

social work now



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

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Weaving together collaborative responses

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

Collaboration – weaving together ideas

Arguments supporting interagency collaboration permeate the literature and child welfare guidelines internationally. Yet, difficulties in interagency communication and coordination have nevertheless plagued child welfare services over many years. Strong collaborative practice takes time, which is often in short supply in busy child welfare practice. Differing professional and philosophical perspectives, beliefs about when and how services might intervene in the lives of children and their families, and agency mandates and operational priorities also critically influence the ways in which agencies work together. It is within this dynamic interagency and interdisciplinary context that relationships of trust develop between professionals, or conversely fail to develop. Where relationships are weak, the potential exists for children to fall between service delivery silos. Where relationships are strong and people are able to work toward a common vision, despite disciplinary differences or cross-agency tensions, children and families are most likely to be the benefactors of their collaborative efforts.

I am particularly pleased therefore that we are dedicating this special edition to issues of collaboration. I am also delighted to see the diverse ways in which our contributors have tackled the subject – exploring disciplinary frames that influence practice, proposing evidence-based opportunities for collaboration, and providing excellent examples of collaboration in action.

Rosemary Sheehan, Associate Professor at Monash University, opens the special edition with a discussion of social work and the law and the tensions that can emerge when practice becomes dominated by legalism. Roque Gerald and Erin McDonald from District of Columbia's Child and Family Services Agency in the United States, then explore the ways in which governments can develop meaningful partnerships with local communities that go beyond the rhetoric of collaboration and become a unified focus of change.

Working collaboratively together, whilst important in all areas of practice, is particularly important in the area of disability. Pete Carter, writing from a New Zealand perspective, looks specifically at the ways in which cross-sectoral services can work together to improve outcomes for children with disability. Noting that collaborative practice does not always come naturally or easily, he reminds us that children and young people with disabilities are nevertheless more likely to have their service needs met when professionals work together toward a common purpose.

Dorothy Scott, who is the Foundation Chair and director of the Australian Centre for Child Protection in South Australia, then looks at integrated responses in early intervention. Professor Scott encourages us, when creating collaborative service environments, to extend our thinking beyond professional collaborations and develop stronger solution-finding collaborative partnerships with parents and families.

Finally we have two local articles in Practice Matters that look at collaboration-in-action. Firstly Delwyn Clement discusses an innovative community-led initiative developed to break cycles of violence within the community. The Whakakotahitanga Family Violence Programme is an excellent example of local communities coming together to find new ways of addressing domestic violence. Our final paper is also a fine example of communities coming together to develop local solutions. Tofa Suafole Gush and Gafa Faitotoa discuss collaboration the Pacific way. They take us on their journey of developing a Pacific Action Plan to support Pacific children and their families.

Working collaboratively provides us with opportunities to create more extensive and integrated services that better meet the needs of children and their families. You will have noticed the 'new-look' of Social Work Now, which I think reflects beautifully the weaving together of ideas that comes about through collaboration. I hope this special edition provides us with some new ideas and innovative ways of making that happen.

Social work and the law: Collaboration or domination?

Rosemary Sheehan

The legal system exerts significant influence on the practice of social work, and this is particularly evident in the health and public welfare domains. Legal definitions of, for example, mental illness, or what constitutes risk of harm to a child, can in some jurisdictions specifically direct system and service responses. Bureaucratic and legal obligations are increasingly defining social work interventions and assessments, for example in the child protection practice context, where emphasis on procedure and administrative regulation can get in the way of professional social work decision-making (Braye & Preston-Shoot, 2006). It is not uncommon, however, when welfare reform is on the agenda, for the law to be seen as a critical component in developing provision and strengthening professional practice. The legal system reflects society's desire for better defined standards and expectations, especially when judgements about individual welfare and family relationships are required (Disney, 1992). What this has meant in practice is that lawyers and social workers are increasingly required to work together to assist clients with individual and family problems. Both social work and the law are concerned with issues that can be emotionally charged and/or highly contested (Vanstone, 1995). Yet the work of the two professions is often characterised by conflict: social workers and lawyers will often differ in what they see as their respective roles, duties, and ethical responsibilities, and in their responses to individual and family problems.

The dominance of legal intervention

It is in the area of child welfare practice that the law asserts itself most forcefully (Stein, 2004). This is evident, Braye and Preston-Shoot (2006) suggest, in the series of public enquiries

into child deaths in the UK from the mid-1980s (Jasmine Beckford, Kimberley Carlisle and Tyra Henry) to more recent deaths of Victoria Climbié (2003) and Baby P. (2007). They suggest these enquiries reveal how social work professional judgement is compromised when the focus of child welfare work is more about its legal mandate than therapeutic intervention. Social workers were criticised in each enquiry for failing to understand their legal obligations, and calls were made for the development of even more legal criteria to define risk and procedural standards for intervention to ensure children were adequately protected. This legalistic approach presumes that there will always be clear indicators about individuals who need help and are vulnerable and that social workers will always know when they need to exercise statutory authority. Braye and Preston-Shoot (1995) argue that this is misleading: the law is neither simple nor unproblematic to apply and is an ineffective remedy for the often long-term and complex problems of individuals and families.

Both social work and the law are concerned with issues that can be emotionally charged and/or highly contested.

Social work in child welfare and mental health, for example, must deal with the uncertainty that surrounds individual and family problems, balancing ethical dilemmas, confidentiality, obligations to clients, and challenging disadvantage, with community interests. Social work practice in health is particularly influenced by a range of legal principles relating to treatment, access to health resources, and the protection of individual rights. Obligations to particular clients (the elderly, individuals with mental health problems or intellectual

disability, for example) shape practice and the way social workers make decisions (Hugman and Smith, 1995). So too does understanding health and public welfare structures and provisions, the entitlements individuals have, and when individuals have the right to challenge administrative decisions (Cull and Roche, 2001). Clearly social workers need to be familiar with law and legislation and be competent in its application in the context of their work. However, social work privileges values such as partnership and empowerment, and respect for individual differences, more than acquiescence to procedure and authority (Wilkinson, 1995). Social work has a different core mandate, write Parton, Thorpe and Wattam (1997), preferring supportive and preventive roles rather than relying on statutory powers to work with people.

Madden (2003) contends that social work has been a passive player in its relationship with the legal system, and this is especially evident in the child protection arena. In Australia child protection is a shared responsibility between legal, health and welfare professionals, although it is now so closely aligned with judicial and adversarial processes that it is separated from core social work practice in the broader child welfare and family support systems. Legal measures, rather than child development and wellbeing, decide findings of child abuse and neglect, although it is child welfare professionals who identify whether there are child welfare concerns that justify statutory intervention. In the Australian system, decisions about child maltreatment are regarded as critical societal decisions, which need legal arbitration to guard against unwarranted state intrusion, most particularly from the child welfare system (Edwards, 1997, pp. 2–3).

