

social work now



52 March 2015

Te Hautaka ako te Tari Āwhina
i te Tamaiti, te Rangatahi, tae
atu ki te Whānau

The Practice Journal of Child, Youth and Family

contents

- 1 Editorial – *Helen Cook and Debbie Sturmfels*
- 4 Responses in adversity – *Bronwyn Kay, Jan Qusted, Angela Switalla and Lib Edmonds*
- 13 Post-divorce parenting and fatal violence – *Sietske Dijkstra & Wil Verhoeven*
- 20 On a Carousel – *Ashley Seaford*
- 29 Listening to parents – *Maggie Skrypek, Monica Idzelis Rotheb, Greg Owen, Peter J. Pecorac, Susan Aultc, Terry Besawd, David Thompsone, and Mei Ling Ellis*
- 38 Rain Cloud Tool – *Judy Greer*
- 43 My reflection on ‘crossing borders’ from South Africa to New Zealand – *Jeni Smith*
- 49 Social Work Now – Information for contributors
- 51 Social Work Now – Aims

The stone that features on the cover was created by a young person at one of our care and protection residences.

social
work
now
52
March 2015

Social Work Now is published three times a year by Child, Youth and Family. Views expressed in the journal are not necessarily those of Child, Youth and Family. Material may be reprinted in other publications only with prior written permission and provided the material is used in context and credited to *Social Work Now*.

Helen Cook & Debbie Sturmfels

This edition of *Social Work Now* has been a long time in the making and to some degree mirrors the theme of this issue. Namely, that it's critical we as social work professionals never lose sight of the purpose of our role or the core fundamentals of our practice. The production of this journal is an important professional resource for Child, Youth and Family. Despite being delayed, due to other priorities, we are committed to its future production and are delighted *Social Work Now* is back on track.

Once you start to move the parameters of practice fundamentals it's relatively easy to lose focus and indeed to lose sight of the principles upon which the social work profession is founded. The lesson to be learnt for all of us is the central aims of our role do not change. The fundamental tasks shouldn't be avoided. As much as some of our families need reminding about the fundamentals of parenting and keeping their mokopuna¹ safe, so do we about what is important and what can make a difference in the lives of the people we seek to help.

So, we regret the delay in producing this edition and we pledge to continue to focus our efforts on encouraging reflective and innovative social work practice founded on a sound knowledge base drawn from current developments in the field.

All the articles featured relate to the idea the primary focus of quality social work is about placing mokopuna, their families, whānau, hapū and iwi at the centre of all that we do.

Bronwyn, Jan, Angela and Lib's article draws upon the experiences of professionals during the Canterbury earthquakes of 2010 and 2011. The narrative demonstrates the ability of social work

professionals to respond in a resilient and effective manner when faced with even the most adverse of conditions. The experiences described stress the importance of retaining some core values when encountering chaos while being able to respond in a flexible and reactive manner to need. Overall, the descriptions of how social workers functioned in the aftermath of the earthquakes demonstrate the ability of the professionals to model the behaviour we expect our mokopuna, their families and whānau to adopt: to be respectful, considerate, supportive, and proactive.

Sietske Dijkstra and Wil Verhoeven discuss the need for social work professionals to remain risk focussed within family interventions that appear to be manageable. This tragic example of the death of two young boys in Holland highlights the importance of keeping mokopuna in the centre of all case decisions. It also demonstrates the need to review risk assessments, particularly when presented with seemingly plausible family reasoning. We need to learn lessons from this example: where the professionals appear to have lost their way; where the two boys' safety needs were obscured by a complex web of family relationships and dynamics; where capable and 'professional' parents were utterly convincing in their presentation to social workers.

It's often the case social workers are vulnerable to allowing assessments to be influenced by a sense of loyalty to the family members they have developed a relationship with. Or, indeed the assessment process is affected by the worker's sense of personal fear about potential repercussions of a negative assessment. We must be mindful of the potential for families to divert our attention from the risks through manipulative and distracting attitudes and behaviours. We must remember simply stating something is the case doesn't make it so. The Victoria Climbié Inquiry Report 2003 stressed the importance of professionals

All the articles featured relate to the idea the primary focus of quality social work is about placing mokopuna, their families, whānau, hapū and iwi at the centre of all that we do.

¹ Mokopuna describes descendent rather than being translated as a grandchild and does not denote gender or age. Mokopuna can be defined as "a reflection of one's ancestors", emphasising descent lines. Mokopuna in the context of the core business for Child, Youth and Family is about children and young people.

developing a 'healthy scepticism' and 'respectful uncertainty'. Lord Laming suggested this should form the basis of social work relationships with families in such cases, "Support services should have a 'healthy scepticism' towards violent offenders who claim to have changed and should recognise that separation is one of the riskiest times for victims of family violence" (NZFVC 2014).

Sietske and Wil provide a timely reminder: we also need to cite our work with families experiencing violence within a context reflective of the reality and not of the norms we would hope for. We need to be forever mindful of the fact, in New Zealand, nearly half of the reports of concern received by Child, Youth and Family include worries about family violence. We need to remember therapeutic interventions in this domain have a limited impact in reducing risk of repeat behaviours.

Ashley Seaford examines the relationship between research and practice in family violence cases in an attempt to make better sense of the complexity of relationships that involve family violence in order to optimise the chances of success in intervening to lessen risk. He stresses the need for professionals to utilise the theoretical frameworks in family violence work in order to ensure best and safe working practices. He outlines four areas of family violence research: identifying the particular nature or typology of the family violence; examining the efficacy of certain forms of social work therapeutic intervention designed to lessen risk; exploring the interplay between western based concepts in family violence work when working with Māori whānau and identifying frameworks for intervention that have been developed by Māori practitioners and finally; examining the main influences that have motivated perpetrators of family violence to make positive change in their behaviours.

Peter Pecora and his team of researchers provide an opportunity to examine the Signs of Safety approach in terms of its effectiveness for parents involved in child protection services. This

piece explores the views of parents who have experienced Signs of Safety working practices in five Minnesota counties in the United States. The research examined whether parents could describe the framework and the principles underpinning it in an attempt to assess the level of transparency and openness in social work interventions and then to rate their experiences of the approach. The feedback is generally positive. It further highlighted the importance of professional engagement with families based on sound theory and the need for social workers to clearly communicate the basis of their involvement and the goals of intervention. The research concludes that the basic tenets of a positive and effective working relationship with families necessitates a non-judgmental, respectful, honest and open approach. Where families feel listened to, where they understand the purpose of intervention and where professionals have expressed a sound understanding of the issues within the family and have demonstrated compassion and concern for the family members involved.

Judy Greer introduces us to The Rain Cloud. This practice tool she created uses the power of visual imagery to increase insight about the impact family behaviours and dynamics have on mokopuna. Based on strengths based practice theory and the Signs of Safety framework, she outlines how the tool can aide and promote an open and clear strategy for recognising family issues, strengths

and concerns. It can then be used to identify measures to improve the experiences of mokopuna within the family. Throughout, the focus remains on mokopuna. It was a desire to keep mokopuna at the core of assessments and interventions that led

to the development of The Rain Cloud. Judy talks about the ease with which social workers can get distracted by the adults involved, losing sight of mokopuna in the family work they undertake. The tool also draws on evidence to suggest visual imagery can be helpful in promoting a better understanding of complex situations. Information is often eased by a visual tool.

The research concludes that the basic tenets of a positive and effective working relationship with families necessitates a non-judgmental, respectful, honest and open approach.

Finally, Jeni Smith reflects on the realities of migrating to New Zealand as a social worker. She draws upon her own experience of 'crossing borders', talks about the commonalities in the social work task and the dangers inherent in assuming common practice exists or should exist. Jen's narrative is an honest account of the challenges facing a migrant social worker. More importantly, it provides some useful tips for migrant social workers based on her own discoveries. She highlights the necessity to make rapid adjustments and to understand as quickly as possible the new cultural context. In many respects her reflections are also about getting back to basics: be reflective and open to change; use the practice resources available to you; know yourself, recognise your own knowledge and skills base and explore ways of acquiring new knowledge and skills, and; make skillful use of supervision, cultural advisors and other colleagues.

Legislative changes with the Vulnerable Children Act 2014 bring into renewed focus the need for the child's best interests to remain paramount in social work considerations. The featured articles highlight the difficulties encountered by practitioners when engaging in complex and high conflict family situations. They further underline the need for us to ensure our mokopuna remain central to, and at the forefront of, our decision making throughout our engagement with families. We must above all else remain clear about our purpose, thorough in our assessments, transparent about our decision making and critical in our assessments of outcomes. In all we do we must be able to argue we acted for our mokopuna to the best of our knowledge, skills and professional judgement. ■

Helen Cook is a senior advisor in the Office of the Chief Social Worker in the Professional Practice Team. Helen holds a Masters Degree in Social Work and has practiced social work in the UK within a range of settings. Latterly, Helen worked as an independent researcher and evaluator in the UK assessing the effectiveness of early intervention projects and developed research examining the outcomes for young people in the youth justice arena.

Debbie Sturmfels is a principal advisor in the Office of the Chief Social Worker. She creates systems that build quality social work practice where children and young people are heard and supported to reach their potential. Debbie holds a Master of Arts (with first class honours) in Social Work from the University of Canterbury and has practiced social work in a range of settings for over 30 years.

Responses in adversity

Statutory social work in Christchurch post-earthquakes, a personal account written four years post event.

Bronwyn Kay, Jan Quested, Angela Switalla and Lib Edmonds

Introduction

This article discusses the challenges faced by Child Youth and Family in providing a care and protection service to the Canterbury area following the devastating 2010 and 2011 earthquakes. The article explores the responses of social work staff in the immediate aftermath and in the longer term as the impact of the earthquakes on people and resources became clear.

Care and protection social workers from the Christchurch sites were interviewed about their experiences and reflections on what has happened since the Canterbury earthquakes.

September 2010:

At 4.37am on Saturday 4 September 2010 Canterbury was shaken awake by an earthquake measuring 7.2 on the Richter scale. It was pitch dark at the time with an immediate loss of power and water in many areas. Telecommunication services were difficult and cell phone networks were jammed. There was an incredible sense of shock as people assessed the damage and tried to come to terms with what had happened.

Immediate responses:

Immediate demands that morning were managed by after-hours social workers on weekend duty. Annabel who did not have phone coverage or power at home went to her grandmother's house to use her analogue phone. She checked in with the after-hours phone service, her co-worker and the site supervisor. Lesley fielded ongoing

phone calls as she made her way to the hospital in relation to a young person's emergency surgery.

Chrissie, also on duty that weekend, recalls receiving a call at 7am from a caregiver asking she go to Kaiapoi to take children from their care placement as the caregivers had lost their home. She collected a co-worker and drove the 20 kilometres to Kaiapoi. The trip was arduous as she encountered damaged roads, liquefaction and traffic. She was anxious about running out of petrol as the garages couldn't operate without power. She was hungry, there were no shops open, her cell phone was running low and she had no charger in the car.

Other social workers on duty that day said the phone never stopped ringing. Caregivers whose homes were affected needed children moved. Parents whose children were in the care or Ministries custody wanted to find out how their children were. The pressure was compounded by other organisations not being able to meet the needs of the children in their care and requesting a Child, Youth and Family response. Laptops had limited ability to access records resulting in limited access to vital information.

For Lesley the most challenging part of doing front line emergency work post-quake was leaving her son at home with other family members. Lesley struggled to balance her need to make sure her child was safe while carrying out her statutory work to ensure children in the custody of Child Youth and Family were safe.

"It was very difficult to leave my son at this time as I was so concerned about what was happening with all of the aftershocks. A 7.5

kilometre drive which normally would have taken 20 minutes took 2.5 hours due to the condition of the roads – traffic lights were not working, some roads were closed and the ever present aftershocks - 126 in the first 24 hours”

There was an expectation that frontline social workers would have a 24 hour presence in the welfare centres that had been set up in response to the emergency. This mirrored the reactions of people in the city who were trying to respond and manage with what was available. People had limited ability to think strategically and responded to immediate needs to complete a task, rather than step back and consider alternative options. Lesley commented it was her responsibility to be a part of the emergency response for the city.

Back to work:

On Monday 6 September 2010, Sydenham site opened for business as usual. The Papanui and Christchurch City offices were closed and the staff available for work moved themselves into the Sydenham office. The office was a hive of activity as stories were recounted and people tried to connect with their colleagues to share their experiences. The aftershocks continued, people were tired and running on adrenaline – exhausted but exhilarated.

Prior to the earthquake it was not uncommon for some buildings to shake when heavy trucks passed by. Generally nobody would react to this, but with the ongoing aftershocks any structural movement sent adrenaline levels up and unsettled even the staunchest.

On the Wednesday morning there was a large aftershock that closed offices. Staff were relocated to Te Oranga, the care and protection residence site. Several buildings external to the residential facility became makeshift offices. The three Christchurch sites managed with six computers between them and limited access to vehicles. The priority, after managing new referrals, was to ensure all children in care were visited.

What was very evident in the immediate aftermath was the reaction of the adults to the earthquake had a major influence on how children responded.

What was very evident in the immediate aftermath was the reaction of the adults to the earthquake had a major influence on how children responded. When parents were distressed and upset this was reflected in the behaviour of their children. Parents who were calm and proactive in reorganising their situation had a much calmer and more manageable response from their children.

Food was an issue for some families. Those with limited income didn't have a stock of food on hand when the availability of shops became limited. Water and power were off - some services were restored relatively quickly or alternatives provided within a few days or weeks depending where people were living. Within two weeks staff were back in their usual office locations and 'normality' had resumed.

There were challenges to face after September but the impacts were more manageable. There were no deaths reported as a result of the earthquake and while buildings had come down, life with all the accompanying aftershocks settled into some semblance of normality.

As one social worker said while reflecting on the two major shakes, “How could we have got it so wrong, how could we have been so complacent that it was all going to be OK.”

Children in care:

Child Youth and Family's primary responsibility in an emergency is to the children in care. Social workers visited every one of the approximately 700 children in care within four weeks of the earthquake and visited every caregiver offering support where needed.

Social workers used different coping mechanisms during this stressful time. Some were able to recover quickly and provide a professional and appropriate response, while others struggled.

One social worker recorded: “She (the caregiver) started to cry about what had happened and so did I – It did us both good.”

Management response:

The immediate response by the wider Ministry was overwhelming. Support came from across the country with senior management flying in from Wellington and staff across the country volunteering to come and help.

The September response was management driven with staff directed to provide information and feedback to national office for reporting and assurance. Regional management were keen to ensure there were supports in place and the needs of the children in care, care giving families and families who were coming to notice were responded to in a timely manner. There was no question the oversight from national and regional office was well intentioned and necessary. Staff were keen to get back to normal as soon as possible, which for some was a coping mechanism. There was little reflection on the implications for practice and how work might be different in the future.

The Ministry allowed all Canterbury staff to have up to fifteen days leave. This enabled people to take some time to manage the challenges they faced at home and be available for EQC and Insurance visits. Some needed all the leave. Others only a few days. Knowing they could take whatever time was needed made a huge difference.

22 February 2011:

The September 2010 earthquake was to become a practice run for the much more serious and disastrous earthquake of 22 February 2011. The world, as we knew it, was turned upside down.

When reflecting on their experiences it was clear how different the impact for staff was across the city. The February earthquake occurred at 12.51 pm during a normal working day. Some staff were out of the office, others were in meetings or working at their desks. Due to all the aftershocks experienced since September, staff were now well versed in emergency evacuation procedures. No Child, Youth and Family staff suffered any serious

physical injuries during the quake. However, staff located in the suburbs were unaware of the tragedy and chaos unfolding in the central city.

The Sydenham site was out of the central city area and the car park opposite became a medical triage area as staff assisted medical personnel in providing comfort to the injured. The bakery across the road had collapsed killing one person and seriously injuring others. Social workers who had been visiting clients returned and spoke of gridlocked traffic, road damage, destruction in the city and the struggle they had to make it back to site. People learned the city was in chaos, with buildings down, no power and no telecommunications. Shock set in as the reality of

the situation began to dawn. People were very anxious about friends and family they knew were in the city.

For staff based in the central business district there was an immediate realisation this earthquake was serious and much worse than what had occurred in September. There were falling buildings, glass, masonry, crushed cars, dust and debris everywhere. This was shown on television, but didn't capture the noise and the terror experienced by the people who were there.

In the central city staff witnessed the collapse of the CTV building from their office window and had to walk past the smouldering ruins aware people had died. People gathered in a nearby square. The ground shook like jelly and everyone was in a state of shock and covered in dust. Staff who had been out of the office at the time of the quake managed to join their teams in the square. They had different stories to tell of people dying and being injured in other parts of the central city.

Staff at the national contact centre immediately began to manage all tasks they could possibly do by phone from Auckland. They contacted caregivers and families of children in care, responded to worried family members and ensured case notes were placed on the computer system. This made a huge and immediate difference to the demands on local social workers.

Knowing they could take whatever time was needed made a huge difference.

One social worker said: *“The Contact Centre staff were life savers – calm, steady and able to do what we needed them to do and then they worked out what would help and did that.”*

Staff knew what had to be done this time but the damage to the city and to Child Youth and Family offices meant there were no offices to return to. Te Oranga had no power or water so children were moved to Te Puna Wai, the youth justice residence on the other side of the city. The experiences of September meant staff had a more immediate practice focus on the needs of children in care and their caregivers.

A temporary work place was found in Hornby, a western suburb, 15 kilometres from the central city. A small area of the Work and Income Hornby Heartlands office had been made available for Child Youth and Family. Regional and operations management as well as site staff worked out of this allocated space. The Work and Income office was inundated with clients seeking financial assistance and the sheer volume of people in the building added to the pressure.

The conditions of the roads, the increased traffic heading west and the general heightened levels of stress associated with the aftershocks took a toll on staff wellbeing. The work environment was crowded and very noisy. There were limited computers available for staff. Social workers were on staggered shifts, working at the welfare centres, working from home and having approved earthquake leave. This did help to reduce the pressure on the work place, but was not a sustainable solution.

