relation(ship), with reciprocal learning among the parties involved in the helping process".

This book's thesis – that social work is by nature relational – seems a slim idea, but it outlines a theoretical framework for an approach that is beyond the state as provider models. The proposition is that social workers can use their professional action to facilitate social relationships in local communities, which are able to embrace unpredictability.

In her introduction to this revised English edition, Professor Ann Davis of Birmingham University raises questions about current trends in Britain such as evidence-based interventions and the measurement of outcomes. Professor Davis contends that this work reaffirms the importance of the client as central to both thought and action. In the New Zealand context of Child, Youth and Family, this approach is most closely aligned to one of the three organisational objectives of New Directions, namely becoming an agency that is outcomes-focused, strengths-based and client-centred. As we know in practice, the imperatives of working in a statutory organisation can overtake these principles. The model of practice proposed is an important step towards a change in thinking that may enable the development of networks that can effect change locally, nationally and globally.

Lynn Riding is the Permanency social worker at Waitakere, Child, Youth and Family.

Past Judgement: Social policy in New Zealand history

Edited by Bronwyn Dalley and Margaret Tennant
Published August 2004 by the University of Otago Press
ISBN 1 877276 57 X
RRP \$39.95

Reviewed by Bronwyn Bannister.

This book on recent research in social policy supports the premise that to formulate future social policies, there has to be some appreciation of this country's distinctive social history. In *Past Judgement: Social policy in New Zealand history*, editors Bronwyn Dalley and Margaret Tennant have collected essays that examine this history and frequently find a link with contemporary policies and ideas.

The first essay, 'History and Social Policy: Perspectives from the Past' by Margaret Tennant, offers an introduction to defining social policy and placing it in an historical context. For Danny Keenan, in his essay 'The Treaty is Always Speaking? Government Reporting on Maori Aspirations and Treaty Meanings', the context has a personal perspective when he casts an historian's eye over events he participated in while working in the Department of Māori Affairs. An examination of the role of the state and the relationships between the government and the welfare sector underpin many of the essays in this collection.

The topics covered include:

- welfare – the voluntary sector and the government
- religious contributions to social policy
- Māori and health research

- the relationship between the Royal New Zealand Plunket Society and the state.

Bronwyn Dalley's essay 'Deep and Dark Secrets: Government Responses to Child Abuse' discusses cases examined by the Education Department's Child Welfare Division. It is suggested that past policies and social work interventions may actually have been more flexible and humane than recent critiques have acknowledged and certainly this essay recounts a long history of state attempts to work through family issues.

This is a scholarly collection and the contributors all have experience in social policy. It is a fascinating read for anyone interested in New Zealand history and the past and future of social policy in this country.

Bronwyn Bannister is the editor of Social Work Now.

SOCIAL WORK NOW

Aims

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

SOCIAL WORK NOW 2005

Deadline for contributions

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August 2005: 11 June 2005



Social Work Now

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The guidelines listed below are a detailed summary of our editorial requirements. If you would like to discuss any aspect of them please get in touch with the editor.

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