The underpinnings of legalism in health and welfare

This emphasis on social regulation, in areas of health, safety, welfare, working conditions and the environment, characterises Australian government and legislative approaches to the protection of individual rights. These are translated into the welfare structures

that respond to individual vulnerability and direct the professional activity of services and practitioners working within these structures. The strong individualist and individual rights basis to social policy in Australia flows from Australia's ratification of United Nations human rights conventions. A range of Australian state and territory legislation has been enacted to set out the individual and civil rights of their communities, recognising basic democratic rights such as the right to vote and freedom of expression as well as rights to privacy, cultural rights, and protection from forced work, for example. The Victorian Charter of Human Rights and Responsibilities Act 2006 gives protection to these rights, and others, requiring government departments and public bodies to observe these rights when they create laws, set policies and provide services. The Australian Capital Territory Human Rights Commission Act 2005 absorbs these same functions, as well as paying particular attention to disability services, and to children and young people.

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The Human Rights and Equal Opportunity Commission (HREOC) was established in Australia in 1986 as an independent statutory organisation to formulate policy about areas such as civil and political rights, refugee rights and children's rights, and to make recommendations to the Commonwealth Attorney-General. Legislation has been formulated to protect these rights and provide for sanctions when they are not observed. The Disability Discrimination Act 1992 makes disability discrimination unlawful and aims to promote equal opportunity and access for people with disabilities, and individuals can lodge complaints of discrimination and harassment with HREOC. The Racial Discrimination Act 1975 makes discrimination based on an individual's ethnicity unlawful and provides the same forum for complaint as disability legislation.

The Sex Discrimination Act 1984 focuses on discrimination and sexual harassment, given Australia's commitment to equality between men and women as a principle that lies at the heart of a fair and productive society. The Age Discrimination Act 2004 addresses discrimination based on age, recognising the right of older Australians to participate in work and community activity free of age barriers.

Each state and territory in Australia has legislation that allows an individual or organisation to make decisions for another person who cannot make decisions themselves, either because of illness or intellectual impairment. Victoria's Guardianship and Administration Act 1986 provides a forum in which decisions can be made about an individual's capacity to consent to medical treatment and to manage their financial affairs, where an individual's health or decision-making capacity is compromised. The decision to appoint an advocate for an individual will always be based on what is least restrictive of the person's rights and what is consistent with their proper care and protection. Social workers who work in, for example, aged care, will be confronted with such challenges and will need to ensure that whatever process is decided, it is in their client's best interests and that their rights are protected. The Medical Treatment Act Victoria 1988 allows an individual to refuse medical treatment and, where this is known, social workers need to ensure this is respected, bearing in mind however that the legislation does not preclude palliative care. Mental health law across each of the states and territories puts in place administrative processes that protect the legal rights of individuals who are involuntary patients, ensuring they have the right to appeal compulsory treatment. Social workers need to know about these legal frameworks and any obligations that are mandated. To neglect these disadvantages and disempowers clients.

The legislation outlined above illustrates how the law addresses social problems and sets out standards of care that inform both the policy and services arena in which social work practice

takes place. In any practice context, social workers not only have to be mindful of their ethical and professional responsibilities but also any mandated administrative procedures that influence services and shape client-centred responses. They may also find that social work values and interventions are set aside to achieve preferred legal outcomes.

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The protection of the privacy of family life and parental autonomy is a long-held tradition in Australia, reflected not only in the framing of child welfare legislation but also in the choice of legal remedies to perceived problems in childrearing. The United Nations Convention on the Rights of the Child (UNCROC) has also had a particular impact on frameworks that have been developed in Australia about standards for the care of children. Australia is a signatory nation to UNCROC (since 1990) and whilst not bound to enforce the principles of the Convention, the principles have influenced new legislation about children and the modification of existing legislation. Legislation such as Victoria's Children, Youth and Families Act 2005 states that the child's wellbeing is a central community concern (Article 30), although there are no definitions or parameters provided to decide this; it also establishes a statutory framework for child care and protection systems for families during adverse times (as have other states and territories in Australia). It is recognised that, in line with UNCROC principles, where child development is threatened or a child is exposed to harm, there is a need for systems of response that ensure children's safety, but also protect individual rights and dignity. Again, how these are to be actualised is not set out in legislation and is left to the discretion of the individual legal decision-maker.

The influence of UNCROC provisions is present also in the Australian Family Law Reform Act

1995 (Cth) which, while making the child's best interests the primary concern when deciding access and residence matters, does not provide any measures by which these interests can be understood. This is evident also in the statement that it is the child's right to be heard in any matters that concern them in child welfare and juvenile justice jurisdictions in Australia. Nevertheless, it is important to note that children's voices are conveyed by adult legal practitioners who may or may not have any training in working with children or knowledge of child welfare. Yet the legal representatives' opinions will be given primacy by courts and judicial officers, over the assessments made by the social workers and child protection workers who have worked with the child and their family (Sheehan, 2001).

Reclaiming collaboration

There are clear dangers when legalism becomes the driving feature of child welfare practice and decision-making. Braye and Preston-Shoot (2002, p. 67) remind us that this emphasis on legalism is problematic because it conflates good practice with practice that is 'procedurally correct', "emphasising apparent certainties rather than acknowledging the imprecisions and choice points inherent in social work tasks". Social workers need to be confident in their knowledge about best practice and the ways in which the law can at times inadvertently divert practice from the best interests of children, young people, and their families. Confidence in the articulation of best practice in the context of multidisciplinary discussions and collaboration is important. Social workers have to strike a balance when working with a diverse range of influencing factors, including legal systems. Strict adherence to procedural and legalistic defences within child protection practice gives priority to technical rather than clinical competence, curtails professional judgement, social work problem-solving and the development of practice expertise (Harlow, 2003, p. 34). Developing practice frameworks that position law within a set of integrated imperatives, including principled best practice, research evidence and clinical

knowledge, will provide greater confidence that social work is striking an appropriate balance and practicing in the best interests of the people receiving social work services.

Madden (2003, p. 15) argues that social work needs to exert a more reciprocal relationship with the law if it is to be in control of its future. This more reciprocal relationship is found in systems where child protection relies more on a health or welfare model of intervention than on a justice model, where the legal system works in partnership with welfare professionals to resolve child protection concerns. Legal systems in most Western European nations, in Scandinavia and to some extent in the United Kingdom, look to broad-ranging approaches to families that go beyond immediate safety problems and emphasise negotiation and diversion away from the legal system. They are systems founded on interagency cooperation and community development models, although central government remains responsible for legislation and policy that shapes child welfare.

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Taylor (2006) suggests differences in the professional cultures of lawyers and social workers create sources of conflict, exemplified by different understandings of authority, discretion and collaboration. Her study of the education experiences of social workers and lawyers highlighted the need to foster collaboration between the two professional groups if the clients they often share are to have their needs effectively met. Social workers place great emphasis on flexibly collaborating in response to need and problem-solving, while lawyers are very much oriented to authority and legal process. Weinstein (1997, p. 639) suggests also that the manner in which social workers problem-solve contributes to inter-professional tension. Social

workers use what she describes as a “future orientation”: to make decisions about cases they look at the individual in their life context, their relationships and their life experiences to explain and predict current and future risks and difficulties. Lawyers prefer a “past orientation” when thinking about cases, examining what has happened with their client and how this is explained in legal terms, and valuing an adversarial process to make case decisions. Social workers and lawyers clearly have differing perspectives on what they view as the facts about a case. Social workers gather social and psychological evidence to make decisions about a child’s best interests and will present as full a picture as possible about a child and their family’s circumstances. Lawyers select facts that best help their client and believe it must be left to the court to see what emerges as the truth in a case (Sheehan, 2001). This can mean that the reality of a child’s situation is obscured, and that decisions are made that do not accurately reflect either the needs of a child or the welfare assessments about those needs.