A vacant shop in the same block as the Hornby Work and Income office was secured to house more staff. This helped to reduce some of the pressure but the work environment continued to present many challenges. One of the team reflecting on those early days after the earthquake said:

“I felt competent when I could get out on the road and visit families or complete intake related assessment work as that had not

changed but the waiting around for a car or computer was very stressful.”

Supervisors assisted in organising their teams. Duty cover was maintained and supervisors began working on establishing processes for visiting children in care and caregivers. The response from the Contact Centre removed the immediate pressure from social workers but a face-to-face visit was still required. The Contact Centre also began providing a twenty-four-hour, seven-day-a-week back up service for after-hours duty. This made an enormous difference for supervisors who could go home at the end of the day with no after-hours cover required.

It goes without saying the statutory work of social workers had to continue in this period.

But social workers were also able to offer help by taking food and water to families who had limited supplies or needed moral support. Sofia talked about the challenge of completing a visit with a

colleague in the eastern suburbs that required her to make her way through the liquefaction, dust, housing damage and high winds. She said families were open to receiving support but wanted to know what was happening elsewhere in the city. A frustration for workers was they weren't always able to respond to this need.

Sofia spoke about the destruction of the city, the challenges of driving around, the traffic, potholes, shops and services not being available and also not knowing if there would be another big aftershock that would shut the city down again. Many staff spoke of the difficulty of having an office so far away from where their clients lived and being so far from their own family should another big event happen.

The Papanui site co-located with the Rangiora site, a 45 minute drive from town. Staff shared desks, computers and phones. Cars were limited and even pens and paper were in short supply. People simply did what they could with the limited resources available at work and at home to meet the needs of children and families.

The response from the Contact Centre removed the immediate pressure from social workers but a face-to-face visit was still required.

Another social worker, David, talked about his experience of working in the days and weeks post-quake as being, “*Frightening yet exhilarating being involved in a front line environment in a city that was in chaos.*” Social workers learnt to accept that what might have taken 15 minutes before February 22 could now take three or more hours.

David spoke about visiting families who had previously been hostile but were now more open to a visit and sharing their earthquake experience. David said it became part of the new way of working, discussing the earthquake and hearing how everyone was managing. Sharing stories became a common bond. It helped get through the challenges then allowed everyone to move onto the specific task at hand the visit required.

Another staff member had a sense expected standards may have changed post-quake as the city had changed so much. The focus on standards of housing for example had to change given the environments people were living in. The base line expectations of a child or young person’s safety had not diminished but workers were visiting homes without power, flushing toilets or with other earthquake damage that couldn’t be repaired in those early days.

Social workers said management were very supportive and that there was, “a focus on us, our families and our wellbeing.” The support from colleagues across the country was incredible. Many social workers, coordinators, administrators, resource assistants and practice leaders came to Christchurch to help out. Having extra staff ensured local staff were able to complete tasks such as visits to children in care. Colleagues from out of town helped to manage the incoming work that was part of the business as usual process.

Personal responses:

Staff generally reacted in one of three ways. Some just got on with what had to be done and went with the flow. Others stepped up and took leadership roles and proactively worked out what

could be done differently. A third group found adjusting to the change and the demands very difficult and found it preferable to concentrate on the tasks at hand rather than thinking about the overall picture.

Children remained out of school for several weeks and when they did return many had to share schools as some had been damaged and remained closed. Homes were damaged or destroyed and water and sewage became common topics of discussion. Basic, everyday routines such as having a shower, going to the toilet or washing clothes required a different way of thinking. People had to travel to have a shower or do their laundry. Many petrol stations remained shut so people had to travel to try to get fuel for their cars.

There was no escaping the impact of the disaster either at home or work and this became incredibly wearisome. Staff coped with traffic disruptions,

pot-holes, liquefaction, dust, more earthquakes, disrupted sleep, distressed children, distressed pets, damaged homes, cleaning up broken belongings, reliance on long-drop toilets in the garden or

a portaloos in the street, family and friends forced out of their homes and moving in or being forced to live out of the family home.

Staff learned new ways of working. Desk sharing became the norm, which meant there would be up to half a dozen people sharing one desk and maybe two or three computers. Managers would come to work early to use the computers so they would be free for social workers to use later in the day. One team worked from a team member’s home, organised visits, shared one car and one laptop, rostered themselves around resources and worked out different ways of organising and managing their work. Requests for visits to children who had moved out of town and for case transfers were readily accepted by other sites. There was a sense of the whole country working to get over this crisis.

Social workers learnt to accept that what might have taken 15 minutes before February 22 could now take three or more hours.

Family Homes:

Family Home caregivers faced a range of different challenges. One Family Home caregiver described climbing over fallen furniture in the dark after the September quake to find the children. She wasn't able to find a torch and had six distressed children to manage on her own.

The February earthquake presented a different set of difficulties in addition to the loss of power and the immediate availability of supplies being limited. Schools were closed for a longer period of time, water for drinking had to be boiled, toilets couldn't be flushed or portaloos had to be used. The children and young people in the family homes who didn't have school also had limited opportunities for activities. The situation was not ideal and created extra pressure for Family Home parents. Water was provided by the Ministry and two vans hired to assist with transport problems so children could get out and about.

The response and commitment of the family home parents to the children and young people in their care was extraordinary. Though extra help was provided, their task of caring for vulnerable young people during this time required strength and courage.

Organisational responses:

Child, Youth and Family could not return to any of their premises due to damage to the buildings or because they were located in the red zone. Gradually offices devised new ways of operating but nothing would be the same.

In April 2011, due to a lack of accommodation, the Sydenham site was split, with two teams working out of the Hornby office on the south side of the city and two at Nga Hau e Wha National Marae in the east of Christchurch. These two office spaces some twenty kilometres apart were under the same management and practice leadership. The team located at Nga Hau e Wha Marae shared a

large meeting/working space with colleagues from the community and government agencies.

Also in April approximately three hundred Ministry of Social Development and Inland Revenue staff moved in to what became known as Firestone. This, an old tyre factory in the north-west of the city that included an office block, was built many years ago and had been empty for several years. It was dirty and tired, but paradise compared to where staff had been before.

... ability to manage stress could sometimes be affected by even the smallest event. Relationships became more fragile and special care had to be taken to de-escalate and remain calm with both colleagues and clients.

Social work staff were located in an area with about one hundred other people. Conditions were crowded and noisy. Property and IT staff did an incredible job of painting, carpeting and setting up IT systems – even providing garden furniture, gnomes and pansies outside.

In November 2011 a portacom set up on the property to accommodate the City and Papanui sites, relieved the pressure.

Desk sharing or 'hot desking' was seen as a way of managing the limited resources available. The expectation was staff would use a computer for a period of time and when they left their desk for short spells someone else would take over the computer. Desks had more than one computer station so working areas were considerably smaller and noisier. Staff were also encouraged to move away from storing paper and to keep records and resources electronically as storage was limited.

With home and work life so disrupted the need for a space that is 'mine' became really important. Social workers found this difficult and adapted to make sharing space work for them. It was evident very early on people could cope, so long as nothing went wrong and their day went smoothly. However, their ability to manage stress could sometimes be affected by even the smallest event. Relationships became more fragile and special care had to be taken to de-escalate and remain calm with both colleagues and clients.

Each person's experience was unique and everyone had to process their experience in ways that made

sense for them. After every aftershock people would stop work, check Geo-net then debrief by discussing how big the shake was, what damage it may have caused and how people were feeling. It was exhausting.

One social worker said, “No-one tells you about the aftershocks and what they do to your head – every one might be another big one and after over 10,000 that’s a lot of ‘is this it’ moments.”

Organisational responses required a balance between managing the limited building options, ensuring resources were available and providing support to staff so they could continue working. This included recognition of the personal impacts the quakes have had on people. Not only were children, family members and homes severely affected, but there was and is, a huge sense of loss and grief felt by everyone for a life irrevocably changed.

Practice changes:

The fundamental practice responsibilities did not change but the context in which decisions were made did.

On 20 May 2013, Christchurch city grew from six sites to seven (including Rangiora). This change created new opportunities but has also had an emotional impact as people moved to new teams and new locations.

The initial location of staff at Nga Hau E Wha Marae was an interim measure. Staff chose to work there and were very positive about the opportunity to work jointly with community, NGO and Government colleagues also based at the Marae. For two years the District Court was based at the Marae. There were different relationships and responses to this setting. Offenders were reported to be much more respectful of the Marae than the traditional District Court venue in town.

Nga Hau E Wha became the permanent location of the Christchurch East site in May 2013 and staff

took up opportunities to be involved in Marae activities. For example the site manager and social workers were on the paepae with manuhiri (sitting with the welcome group from the Marae) for the opening of the new Rangatahi Court based at the Marae from 2014.

Child, Youth and Family’s visibility in the community has led to more positive working relationships being developed, an increased understanding of our role and a breaking down some of the myths about who we are and what we do.

The east side of Christchurch was severely affected by the earthquakes and faces serious ongoing challenges as the city recovers from the last three years. Child, Youth and Family’s visibility in the community has led to more positive working

relationships being developed, an increased understanding of our role and a breaking down some of the myths about who we are and what we do.

Care: The provision of care services is a continuing challenge in Canterbury. Over 200 caregivers are no longer available for a wide range of reasons. Families continue to be living in extended family situations or living in homes with reduced space. People simply do not have the energy to have another child or young person in their home. For parents, their own children have taken priority; ensuring they feel safe comes first.

Ongoing effects – positive and negative:

Children have experienced a range of problems – some were scared to sleep alone at night, others became fearful of the dark. The New Zealand Herald reported schools were noticing behaviour problems in new entrant five year olds.¹ Many local schools developed help sheets for parents.²

Children in care, living away from their parents, in the care of other family or non-kin caregivers have already experienced trauma in their lives. They can demonstrate the impact of this trauma by being in a heightened emotional state and can be more anxious than children with no experience

¹ New Zealand Herald- Trauma of earthquakes shows in little kids August 17th 2012

² Cotswold School Handout downloaded from the intranet September 2010

of trauma. The unknown and unpredictable aspects of the earthquakes compounded this and maintaining stable living arrangements became more difficult. Caregivers sometimes also had reduced patience and resilience making them less tolerant of challenging behaviours.

Mental health services report an increase in post-traumatic-stress-disorder symptoms in children, especially five and six years olds who were aged two or three at the time of the quakes. *Preliminary results of a University of Canterbury study of 100 children starting school in 2013 indicate that between 14% and 21% are displaying symptoms of post-traumatic stress disorder.*³

Children and adults of all ages report increased anxiety and stress and the long term impacts of families living in poor housing and struggling with damaged houses, repairs and traffic problems continue. This has meant social work staff and their managers need to be mindful of self-care and the difficulties client families are experiencing.

One positive change arising from a lack of meeting rooms has been the holding of Family Group Conferences and whānau hui outside the office. Church halls, the Army and Navy base and a variety of cafes around town have all been used to meet the demands of providing a service to clients. The Rangiora and Sydenham offices are now co-located with Work and Income and IRD services providing a new approach to service delivery. The three sites based in the city previously have become four with different configurations of staff focusing on providing a flexible and adaptable service that meets client needs.

The Ministry workforce mirrors the environment and community they live in. Earthquakes affect everyone – rich and poor, healthy and sick, young and old. The impacts remain ongoing and challenging.

³ Shirlaw, Nicola. Child Poverty Action group paper; Children and the Canterbury Earthquakes. February 2014

One positive change arising from a lack of meeting rooms has been the holding of Family Group Conferences and whānau hui outside the office.

Social workers have had to reflect on their own values and ethics in a different way that takes into account the new reality for families. The issues facing many client families have been compounded by the damage to the suburbs they live in

Four years on from the earthquakes and Christchurch is a battered and challenging place for everyone. Families continue to live in damaged homes, garages, camping grounds and makeshift spaces that in the past wouldn't have been acceptable in a severe Christchurch winter. There are very limited rental options available. Recovery does not always appear to have been people focused. The energy to rebuild the central business district has at times overridden the voices of people. The election of a new Mayor in October 2013 brought a different energy and approach but concerns remain that the city doesn't have a clear vision for its people.

Travel takes longer and requires extra effort. Roads are damaged and infrastructure repairs mean a trip can have detours, traffic build ups and all sorts of other hold ups. Land zone decisions have meant some people have moved house, some feel stuck and cannot move and some have had their houses repaired and repainted while others are mired in EQC and insurance conflicts. Many have relocated out of Christchurch and may never return.

Final words:

Nothing is the same; the city landscape has changed for ever. Every family has been impacted in some way and the future for some still remains unclear. One young person said; *"We have to see the empty places from the loss of buildings and our past as voids of opportunity for the future"*

Staff are still managing the impacts of the personal trauma they have experienced. The earthquakes have provided an opportunity to work in a new way that has adapted to the city we now live in. The services provided by staff to children, young

people and their families continues to be of a high standard and social work teams remain committed to continuing to work within the communities they serve. Child, Youth and Family staff continue to be passionate about and committed to the work they do and the children they are responsible.

Staff have sought creative responses within difficult situations. What we have going forward is a greater understanding of what is important, an appreciation of the human spirit in adversity and new relationships with people we may otherwise never have met. ■

Bronwyn Kay is the regional care and protection practice advisor for Child, Youth and Family based in Christchurch. Bronwyn has some 20 plus years of social work experience. Prior to February 2011 Bronwyn was based in a four year old inner city office that is now to be demolished. Bronwyn was in the office when the February quake struck. Bronwyn is fortunate to live in the green zone where her family home has been relatively unaffected.

Jan Quested is a Kaiwhakatara senior advisor based in Christchurch and at the time of the Earthquakes was practice leader for the Christchurch City site. Jan has worked for Child, Youth and Family for 40 years holding a variety of positions over this time. Prior to February 2011 Jan worked in the same four year old city office as Bronwyn. Jan was out of the office at lunch and was close to the Cathedral when the February quake struck. Like Bronwyn, Jan's home has been relatively unaffected but Jan is now working in the West site based in Hornby.

Angela Switalla is the Regional implementation coordinator for the South Island. At the time of the earthquakes Angela was practice leader for the Papanui site. Angela has worked for Child, Youth and Family for 27 years. Angela was on leave on the day of the February quake and was in her car driving into the city when the quake hit. Angela saw shop windows breaking, people falling over and many others confused and crying. Angela had liquefaction around her home and damage to the interior but it was liveable. Angela worked from the Rangiora office for several months before moving to the Firestone building and then subsequently to the portacom.

Lib Edmonds is senior advisor Regional Operations based in Christchurch. At the time of the earthquakes Lib was practice leader for the Sydenham site. Lib has worked for Child, Youth and Family for nearly 7 years. Lib was on the third floor of the Sydenham site building during the February earthquake. Lib is now based at Nga Hau E Wha Marae in the East site.

REFERENCES

- New Zealand Herald. (2012). Trauma of earthquakes shows in little kids.
- Shirlaw, Nicola. (2014) Child Poverty Action group paper: Children and the Canterbury Earthquakes.

Post-divorce parenting and fatal violence

Separate worlds and tense relations

Sietske Dijkstra & Wil Verhoeven

In Holland, in the beautiful spring of May 2013, young brothers Ruben (9) and Julian (7) had been missing for almost two weeks. Their pictures were on national TV, in all internal and some foreign newspapers. There was much speculation about their disappearance. A high social media profile at the time of their disappearance ensured the case was given maximum coverage. Of divorced parents, the boys were taken from their mother's home for a short vacation by their father. When the mother couldn't get in contact with her sons or the father, she put a note on facebook: "Who has seen my two little boys recently?" Many people responded to that emotional call. A debate began about what could have happened and members of the public joined the authorities in searching for the boys. When the father, who had killed himself, was found in the woods the chances of finding the boys alive diminished. Several days later and some two weeks after they had first disappeared, they were found dead in a drainage pipe in the province of Utrecht. The mother received an overwhelming amount of reactions. Some thought it was her fault, because of the high conflict divorce. Others blamed the father and pitied the boys.

Many different organisations and professionals were working on the case. Ruben, the oldest boy, had play therapy because he wasn't coping well with his family circumstances. But this information wasn't used in the interagency cooperation because both parents weren't given permission to do so. Several times the mother had contacted the AMK, (advies- en meldpunt kindermishandeling), the Dutch Protective Services. She felt her worries were minimised. The father felt the complaints were overreactions and that his views weren't

taken seriously. In the days leading up to the boys' disappearance concerns were reaching a peak. On April 22 the parents were informed the child protection authority planned to place the boys under its formal supervision. There was a warrant on the way to put the children under surveillance and to limit their stays at the house of the father. A meeting between the authorities and the parents was scheduled for the day the boys were taken.

Later images were found of a car driving at night to the ditch where the boys had been discovered. It is assumed it was the father moving the dead bodies. This was the first night of their vacation. Material was found in the father's car indicating he had been planning the killing for some time.

In hindsight, one could say, in this case, the referrals needed to be taken more seriously. But it could also be that the referrals themselves complicated the life of the father and his bond to the boys. If one parent is referring and the other is minimising, it could be denial or it could be an inaccurate accusation. In dangerous cases this tendency towards the middle - and therefore waiting to act too forcefully - can have a dramatic and even fatal outcome. In other cases it might lead to de-escalation and better outcomes. There is much to learn. Every case must be approached on its individual merits and consideration must be given to familiar patterns and unique aspects. What lessons can we learn from the case of Ruben and Julian?

At the end of September 2013 the Dutch Youth Care Inspectorate and the Health Care Inspectorate published the findings of their inquiry into the deaths of two brothers, Julian (7) and Ruben (9),

from Zeist. Their parents, both well-educated people, had split up: the boys lived alternately with their father and their mother. The separation and the subsequent contact between the parents was described as 'problematic'.

The remit of the inquiry was twofold: to ascertain whether the family support services had paid sufficient attention to the safe and healthy development of the two brothers since the first report of child abuse arrived at the AMK child abuse hotline, and to determine the extent to which the youth care services had acted correctly.