Social workers are encouraged to view the law as an adjunct to the professional knowledge they need to practice, rather than as pivotal to or directive of practice.

Conclusion

There is a critical intersection and interaction between social work and the law across a range of issues and practice settings. More and more, social work practice requires familiarity with the legal system and legislation in order to practice ethically and legally and the ability to meet the challenges of social change (Sheehan & Ryan, 2004). Social workers are encouraged to view the law as an adjunct to the professional knowledge they need to practice, rather than as pivotal to or directive of practice. This reflects the ambiguous views some welfare professionals hold about the role the law takes in response to public ills (Wilkinson, 1995). The extent to which social work activity is increasingly defined by bureaucratic structures and legislative frameworks remains an ongoing

dilemma for the profession. The challenge is to educate social workers in a way that accommodates demands for knowledge about the law as a parallel competency rather than a privileged and competing ideology. ■

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Building community *within* the community: Government-community partnerships in the District of Columbia's child welfare system

Roque Gerald and Erin McDonald

Innumerable historical examples demonstrate the challenges confronting government systems seeking to impose solutions upon a community. Yet formal government systems can meet their fundamental mission and goals and facilitate lasting change when they establish and maintain strong partnerships with the communities they serve.

This paper describes the experience of the United States District of Columbia's child welfare system (the Child and Family Services Agency) in developing a model of collaborative partnership within disadvantaged communities served by the system. The partnership addressed disparities within communities in the hope of reducing the disproportionality of minority family engagement with the system. A core element of the discussion will be to demonstrate how the value of teaming-up has been operationalised, from broad structures and vision to individual working relationships between staff and families.

Disparity and disproportionality

Before we consider how community–government partnership can be structured to facilitate enduring change, we will set out the scope and issues facing disadvantaged populations targeted. Children and families from disadvantaged communities have been a dominant group served by child welfare systems in the United States. Higher levels of child welfare involvement are associated with communities that have higher rates of poverty, more single-headed households, fewer community resources, and lower educational attainment (Hill, 2006, 2007;

Wulczyn & Lery, 2007; Wulczyn, Lery, & Haight, 2006; Coulton et al, 2007). The presence of a higher number of these individual and community factors may make it harder to secure support, confounding the ability of families to prevent their children from entering the child welfare system. A greater number of disparities within a community will create this greater disproportionality.

Many of the factors that put children at risk for maltreatment are present to a greater degree in minority communities (Green, 2002). Disadvantaged communities are likely to have a higher proportion of residents who belong to minority racial and ethnic groups, in the US context especially African American and Native American families (Hill, 2006, 2004). All US states have a disproportionate number of African American children engaged in the child welfare system (Hill, 2006). Minority children are no more likely to experience maltreatment but once these families are reported, they are more likely to enter and less likely to leave care. This in part is due to minority children being more likely to originate from disadvantaged communities with limited resources to support children within their communities of origin (Wulczyn & Lery, 2007).

The reasons for over-representation of minority populations in the child welfare system are complex. Theories about causation can be grouped into three major categories: parent and family risk factors (e.g., unemployment, teen parenthood, and substance abuse); community risk factors (e.g., poverty, welfare support, homelessness, gang activity and anti-social

behaviour); and organisational risk factors (e.g., staff biases, lack of cultural awareness). It may also be a significant factor that minority families from disadvantaged neighbourhoods have fewer personal or community resources to help them successfully care for children and therefore have a harder time demonstrating how they will care for their child if they exit care (Barth, 2005; McRoy, 2004; Bent-Goodley, 2003; Everett, Chipungu & Leashore, 2004; Hill, 2004; McCrory, Ayers-Lopez, & Green, 2006; National Association of Public Child Welfare Administrators, 2006).

Historically, involvement in the child welfare system has been framed as a private trouble at the individual level rather than a public community level ill (Mills, 1913). As long as disproportionality is viewed as a personal problem of minority children, solutions will not be focused in the public or community domain, where the problem may also lie. When disproportionality is understood to be a function of persistent underlying disparities between groups, practices to address disproportionality have to target these disparities. An effective way of doing this is to start within the community, before a child enters the child welfare system. When child welfare systems take a proactive role in preventing children from entering care and supporting communities to ensure that they are stable and resource-rich places for children to return home to, we are more effective in teaming-up with communities to build strong collaborative partnerships.

Developing a collaborative community partnership model to address disproportionality

In the late 1980s and early 1990s, disadvantaged children and families in the District of Columbia were struggling under the weight of crime, poverty, and a fragmented service delivery system. It became clear that deliberate and sustainable interventions that were family-oriented, strengths-based, solution-focused and neighbourhood-driven were needed. Community leaders and members of the advocacy community worked to develop a proposal for federal support to increase prevention-based community resources to families.

While these efforts did not result in federal financial support, it was clear that the community was ripe for collaborative engagement and that a different approach was needed to address and meet needs. Change was in the air in 1997 – leaders of the child welfare system who supported the approach brought together government, community, and families to develop an intervention strategy to build on the resilience of individuals and communities, prevent child maltreatment, and promote child and youth success. This collective commitment to reinvigorating and rebuilding culminated in the Healthy Families/Thriving Communities Collaboratives approach. While the approach taken was not a completely new model, the partnership was innovative in its combination of structure and services with community and child welfare system engagement.

Currently, six Collaboratives serve geographic neighbourhood communities (known as wards) in the District. To address the challenge of over-representation of African American children engaged in the child welfare system (89% of clients served) (Child and Family Services Agency, 2009a), the Collaboratives were intentionally established in neighbourhoods with a greater number of minority families. Today, the Collaboratives are strong resources within their communities, working in preventative ways that build networks of support for families before a crisis. Communities work in partnership with government, to develop services and strategies to address unique factors within communities. For example, the East River Collaborative has received federal funding to implement a fatherhood engagement initiative in order to improve paternal–child relationships. The initiative includes three programme areas to achieve this objective: WatchDOGS, a school volunteering program; Quenching the Father's Thirst, a fathering support group; and an intensive service and support programme.

A key feature of the Collaboratives is that they act as the bridge between government and community. They are supported by government yet they remain independent entities, being

composed of community members who determine the services. Between 95% and 99% of the annual budget for each Collaborative is provided by the child welfare system, a financial support that ensures the Collaboratives' dedication to the fundamental preventive goals of the child welfare system and engagement in two major activities:

- ⋮ community case work and family resource provision to prevent entry into the child welfare system
- ⋮ engaging community organisations and individuals in order to act as a convener to collaborate and build capacity within communities.

A unifying characteristic is commitment to provide resources to the entire community that extend beyond classically defined case management support. This approach has been the key to building a trusting relationship with the community and having the opportunity to create an innovative structure to flexibly address community needs. The programmes, resources and supports available through the partnership differ based on the specific needs of the community. For example, the Columbia Heights/Shaw Collaborative provides services to the growing population of Hispanic families who face a large number of disparities and have an increasing proportion of children in the child welfare system (Child and Family Services Agency, 2009). Its services focus on the unique challenges of Hispanic youth and community gang activity.

Core tenets of successful partnership

Taking a step back from the specific composition of programmes and interventions, a set of core tenets emerges, which underpins the lasting success of the Collaborative approach. These core tenets may potentially be translated in a manner that makes sense to other communities as a means of understanding the effect of preventive partnerships. The tenets include:

1. A demonstrated commitment to enduring and meaningful teaming-up

Investment in partnership must be defined in words and demonstrated through action. Through teaming-up, social workers, family, and other team members gain the opportunity to collaborate in planning and decision-making. When team members share ownership in facing issues, they also share more informed and creative approaches to resolving them. As participants take responsibility for contributing to the team's outcomes, more effective and functional cooperation emerges in working toward safety, permanence, and wellbeing for the child or youth. At its best, teaming embraces family inclusion, supports expert guidance, and respects diversity of views and cultures (Child and Family Services Agency, 2009). In the District, shared investment begins by using both a top-down and a bottom-up approach to collaborative work with the community. The Collaboratives and the child welfare system each have a core set of values or tenets of good practice that are used to lead and define actions and allocate available resources. The community values were established in the core mission of the Collaboratives upon inception. The government values have been defined and made operational through the child welfare system's In-Home Practice Model (Child and Family Services Agency, 2007). Sharing a core group of values ensures that the missions of both are aligned and will promote a seamless approach to prevention within communities. For example, the Collaboratives and the child welfare system share the value of being both child-centred (i.e., children have the right to be safe from abuse and neglect) and family-focused (families experience being understood and valued, parents always have a voice and are heard, encouraged, and empowered) (Child and Family Services Agency, 2007).

Commitment to a shared set of conceptual values provides a shared philosophy and language, important in ensuring that these values are consistently demonstrated in ongoing practice and interface between the government and the community. For example, support from the

child welfare system enables Collaboratives to hire staff who are residents of the local community and to engage individual and non-profit service providers from the community. Staff and providers are able to personally relate to the experiences of residents, understanding the pulse or shifting tone of their community. Social workers from the communities support the child-centred approach within services that use family engagement models to identify resources and self-sustaining support networks to stabilise children within their familial network. Family Team Meetings (FTMs) and Family Group Conferences (FGCs) are part of this approach. Collaborative staff may be engaged to coordinate and facilitate such meetings, as they are more intimately involved with the families and understand the resources that may support a more preventive approach to resolving child safety concerns.

A special focus of this work in the District has been around increasing engagement of fathers and paternal family supports in prevention and permanency planning for children with the ultimate goal of reducing disproportionality (Coakley, 2008). The work in the District to engage the community specifically around this need has resulted in significantly increased paternal participation and increased kinship support networks. Multiple cases follow the pattern of this case example. A family referred for an FTM was identified by the social worker and the maternal resources as having no paternal member supporting or showing interest in supporting the children. Through the coordination and outreach into the community using Diligent Search and other community networking resources, the paternal grandparents were identified. The grandparents had no awareness of the challenges of the children and the engagement in the child welfare system. The paternal grandparents stepped forward and identified themselves as kin caregivers while the mother addressed her issues and needs. As a result, the children were placed with the paternal grandparents with community support resources from the Collaborative and avoided entering a non-kin placement in the child welfare system.

TEAMING: SUMMARY OF CORE CHARACTERISTICS FOR SUCCESS

1. A commitment to meaningful and ongoing teaming through all approaches and activities.
2. Use of a shared set of values (to define the approach and working relationship from which services are developed).
3. Child welfare social workers work from offices at the collaborative partner sites, to increase accessibility to clients and live the commitment to ongoing teaming.
4. Use of family engagement approaches (e.g., FTM and FGC) to prevent child welfare system entry and develop resource plans to support children within their families and communities of origin.

2. Integration: “Meet me where I am”

One cannot underestimate the value of meeting the community and individual clients *within* their community, physically and psychologically. By physically locating and providing resources within a shared space there is mutual investment in the community, which becomes a shared place of communion for the child welfare agency and residents. Placing individual Collaboratives within specific communities allows for a targeted approach to meet the unique needs of specific subpopulations. This approach has proved powerful as it demonstrates that the child welfare system and its collaborative partners are responding to demonstrated needs of the community as opposed to assuming that a prescribed one-size-fits-all approach to resources will meet the needs of all. For example, some collaborative sites have specialised programmes for positive youth employment and skill development. Specifically, each summer the Summer Youth Employment Programme, funded by the Columbia Heights/Shaw Collaborative, places an average of 400 youth in over twenty partnership employment sites. The Collaborative also leads the implementation of a year-round training and employability skills development programme for older youth who are not engaged in academic endeavours.

Collaboratives provide preventive support resources depending on changing community needs, from budgeting and financial literacy classes to workforce development and job fairs. Mini-grants are provided to individuals and non-profit service organisations run by community residents in order to build capacity of small groups and to support residents to work together. We have found that residents more easily engage with an informal community-focused support system than formal government structures and systems. Because staff work within the community, residents, who often feel a sense of stigma when seeking formalised government support, are able to establish common ground between government or Collaborative staff and themselves. This structure makes it more likely that they will seek help during the early stages of difficulty, providing an important opportunity to de-escalate issues. Shame is reduced when residents are able to walk a few doors down the street to receive support. Support staff and social workers are able to more easily stop by to visit and see their clients within the communities in a regular way that enables them to build rapport, establish bonds and engage in each other's lives. These factors, while they may seem small, have the capacity to shift the dynamic of relationships and increase the engagement of communities that have long felt intimidated and closed out from formalised support resources.

INTEGRATION: SUMMARY OF CORE CHARACTERISTICS FOR SUCCESS

1. Embedded within the community (composed of the community in place, staff, and resources).
2. Targeted approach to individual neighbourhoods/regions.
3. Easy access to clients; leading to greater involvement in the everyday lives of clients.
4. Shared physical and psychological space to reduce the stigma and shame.

3. Immediacy and flexibility in funds and services

Prior to establishing the collaborative approach, it was often administratively difficult for the District's child welfare system to respond

financially to the immediacy of need. The Collaborative sites create a mechanism through which funds can be more readily accessed, with reduced levels of administration. Government and community Collaborative partners demonstrate their commitment to stabilising children within their families and preventing entry into the child welfare system through a better tailoring of funds to needs. While immediate financial crisis assistance is available, Collaboratives focus on educational and skill-building resources that support self-regulation and sustainment. For example, Collaboratives sponsor free tax clinics, parenting and job-readiness classes. The innovative ideas and industrious efforts of the community residents are reinforced and supported by Collaboratives. Individuals and small community-based organisations can receive mini-grants to support capacity building and internal resource development to enable them to better serve the community. Collaboratives can also refer residents to these organisations, in order to have residents invest in and sustain the other. For example, mini-grants through the Edgewood/Brookland Family Support Collaborative have been provided to individuals who are interested in expanding day-care services within a community. The mini-grant supports increased capacity and the ability of the day-care provider to purchase supplies in order to support a larger number of children within the community. This resource increases the local business capacity, improves relationships between children and families, and increases the opportunities for parents to have the freedom to leave children within their community while they pursue and sustain employment to support their families.