The authors of the 54-page report concluded that the ten agencies involved – and at least fifteen professionals – had acted with due care with regard to the health and welfare of the children.(1) They consulted one another regularly, they followed the correct procedures, and they took the signals from the mother and the children seriously.

The final conclusion was that youth care had acted adequately and transparently. Even so, the AMK hotline had received three reports of abuse within just a few years. The mother had repeatedly expressed concerns about the safety of the boys and said she felt threatened. The father felt victimized and excluded, and refused permission for his sons to get support and assistance. Mediation was unsuccessful.

In this article we take a closer look at this case on the basis of the findings in the report. The report itself focuses on the process, and ascertains whether procedures were correctly followed. We will look at the substance of the case and explore how the integration of specialised knowledge and procedures can add extra value to the way in which work is undertaken and organised.

Lesson 1: recognize forceful emotions as indications of disengagement and danger

As a society we can never guarantee a child's safety one hundred percent. Nor can we delegate care for that safety entirely to professionals and then hold them totally responsible for failures following an unfortunate or catastrophic event.

Not all suffering is preventable. In this and other cases we must acknowledge and recognize certain risks.

The father of Julian and Ruben had been in contact with the AMK earlier in connection to a report of abuse. Their mother was worried about the welfare of the boys and drew attention to the threats made by the father on various occasions. According to the report, the father felt sidelined and had threatened several times to harm the children. The conflict between the parents flared up and became entrenched. Intense and stressful emotions were smouldering just below the surface and expressed through threats, fear, accusations, deceit and distrust.(2) The risk of deadly violence cannot be ruled out in situations like these. This is why professionals need to be able to recognize the patterns and dynamics of severe conflict.

Lesson 2: probe the chasm between desire and reality

A stark contrast emerges in the report between adequate actions on the one hand and deadly violence on the other.(3) How is this possible? Can the chasm between the two be bridged with correct actions or open communication? What is in the chasm – the depths of a case that we fail to see? Did the stress and desperation become too much for the father? Were the concerns of the mother taken seriously enough? What did the professionals do with the estimated risks based on the signals sent out by the boys and the concerns voiced by the school? On what grounds did the institutions – and the inspectorates – conclude the parents were cooperating well? Did anyone notice the conflict had erupted again and hadn't subsided? What else was going on?

The AMK concluded the parents functioned well socially. They came across as 'reasonable people' in interviews; both said they were open to mediation and freely agreed to assistance for their sons. It emerged later from a reminder sent by the AMK this assistance never got off the ground because the father felt the agency was on the side of the mother. Professionals can identify this chasm, and look for ways of bridging it, or of making changes to defuse the tension.

Lesson 3: define and specify the nature of domestic violence

In February 2009 the mother reported an ‘incident of domestic violence’ to the police, according to the report, and the AMK confirmed ‘psychological violence between the parents’ (p. 10). This prevented the parents from communicating effectively about the care and upbringing of the children. The parents arranged for their sons to see a child therapist. Strangely, the nature of the domestic violence is barely specified in the report. Domestic violence is a blanket term, covering all manner of abuse.

The report does, however, mention child abuse: the father displayed threatening behaviour by grabbing the older boy and throwing him under a cold shower. But was he also violent towards his former spouse? What exactly is understood here by ‘psychological violence’ and what role did the ex-partners play in it? Sometimes violence continues long after a relationship has ended – a situation not uncommon when couples divorce on grounds of violence (Clement, Pravda & Den Bandt, 2008).

Was insufficient attention paid to partner violence in this case? It’s well-known the AMK often sees partner violence as incidents and that women’s support services have difficulty ascertaining child abuse (Dijkstra, 2008). The instruments used to determine whether the boys were at risk are based on an assessment of the signals coming from the children themselves. The LIRIK protocol for assessing safety risks was applied several times and pointed to concerns about the emotional security of the children. But no other procedures were used, such as CARE-NL, which assesses parental characteristics, the parent-child interaction, and the family characteristics (Netherlands Youth Institute). No procedures were applied to ascertain possible threats from the ex-partner(s) and the effects on the children. The Danger Assessment Scale (DAS), developed by Campbell et al. (2009), has been validated and can be used to estimate the seriousness of partner violence and the chance of escalation. The DAS consists of a 22-item checklist: brandishing or possession of a weapon,

threats of murder, violence driven by jealousy, and violence during pregnancy indicate a higher probability of violence with fatal consequences. When a couple splits up as a result of partner violence there is a greater probability the violence will flare up again afterwards and continue – even for as long as a year. It’s not insignificant, therefore, that the mother of Julian and Ruben reported domestic violence at the start of 2009, soon after she had separated from their father. What role did this report play in the support and assistance? What effect did it have on the parents’ relationship and the parent-child relationships? Did it lead to a rift and could the children have turned against their father? We read nothing like that in the report. Finally, at no point do the inspectorates say whether the brothers witnessed the fights between the parents. Presumably this was one of the reasons for the ongoing lack of safety. All things considered, professionals should describe the nature of the violence as specifically as possible.

Lesson 4: define and specify the approach, develop a clear vision and steer interventions

In April 2010, more than a year after the first report of domestic violence, the AMK met the father to discuss a grievance. It turned out he had not been sufficiently kept in the loop at the start of the first investigation.

In May 2010 the AMK was again contacted, this time by a social worker and a child physiotherapist, because the father would not consent to help for his sons. Is this a pattern? The father complained information had been kept from him. According to the report, he agreed as ‘a reasonable and willing parent’ to arrangements about the assistance the parents thought their children needed, but he did not cooperate in the actual implementation of this assistance. Feeling marginalized and blamed, he went on the defence. His frustration was mounting and there was no specific help for him in his role as father.

He may have benefited from the innovative Caring Dads group programme (Scott, et al., 2004) that is

specially designed for men who have abused their partner or children. The aim is to strengthen the paternal aspects of their character and thus assist the development and welfare of their children. Caring Dads is meeting with a positive response in the Netherlands.(4)

According to the report, the AMK concluded the parents showed no signs of psychiatric problems and they were willing to learn to communicate better. It then transpired they had totally different visions. After the eldest son had been psychologically tested by an external organisation, the parents would not allow the results to be passed on to the youth care organisation or the Youth Care Inspection Office in Utrecht.

Sitting ducks

The son was suffering under the tense situation in the family. The father again refused permission for further assistance. The inspectorates concluded that both parents wanted what was best for their children and did not question this. Did the family support focus its attention on the safe and healthy development of the two brothers? Would the answers to Munro's four analytical questions and concluding fifth have helped (2002)? These – ostensibly – simple questions are listed below:

- ⋮ What is happening/has happened and according to whom?
- ⋮ What could happen?
- ⋮ How serious would this be?
- ⋮ What are the chances that it will happen?
- ⋮ What is then the at-risk score on a scale to 0-10 and how can it be explained?

The answers to these questions would at least have shed a clearer light on the needs and safety of the children and the mother and father. They would also have revealed whether the children were witnesses to the conflict between their parents. Finally, the report is clear about the efforts by many support organizations to get the parents to work together. Five years after they had separated, the parents, as ex-partners, were still locked in a conflict that undermined the safety of the children.

The everyday safety of the children should, however, have been assessed. Agreements become effective only when parents, with support from their network, demonstrate a change in behaviour. Then, what they say is reflected in what they do. In terms of Signs of Safety,(5) safety is made up of forces that, in the course of time, work demonstrably as protection against concerns. In this approach the safety of the children is central at all times. Professionals go to work with rigour and grace: cooperation if possible and removal of the child to a place of safety if the risk is too high.

Lesson 5: be alert to conflicting visions and shifts in perspective

The views of US expert Jeffrey Edleson (Edleson, 2001; Edleson & Williams, 2007), based on years of experience and research, are crystal clear: you must involve different perspectives to arrive at an accurate assessment of the seriousness of the partner violence and child abuse, and to choose the best interventions. Edleson stresses that, besides the story of an abused husband, additional information is always needed from the partner or ex-partner and the children, whom he regards as experienced experts par excellence. It's the patterns in these frictional relationships that should challenge us as professionals to develop an approach that draws the ex-partners and the children out of the futile battle. Learning lessons from the discomfort of clients and professionals, developing dialogic approaches (see Dijkstra & Van Dartel), engaging in interdisciplinary reflection with experts, keeping an open mind, and applying clear normative and methodological frameworks are all important factors in bringing about change (Van Lawick, 2012).

Lesson 6: keep track of developing methodology for high-conflict divorces

In their report the inspectorates define high-conflict divorces as 'separations accompanied by tensions and conflicts between parents that are so serious the parents are no longer able to put the

interests of the children first.’ (p. 35) Van Lawick (2012) describes how she and her colleagues at the Lorentzhuis (therapy centre) devised a group method for parents and children caught up in high-conflict divorces. She succinctly explains how parents in such a relationship are intent on convincing each other that they are right and are prepared to invest and sacrifice a lot for their cause: sleep, holidays, money, time, and attention. Van Lawick observes that during or after a high-conflict divorce both the parents and the children get embroiled in a destructive battle in which they disappoint one another and feel they are neither seen nor heard by the other party. This assistance is provided on the condition the parents accept negotiations on the parenting arrangements are off-limits. Van Lawick’s method aims to bring flexibility to rigid patterns and to allow empathy for the other parent. The support workers in the Lorentzhuis have made two important discoveries in the course of their pioneering:

- ⋮ Lawsuits merely fan the flames of conflict and must be halted if people really want to be helped.
- ⋮ The conflicts make the parents lose sight of the position of their children.

By putting themselves literally in the position of their children, parents start to feel what the children are going through. This compassion strengthens them in their role as parents and they become more acutely aware of the counter-productive nature of disputes. Van der Pas (2005) would say the parents assume the meta position: they get a better understanding of the child and are encouraged to gain good-parenting experience. This understanding will help everyone break the vicious circle.

Lesson 7: strengthen the safety and welfare of the child methodically

These professionals do their job under a cloud of suspicion. Society looks at them with distrust that intensifies when disaster strikes. At the same time, Society delegates the problems to these

professionals, who are expected to come up with solutions for problems that are often chronic. Each organisation has its own tasks and responsibilities. Professional dealings tend to be fairly business-like, with assessments consisting of measurements and checklists, so actual contact with the clients is pushed further into the background. Proactive intervention is essential to prevent escalation and reinforce safety. What could the workers in this case have done? They used the tools to assess the welfare and safety of the boys, but this offered very few openings for action. The organisation that found the eldest son felt insecure because of the fights between his parents left it to the parents to decide whether to discuss these findings with the youth care services. The child’s insecurity was measured but it was not addressed. To put it bluntly, the boys were sitting ducks. The safety, welfare and development of the children should be central in every case. *Signs of Safety* offers an array of tools for taking action on safety, such as perspective-enhancing, reflective, and scaling questions for investigating the thoughts and feelings of family members. How safe do you feel, on a scale of 0-10? How would your ex-partner answer this question? And your child? What would have to change to stop the violence and the threats? The children are questioned with the Three Houses tool. Safety is expressed through words and pictures: the support workers use comic strips to summarise what has happened, and to show how safety can be enhanced.

The brothers did not live to tell the tale. Their tragic fate tells us we must strive to provide support and assistance, and to give it a human face. Even after a conviction for abuse. As professionals, we should be analysing, understanding and defusing the tensions, the clashing interests and the different perspectives of parents, ex-partners and children.

How can we de-escalate a spiralling conflict? High-conflict divorces deserve deeper investigation in which professionals and clients search consciously for the truth in perspective; they do not smooth away the tension, but shed light on the difference in viewpoints. The observations and role-experience can vary widely for parents and professionals alike. In that customised situation,

in the contact with the people involved, in that polyphony, lurks some of our expertise. Broaden the horizons. Don't take things at face value. Learn to ask questions and more questions. Be alert to the details. Don't reduce the polyphony to a one-liner. Create opportunities for the development of knowledge and expertise and systematic approaches. Pay more attention to the further development of de-escalating methods for high-conflict divorces (Van Lawick, 2012). And recognize the potentially polarising effect of lawsuits connected with divorce after partner violence (Clement et al., 2008).

That way, we may be able to prevent extra aggravation in tense relationships, ease stress and conflict, and make space for the underlying grief and loss. Knowledge, insights and lessons can support professional and skilled action. But even then there is no guarantee of an integral approach that can prevent a family tragedy. ■

Since 1998, *Sietske Dijkstra*, psychologist, PhD, has lead her agency on domestic violence focused on professionals, addressing issues on relational and social safety, www.sietske-dijkstra.com. She worked as a researcher and teacher at Utrecht University during the nineties in the domain of women's studies and community and welfare. She was a lector (professor) on domestic violence and interagency cooperation for almost eight years at Avans, supervising and guiding research and developing Masters classes. Furthermore, she was a member of the Committee Samson (2010-2012), who have been investigating sexual abuse in residential and foster care since 1945. Since the late eighties she has been published on various issues of domestic and institutional violence. Recently, she has been involved in the theme of high conflict divorce, particularly its connection to de-escalation, prior violence, giving children and parents voice, struggles on child contact and interdisciplinary cooperation. Corresponding address: Bouwstreet 45e; 3572SP Utrecht; The Netherlands, e-mail: fran.dijkstra@worldonline.nl.

Since 1982, *Wil Verhoeven*, MA, has served in a variety of positions with the K2 Brabant Knowledge Centre for Youth Affairs. She has , primarily worked as a consultant and trainer concerned with improving how child abuse and domestic violence are treated in the province of North Brabant. For six years she conducted research as

a member of the knowledge network coordinated by Dr. Sietske Dijkstra, then a professor of applied research in domestic violence at Avans Hogeschool and now head of the Dijkstra Agency.

NOTES

1. The deployment of too many professionals can lead to fragmentation of tasks and responsibilities and make it difficult to discern patterns or connections. It also increases the chances of mistakes and miscommunication. Sometimes a chain develops within a chain – as in the Savanna Case – when the family guardian and the health worker knew nothing of the findings of the health clinic (Dijkstra, 2005).
2. Powerful emotions often signal feelings of transference and counter-transference and can lead to repetition and parallel processes among professionals. Transference and counter-transference can be harmful and lead to stagnation if they remain undiscussed.
3. Thanks to Ellis Knegt for raising this important question during the final presentation of the RINO module on 3 October 2013 at RINO Zuid.
4. Caring Dads has four aims: 1. Involve fathers; 2. Raise awareness of child-centred parenthood; 3. Challenge and motivate; 4. Build trust in the future and invest in the contact with children. Avans is preparing to implement a regional pilot of the Caring Dads programme in Tilburg and Amsterdam. The partners are Kompaan/De Bocht, Veiligheidshuis, Steunpunt Huiselijk Geweld, and U&R.
5. Signs of Safety, developed by Australians Turnell and Edwards, appeared as a book in 1999 and was translated into Dutch ten years later (*Veilig opgroeien*, 2009). It is a solution-oriented approach to child and partner abuse which is used all over the world.

REFERENCES

- Campbell, J.C., Webster, D.W., & Glass, N. (2009). The Danger Assessment: Validation of a Lethality Risk Assessment Instrument for Intimate Partner Femicide. *Journal of Interpersonal Violence*, 24 (4), 653-674.
- Clement, C., Pravda, F. & Bandt, M. den (2008). Uit het veld geslagen. *Knelpunten na partnergeweld* (Out of the Game: obstacles after partner violence) Zijweg, Maastricht: Boekenplan.
- Dijkstra, S. (2005). Een professional komt en gaat. Zorg om de hulpverlening bij mishandeling en verwaarlozing (Professionals Come and Go: concerns about the support services for abuse and neglect) *Tijdschrift Kindermishandeling*, special edition compiled by Professor Emeritus H. Baartman, June, 14-19.
- Dijkstra, S. (2008). Partnergeweld en kindermishandeling: een gespannen verhouding. Over overeenkomsten en verschillen, en het belang van een geïntegreerde benadering (Partner Violence and Child Abuse: a tense relationship. About similarities and differences and the importance of an integrated approach), *Ouderschap en Ouderbegeleiding*, 1 1, 2, 132-148.
- Dijkstra, S. & N. van Dartel (2011). *Verborgen schatten. Wat professionals doen en cliënten ervaren bij de aanpak van geweld*, (Hidden Treasures: what professionals do and clients experience in the approach to violence) Amsterdam: SWP (2nd revised edition).

Edleson, J.L. (2001). Studying the co-occurrence of child maltreatment and woman battering in families. In Graham-Bermann, S.A. & J.L. Edleson (Eds.), *Domestic violence in the lives of children: The future of research, intervention and social policy* (pp. 91-110) Washington, DC: American Psychological Association.

Edleson, J.L., & Williams, O.J. (2007). *Parenting by men who batter: New directions for assessment and Intervention*. New York, NY: Oxford University Press.

Inspectie Jeugdzorg & Inspectie voor de Gezondheidszorg (2013). *Casusonderzoek Zeist*. Na het overlijden van twee kinderen (Case Investigation Zeist. After the death of two children) via www.rijksoverheid.nl 30 September 2013.

Lawick, J. van (2012). Vechtscheidende ouders en hun kinderen (High Conflict Divorced Parents and Their Children) *Systeemtherapie* 24, 3, 129150.

Munro, E. (2002). *Effective Child Protection*, London, California, New Delhi: Sage.

Nederlands Jeugdinstuut, Instrumenten (Instruments), see www.nji.nl > Kennis > Dossiers > Kindermishandeling > Praktijk > Instrumenten.

Pas, A. van der (2005). *Eert uw Vaders en uw Moeders. Opvoedproblemen nader verklaard* (Honour Thy Father and Thy Mother: parenting problems further explained) Handboek Methodische ouderbegeleiding 3. Amsterdam: SWP.