At the community level there is ability to employ resources for innovative community educational resource building programmes and social events. Coming together to 'break bread' at a social function is a means of developing relationships that will support the long-term goals of building trust with the community and successful preventive outcomes. Government funding rules place significant limitations on using funds for

food and having impromptu events. By channelling funding through Collaboratives, funds may be used for a much broader range of activities, for example to sponsor community days, back-to-school preparation events, holiday meals, and hip-hop summits for youth and families.

At the institutional level, Collaboratives can and do act as a resource for expanding institutional awareness and staff knowledge. Funds are available to train Collaborative and broader child welfare agency staff in new approaches to preventive services delivery. Funds have also been used to develop a central Community Collaborative Council which serves as the unifying steering organisation of the individual Collaborative sites. The Council focuses on the development of practice and policy to support communities, advocate for community resources, and represent the network in a range of public and governmental settings across the District of Columbia.

FUNDING: SUMMARY OF CORE CHARACTERISTICS FOR SUCCESS

1. Funding outside government allows more creative flexible interventions and fund use.
2. Allows for more individualised approaches.
3. Immediate crisis support.
4. Open door policy: support provided on preventive basis.
5. Funds employed to target familial, community, and institutional levels and factors of disparity.

4. Investing in stakeholders and active partnership

We believe it is relationships between committed parties that make the District's government–community partnership successful. The original impetus and support for the Collaborative movement came from within the community itself, and this remains key to successfully engaging communities. Community members are identified as community experts and are engaged in leadership and decision-making positions. These community leaders have their finger on the pulse of their communities, understanding

strengths and challenges, and are able to identify how resources should be developed to best support community needs. Community members sit on the Collaborative Board and work as advocates with child welfare system leaders to help them understand how prevention activities are impacting root causes of disparity. In a reciprocal way, members of the Collaboratives' leadership attend a range of regular community meetings and serve as fiscal agents for small community groups. These actions demonstrate that the success of Collaboratives and the success of the community to prevent children from entering the child welfare system are wrapped within a co-creative exchange.

PARTNERSHIP: SUMMARY OF CORE CHARACTERISTICS FOR SUCCESS

1. Community leaders are treated as the true community experts.
2. Developing non-threatening avenues of equal and supportive interaction to engender empowerment.
3. Service scope moves beyond direct social work intervention to community building.

Conclusion

The idea of being equally invested in a common salvation demonstrates how a government–community partnership model can go beyond conversation and be a real focus of change. Many partnership approaches are characterised by a vested interest in working with the community to address disparity, but stop short of developing a formalised structure that provides a core set of commitments to the community to address the factors identified as areas of weakness. The Collaborative approach creates a strong partnership and concrete relationship structures for providing a set of services that benefit all residents impacted by disparity in the District of Columbia. A key feature of this partnership is its preventive approach, which is based on understanding that the risks of entering the child welfare system begin within communities and are most effectively addressed within that environment. ■

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Working together to improve outcomes for children and young people with disabilities

Pete Carter

Interagency relationships can be fraught with difficulties and complexities as each agency tries to fulfil its responsibilities and government imperatives while attempting to work with other agencies that have their own, sometimes contrary, imperatives. Agencies tend to expect associated organisations to meet needs that they themselves are not mandated to fulfil, and when these expectations are not met, conflict often arises.

In New Zealand, the relationship between statutory child protection services and Ministry of Health has historically followed this pattern, with expectations from both agencies often not being met and conflict usually arising.

Fortunately, in recent years, this situation has improved markedly as the result of two key factors arising that are essential to effective interagency collaboration. These were: a firm and formal commitment at senior levels within both agencies to work collaboratively; and the development and fostering of good interpersonal relationships between staff at operational levels of both agencies.

Background

Children and young people who have disabilities are often the shared responsibility of Child, Youth and Family and the Ministry of Health. They regularly come to the attention of Child, Youth and Family in need of care and often end up in the custody of the Chief Executive when families are unable to cope at home. While child welfare has the responsibility to meet the care and protection needs of these children and young people, ensuring they have a safe, secure and loving environment to grow up in, it is the Ministry of Health's responsibility to meet most of their health interventions and disability supports.

Over time, various attempts have been made to clarify how Child, Youth and Family, the Ministry of Health, and providers within the health and disability sector interact to discharge their responsibilities in meeting the needs of children and young people who have disabilities. These efforts nevertheless have had limited effect, and reports have identified problems with service access and interagency collaboration around children and young people who have disabilities (Ministry of Social Development et al, 2003).

In response to these concerns, a first principles review and analysis of the legislative and policy frameworks for children with disabilities was undertaken, together with a review of the cross-sectoral interfaces. The outcome was *The Best of Care?* (Carpinter & Harrington, 2006), a report that recommended the establishment of a new Memorandum of Understanding between Child, Youth and Family and the Ministry of Health based on:

- ⋮ an explicit commitment to work together collaboratively
- ⋮ a set of principles to underpin operation of the Memorandum of Understanding
- ⋮ processes for timely consultation, coordination and joint decision-making
- ⋮ a requirement for formal transition planning to occur
- ⋮ clear guidance on funding responsibilities (Carpinter & Harrington, 2006, p. xviii).

The 2008 Memorandum of Understanding

The new Memorandum of Understanding was the first key factor to effective collaboration

implemented between the two agencies and their associated organisations. It reflected a formal commitment between senior executives of the respective Ministries to agree “principles in order to improve outcomes for eligible children and young people with disability” (Memorandum of Understanding, p. 5).

The new Memorandum of Understanding was the first key factor to effective collaboration implemented between the two agencies and their associated organisations.

Eight key principles underpin the cross-sectoral memorandum:

1. The best interests of the child are the primary concern.
2. The rights of children are recognised and are not diminished by the presence of a disability.
3. Wherever possible the child’s or young person’s family/whānau, caregivers and guardians participate in decisions that affect the eligible child or young person.
4. Employees and agents of the Ministry of Social Development and the Ministry of Health will cooperate with each other in undertaking their respective duties and responsibilities in relation to the assessment, planning and service coordination for eligible children and young people with a disability.
5. Employees and agents of the Ministry of Social Development and the Ministry of Health will cooperate with each other to find solutions for eligible children and young people for whom a standard service response is inadequate.
6. The wishes of the eligible child or young person are considered and taken into account in making decisions that affect them, as much as is practicable, and staff will cooperate with services that facilitate the child or young person having an independent voice (e.g., independent advocacy services).
7. Decisions affecting continuity of care for the eligible child or young person are timely.

8. Access to disability support services will not be curtailed or reduced as a result of an intervention being undertaken by Child, Youth and Family (Memorandum of Understanding, p. 5).

To operationalise these principles, a supporting document, usually referred to as ‘the guidelines’, was collaboratively developed by staff from each Ministry. It outlines the roles and responsibilities and guiding collaborative practice (Child, Youth and Family & Ministry of Health, 2009).

The roles and responsibilities guidelines

The guidelines provide much more detailed collaborative expectations to improve outcomes for children and young people with disabilities and their families. The document outlines key actions through which the goal of improving outcomes will be achieved:

- ⋮ strengthening the capacity and resources of the family or whānau to support and care for their disabled child or young person
- ⋮ achieving stability for the child or young person
- ⋮ clarifying the roles and responsibilities of the two agencies
- ⋮ encouraging shared planning and the development of integrated and flexible support packages
- ⋮ improving decision-making processes and ensuring these are timely
- ⋮ supporting relationship building with other agencies, including schools and other non-government organisations
- ⋮ achieving national consistency in the delivery of services provided to disabled children and young people, and their families, whānau and carers.

The guidelines provide a comprehensive overview of cross-sectoral roles and responsibilities, including associated health and disability service agency expectations. In particular, they describe agreed working relationships between agencies and organisations designed to assist in implementing the principles of the Memorandum of Understanding.

The Memorandum of Understanding... was used as the key demonstration of senior organisational commitment to collaborative working. Staff from both agencies and their associate organisations were clear about their organisational expectations and provided guidelines that focused on how they would work together.

Putting it into effect

The two formal documents described above have provided the platform upon which good relationships between staff at the operational levels of both organisations could be strengthened. This is the second essential key factor to effective collaboration. Rather than the Memorandum of Understanding 'sitting on a shelf gathering dust', it was used as the key demonstration of senior organisational commitment to collaborative working. Staff from both agencies and their associate organisations were clear about their organisational expectations and provided guidelines that focused on how they would work together.

The first collaborative project involved preparing for and implementing an initial nationwide education and awareness programme that focused on the commitment to collaborative working (Memorandum of Understanding) and the ways in which this would be done (the guidelines). Meetings were arranged which included staff from each agency across the seven main regions of the country. These meetings aimed to ensure that key staff were aware of the two new documents and had a general knowledge of their content, but above all, were aware of the senior leadership commitment to working collaboratively to improve outcomes for children and young people with disabilities and their families.

In addition to this focus on increased collaboration, there was an expectation that agencies would initiate further local meetings. These local meetings would include other disability service providers across local communities, to encourage broader interagency collaboration.

Local interagency meetings

Local meetings have been very effective in harnessing the cross-sectoral strengths available to support children with disabilities. An example of a very successful interagency meeting was one held in New Plymouth. It was jointly facilitated by two key agencies and included representatives from a range of providers in Taranaki.

The opportunity to come together to learn more about the collaborative commitments also provided opportunities for services across the Taranaki community to share information about themselves. For example, they shared information about the type and scope of services they provided for children and young people who have disabilities, the access and eligibility criteria that may apply to their services, and referral processes to their respective organisations.

At the end of the meeting all participants had a very clear knowledge of what they could expect from each other and, most importantly, an understanding of the limitations that each agency operated within. This understanding greatly reduced the frustrations that agencies had previously experienced in working with each other.

The meeting also identified significant gaps in service provision across the sector, which impacted on their collective ability to improve outcomes for children and young people with disabilities. This information redirected frustration away from each other and firmly focused it on levels of organisational effort where the service gaps might be better addressed. Most often, this involved referring matters to Ministries at the national level.

Supporting local collaboration

The guidelines essentially support two levels of local collaborative action. Firstly they strongly support monthly meetings between managers of agencies to improve coordination between the two agencies and to develop local solutions. This sharpens management commitment to both collaboration and service improvement.

The second tier of collaborative local action is at the practice level itself. Case meetings between

social workers, supervisors, care or protection coordinators, needs assessors or service coordinators, and any other agencies involved with the child or young person with disabilities and their families, encourages coordinated planning and monitoring of the progress of interventions. Joint assessments are encouraged as good practice. For example, this involves the disability needs assessment and the care and protection assessment being completed together, ensuring the full needs and circumstances of the child or young person and their family are obtained, understood and responded to. This is followed by shared planning, which is also required when important decisions are being made for a child, for example:

- ⋮ during the development of a family/whānau agreement
- ⋮ prior to a family group conference
- ⋮ when a young person with a disability is leaving the care of the state and moving into adult services.

The guidelines go into some detail around transition planning to ensure that children or young people with disabilities leaving state custody have appropriate and adequate disability services available to them for their ongoing support.

Collaborative initiatives

An exciting outcome of the regular local management meetings has been the development of new initiatives to address local service gaps. Excellent examples of these are underway, in two parts of New Zealand: one in the Hutt Valley and one in Christchurch.

In the Hutt Valley there have been long-standing difficulties in accessing sufficient foster care services to meet the needs of children or young people with complex disabilities who come to the attention of the State. This issue had been raised on a number of occasions at interagency meetings and prompted the local Child, Youth and Family manager to approach a Hutt Valley-based foster care provider to encourage them to expand their services. Further discussions across the sector are exploring the development

of individualised foster care placements for a number of children and young people with complex disabilities in the area, that are supported in a coordinated way by the other associated agencies.

An exciting outcome of the regular local management meetings has been the development of new initiatives to address local service gaps.

In Christchurch there is an absence of residential services for young people with complex disabilities who require specialised rehabilitation. These young people are often at risk of becoming engaged in criminal offending, or may already be offending in minor ways. The problem came to a head when a small number of young people with intellectual disabilities were found committing serious crimes. These young people were deemed unfit to plea because of their intellectual disability. There were no specialist residential services available to ensure the security of the young people and others, and there was little opportunity for supported rehabilitation. This situation prompted a group of managers from across the services to meet to investigate establishing the necessary service expectations of these young people. Key to addressing the problem was their collective commitment to approach the issue collaboratively. A representative working group has been tasked to develop a proposal for the service and explore possibilities of wider support for service trial.

Maintaining commitment to collaboration

The formal agreements between agencies and the guidelines supporting collaborative practice, have ensured that workers across the sector who respond to children with disabilities have an increased awareness of their cross-sectoral roles and responsibilities. In meeting these expectations, there are specific tasks that need to be undertaken with respect to this collaborative commitment.

From a statutory child protection perspective, workers need to “intervene to protect and help children who are being abused or neglected, and

accordingly are responsible for the thorough investigation and assessment of whether a child is in need of care or protection” (the guidelines, p. 7). This is particularly complex when the child or young person has a disability and it is important that child protection staff work collaboratively with colleagues within the area of children’s disability. This includes working practically together, for example, conducting shared assessments.

When children and young people with disabilities move into care, child protection workers again need to work collaboratively to ensure that the disability support needs of the child or young person are being effectively met.

This includes engagement with Work and Income, Special Education, District Health Boards and sometimes ACC, to ensure that these children and young people receive the services and supports they are entitled to. Finally, and most importantly, when it is time for children and young people with disabilities to leave the care of the State, workers need to act collaboratively to plan and give effect to good transitions from care.

Working collaboratively does not always come naturally when busy professionals are focused on their specific areas of practice. We know, nevertheless, that children and young people with disabilities are more likely to have their service needs met when professionals work together toward a common purpose.