Scott, K, Crooks, C., Francis, K, Kelly, T. & Reid, M. (2004). *Caring Dads: Helping fathers value their children*, Presentation for Society for Prevention Research, <http://fcis.oise.utorinto.ca/~scottlab/scott.pdf>

On a Carousel

The relationship between family violence research and social work practice

Ashley Seaford

Abstract

In 2013 I participated in the Community Internship Programme¹ and spent six months working at Aviva Family Violence Services in Christchurch² where I examined national and international family violence-related research. This article explores four areas of that research and considers the implications for Child, Youth and Family social workers who support those who live with violence, as well as those who use violence, in their families. The article attempts to highlight the interdependent circular nature of the link between academic research and day-to-day social work in this field of practice.

Introduction

Social workers and health professionals who practice in the family violence field work in a challenging environment. The ability to make sense of complex family interactions and patterns, cultural and ethnicity dynamics, estimate risk, and understand what interventions may produce optimal results in unique circumstances, will ensure appropriate supports are offered. Long established psychological and sociological theories offer practitioners frameworks for understanding and intervention. Academic research (including indigenous bodies of knowledge), based within these theoretical traditions, produces knowledge that should influence how staff who work alongside families who live with violence, and

This article examines four areas of family violence research and considers the implications for staff who work with individuals and families where violence is present.

those who use violence, approach their work. In turn practitioners, through their own reflections, and/or willingness to contribute to research, help advance understanding and knowledge. This important relationship benefits our communities.

This article examines four areas of family violence research and considers the implications for staff who work with individuals and families where violence is present. The first part of the paper explores the work of researchers who have proposed two typologies for discerning different types of family violence. Their findings have significant implications for all practitioners. The second section looks at the efficacy of

therapeutic intervention programmes for those who use violence in their families. The research shows that these programmes have a small, but positive effect. The third part of the article explores the use of

Western based concepts with Māori and looks at alternative models that have been developed by Māori practitioners. The final section of the paper examines some of the main influences that have helped motivate those who use violence make a decision to change their behaviour.

Typologies of family violence

For many people family violence incidents may appear to have more commonalities than dissimilarities. After all the end result is similar, that is, family members have been hurt and harmed. Perhaps the only indicator that distinguishes these events is the degree of harm caused and whether

¹ The Community Internship Programme is administered by the Department of Internal Affairs.

² Formerly known as Christchurch Women's Refugee

adults or children experienced the violence. The tendency to lump together family violence events—and by inference, those who use violence in their families, has long been challenged by researchers.

Since the mid-1970s researchers (Faulk, 1974; Elbow, 1977; Hamberger & Hastings, 1986) have suggested those who perpetrate family violence are a heterogeneous group and subsequently their violence takes different shapes, patterns, and forms. This type of thinking has also surfaced in the literature on general offenders (Moffitt, 1993). Holtzworth-Munroe and Stuart (1994) have proposed a typology that divides people who use family violence into three categories:

‘Family only batterers’

These people are the least violent, either physically, sexually, or psychologically. They tend to use violence within their homes and have little in the way of mental health needs. Additionally Saunders (1992) noted they have experienced little violence during childhood and don’t abuse alcohol. They tend to be more flexible in relation to gender roles and may have compulsive and conforming personalities. Holtzworth-Munroe and Stuart (1994) suggest this group could comprise up to 50% of perpetrators.

‘Dysphoric/borderline batterers’

These people engage in moderate to severe physical, sexual and psychological violence. Their violence tends to be directed at their family, but they may engage in violence, and other criminal activities, outside of the home. This group has higher levels of psychological distress and emotional volatility. They may abuse alcohol and drugs. Saunders (1992) notes they’re at a higher risk of suicide. It’s suggested this group may comprise around 25% of perpetrators. (Holtzworth-Munroe, Stuart 1994: 482).

‘Generally violent/antisocial’

This group engages in moderate to severe family violence and are aggressive outside of the family home. They have a long history of offending behaviour. They are likely to abuse alcohol and drugs. Saunders adds they are likely to have been severely abused in their early years. They may possess firm gender role expectations and

attitudes and display high levels of anger, jealousy and anti-social behaviour. It’s proposed this group makes up around 25% of perpetrators.

Over the last nineteen years Johnson has suggested family violence takes different forms. He has proposed a four cluster typology (Kelly and Johnson, 2008).

‘Coercive controlling violence’

This is a range of behaviours that have as their core the desire to control and dominate. This type of family violence is frequently encountered by frontline workers and primarily perpetrated by men. Although this conceptualisation may not always involve frequent/and or severe violence, on average the use of violence is more of a feature here than the other types of family violence in the framework. A range of evidence shows this form of violence has a number of negative outcomes for those who experience it.

‘Violent resistance’

This type of interpersonal violence can be thought of as self-protection. It’s violence that is used by a person experiencing violence in an effort to protect themselves or others from a threat or assault. Johnson suggests it arises almost automatically when ‘coercive controlling violence’ takes a physical form.

‘Situational couple violence’

This type of violence results from disagreements and arguments between couples that occasionally spiral into physical acts of aggression. It can be a one-off incident, occasional, or regularly occurring. It’s not entrenched in the desire of one partner to dominate and coerce the other. Couples participating in this type of behaviour are generally not fearful of one another and it usually involves more minor forms of violence such as pushing, grabbing and verbally aggressive behaviour. Women can instigate this form of violence at similar rates to men (Kelly and Johnson, 2008).

‘Separation-instigated violence’

This type of violence can be initiated by men or women and is out-of-character, atypical, and occurs unexpectedly at the closure of a relationship. It’s often instigated by the partner

who is being left. It's usually limited to one, or a couple, of violent incidents at the beginning of, or during, the separation period. It can range from mild to more moderate forms of violence. People who are engaged in this form of violence are more likely to admit their behaviour and show remorse or shame.

It's important to note this last category of Johnson's typology is not synonymous with the well-established fact the use of violence increases when a relationship is ending or has ended. This observation is probably more likely to relate to the use of 'coercive controlling violence', particularly where the violence is severe. Nonetheless, there will also obviously be examples of 'separation instigated violence'. But, as stated above, the expression of violence is more likely to take mild to moderate forms.

Johnson has suggested another category, 'mutual violent control' that takes place between two coercive and controlling partners, but this proposal requires further development and conceptualisation.

Kelly and Johnson (2008:477) propose their typology is useful noting "this information has far-reaching implications for court processes, treatment, education programmes for professionals, and for social and legal policy." Within New Zealand a former Principal Family Court Judge (Boshier, 2009:9) has suggested if the type of perpetrator and the form of their violence could be more effectively identified this would then lead to "better decision-making, appropriate sanctions and more effective treatment programmes tailored to the different characteristics of partner violence, as has been seen overseas."

Implications for practice

These two frameworks can be employed to help social workers make sense of the characteristics of the person using violence and the nature of the family violence incident.

It's not necessary to unequivocally assign a person who uses violence into one of Holtzworth-Munroe and Stuar's, or Johnson's categories. To

some degree these classifications are probably dimensional, not categorical, that is the boundaries between some of them are flexible and people and their behaviour can move. Interestingly researchers have found experienced clinical staff can accurately classify users of violence into Holtzworth-Munroe and Stuart's typology (Hamberger, 2008).

Using the frameworks as an analytical tool will assist practitioners in understanding what is happening in a family. It will also help guide the selection of interventions likely to succeed in reducing the violence.

If a person is involved in using 'coercive controlling violence' in their family then interventions that are aimed at improving communication patterns between partners or challenging existing gender

roles, or reducing a tendency to anger quickly may be of little value. Although examples of these behaviours may be witnessed by social workers the violence is not caused by deficiencies in

these areas. It's driven by a desire to control and dominate the other person's behaviour.

Conversely for couples involved in 'situation couple violence' these types of interventions are likely to be appropriate. Improving patterns of communication and problem solving and raising awareness about the influence of gender roles and expectations may help to improve the relationship and assist the couple to prevent arguments from spiralling into physical acts of aggression. Similarly, 'family only batterers' may benefit from education and challenges based on the Duluth Power and Control wheel. However, this approach will be inappropriate for people who fall within the generally/violent antisocial sphere. These people are likely to require significant levels of intensive intervention.

'Violence resistance' and 'situational couple violence' are useful constructs to help practitioner's make sense of interactions where both partners accuse one another of using violence.

Using the frameworks as an analytical tool will assist practitioners in understanding what is happening in a family.

Therapeutic interventions for people who use violence in their families

In New Zealand people who have a Protection Order issued against them are required to participate in a structured community based therapeutic programme that aims, through a combination of education and skills teaching, to reduce their future chances of using violence in their families. This approach has been used in New Zealand for nearly twenty years and followed similar developments that occurred in America in the 1970s.

Mandating those who are named as a Respondent on a Protection Order to complete such an intervention is based on the hope that programme completion will reduce the frequency and/or intensity of future family violence events. Is this belief correct? It's important for practitioners to understand the research findings in relation to these programmes.

An attempt to understand the efficacy of treatment programmes for men who use violence in their families makes for inconclusive reading. A 2006 review found treatment programmes produced inconsistent results (Sartin, Hanse & Huss, 2006). This conclusion is more positive than Corvo's (2008: 121) observation that "in general this is the dismal conclusion of evaluators of DV interventions: either little or no effects on violent behaviour result from standard model interventions." A 2008 Australian review of selected domestic and family violence prevention programmes also came to similar conclusions. The authors cite a meta-analysis that found perpetrators of family violence who participated in cognitive behavioural therapy or treatment based on the Duluth model had a 35% chance of recidivism, while those who did not go through any intervention had a 40% chance of recidivism (Loxton, Hoskinh, Stewart Williams, Brookes, & Bayles, 2008:13).

Within New Zealand the former Principal Family Court Judge has also questioned the value of treatment programmes for those who are violent within their family (Boshier, 2009). In his

2009 speech at a domestic violence hui he cites research from 2000 that found a range of positive outcomes for men who attended a community-based stopping violence programme, including a decrease in the frequency of their violence (McMaster, Maxwell, Anderson, 2000). However, he then raises some caution about the findings. His unease has its genesis in the review of programme efficacy undertaken by Robertson (1999).

A 2012 literature review undertaken by the Department of Corrections on community-based domestic violence interventions in New Zealand noted only four evaluation studies have been undertaken and their methodology was not particularly robust (Slabber, 2012). In relation to international reviews Slabber sums up the situation by stating "overall literature is consistent in suggesting that domestic violence programmes at best have a small positive impact on offending." (Slabber, 2012:10).

Some of those who deliver programmes have disputed such findings saying it doesn't resonate with their more positive on-the-ground experiences. They argue that, given the limited funding provided, programmes achieve above their weight, and that it's unreasonable not to take into account the wider intervention environment within which programmes operate. Criticism is reserved for treatment programmes, while other components of the system go unevaluated (Carter, 2010).

In support of those who deliver interventions other research has found positive results in the reduction of violence by men who have completed a programme (Tollefson, Webb, Shumway, Block & Nakamura, 2009; Hetherington, 2009).

In 2009, a group of American experts came together to discuss how to improve interventions and design research that better informs day-to-day work (Carter, 2010). One area where there was widespread agreement between the experts was that treatment programmes work for some men, although there was no agreement on the percentage of men who stop their violence as a result of taking part in a programme. A similar conclusion was reached by Edleson (2012) who also reviewed the literature.

Implications for practice

These findings indicate social workers should not make the assumption that completion of a therapeutic programme by a man who has used violence in his family will axiomatically translate into a reduction in risk. Completion of a programme may well be beneficial. However, it would be prudent for staff to remain cautious and watchful.

There may be an understandable inclination from some social workers to focus on the secondary benefits that often accrue from taking part in structured interventions. For example, exposure to positive role models (facilitators), making new friends, having a time structure imposed upon the day, etc. However, it should be remembered the primary aim of programme participation is to reduce the risk of the use of violence in the family.

This achievement needs to be realistically appraised when social workers complete reporting documents.

Social workers need to be careful not to 'oversell' the advantages of programme participation to those who have used violence and those who have experienced violence. Promising 'miracle cures' or long term sustained changes in behaviour may well lead to disappointment and damage the relationship between the family and the social worker.

The research reinforces the need for social workers to use practice frameworks and tools that maintain a strong focus on adult behaviour to increase safety and to minimise the impact of violence on other family members.

Finally, although some commentators may be quick to criticise the outcomes of evaluated programmes even a five percent success rate should not be dismissed as a failure. This result means a significant improvement in the quality of life for many families who previously lived with the damaging effects of violence.

Māori frameworks and models

Understanding phenomena is the first step in any attempt to control or modify it. Explaining the social and natural world is the role of theory. Western science-based attempts to understand why some people behave in antisocial ways stretch back to the 1870s (Giddens, 1997). The use of violence by men in their families has received considerable attention by researchers, however, this work has its heritage firmly embedded in European theories of human development and behaviour. Following Jackson's lead with *He Whaipaanga Hou* in 1987, a number of Māori academics and commentators have challenged the application of European models to explain family violence amongst Māori whānau.

"I am totally convinced that current Western models, Western approaches to dealing with

domestic violence, is faulted and runs short for Māori people." (Te Rito Action Area 13, cited in Literature Review in Te Puni Koriki, 2010:31).

Over the last twenty or so years increasing information

on the topic of violence in Māori families has been produced. This research has been produced by both Māori and tauwiwi writers, academics and social commentators (Hook, 2009; Te Puni Kokiri, 2010; Ruwhiu, Ashby, Erueti, Halliday, Horne, & Paikea, 2009; Hoeata, Nikora, Li, Young-Hauser & Roberston, 2011; Marie, Fergusson, & Boden, 2008).

While the overwhelming majority of Māori people successfully, and comfortably, traverse two worlds, it's unhelpful to assume that Western theories of human behaviour, and their associated concepts and constructs, should be applied to Māori in a thoughtless and automatic manner.

"If whānau violence interventions continue to be delivered from a Pakeha conceptual and practice framework that isolates, criminalises and pathologises Māori individuals, nothing will change" (Kruger, Pitman, Grennell, McDonald,

... social workers should not make the assumption that completion of a therapeutic programme ... will axiomatically translate into a reduction in risk.

Mariu, Pomare, Mita, Maihi, Lawson-Te Aho, 2004:4).

The two quotes above are by no means unique. Within the human services, particularly physical and mental health, it doesn't take much searching to locate criticism of European methods of intervention. Hoeata et al. (2011) recount the story of a Māori woman who experienced family violence from her partner and eventually sought support from a refuge. Some of the women's whānau were ashamed she had chosen to go to a "white organisation". This anecdote illustrates that for some Māori seeking help from a European organisation might be difficult. Hoeata et al. explain that seeking support from a mainstream agency could be interpreted as a sign that the woman's whānau didn't give her the assistance she required.

Disquiet is also raised in relation to a feminist inspired analysis of the causes of family violence with Kruger et al. (2004:30) noting that "strict gender arguments render cultural oppression

and racism as invisible. They offer important but inadequate explanations of whānau violence. There are additional layers of oppression for Māori women that aren't explained by a simple analysis of the abuse of male power and privilege".

Over the years a variety of useful tools to aid tauwiwi understanding of Māori have been produced. A few examples follow.

- ⋮ Mason Durie's model for understanding the interlinked nature of Māori health, Te Whare Tapa Wha, is very well known and widely integrated into a wide range of health and social service practice frameworks.
- ⋮ In 2004 a conceptual framework, Mauri Ora, was produced to assist Māori practitioners and non-kaupapa Māori organisations to work with those experiencing violence, those using violence, whānau and communities. The framework was accepted by a number of iwi (Kruger et al. 2004).

... it's unhelpful to assume that Western theories of human behaviour, and their associated concepts and constructs, should be applied to Māori in a thoughtless and automatic manner.

- ⋮ In 2007 Suzanne Pitama and her colleagues published details on the 'Meihana model'. This model was developed over a twelve year period and is designed to be used as an assessment tool by health and mental health clinicians. The framework builds on Durie's Te Whare Tapa Wha model and incorporates two extra dimensions that ask the clinician to take into account aspects of the wider social environment and their impact upon the client and also the organisation providing the service. The model can be used by both Māori and tauwiwi health practitioners (Pitama, Robertson, Cram, Gillies, Huria, & Dallas-Katoa, 2007).
- ⋮ In 2009 'A Mana Tane Echo of Hope' was published. This document explains five Māori models, including Mauri Ora, for the prevention of family violence (Ruwhiu, Ashby, Erueti, Halliday, Horne, & Paikea, 2009). From this work a whānau violence prevention programme has been developed and implemented in Marae using tikanga Māori.
- ⋮ In 2010 Te Puni Koriki produced 'Arotake Tukino Whānau', a literature review on family violence. A large section of the review explores a number of kaupapa Māori models, including Mauri Ora, that provide alternative understandings to Western theories of the causes of family violence and a range of concepts and constructs that can be used as practice tools for intervention.

Implications for Practice

It's inevitable tauwiwi social workers who work in the family violence field will deliver services to Māori. It's important these staff don't assume Western derived theories of human behaviour and their associated interventions can be utilised with Māori in an unthinking manner.

Māori academics, practitioners and commentators have worked for many years to make tauwiwi social services staff aware of a body of knowledge that doesn't denigrate Western models of understanding, but rather complements and strengthens them.

This is a challenging area that requires practitioners to take a thoughtful and inquiring approach. Perhaps the most useful attributes practitioners' can display are respect, tolerance and openness. Western theories of human behaviour, health and development, and the scientific tradition which provided the foundation for their involvement, deserves respect. For example, Germ Theory and the health and pharmaceutical interventions, which have followed this understanding, have saved millions of human lives across the planet (Ferguson, 2011).

However, respect and appreciation should not translate into a sense of superiority and a disregard for non-Western people's body of knowledge and frameworks for understanding our world. Tolerance and openness are vital.

An understanding there are problems with the application of European models of explanation and intervention to Māori people is the first step on this journey. An awareness of Māori theories and models

with a willingness to explore is the next step. A readiness to seek guidance and advice from Māori colleagues is required. An openness to learn from Kuia and Kaumatua is essential. A willingness to try to incorporate Māori models, concepts and constructs into one's day-to-day work with Māori whānau is needed.