From a health and disability perspective, agencies need to be proactive in their assessments and involvement with the children and their families. Health and disability workers also need to demonstrate their commitment to shared planning and interventions. For example, a behavioural intervention that may be initiated by a psychologist in one agency needs to be mirrored by other agencies within other support services involved with the child. This requires collaboration within the health and disability sector itself, ensuring a consistent behavioural approach is provided across all aspects of the

child’s life – at home, school, and activities within the community. Health and disability providers also need to engage the right support agencies that are able to respond to the assessed needs, and where there are gaps in service provision, they need to be proactive in facilitating the development of appropriate and relevant support services.

Conclusion

Working collaboratively does not always come naturally when busy professionals are focused on their specific areas of practice. We know, nevertheless, that children and young people with disabilities are more likely to have their service needs met when professionals work together toward a common purpose. The development of the formal Memorandum of Understanding and the professional guidelines discussed in this paper have been effective in providing structure to the establishment and maintenance of collaborative efforts. In the end, of course, it will be the quality of collaborative effort and service provision that makes a difference for children with disabilities. ■

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Working together to support families of vulnerable children

Dorothy Scott

There is a rich history of professionals intervening early and working collaboratively to assist families who are struggling to nurture their children. Increasingly, 'whole of government' policies and approaches attempt to transcend 'sectoral silos' and provide a more integrated, collaborative response to the often multiple needs of families. This article will look at examples of the ways in which services are provided across the sector to support the needs of children and their families. Early intervention opportunities that have a preventive focus will be explored, followed by a discussion of targeted services for families with complex needs. Whilst professionals need to strengthen their collaborative efforts to bring about 'whole of government' approaches, worker–family collaborations that sustain effective relationships with parents remain a key component of successful intervention.

Integrated responses in early intervention

Government interest in early intervention programmes is motivated both by social justice concerns and the growing awareness that the economic future of a society depends on the degree to which its children are healthy, educated and well-adjusted. New research findings in the field of early childhood have contributed to increasing interest in early intervention. An acknowledgement of the critical importance of the early years has also led to a desire to redevelop universal maternal and child health services as well as early childhood education and care services. New Zealand, for example, is at the forefront of nations seeking to strengthen early childhood education services in a comprehensive way across the nation, while in Australia the federally funded Communities for Children

programme has led to the creation of a range of innovative programmes for children and their families in socially disadvantaged communities. The renewed emphasis on early childhood has stimulated initiatives internationally in working with vulnerable families (McAuley, Pecora & Rose, 2006), and has highlighted the increased opportunities for services to work together to respond to complex need.

Early intervention services generally consist of three basic types or approaches: home visitation services, in which the family receives support from a worker in their own home; centre-based services that involve the family attending a programme within an agency setting; and what is referred to as two-generation services, which provide a combination of assistance and education for parents and children. A general consensus exists in the literature that early intervention programmes are successful; nevertheless, there is a significant range of programmes which vary markedly in their scope and intensity. There are a number of characteristics that are linked to greater programme effectiveness:

- ⋮ whether the programme is of high quality
- ⋮ whether the family participates in the design, development and application of the programme
- ⋮ whether the programme is based on a strong theoretical foundation
- ⋮ whether the programme is managed well and run by a stable and well-trained staff.

The intensity of the programme is also important – focused services that are enduring over a longer period of time tend to be more successful.

Programmes that are timely and are responsive to the family's needs are also more likely to be successful.

The renewed emphasis on early childhood has stimulated initiatives internationally in working with vulnerable families (McAuley, Pecora & Rose, 2006), and has highlighted the increased opportunities for services to work together to respond to complex need.

The development of early intervention programmes is strongly influenced by child development theories and theories of attachment. There have been decades of research and writing across a range of disciplines focusing on the nature of children's development and their attachment needs (Ainsworth, 1968, 1989; Bowlby, 1981, 1990). Significant emotional bonds and the existence of secure attachments have been identified as critical factors that support positive longer term outcomes (Francis & Meaney, 1999; Schore, 2001).

There are several concepts that illuminate the complex interplay between child development, family life, and the social environment. One that has gained prominence during the past decade is that of resilience (Haggerty et al, 1996). The body of knowledge associated with this concept provides a framework for understanding the set of risk and protective factors that can explain why some children are more affected by adversity. This knowledge base also has rich intervention implications.

Perhaps the best known conceptual framework that seeks to explain the importance of children's development in the context of the family, as well as the influences of the social network, community and wider society, is the ecological model of human development, pioneered by Urie Bronfenbrenner (1979). Ecological models of human development that draw on Bronfenbrenner's insights will highlight the importance of the different systems in which the child is embedded. These include microsystems, such as the family, the immediate

neighbourhood, the early childhood centre or the classroom; the mesosystem in which interactions between different microsystems occur; the broader exosystem of the labour market and formal services; and finally the macrosystem that encompasses all the other systems and is the cultural blueprint of our society and its values.

Maternal and child health services

There is good evidence that a non-judgemental and supportive relationship with a nurse, commencing in pregnancy and lasting for up to two years following the birth, can enhance positive outcomes for both the vulnerable mother and her child (Olds, Sadler & Kitzman, 2007). New Zealand, which pioneered universal maternal and child health services a century ago in the form of Plunket nurses, influenced the development of similar services in other countries, such as Australia. Universal services such as Plunket and the Well Child Tamariki Ora Framework, introduced by the Ministry of Health in New Zealand, provide an excellent, non-stigmatised platform from which to reach out to all families in a community and to provide vulnerable families with additional support. Strong collaboration between maternal and child health and child protection services clearly provides an important means through which the needs of particularly vulnerable infants can be addressed.

Examples of collaborating to support families is the Footsteps initiative (Footsteps, 2010), which is supported by the New Zealand Ministry of Education. Footsteps, a home-based early childhood service for children in out-of-home care, offers regular visits to the child and their caregiver, and focuses particularly on the provision of educational resources that are specific to the needs and abilities of the children involved. Importantly, as a universal service it is available to all caregivers, including children in the care of the state – both kin and non-kin carers. Social workers involved with vulnerable children in care can therefore call on the Footsteps service to provide additional support for families, so they can better understand the educational needs of the children they work with.

Home visiting initiatives are also increasingly available across Australia. For example, in South Australia, a new system is being implemented that provides all families with a new baby an initial home visit by a nurse, and offers approximately 12% of families, including all families with an Aboriginal child and all mothers under 20 years of age, a two-year Family Home Visiting Service (Children, Youth and Women's Health Service, 2005). Social workers play an important role in supporting the nurses and providing a consultancy service, and in linking families up with the broad range of services that they may require (e.g., housing, mental health services, financial counselling). Indigenous cultural consultants also play a vital role in helping indigenous families feel comfortable accessing the Family Home Visiting Service and in enhancing nurses' understanding of the role that cultural factors play.

Strong collaboration between maternal and child health and child protection services clearly provides an important means through which the needs of particularly vulnerable infants can be addressed.