Useful social work practice guidelines are provided in the Recognition of Child Abuse and Neglect Tirohanga Tukino Tamariki document (Child, Youth and Family, 1997).

In addition to the use of kaupapa Māori frameworks, it's important practitioners are aware of the wider environment and in particular the work of the Māori Reference Group. The 'E Tu Whānau' document provides a clear understanding of the range of activities that will be completed between now and 2018 to support Māori to reduce the impact of family violence on their communities.

Motivations for change

Interviews with those who use violence in their families (Hester et al. 2006) provide some useful insights. Researchers found there were points in their lives when men were more open to change. These moments, called 'triggers to change' by the researchers and 'wairua moments' by indigenous practitioners, took place when the normal state of affairs was disrupted. For example, a partner or child refused to follow the man's expected pattern of behaviour, or when a crisis resulted in the police being called, or the partner leaving. The study found for many of the men interviewed it was the experience of loss, or the anticipation of a loss and the realisation they had played a part in triggering that loss, that acted as a spark for them to seek help. Loss of visits and contact

with children were seen as a motivator for men.

Further research (Stanley, Fell, Miller, Thomson, & Watson, 2012) with 84 men, which included 12 who used violence, some at high risk of

using violence, and non-violent men, confirmed the potential effects on children experiencing family violence was a powerful motivator for behaviour change. The authors note that "children were viewed as invested with an emotional currency which outweighed all other factors" (Stanley et al. 2012:1311). The possibility of losing a relationship was also seen by participants as a reason for reducing the use of violence in their families.

Recently Sheehan, Thakor, & Stewart (2012) reviewed qualitative studies that examined the circumstances or factors that lead users of family violence to decide to change their behaviour. The researchers were attempting to identify the key 'turning points' of behaviour change for men. After examining six relevant articles Sheehan et al. found four turning points that encouraged men to change their behaviour. The first related to the occurrence of a specific situation, for example, loss of family, or police/legal involvement that acted as kick-start for the process of change. As

A willingness to try to incorporate Māori models, concepts and constructs into one's day-to-day work with Māori whānau is needed.

the authors state, these events seem to act as a 'wake-up call' to some men. The second 'trigger for change' was associated with men taking accountability for their behaviour by being honest and not denying or minimising what took place. The third turning point related to the development of new interpersonal skills that improved communication with others, and helped men identify and manage their feelings. The final factor was associated with the benefits that flowed from having positive relationships with group facilitators and other men in the group.

Implications for Practice

The implications from this research require little explanation. Practitioners need to understand these points of leverage and where appropriate use them, perhaps in conjunction with motivational interviewing techniques and cultural engagement skills, to encourage those who use violence in their families to begin a supported process of behaviour change.

It requires little effort for social workers to find straightforward explanations of the deleterious health effects of family violence upon children and young people. Possessing this knowledge and being able to explain it in uncomplicated terms will enable social workers to help educate those who use violence in their families.

Reinforcing the consequences of official involvement in the family violence incident and encouraging users of violence to honestly examine their behaviour and take responsibility for their actions is likely to be useful. Employing the typologies explained in section one may assist social workers to help make sense of complicated interactions and prevent those who are violent shifting the blame 'well she hit me' (violent resistance or situation couple violence) or minimising their behaviour 'it was a one-off' (separation instigated violence).

Protecting and safeguarding the wellbeing of family members who have experienced violence must always be the primary goal. However, when it is appropriate, and fits within their role, social

workers need to consider their relationship with the user of violence. Knowledge of 'turning points' is not enough. This knowledge needs to be used. The ability to turn this research into something beneficial is predicated on the establishment and maintenance of a positive professional relationship with the user of violence.

Conclusions

This article has explored four areas of family violence research and discussed some of the obvious implications for social work staff. The author has attempted to highlight the important interdependent relationship between social science research and day to day work with those who live with violence, and those who use violence in their families.

Researchers are constantly adding to, and refining, the body of knowledge about family violence. Practitioners have a duty to keep up to date with these developments.

However, the research practice relationship is not a linear one. Social work staff have the opportunity to participate in research. Through careful observation and reflection in their day-to-day work they can develop their own professional practice.

This important relationship, carousel like in nature, between practice and research advances understanding and knowledge in the family violence field. It's through this mechanism optimal services will be delivered to those social work staff work alongside and support. ■

Ashley Seaford works in the Canterbury Regional Office of Work and Income. In the past he has worked for Child, Youth and Family and the Canterbury District Health Board in frontline social work positions. He is a registered Social Worker and has an Honours degree in Social Work. This is the sixth article he has published in this journal.

social workers need to consider their relationship with the user of violence.

REFERENCES

- Boshier, P. (2009). *Are stopping violence programmes worthwhile?* Address to the Domestic Violence Hui, Awataha Marae, 16 February 2009, 1-16.
- Carter, L. (2010). Batterer Intervention. Doing the work and measuring the progress. *A report on the December 2009 experts roundtable*. Family Violence Prevention Fund.
- Child, Youth and Family. (1997). *Recognition of Child Abuse and Neglect*. Tirohanga Tukino Tamariki. Wellington.
- Corvo, K., Dutton, D., & Chen, W. (2008). Towards evidence-based practice with domestic violence perpetrators. *Journal of Aggression, Maltreatment & Trauma*, 16(2), 111-130.
- Edleson, J. (2012). Group-work with men who batter: What the research literature indicates. *National Online Resource Centre on Violence Against Women*. VAWnet.org 1-14.
- Elbow, M. (1977). Theoretical considerations of violent marriages. *Social Casework*, 58, 515-526.
- Faulk, M. (1974). Men who assault their wives. *Medicine, Science, and the Law*, 180-183.
- Ferguson, N. (2011). *Civilisation. The West and the Rest*. The Penguin Press. London.
- Giddens, A. (1997). *Sociology*. Oxford: Blackwell Publishers.
- Hamberger, L. K. (2008). Twenty-five years of change in working with partner abusers-part 2: Observations from the trenches about changes in understanding of abusers and abuser treatment. *Journal of Aggression, Maltreatment & Trauma*, 17(1), 1-21.
- Hamberger, L. K., Hastings, J.E. (1986). Personality correlates of men who abuse their partners: A cross-validation study. *Journal of Family Violence*, 1, 323-341.
- Hester, M., Westmarland, N., Gangoli, G., Wilkinson, M., O'Kelly, C., Kent, A., & Diamond, A. (2006). *Domestic violence perpetrators: Identifying needs to inform early intervention*. Bristol: University of Bristol in association with Northern Rock Foundation and the Home Office.
- Hetherington, S. (2009). *Evaluation of a community based programme for male perpetrators of intimate partner violence*. (Unpublished master's thesis). Massey University, Albany, New Zealand.
- Hoeata, C., Nikora, L., Li, W., Young-Hauser, A., & Robertson, N. (2011). Māori women and intimate partner violence: Some sociocultural influences. *MAI Review*, 3, 1-12.
- Hook, R. (2009). Warrior Genes and the Disease of Being Māori. *MAI Review*, 2, 1-11.
- Holtzworth-Munroe, A., Stuart, G. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin*, 116 (3), 476-497.
- Jackson, M. (1987). *The Māori and the criminal justice system: A new perspective: He Whaipaanga Hou, Part 1*. Wellington: Department of Justice.
- Kelly, J., Johnson, M. (2008). Differentiation Among Types of Intimate Partner Violence: Research Update and Implications for Interventions. *Family Court Review*, Vol.46 No. 3, 476-499.
- Kruger, T., Pitman, M., Grennell, D., McDonald, T., Mariu, D., Pomare, A., Mita, T., Maihi, M., & Lawson-Te Aho, K. (2004). Transforming whānau violence. A conceptual framework. *An Updated version of the report from the former second Māori Taskforce on whānau violence*.
- Loxton, D., Hosking, S., Stewart Williams, J., Brookes, J., & Byles, J. (2008). Selected domestic and family violence prevention programs: An evidence check rapid review brokered by the Sax Institute for the Violence Prevention Coordination Unit, NSW Department of Premier and Cabinet.
- McMaster, K., Maxwell, G., & Anderson, T. (2000). *Evaluation of community based stopping violence prevention programmes*. Wellington: Department of Corrections.
- Marie, D., Fergusson, D., & Boden, J. (2008). Ethnic identity and intimate partner violence in a New Zealand birth cohort. *Social Policy Journal of New Zealand*. 33, 126-145.
- Moffitt, T. (1993). Adolescent-limited and life-course-persistent antisocial behaviour: A developmental taxonomy. *Psychological Review*, Vol.100, No.4, 674-701.
- Pitama, S., Robertson, P., Cram, F., Gillies, M. Huiru, T., & Dallas-Katoa, W. (2007). Meihana model: A clinical assessment framework. *New Zealand Journal of Psychology*. Vol.36, No.3.
- Roberston, N. (1999). Stopping violence programmes: Enhancing the safety of battered women or producing better educated batterers? *New Zealand Journal of Psychology* Vol.28, No.2.
- Ruwhiu, L., Ashby, W., Erueti, H., Halliday, A., Horne, H., & Paikea, P. (2009). A mana tane echo of hope: Dispelling the illusion of whānau violence-Taitokerau tane Maori speak out. Amokura Family Violence Prevention Consortium.
- Sartin, R., Hansen, D., & Huss, M. (2006). Domestic violence treatment response and recidivism: A review and implications for the study of family violence. *Aggression and Violent Behaviour*, 11:5, 425-440.
- Saunders, D. (1992). A typology of men who batter women: Three types derived from cluster analysis. *American Orthopsychiatry*, 62, 264-275.
- Sheehan, K., Thakor, S., & Stewart, D. (2012). Turning points for perpetrators of intimate partner violence. *Trauma, Violence & Abuse*, 13(1) 30-40.
- Slabber, M. (2012). Community-based domestic violence interventions. A literature review. Wellington: Psychological Services, Department of Corrections.
- Stanley, N., Fell, B., Miller, P., Thomson, G., & Watson, J. (2012). Men's talk: Men's understanding of violence against women and motivations for change. *Violence Against Women*, 18 (11), 1300-1318.
- Te Puni Kokiri. (2010). Arotake Tukino Whānau. Literature review on family violence. Wellington.
- Tollefson, D., Webb, K., Shumway, D., Block, S., & Nakamura, Y. (2009). A mind-body approach to domestic violence perpetrator treatment: Program overview and preliminary outcomes. *Journal of Aggression, Maltreatment & Trauma*, 18, 17-45.

Listening to parents

Lessons from implementing ‘Signs of Safety’ in child protective services

Maggie Skrypek, Monica Idzelis Rotheb, Greg Owen, Peter J. Pecorac, Susan Aultc, Terry Besawd, David Thompson, and Mei Ling Ellis

Abstract

Signs of Safety is a strengths-based, safety-focused approach to child protective services. The approach has been adopted as a major child welfare reform in over 100 jurisdictions in 12 countries around the world. The current study gathered information directly from parents and caregivers in five Minnesota counties implementing the Signs of Safety approach. The purpose of this evaluation was to understand how parents and caregivers experience child welfare services, determine whether elements of the Signs of Safety approach could be discerned from parents’ description of their experience, and assess the extent to which the worker’s application of the Signs of Safety approach led to a positive overall experience. Many parents who received child welfare services from the five participating Minnesota counties were able to recount their child welfare experiences in ways that reflect the Signs of Safety framework.

Introduction

Child maltreatment is a longstanding social problem that continues to affect families and communities in all countries, despite ongoing attempts to eradicate it and effectively serve vulnerable families (British Association of Social Workers, 2008; Hansen and Ainsworth, 2011). One of the more recent efforts to reform child welfare work with families is Signs of Safety, a strengths-based, safety-focused approach to child protective services (CPS). The approach was created by Andrew Turnell, social worker and

brief family therapist, and Steve Edwards, child protection practitioner, in partnership with 150 child protection caseworkers in Western Australia during the 1990s. The approach has evolved over time based on the experiences and feedback of child protection practitioners. It’s currently being implemented in at least over 100 jurisdictions in 12 countries around the world (www.signsofsafety.net).

The Signs of Safety approach was designed to give CPS practitioners a framework for engaging all persons involved in a CPS case including professionals, family members, and children. The primary goal for Signs of Safety work is the safety of children. Andrew Turnell, Signs of Safety program co-developer, identifies three core principles of the Signs of Safety approach (Western Australian Department for Child Protection, 2011):

1. Establishing constructive working relationships between professionals and family members, and between professionals themselves
2. Engaging in critical thinking and maintaining a position of inquiry
3. Staying grounded in the everyday work of CPS practitioners

The Signs of Safety approach uses a risk assessment framework that involves “mapping” four components with families: (1) danger and harm, or worries, (2) existing safety or strengths, (3) agency and family goals for future safety, and (4) a safety judgment. Practitioners should complete the map with the family so it’s understandable to them. This is a way to help both practitioners and family members think through a situation of

child maltreatment. It is to be used to guide the case from beginning to end. The Signs of Safety approach also offers concrete tools and strategies for engaging children in the risk assessment and safety planning process that continues to evolve.

In brief, Signs of Safety appears to increase specific and realistic child safety plans (co-developed with families), lower rates of child maltreatment re-referral, reduce placement of infants at birth, and lower involuntary terminations of parental rights. In addition, other important benefits that seem to accompany careful, thorough and sustained Signs of Safety implementation include increased worker and supervisor job satisfaction, and reduced worker turnover (e.g., Christianson and Maloney, 2006; Teoh et al., 2003; Turnell & Edwards, 1999; Western Australian Department for Child Protection, 2011). But comparison group studies and research that incorporates the parent perspective/voice need to be conducted as many of these findings are based on longitudinal studies of agency practice and outcomes.

Method

Study overview

This evaluation involved conducting semi-structured telephone interviews with parents and caregivers who recently had an open Child Protection case in five counties in Minnesota implementing the Signs of Safety approach. The study focused on addressing three research questions:

1. How do parents and caregivers experience child welfare services?
2. Can elements of the Signs of Safety approach be discerned from parents' description of their experience?
3. To what extent does the worker's application of the Signs of Safety approach lead to a positive overall experience for the parent?

Selection of participants

The selected Minnesota counties included a subset of counties who had participated in a Signs of Safety training initiative in 2010 and were furthest along in their implementation (Scott, St. Louis, and Yellow Medicine Counties), and two counties whose child welfare staff had multiple years of experience with the Signs of Safety approach (Carver and Olmsted Counties). A parent or caregiver was eligible to participate in the interviews if he/she:

- was previously involved with Child Protection and exposed to the Signs of Safety approach
- had a case closed at least 30 days but no more than six months at the time of the interview
- had a case that had been open in case management for at least 30 days
- was at least 18 years of age.

Approximately 100 parents were contacted by county workers and invited to participate. Of these, 42 parents indicated their consent to be contacted by the evaluation team about the study. Parents whose cases opened prior to 2009 were ultimately excluded due to the increased likelihood that families may have interacted with multiple workers, including workers who may not have been trained in Signs of Safety, and because of recall issues (N=6). This left a remaining 36 parents eligible for the study, all of whom were contacted by the evaluation team by telephone.

At the time of contact by the evaluation team, parents were reminded about the purpose and voluntary nature of the study, assured that responses would be kept confidential, and informed they didn't need to share specific details about their case, in order to alleviate any discomfort such disclosure might cause. Parents were therefore given a second opportunity to decline to participate. A total of 24 parents completed interviews, for a response rate of 67

Signs of Safety appears to increase specific and realistic child safety plans (co-developed with families), lower rates of child maltreatment re-referral, reduce placement of infants at birth, and lower involuntary terminations of parental rights.

percent (two parents had disconnected telephone numbers, and 10 parents could not be reached despite a minimum of 15 attempts each).

Parent interview

The development of the semi-structured interview questions was guided by current research on Signs of Safety. The interview asked parents a series of open-ended questions about their initial engagement and relationship with their worker as well as specific key elements of Signs of Safety practice (e.g., safety planning/mapping, goal setting, focusing on strengths/challenges, case outcome). Demographic information about the parent and his/her child(ren) was also gathered during the interview (i.e., age, sex, parent's race, age and children's custody status). Parents who completed the 45 minute interview signed a consent form and received a \$20 gift card.

Data analysis

Following a "Grounded Theory" approach, the qualitative data analysis of the completed interviews was primarily conducted by two lead members of the evaluation team who read verbatim transcripts of five randomly selected interviews and then met to identify initial themes and develop a preliminary coding scheme. The researchers then read the responses to an additional five interviews and met again to finalise the themes and coding structure and plan. This process included a discussion of the codes each researcher used, and any discrepancies between researchers were discussed until a consensus was reached to establish inter-rater reliability. The analysis included an examination of the influence or presence of Signs of Safety on select variables of interest (e.g., parent overall experience, inclusion of child's voice).

Study limitations

There were several limitations of this study. First, although the 24 interviews provide rich, descriptive information about the parent experience, the sample size is relatively small and racially/ethnically

homogenous (the majority of respondents were white). Secondly, the study is limited to counties in Minnesota, a state that has undergone significant changes in child welfare practice over the last decade (e.g., the implementation of the Family Assessment Response model as an

alternative to traditional CPS investigations). These statewide policy and practice changes may be confounding the effects of Signs of Safety, and the results may be specific to Minnesota. Finally, although the interview protocol

was designed to detect the presence of Signs of Safety elements in parents' experiences as much as possible, the nature of the Signs of Safety framework and qualitative interviews is such that it's sometimes difficult to determine whether the experience being described is necessarily reflective of a true Signs of Safety approach, or simply reflects good social work practice in general, and the skills or qualities of the individual worker.

Results

Coding for Signs of Safety in practice

As previously mentioned, many elements of Signs of Safety are consistent with other strengths-based, family-centered child welfare practice models. For this reason, even in cases where critical components of Signs of Safety appeared present, it was not always possible for researchers to discern whether the case worker being described was actually applying the Signs of Safety approach in his/her work with the family. However, during the course of their interviews, some parents used language or referenced specific activities clearly indicative of the Signs of Safety approach. To assist with the analysis of these interviews, researchers coded all interviews for whether they exhibited clear Signs of Safety elements (Table 1). In all, 10 of the 24 cases fit this description.

The interview asked parents a series of open-ended questions about their initial engagement and relationship with their worker as well as specific key elements of Signs of Safety practice

Description of families

In all, 24 parents or caregivers completed interviews. County social service agencies provided researchers with basic information about each case, including entry and exit dates and maltreatment allegation type. Respondents were also asked a series of demographic questions in order to better describe the population of families included in this study.

Most respondents (75%) were women. Respondents' ages ranged from 20 years to 63 years. The mean age was 36 years (median = 36.5). Nineteen respondents (79%) were white or Caucasian. Three respondents (13%) were American Indian/Alaskan Native, one respondent was Asian, and one respondent was African-American. With regard to ethnicity, two respondents (8%) described themselves as Hispanic/Latino.

The 24 parents reported having a total of 49 children. Respondents reported having between one and four children each, with a mean and median of two. Children's ages ranged from 1 to 17, with a mean age of 7.4 years and a median age of 7 years. Most of the children reported by parents

and caregivers (40, 82%) were in the respondent's legal custody. Cases ranged in duration from 41 days to about 20 months (600 days); the average length was 286 days, or just over nine months.

Organisation of findings

During interviews, parents were asked to describe their experience with their worker from the beginning of the case to the end. Respondents were asked to refrain from disclosing information about the circumstances that led to the Child Protection report and other personal details, but rather to focus on how their worker related to them and how they felt about their experience as a client in the child welfare system. The results are organised into themes of early engagement, relationship with worker, assessing risk and safety, setting goals, case outcomes, and overall experience. Within each theme is a brief discussion of how the Signs of Safety approach might be experienced by a family during each phase of the case, and the extent to which these elements were apparent in interviews with families.

Early engagement

One of the essential elements of the Signs of Safety approach to child welfare practice is the worker

Table 1. Cases containing Signs of Safety practice elements (N=13)

Signs of Safety activity/Core component present							
Case	Early engagement (position of inquiry)	Non-judgmental relationship with case worker	Use of scales	Risk assessment framework/mapping	Safety planning	Safety network	Child's voice
<i>Cases coded as "Yes" for containing Signs of Safety elements (N=10)</i>							
1						✓	✓
2				✓			
3			✓	✓	✓		✓
4				✓			
5						✓	
6				✓		✓	
7			✓			✓	
8					✓		✓
9						✓	
10					✓	✓	
<i>Cases coded as "Maybe" for containing Signs of Safety elements (N=3)</i>							
11	✓	✓		✓			✓
12					✓	✓	
13					✓	✓	

must maintain a position of inquiry throughout the life of the case. When a worker first encounters a family after receiving a maltreatment report, this translates into maintaining an open mind and refraining from making any prejudgments about the family or their circumstances. In a typical application of the Signs of Safety approach, the process of getting to know the family and understanding their situation begins at their first meeting and is ongoing for the duration of the case.

When asked if their worker had taken the time to get to know them and their situation, two-thirds of respondents (N=16) reported their worker had done this. Parents frequently remarked their worker made them feel like an individual, not just a number. In some cases, where multiple workers were involved, families often described differences between workers, where one worker seemed open-minded and took the time to get to know the family, while the other did not.

“She would always sit down to listen. She would never judge and was always comfortable to be around. She would always take the time to understand our case and know our story and where we were coming from.”

“She actually sat down with my mom, my kids, my brother, my sister, and learned about my extended family. Her main focus was the kids and that they were in a safe environment. She wanted to be comfortable with my whole family.”

Although most parents felt their worker had taken the time to get to know them, five parents/caregivers (21%) said they felt their worker did not get to know them well initially. Still, even these families reported that, over time, they felt the worker had got to know them and understand their unique circumstances. Three parents (13%) felt their worker never got to know them at any point during the case.

“After we were with her and kind of got to know her, it got better. [Before], it kind of felt like we were on one side and she was on the other.”

“I thought she had made up her mind already without even talking to me. The first meeting was horrible. I walked in and didn’t comprehend what she wanted.”

In addition to having a clear understanding of why Child Protection became involved in their lives, families were also asked whether they had a clear picture of what had to change in order for the child protection worker to close their case. Again, a majority of parents (75%, N=18) felt they had a clear understanding of what needed to change, although at least two families said it was

not immediately apparent to them and that the process took time. Four families (17%) felt they never gained a clear understanding of what needed to change and two families (8%) felt they had some idea, but were not completely clear on what needed to change.

“She laid out what had to change and we would talk about how I was doing and what I could do to change. And if I did not like some of what they wanted me to do, she would work with me to try to find ways to compromise so that it would work for me.”

Relationship with the worker

Given the critical nature of the parent/worker relationship for effective Signs of Safety practice, parents were asked about their interactions with workers and the nature of their relationship. Overall, most parents described their worker and their relationship with one another in positive terms. Even parents who characterised their relationship more negatively still identified ways in which they felt their worker did a good job. Parents frequently used terms such as “friendly,” “professional,” “respectful,” “good listener,” “fair,” and “non-judgmental” to describe their worker. Many parents expressed appreciation for

In a typical application of the Signs of Safety approach, the process of getting to know the family and understanding their situation begins at their first meeting and is ongoing for the duration of the case.

the way in which the worker took time to get to know the family, asked questions, and showed an interest in and concern about the family's wellbeing. A few parents even felt their worker went "above and beyond" and described ways in which their worker provided exceptional support or assistance, such as being readily accessible or providing supervised visitation for the parent and his/her children.

While all parents had at least a few positive comments about their workers, about half described their worker in more mixed terms. A few were particularly critical, citing a judgmental attitude or a failure on the part of the worker to obtain the full picture about the case.

"I was so mad that she had talked to my ex more than she talked to me. She should have been more open with me. I felt guilty before she even knew me. I felt out of the loop."

"I don't know if it was because her caseload was too heavy...She was a partner, but a limited partner. She'll help if she has time. She'll do her piece if it is convenient for her. They want to help you if it's on their schedule."

Not surprisingly, it took time for several parents to develop a sense of comfort with and trust in their worker. Some felt their worker was less helpful or understanding initially, but noted that the worker's attitude shifted over time as he or she got to know the family. A couple of parents noted rather radical shifts in the relationship over time and came to truly appreciate the worker.

"I learned to work with her as a team instead of against her. I learned that she was there to help us and make things better for all of us."

"At first, I hated her. She called me on my bull[—] and saw past it, and she was nice. If it wasn't for her, I would probably be in prison or something horrible."

Assessing Risk and Safety

The risk assessment process is a critical component of all child welfare practice. In particular, the Signs of Safety approach uses a specific risk assessment framework that focuses on identifying a family's strengths, harm and danger, and future safety. During interviews, parents were asked several questions about this process. Parents were not expected to recognise this assessment process by name because different counties and workers within counties use their own terminology to refer to this process. Therefore, families were asked a series of more general questions about the process of thinking through what was working well and what had to change related to their children's safety. Parents were also asked if they had created a diagram outlining this process with their worker, and whether they had completed a written safety plan.

Almost all parents interviewed (96%, N=23) recalled they had participated in the process of safety planning. Twelve respondents (50%) described this process in a way that was clearly indicative of Signs of Safety. These families mentioned activities like writing on boards or completing worksheets that included the three primary elements of a typical Signs of Safety risk assessment map. Several respondents also mentioned their worker had employed some of the Signs of Safety children's tools (Safety House, Three Houses), as well as other Signs of Safety techniques such as scaling (asking parents to "rate" safety or risk on a scale of 0 to 10).

"I can remember that they would make out these lists – the way things were, how we wanted to change, and how we would get to that point. So it was always different input that we would give. There was a lot of writing on these boards... then the following meeting, we would go over them to see if they were achieved and if they worked out."

“At each phase, we talked about what was going well, what wasn’t and what to watch for. And we talked to the kids, and we asked them what these things would feel like, if this happened, would it be a 0 to 10. And using that number system with the kids, it helped my oldest, that was the first time she was able to articulate [her concerns].”

Most parents felt the safety planning process had been collaborative, where parents and workers shared the responsibility of identifying what needed to change in order to improve child safety as well as the identification of goals for the family. This is consistent with the Signs of Safety approach, which is based on the fundamental belief parents need to be in the middle of defining the solutions and most critically, they must own the solutions as workable for them and see the solutions as things that will make a meaningful difference in their lives with their children. Program developer Andrew Turnell asserts that imposing solutions on families will not lead to success if families fail to make the connection between the agency’s goals and the child’s safety (Turnell et al., 2008; Turnell, 2012).

“We worked on the goals/milestones together, but I think it was me who came up with what they needed to be, because it was based on what was happening in our life. I think that is really great, because if you think about it, if someone came in and said, ‘Here’s what you need to do,’ that would have been really hard and that wouldn’t have worked... if it were really prescriptive, it would have been really hard.”

Although most respondents felt they were a true partner in developing goals, there were a few respondents who described this process as somewhat disingenuous. These parents described feeling like social services was in control and had the final decision-making authority about their case, regardless of what they said or wanted.

“They listened. How well, I don’t know: I had the feeling that, ‘We’re going to do it this way, this is how we’re going to do it, this is our way.’ They have their standard and that’s how they do it.”

Also central to the Signs of Safety approach is a genuine emphasis on identifying family strengths and building on these strengths to promote child safety. This is not unique to Signs of Safety; however, it is a fundamental component of the Signs of Safety mapping process. When asked about this in interviews, 17 respondents (71%) reported that during the process of safety planning, their worker had helped them identify both strengths and challenges within their family.

... central to the Signs of Safety approach is a genuine emphasis on identifying family strengths and building on these strengths to promote child safety.

“She focused on the things that were going well and then gave ideas on improving the other areas.”

“[Strengths] were part of the worksheet. What do you feel good about your family. She

saw things that I didn’t think of. That helped me appreciate more the decisions that I was making now about myself.”

All parents who were asked (23 of 23) said that their worker had helped them identify a “safety network” of people, including family members, friends and other professionals, who could serve as a resource for the family in times of crisis. The development of the safety network is another critical component of the Signs of Safety risk assessment process, as it encourages families to look to their existing personal relationships to help keep their child safe.

Incorporating the child’s voice

This practice framework asserts that all individuals with a role in maintaining the child’s safety should have a voice – including the child. Parents were asked to report whether their child(ren) had a voice in the process. According to parents, the child’s point of view was included in just 9 of 23 cases (39%). In these cases, parents often described how the case worker conducted separate meetings with the child and, on occasion, meetings with the entire family including the child(ren), to gather their input.



“Yes, the kids were involved in all of the actual meetings. They would ask the group - all of the family together - what worked, what wasn’t, as well as meeting with each of the children separately.”

“I remember her meeting privately with the kids and she would ask them to create a picture of the house and the family and who you could go to if you needed help. My kids were 10 and 6 at the time and that made sense to them, to help them process through it.”

In the remaining 14 cases (61%), parents stated their child was not included in the process, most often because the child was too young, according to parents.

Discussion

Lessons learned related to practice

The findings suggest not only are parents who received child welfare services from the five participating Minnesota counties able to recount their child welfare experiences in ways that reflect the Signs of Safety framework, but many parents generally describe these experiences positively. In particular, the focus of this study was to examine the relationship between families involved in Child Protective Services and their worker. The results provide insight into what constitutes a positive working relationship between the family and worker, key to successful outcomes for the family. This includes a relationship in which workers withhold judgment, demonstrate respect, genuinely listen, are honest and straightforward, and express concern for the family’s wellbeing. Parents who felt they had a good working relationship with their worker described this relationship as a partnership in which they had a voice and guided the process.

As the Signs of Safety approach to child welfare practice continues to gain momentum, it will be important to conduct additional research about its implementation and outcomes. The next phases

of the project are examining specific outcome indicators over time for two of the counties with the most experience implementing Signs of Safety in Minnesota and whether safety networks are maintained over time in a larger set of counties. ■

ACKNOWLEDGMENTS

We would like to thank the parents and caregivers who participated in interviews for sharing their experiences about their involvement with the child protection system. We are very grateful for their honesty and insight. We would like to thank child protection supervisors and staff from Carver, Olmsted, Scott, St. Louis and Yellow Medicine Counties for assisting us with the design of this study and identifying interview participants. Andrew Turnell, Signs of Safety program developer, provided key guidance about the Signs of Safety approach and final report content. Finally, we appreciate how the following staff from Wilder Research contributed to the completion of this report: Cheryl Bourgeois, Phil Cooper, Janell Felker, Lida Gilbertson, Dan Swanson, and in particular, Ron Mortenson, who conducted the majority of the parent interviews and did so skillfully, with the utmost respect for those he interviewed. This article is dedicated in his memory.

Monica Idzelis Rothe, Ph.D. Monica Idzelis Rothe is a Research Manager with Wilder Research. She has conducted research and evaluation for Wilder Research since 2005, with a special focus on programs serving vulnerable children and families. Monica manages evaluation projects on a range of topics, including child welfare, children’s mental health, parenting and child development, housing and homelessness, substance use and recovery, and domestic violence. In particular, she has led several research studies focused on families involved in the child welfare system in partnership with Casey Family Programs. These include a multi-site study examining the extent to which safety networks and safety plans keep children safe after their cases have closed in the child welfare system, a chronicle of two Minnesota counties’ implementation of the Signs of Safety® framework, and the evaluation of Family Asset Builder, a pilot program aimed at addressing the challenge of chronic neglect in the child welfare system. Monica has a Ph.D. in Human Development and Family Studies from the University of Connecticut, an M.A. in Psychology from Wake Forest University, and a B.A. in Psychology and English from St. Olaf College.

Maggie Skrypek. Maggie was a Research Scientist at Wilder Research from 2007 through 2014. During her time at Wilder, Maggie led or assisted with a number of program evaluations and research projects in the areas of child welfare, adoption and foster care, substance abuse and recovery, and domestic violence. Her primary research interests are in the areas of child abuse prevention, strengths-based child welfare practice, and adoption from the child welfare system. In 2009, Maggie helped initiate a partnership with Casey Family Programs to begin exploring the efficacy of the Signs of Safety® framework in Minnesota, which resulted in a multi-year study of model implementation. Maggie holds a Master of Social Work degree from the University of Minnesota, a Master of Public Policy degree from the Humphrey Institute of Public Affairs, and a BA in Social Work from St. Olaf College. She is a Licensed Independent Social Worker (LISW).

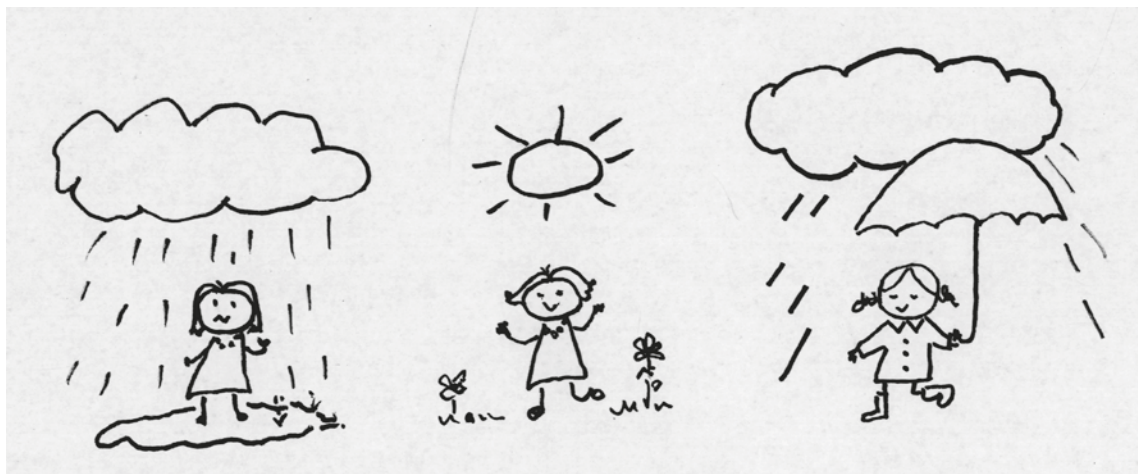
REFERENCES

- British Association of Social Workers. (2008). *BASW Submission to Laming Review Re: Progress Report on Safeguarding*, Birmingham, BASW.
- Christianson, B. & Maloney, S. (2006). One family's journey: A case study utilising complementary conferencing processes. *Protecting Children*, 21: 31-37.
- Hansen, P. & Ainsworth, F. (2011). 'Australian child protection services: A game without end.' *International Journal of Social Welfare*, 1-7. E-Copy: DOI: 10.1111/j.1468-2397.2011.00859..
- Teoh, A. H., Laffer, J., Parton, N., & Turnell, A. (2003). Trafficking in meaning: Constructive social work in child protection practice. In Hall, C., Juhila, K. Parton, N., & Pösö, T. (Eds.), *Client as Practice*. London: Jessica Kingsley.
- Turnell A. & Edwards S. (1999). *Signs of safety: a solution and safety oriented approach to Child Protection casework*. New York: Norton.
- Western Australian Department for Child Protection. (2011). *The Signs of Safety Child Protection Practice Framework*. Perth: Department for Child Protection.
- Wheeler, J. and Hogg, V. (2012). Signs of Safety and the Child Protection movement. In Franklin, C. Trepper, T., Gingerich, W. and McCollum, E. (Eds.), *Solution-Focused Brief Therapy: A Handbook of Evidence-Based Practice*. New York: Oxford University Press.

Rain Cloud Tool

Using visual imagery to create Focus on the Impact for children of adult behaviour in the context of child protection

Judy Greer



Introduction

The Rain Cloud has been created as a way of increasing insight about the impact on the children and young people of family behaviours and dynamics, using the power of visual imagery. This tool is a way to develop and clarify understanding of how children are affected in the short and the long term. This is not an assessment tool, but is useful for focussing planning to address the impact on the child or young person.

A simple visual tool is used to quickly draw attention away from the adult issues to those that impact on the child. The Rain Cloud very simply shows where the care and protection concerns are focussed. It shows what the plan needs to address to protect the children.

Building the Rain Cloud can be helpful to use with family members, as well as within a case consult process with social workers. Depending on the

context, it can also be used with children and young people. The context can include direct abuse, family violence, separation, drug and alcohol abuse, adult issues, adult capacity, adult roles and factors such as financial situation and housing. However, the focus is on the impact on the child.

Concepts from strengths-based practice theory and “Signs of Safety framework” have contributed to develop the tool.

The impetus for developing this tool came from observing how frequently parents and family are effective in deflecting attention from the child to the adult’s own issues. Therefore, discussion is drawn into what makes them act as they do. Social workers can get distracted by this and run the risk of not focusing on the child’s needs.

The development of the tool was also influenced by supervision with social workers whose planning

did not show sufficient child focus. For example, family group conference referrals and plans that focus on adult compliance with programmes, such as alcohol and drug counselling or stopping violence services, without indicating how this will change things for the child. The tool helps develop plans that start and end with the child. The plan review can clearly see whether anything has changed for the child.

The Rain Cloud tool is designed to move focus from the adult issues to how these issues impact on the child and the child's experience of the family dynamics. The plan is focussed on addressing this impact on the child and providing a safety umbrella: "One child, one plan". This allows the children's individual situations to remain in focus.

The tool was originally considered for use with a focus on all children in the family. But it quickly became apparent each child experienced an individual impact and that they were individually affected by factors such as age, gender, and place in the family. The behaviour and responses of the siblings also needed to be seen in the context for each child.

Using the Tool

The questions that can be asked for the Rain Cloud start with identifying what the concerns are in the family that lead us to believe a child is at risk. This is the context of the concerns. These can be specific: family violence, shouting, mum and dad fighting, no clear Mum and Dad, anger, breaking windows, mum crying, grandparents not getting on, sadness, busy-ness, not enough beds, paying for food is difficult, limited relationship with Dad, brother fighting, difficulty reading and writing, no social activity for child, and so on. Language can be very colloquial or formal, depending on what is said at the time. Anything to do with adult or other sibling behaviour, emotions or issues goes into the Cloud. Anything to do with unchangeable factors that have an impact because they're not well managed, such as child's chronic illness/disability, goes into the Cloud. This can be useful in progressing insight and empathy, without engaging in blame.

The second questions are about the rain identifying the impact on the child. The child's voice and how the child experiences the context go into the Rain - such as worries about Mum, has to stake his space by, frightened about night-time, tries to look after Mum, tries to control Mum by not cooperating, says rude things about grandma, hits other children, lots of time by himself, difficulty in making friends, copies other siblings, becomes stubborn, bruising, fearful of new people, has no pocket money, cannot buy things for himself, doesn't know why Mum disappears from his life at times, not concentrating/cooperating at school, hungry at school, lonely.

The third question is about understanding and making sense of the impact on the child, then focussing responses and protection and learning around them. This is - the Umbrella. The safety responses in the umbrella need to link directly to the impacts on the child. This is the safety that any plan needs to provide. The safety response in the umbrella wouldn't be "Going to anger management programme", but "Mum learning what to do when she feels angry at home so Jay isn't scared, (through an anger management programme)". It wouldn't be "Attending a parenting programme", but "Mum learning more about how children change as they get older and what is the best way to be the mother in this family (by attending a parenting programme)".

The plan then outlines how this will happen, i.e. parenting programme. It must also show why this needs to happen. The plan review will need to address the safety factor as identified in the umbrella. The measurement for review is not programme attendance but how things have changed for the child i.e. Is Jay still scared by Mum's anger? Does Mum practice what she has learnt at the programme when she feels angry at home? Is the umbrella keeping the child dry from the rain?

If the plan is clear about addressing the impact for the child and how the adult needs to change, then referrals to service providers can be more specific

The tool is very family focussed. It draws on the family's experiences and skills, and forms around

the simplicity of the child's responses. The role of the social worker is to separate and draw out the impact on the child from the multiplicity of adult behaviours, issues and practices. This can be of real practical help when sharing concerns about adult behaviour that impact on a child's wellbeing, for example at family group conference.

The child/young person

The children and young people are the focus. To be begin, an individualised stick figure of the child (or children) is drawn in the lower part of the sheet.

Option: The sun can also be incorporated to show the family strengths being obscured by the cloud.



The Rain Cloud

The rain cloud is drawn at the top of the page and needs to be big enough for multiple concerns. Discussion with family about what is happening is written in simple language: fighting, "breaking windows, - the things children are exposed to. These can be actual actions "Mum and Dad fighting". They can be the result of actions: broken window or "Mum put the pan on fire when she was drunk". Emotions: sadness, anger. Other people: "Sam, Mum's friend is trying to be Dad". A lack of things: "No contact from Mum"; Environmental: "Six different homes this year", "No mum and dad." How a parent presents: "smelly", "dirty", "drunk", "forgetful". As well as Child, Youth and Family concerns, the reasons why the family can't meet the concerns: "not at home", "too expensive", "too tired" "too



busy", don't like the doctor/therapist", "no transport", "school/clinic hasn't contacted". It can also include interruption or no routines, predictability of the environment, emotional connections both positive and negative.

The Rain

The Rain is drawn next. The rain falls on the children. The rain is drawn then written to capture what the child experiences, - how it is, and what it is like for the child. A page is done for each child as the impacts need to be individualised and seen from their perspective.



Other children in the family may contribute to the cloud for another child. The rain can be emotions: "worries about Mum", "scared of blood", "worries about home burning down". Types of behaviour: "tries to protect a personal space", "gets up to be with Mum during the night", "won't talk to Sam", "says rude words about grandma (dad's mum)", "wets bed", "looks after Mum", "hits other children", "becomes stubborn". Observations: "smelly", "often late for school". Short term and long term impacts: "doesn't know anything about Dad or Dad's family".

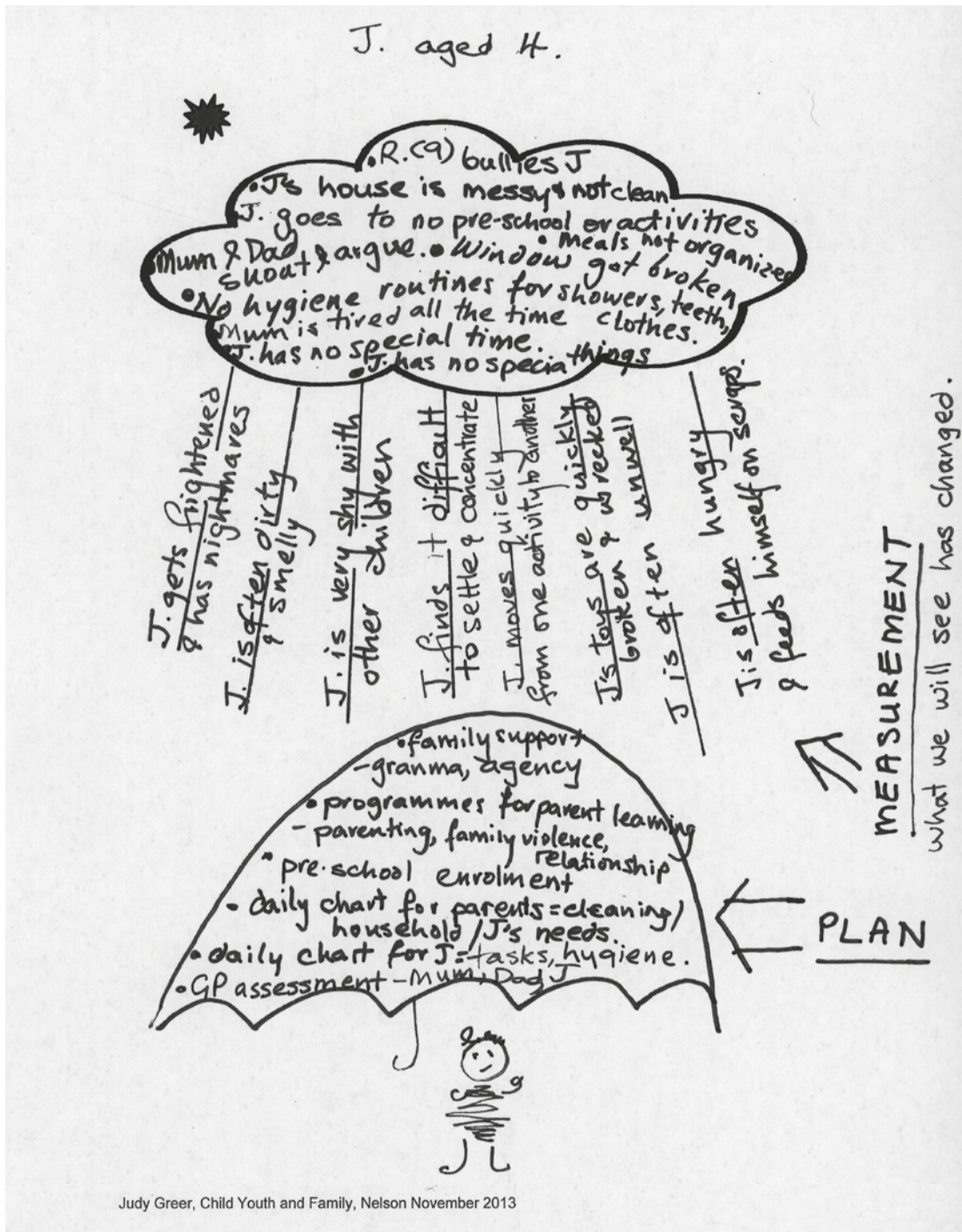
The Umbrella

The umbrella is added last and addresses the issues related to alleviating the impact on the child. This may involve adult therapy or learning. If so, this needs to be related to improving the specific impact. The protections and safety in the umbrella are the basis of the plan.



It's also the place to see if there are any risks to standing underneath umbrella. Is it adequately waterproofed? Does it have holes? It may be the child needs to move out from under the rain altogether for a period if impacts cannot be addressed in the child's timeframe. The umbrella has to provide realistic practical safeguards that can occur within the child's timeframe and are within the parent's capacity.

Completed example:



Use for this tool

This tool should be used for each child, as individual children are impacted upon in different ways, and each may be part of the cloud creating an impact on the others. "One child, One Plan".

The tool can be used:

- ⋮ in Tuituia assessments to bring the child into focus.
- ⋮ with adults to help identify where they need to focus their action.
- ⋮ as a supervision tool with staff to help identify case direction and focus on the child.
- ⋮ as an indication that further assessment may be needed in relation to attachment, parental capacity, or developmental concerns.
- ⋮ in performance development with staff in regard to their own pressures, practice and responses.

Conclusion

A large body of research indicates visual imagery is helpful in better understanding and remembering information. Visual imagery is powerful. This tool has been used successfully in whānau hui, staff supervision, consults, and with individual family members. It has also been used with young people and with children and young people. ■

Judy Greer, BA MSW (Hons) is a supervisor in the Child, Youth and Family Intervention Team and has worked for the Ministry in Nelson for 10 years. She has been a Mental Health Services social work manager, chair of a regional service development group for children and adolescents, city councillor and a statutory social worker in northern England. Judy has longstanding involvement in community projects and development. She is keenly interested in developing collaborative practice.

REFERENCES

- Child Youth and Family (2012): *Ma Matou Ma Tatou-Strategic 2012 -2015*. Ministry of Social Development.
- Howarth, J (2002): Maintaining a Focus on the Child? : First Impressions of the Framework for the Assessment of Children in Need and Their Families in Cases of Child Neglect. *Child Abuse Review* Vol 11: 195-213 (2002)
- Hurst Jnr, H (2003): Families in Court for Child Protection and Domestic Violence. *Children, Families, and the Courts, Ohio Bulletin Vol.1, No.2*. Summer 2003
- Tennessee Teaching and learning Centre: *Using Visuals and Visual Learning* <http://tenntlc.utk.edu/using-visuals-and-visual-learning/>
- The Scottish Government (June 2012): *A guide to Getting It Right For Every Child, 2nd edition*. Scottish Government www.scotland.gov.uk/gettingitright
- Turnell, A & Edwards, S (1999): *Signs of Safety – A Solution and Safety Orientated Approach to Child Protection Casework*. WW Norton & Company. US.
- Weld, N & Greening, M (2004): The Three Houses, *Social Work Now*, Dec 2004

My reflection on ‘crossing borders’ from South Africa to New Zealand

Jeni Smith

Introduction

The literature informs us that when social workers practice in a different country there are challenges with the adjustment to their new professional role and the divergent professional status. Looking for employment in social welfare in a foreign country may present unique cross cultural challenges. These may include differences in social welfare systems and legislation; in the organisation of human services and role expectation; and in communication styles, professional terminology and perhaps also in language spoken as well as in professional qualifications (White: 2006).

When I was employed by Child, Youth and Family in 2011 to practice as a care and protection social worker, I was in awe of the nature of the work. I was also excited about my experience and social work skills that I would be bringing to my new work place. I hoped to make a significant contribution and add value to my role. However, I was ignorant to the unique challenges posed by a foreign social worker. In this article I discuss the experiences and challenges I have faced as an immigrant social worker. I provide some suggestions that emerged from my experiences. These may be taken into account by prospective immigrant social workers or those new to their role as an immigrant social worker.

Prior social work experience

I was born and raised in South Africa. I graduated from university in 1988 with a social work

qualification. Since then I have practiced as a social worker on different levels: field worker, supervisor, manager and head of department both in the government sector and in non-governmental organisations. I also have longstanding experience with social work students at a Tertiary Institution.

I practiced in many diverse settings in a multi-cultural society. My social work experience is broad and I have practiced in many social worker roles including managerial positions. I predominantly worked with families in crisis, children and young people at risk and in need of care. My work with students at the University has given me the opportunity to further develop my social work skills and keep myself abreast with developments in the field of social work.

Cultural differences in the way people relate to each other, child and family interactions and the many ways in which culture shapes our attitudes and behaviour as individuals, present one of the greatest challenges to working in a foreign country

(White: 2006).

I genuinely believed that with all my social work experience, knowledge and skills acquired over the past 22 years I was ready to practice in my newly adopted country, I was disillusioned and frustrated with myself as I discovered it wasn't that simple.

Culture shock

A culture shock is when people are engaged in a culture different to their own and experience severe adjustment. Several reasons are given for this.

Cultural differences in the way people relate to each other, child and family interactions and the many ways in which culture shapes our attitudes and behaviour as individuals, present one of the greatest challenges to working in

a foreign country (White: 2006). It's also a consequence when immigrants realise they are unaware of the cultural rules; their skills, ideas and accomplishments aren't recognised and their usual behaviours are no longer acknowledged.

As a social worker I worked in a society with a population that was ethnically, racially, linguistically and economically diverse. This was challenging in itself (White, 2009). But practicing in a country where I wasn't born, raised and trained was even more of a challenge.

I experienced a "cultural meltdown". Child, Youth and Family's framework asks me to be culturally responsive. What does that mean I asked myself? For example, the first family I was allocated was a Tongan family. I

didn't know how to engage with this family in a culturally appropriate and responsive way. It was daunting and totally overwhelming because I wanted to establish rapport with the family in order for the family to participate and cooperate in achieving a positive outcome. I consulted with my supervisor and asked for a Tongan social worker to accompany me on the home visit. This has proved to be most helpful in engaging cross culturally.

I learnt that in order to successfully engage with families to get a good outcome, I needed to have a sound knowledge and understanding of their culture. Prior to immigration and upon arrival in NZ, I was clueless about the dominant cultures in New Zealand and had absolutely no knowledge of the cultural aspects that influenced my role as a practitioner. In the beginning, I struggled to adjust to the cultural differences and was forced to adapt the way I relate to people and the families I worked with. The cultural rules of engagement have changed for me. I grappled with making sense of what was about to happen. In turn I began questioning my "super" abilities as a social worker. I realised I was culturally incompetent. Through training, supervision and in consultation with cultural advisors I finally grasp the concept of being culturally responsive and appropriate. I

haven't arrived yet and am continuously learning. It's pivotal for the immigrant social worker to become culturally competent in their professional role in their newly adopted country (Christa Fouche & Liz Beddoe: 2013).

Language & Terminology

My first language is English and my academic medium of instruction was English. However, I was also well versed in Afrikaans. I didn't think I would have to learn or gain an understanding of other

languages in New Zealand.

I assumed English was the only spoken language in New Zealand.

Foreign social workers who intend to work abroad need to take

linguistics, terminology and pronunciation into consideration. (White: 2011). In addition, it's essential to have understanding of engagement and the ability to build sustaining relationships based on mutual respect. To successfully integrate in the new country understanding of the local language will improve professional competency.

Language is the basic tenet of communication, so it's important to understand the language and terminology to effectively communicate. I had to get an understanding of cultural meanings of certain words.

Terminology posed a bigger problem for me. Child, Youth and Family's frame of reference and terminology was foreign to me. I had to unlearn the social work terminology I was familiar with and learn new terms and concepts. For example, when a child is taken from their parental home in South Africa, a social worker would refer to it as a "removal" whereas in New Zealand it would be an "uplift". There are countless examples.

I couldn't understand what people were saying: they were either talking too soft, too fast or pronouncing their words differently. My South African pronunciation was not helpful either. I was continuously confused on the play of words and terminology. It was most frustrating. Eventually I

I learnt that in order to successfully engage with families to get a good outcome, I needed to have a sound knowledge and understanding of their culture.

fine-tuned my ears and carefully listened to what was being said. I quickly learnt the local catch phrases and the professional social work jargon.

Child, Youth and Family's Practice Centre has become the most valuable resource to access information. I was in a position to familiarise myself with terminology and cultural meaning of certain terms.

Professional role and status

My confidence was diminished in my newly appointed role. This is so because I came from a society where social workers professional status are elevated and held in high esteem. Social workers are well received and respected. In South Africa the government created systems that place social workers in an "expert role" enjoying a high degree of autonomy (Weis-Gal & Welbourne; 2008).

Consequently I was shocked to discover that in my new context there were so many negative perceptions around social workers. I was truly petrified of engaging with families, scared of being attacked or spoken to in a derogatory manner. These perceptions profoundly and significantly impacted on my professional self-worth and self-esteem. Studies indicated that around the world social work is still poorly understood amongst the public and viewed with a degree of negativity and ambivalence (Davidson & King: 2005).

There were times I felt my "outsider status" was a liability. The notion is that as an outsider, I have a deficit of local knowledge and skills. I felt that the strengths and assets I bring to a new professional context may

be ignored. (Hussein et al: 2011). It felt like I was starting afresh, at the bottom of the professional ladder. My perceptions were that the skills I have acquired over the last 22 years weren't sufficiently recognised.

As I alluded to earlier, my prior social work experience was generic. I had to adjust to the

specialised practice within a care and protection agency. I didn't know how to transfer my skills, the complexities of transferring my skills were evident in my new context (Simpson: 2009). A number of researchers have indicated the social work skills we have acquired in our own cultural framework are more difficult to transfer than any other skilled professionals in a foreign context. (White, 2006; Welbourne et al 2007 Hussein, Manthorpe & Stevens 2008; Crisp 2009, Simpson 2009").

Legislation and assessment tools

I had a vague awareness of New Zealand's professional practice. Despite this, as an immigrant social work practitioner I was "ready", to practice, effectively and efficiently. Or so I thought. However, I had to learn a new way of assessing families according to the assessment framework and tools of Child, Youth and Family. The professional practice in New Zealand is embedded in a political and historic context, legislation, social policy, social welfare systems, Te Tiriti O Waitangi and cultural diversity. Due to my lack of knowledge of New Zealand legislative processes and use of the assessment tools, I lacked the confidence to make professional decisions and judgements. In addition, the differences in the social and political structure influenced my professional decisions along with the organisational structure.

Whenever I reflect on a humorous account shortly after I was appointed as a care and protection social worker I realise the folly of my ways at the time. I had a short introductory talk by our practice leader around safety assessments.

A family was allocated to me to complete a safety assessment. As a good and conscientious newly appointed social worker who wants to make an impression on my supervisor, I drafted my assessment plan. I went to my supervisor and told her I was ready to go out on "my own". How impressive was that. She looked at me probably wondering which planet I was from. In a gentle

A number of researchers have indicated the social work skills we have acquired in our own cultural framework are more difficult to transfer than any other skilled professionals in a foreign context.

and understanding way pointed out it wasn't a good idea for me to go out on "my own" at this point in time because I didn't have any training, as of yet. She said that it wasn't fair to expect a newly appointed social worker to do a safety assessment without Child, Youth and Family training. I remember thinking "What training? I have years of social work experience. How difficult can it be?"

In hindsight I realise how ambitious, yet foolish, I was to think I could "cross borders" (Beddoe: 2011) that easily. Over time I began to understand and appreciate what my supervisor was trying to protect me from.

Personal learning

The following considerations are based on my personal experiences and what the literature informs me around the experiences of immigrant social workers (Beddoe 2011; Bartley et al 2011; Fouche et al 2011; Fouche et al 2013; White 2006). These are key learnings that might be helpful to a prospective immigrant social work practitioner considering practising overseas or to those who are new in their role as a foreign social worker.

Readiness for practice

It's evident there should be a readiness to practice in the newly adopted country. Be prepared to make rapid adjustments to the context of your newly adopted country and social service agency. It's important to embrace the new change as fast and as soon as possible. This will help with the transition.

1. Get to know as much as you can about cultural considerations in the new setting.
2. Become familiar with the linguistics and terminology of the social service agency.
3. Clearly identify and clarify your role as a social work practitioner.
4. Be aware of the practice differences between your country of origin and the local context.

Utilise the appropriate resources.

Fortunately for me Child, Youth and Family have a Practice Centre, which provides comprehensive information around their underpinning philosophy, perspectives, theories and principles. It became an essential part of my professional learning and growth as a care and protection social work practitioner. I enrolled in a Te Reo Māori course and attended a Noho Marae, which gave me insight and knowledge around Tikanga Māori.

The use of supervision

The use of quality and regular supervision is paramount to the growth and development of an immigrant social worker. Supervision, whether it was individual or peer supervision has been a pivotal and integral element of my learning journey. While I grappled with challenges, supervision afforded me the opportunity to challenge my thinking and adjust my paradigm to my new role within Child, Youth and Family. It is imperative for immigrant social workers to be well supported in the work place. Equally so, the immigrant social worker should seek out appropriate and sustaining support from peers, colleagues and the supervisor.

The use of self

It's important to know who you are, what your cultural roots are and remain confident in the training, qualifications, experience and skills you have acquired. Know your strengths, identify and acknowledge your growth areas and limitations. Whenever I engaged with children, young people and families I tell them where I am from and how long I have been in New Zealand. This approach worked for me, because through disclosing information around my unfamiliarity and limitations I increased the chances of a better engagement with families. In addition the families showed a greater understanding of my ignorance around their culture and my limited knowledge of Child, Youth and Family processes.

Supervision, whether it was individual or peer supervision has been a pivotal and integral element of my learning journey.

The use of cultural advisors or colleagues

It's extremely important in the context of Child, Youth and Family to have frequent honest conversations with colleagues to provide you with important information pertaining to the engagement protocols with specific cultures. This might be Māori, Pacific Island or other cultures.

Build on your existing social work skills

My earlier reference to the feeling of starting afresh is real for an experienced practitioner. It's crucial to understand you have "crossed borders" and your skills and experience might not be recognised. Immigrant social workers bring with them skills and experience that are often both under-utilised and under-valued (Fouche et al 2013). Consequently, it's important to recognise and acknowledge your own knowledge and skills base you have brought with you. It's vital you build on these social work skills you already have and explore ways of acquiring new knowledge and skills.

Training and support

Once I had completed the six weeks' induction programme I was better equipped to do my job. It helped me understand the local professional context and practice. However, I still had to demonstrate competency in implementing my newly acquired knowledge. Ongoing training is the key to the professional development of an immigrant social worker. The specific needs of immigrant social workers are not only met through induction programmes but are also met through internal and external learning and training opportunities. (Simpson 2009; Welbourne et al 2007; White 2006). However, the immigrant social worker should take some responsibility for their professional learning and development.

Conclusion

It's evident that New Zealand will continue to appeal to professionals including social workers with overseas training, qualifications and experience to make it their adopted country. Being an immigrant social worker comes with unique and complex challenges. It requires the foreign social worker to adjust to the acceptable

norms and behaviours of the social work practice in the newly adopted country's context. It's a critical component of cross cultural practice for any immigrant social worker to become professionally competent in their newly adopted social work practice context. On the other hand it is also vitally important the receiving country's social work organisations and institutions put mechanisms in place to facilitate the transition of immigrant social workers' integration into the social work environment and their local practices. The receiving social work institutions should take care not to undermine the immigrants' skills, experience and qualifications. The exchange of new foreign ideas and practice may prove beneficial and innovative. It brings a new dimension to social work practices. ■

Jeni Smith is currently employed as a differential response coordinator and has been a senior practitioner since 2012. Jeni's main areas of interest are in mentoring and working with students with a particular interest in integrating migrant social workers to their new host country. Jeni has a Masters in Social Work degree and spent 14 years as a frontline social worker in the government sector in South Africa, with eight years in a Managerial position and five years as field educator and supervisor for social work students at university. Jeni moved to New Zealand in 2011 as a frontline social worker.

REFERENCES

- Bartley, A, L Beddoe, Duke J, Harrington, P. & Shah, R (2011). Crossing borders: Key Features of immigrant social workers in New Zealand. *Aotearoa New Zealand Social Work* 23(3), 2011
- Beddoe, L (2013) Continuing education, registration and professional identity in New Zealand. *International Social Work*, 10.1177/0020872812473139
- Beddoe, L, Fouche, C, Bartley, A, & Harrington, P (2011) Immigrant Social Workers Experience in New Zealand: Education and Supervision issues, *Social Work Education* 1-20, doi:10.1080/02615479.2011.633600.
- Child, Youth and Family (2014) Information for overseas social workers wanting to join Child, Youth and Family
- Davidson, S & King, S (2005). Public knowledge of and attitudes to social work in Scotland. Edinburgh: Scottish Executive Social Research. Retrieved 28 February 2014 from <http://www.scotland.gov.uk/Publication/2005/09/15142511/25120>
- Fouche, C, Beddoe L (2012) Crossing Borders: Immigrant Social Workers as Global Professionals. *Social work around the world V: Building the Global Agenda for Social Work and Social Development*, ISBN-13 978-3-9522396-0-5

Fouche, C, L, Beddoe, Bartley, A & Brenton, Net al (2013) Strengths And Struggles: Overseas Qualified Social Workers' Experience in Aotearoa. *Australian Social Work*, DOI:10.1080/10312407X.2013.783604

Hussein, S, Manthorpe, J, & Stevens, M (2011) the experiences of immigrant social worker and social care practitioners in the UK: Findings from an online survey. *European Journal of Social Work* 14

International Association of Schools of Social Work (2005) Global Standards for social work education. Retrieved February 28, 2014 from http://www.ifsw.org/cm_data/GlobalSocialWorkStandards2005.pdf

Simpson, G (2009) Global and local issues in the training of overseas social workers. *Social Work Education* 28.6

Statistic New Zealand (2006) *Census data*. Retrieved 28 February 2014

White, R (2006) Opportunities and challenges for social workers crossing borders. *International Social Work* 2006:49:629 DOI:10.1177/0020872806066765

Weis-Gal, I & Welbourne, P (2008) The professionalization of social work: A cross-national exploration. *International Journal of Social Welfare*, 17

Social Work Now

– Information for contributors

Child, Youth and Family, a service of the Ministry of Social Development (MSD), welcomes submissions for *Social Work Now* on topics relevant to social work practitioners and social work which aim to promote professionalism and practice excellence. *Social Work Now* is a publicly funded journal which is available free of charge and submissions published in the journal are made available on the Child, Youth and Family website (www.cyf.govt.nz/SocialWorkNow.htm) and through electronic library databases.

Submissions

We seek articles from knowledgeable professionals. Each edition of *social Work Now* focuses on a specially selected theme. Submission may include:

- ⚡ **Substantive articles:** Substantive articles of around 3,000 – 4,000 words focusing on a theme are generally requested by specific invitation to the author by the editor or the Chief Social Worker. If you would like to submit an article, please contact the editor on (04) 918 9446 or email nova.salomen001@govt.nz
- ⚡ **Practice articles:** Contributions for practice articles are welcomed from social workers, other Child, Youth and Family staff and professionals working within the wider field. Articles can include accounts of innovative workplace practice, case reports, research, education, review articles, conference and workshop reports, and should be around 1,000 – 2,000 words.
- ⚡ **Reviews:** We also welcome book reviews and these should be around 500 words.

We appreciate authors may be at varying levels of familiarity with professional journal writing and for those less used to this style, we hope this won't be a barrier to approaching *Social Work Now*. We are always available to talk through ideas and to discuss how best to present your information.

If you would like to submit an article or review to *Social Work Now*, or if you have any queries please contact Nova Salomen, manager professional practice, Office of the Chief Social Worker.

Submissions may be sent by email to socialworknow@cyf.govt.nz

Editorial Requirements

The guidelines listed below are a summary of the *Social Work Now* editorial requirements. If you would like to discuss any aspect of them, please get in touch with the editor.

All work must be the original work of the author/s, have altered names and other details to protect client confidentiality and show (where relevant) that the case has been followed up over a specified period.

Submissions should not have been published before or be under consideration for publication elsewhere; should not contravene any laws, including those of defamation and privacy; should disclose any conflict of interest; and should meet any applicable ethical or research standards. Submissions should not violate a third party's intellectual property rights and the authors will have obtained any permissions, should these be required for material sourced from other copyrighted publications, etc. MSD reserves the right to consider publishing any submission in *Social Work*

Now that has been published elsewhere, where the required permissions have been obtained, but preference will be given to original submissions.

All articles will be considered by staff in the Chief Social Worker's Office and regional practice advisors.

The Ministry of Social Development will not make any payment for contributions to *Social Work Now* and does not hold itself responsible for statements made by authors.

Referencing

Please keep notes to a minimum and follow the referencing format in this issue. References should only include publications directly referred to in the text and not be a complete review of the literature (unless that is the purpose of the article). Photographs and illustrations are always welcome (black and white or colour).

Copyright

In most instances, copyright in a submission made to *Social Work Now* will be owned by the Ministry of Social Development. When you are the author and copyright owner of your submission, you retain copyright in your submission, but in order to publish your submission Ministry of Social Development needs to obtain a licence from you and, if relevant, any other authors before we can publish in *Social Work Now*. MSD acknowledges your moral right to be identified as the author of the submission.

Where you do not own the copyright in your submission, for example where your employer owns the copyright, you must ensure that the copyright owner has authorised you to licence the submission under the terms set out in these guidelines.

By putting forward your submission to Ministry of Social Development for publication in *Social Work Now*, you and any other authors of your submission (if applicable) agree to licence Ministry of Social Development to publish your submission on the following terms:

- ⋮ You agree to comply with these guidelines.
- ⋮ You warrant that you have the right, or have obtained such authorisation or the relevant licence/s, as may be required, including from any co-authors of the submission.
- ⋮ You grant a non-exclusive and perpetual licence to MSD in order for MSD to:
 - reproduce, publish, communicate or disseminate your submission in any media format including in hard copy, on the Child, Youth and Family website, electronic

library databases, or via information service providers, as part of *Social Work Now*

- reproduce your submission free of charge for the non-commercial purposes of education, study and/or research without requiring specific permission from you (note that such reproduction will be conditional on your submission being reproduced accurately, including acknowledgement of your authorship, and not being used in a misleading context
- allow your submission to be disseminated as a whole or part of the text, image and other content contained within your submission in text, image, other electronic format or such other format or on such other medium as may now exist or hereafter be discovered, as part of electronic products distributed by information service providers.

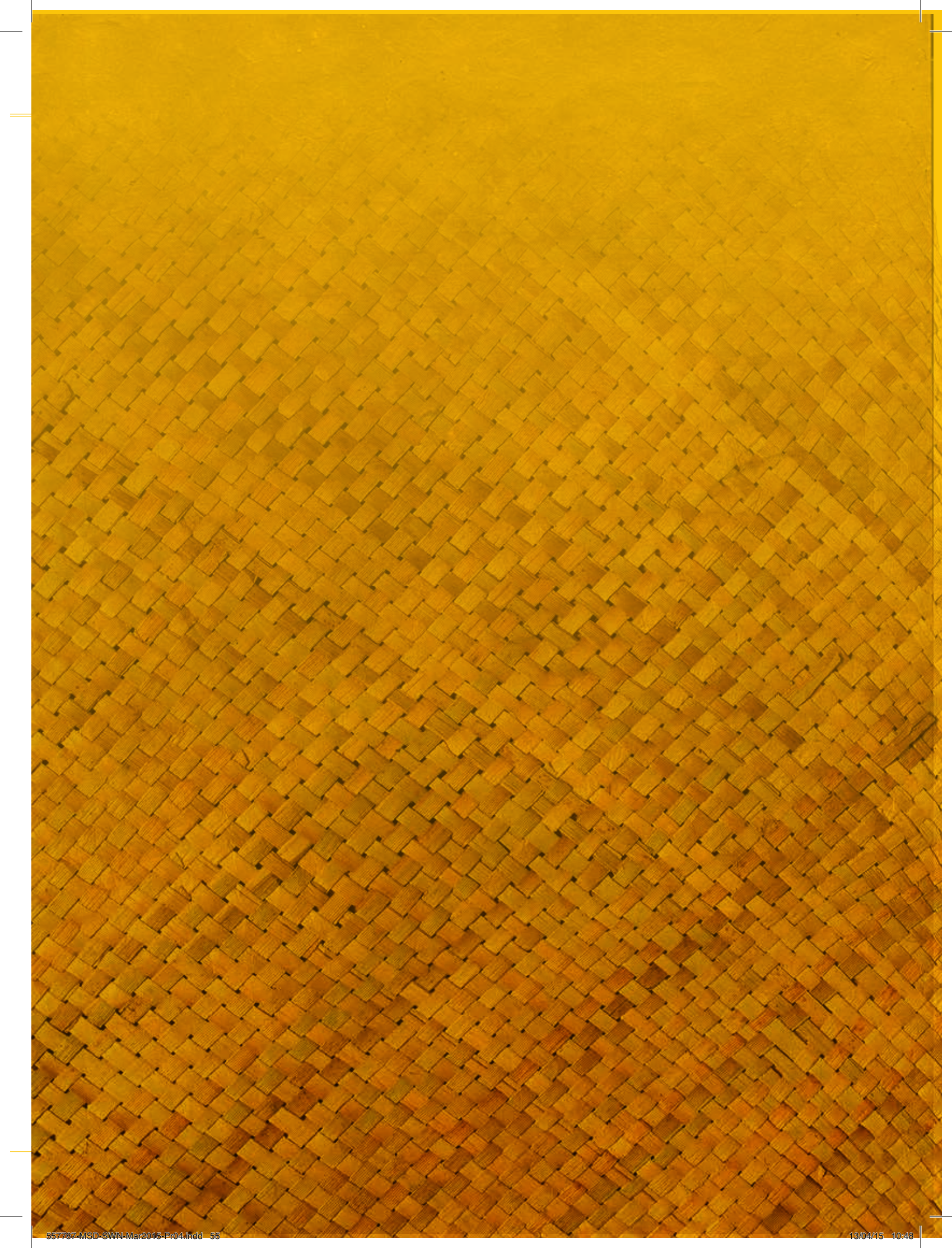
Please note that Ministry of Social Development will not pay you for the licence or right to publish your submission. Ministry of Social Development will not benefit from any financial gain whatsoever as a result of you granting such a licence.

Social Work Now – Aims

Social Work Now aims to:

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







child, youth
and family

A service of the Ministry of Social Development

newzealand.govt.nz