In Australia, early childhood education and care services are also finding new ways to reach vulnerable families. A family support programme at SDN Children's Services in Sydney has been developed within a mainstream early childhood service. The programme provides good nutrition and high quality early childhood education to vulnerable children whose parents do not usually make use of any form of childcare. Services reach out to parents struggling with problems such as substance dependence, mental illness and domestic violence. According to Udy (2005), this successful programme has four key elements:

- ⋮ 'scholarships' which enable children to have three six-hour days each week at one of the Child and Family Learning Centres in socially disadvantaged areas of Sydney
- ⋮ additional on-the-job training, coaching and professional supervision for early childhood

education and care staff, which focuses on how to work with 'hard to engage' parents who often present as 'demanding' or 'difficult'

- ⋮ a warm and welcoming climate to encourage parents to participate in information-sharing sessions where there are opportunities to make friends with other parents
- ⋮ interagency collaboration and referrals link families with the range of services they need and help to co-ordinate an integrated response to a family's needs.

A range of positive outcomes for the children, their families, the staff and the community were identified in an evaluation of the programme which captured rich qualitative data on the perceptions of different stakeholders (Goodfellow et al, 2004).

Mental health and drug treatment services

The prevalence of problems such as parental alcohol and drug dependence, and its consequences for children, is a growing societal concern in New Zealand and Australia. Approximately one in every 10 Australian children are currently living in a household in which at least one parent has an alcohol or drug dependence (Dawe et al, 2007), and in New Zealand, parental alcohol abuse has been implicated in a number of child abuse fatalities. Odyssey House, a leading non-governmental drug treatment service, with programmes in Australia and New Zealand, aims to create and sustain environments for positive change for people whose lives are affected by drugs and alcohol.¹ In collaboration with the Parenting Research Centre in Melbourne, the Victorian Odyssey House initiative has also developed a 'parenting support toolkit' to assist drug counsellors doing intake interviews. The purpose of the toolkit is to help workers to engage their clients in relation to their parental roles and the needs of their children in non-threatening ways.²

¹ For information on Odyssey House in Victoria see <http://www.odyssey.org.au/about/index.asp>
For information regarding Odyssey House in Auckland see <http://www.odyssey.org.nz/>

² See http://www.odyssey.org.au/institute/projects/parenting_toolkit.asp for information on the toolkit.

The prevalence of problems such as parental alcohol and drug dependence, and its consequences for children, is a growing societal concern in New Zealand and Australia.

Some traditional adult-focused services are also beginning to embrace new ways of working that are responsive to the needs of children. For example, in the field of mental health, an Australian Government initiative called Children of Parents with a Mental Illness (COPMI, 2003), has been building the capacity of adult mental health services to be more sensitive to children and to address the parental roles of adults with mental health problems. Similarly, in New Zealand there are resources for parents who have the additional challenges of coping with mental illness. For example, Kites provide a range of resources that support the increased participation of parents who are experiencing mental illness in their communities.³ Early intervention services in the context of mental health provide a variety of targeted programmes aimed at supporting families and fostering good outcomes for children.

In general, practice with children and families occurs within complex organisational, service system and policy contexts. The emergence of new 'whole of government' policy approaches that attempt to transcend 'sectoral silos' and provide a more integrated, collaborative response to the often multiple needs of families is encouraging. Given the typically complex and multiple needs of vulnerable families, who often struggle to nurture their children in situations of poverty, homelessness, family violence, mental illness or substance dependence, an increasing emphasis is now being placed on improved 'cross-sectoral' collaboration.

Collaborative practice with families

Social workers are involved in a range of early intervention work, either directly by providing family support services, some of which we have outlined above, or indirectly when referring

families to services that best suit their needs. Developing and sustaining effective relationships with parents is one of the keys to successful intervention. This creates the potential to develop solution-finding collaborative partnerships with parents. The social worker is the instrument of his or her own practice and so the personal qualities of the worker are central to good working relationships. The values and morale of the team and the wider organisational setting can support or inhibit collaborative relationships with families.

Given the typically complex and multiple needs of vulnerable families, who often struggle to nurture their children in situations of poverty, homelessness, family violence, mental illness or substance dependence, an increasing emphasis is now being placed on improved 'cross-sectoral' collaboration.

Most of the research on the attributes of the effective worker has been done in the field of psychotherapy and the findings may not be readily generalised to more diverse contexts. There are, nevertheless, good grounds for thinking that the findings from this field may have relevance to 'helping relationships' in general, across the sectors of health, education, justice and social services. Hubble, Duncan and Miller (1999) have drawn on a broad range of studies on the factors responsible for positive outcomes in psychotherapy, including the meta-analysis by Lambert (1992), identifying the degree to which positive outcomes were influenced by a range of factors:

- ⋮ client factors such as personality and environmental factors such as social support: 40%
- ⋮ qualities of the therapeutic relationship such as empathy: 30%
- ⋮ hope and expectancy of positive outcome: 15%
- ⋮ specific intervention techniques: 15%.

³ See <http://www.kites.org.nz/>.

Research also indicates that the development of pro-social values and their reinforcement, collaborative problem solving, and a sound worker–family relationship is important to good outcomes for children (Trotter, 2004).

In relation to working with vulnerable families with young children, a positive helping relationship with a parent may not only be of therapeutic value in itself, but may also act as a gateway through which they can access much needed interagency resources (e.g., childcare, social support) or as a conduit for relieving situational stressors (e.g., finances, housing). This may help directly and indirectly to reduce the level of adversity to which young children are exposed.

Ultimately, developing collaborative partnerships with parents may be more an art than a science:

Our findings suggest that good helping relationships are more 'ways of being' than they are about strategies and techniques. If the effort a worker avails in establishing a positive relationship with clients is prescriptive and technique driven, it is likely to fail. Workers' relationship and engagement skills can only blossom when they are rooted in genuine care and respect for the clients they serve. Specific techniques can augment an empathic, supportive, and collaborative approach, but they cannot substitute for this. (de Boer & Coady, 2007, p. 40)

In relation to working with vulnerable families with young children, a positive helping relationship with a parent may not only be of therapeutic value in itself, but may also act as a gateway through which they can access much needed interagency resources.

Conclusion

Working toward the strengthening of cross-sectoral services to support vulnerable families, particularly in the context of early intervention, is important from a child development perspective. What happens during the early

years sets the scene for a sturdy or fragile future and there is also no doubt that cumulative experiences impact on a child's development (Shonkoff & Phillips, 2001). Familiarisation with the knowledge base underpinning early intervention, the development of effective collaboration across organisational and professional boundaries, and the strengthening of opportunities for skilful and respectful collaborative partnerships with parents will undoubtedly support good outcomes for children. By transcending agency silos and strengthening collaborative practices we are much more likely to respond positively to the multiple needs of families at risk. ■

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Practice matters

Innovative practice in family violence

Delwyn Clement

The practice challenges presented by family violence create significant opportunities for developing innovative practice initiatives. The Whakakotahitanga programme was developed in Taumarunui in 2006 and is founded on the idea that to address family violence, communities and couples need to come together. In having a genuine concern for those struggling to overcome family violence, couples can be supported by their community to make changes in their lives that will result in a reduction of violence in their relationship. This type of approach is what Shlonsky, Friend and Lambert (2007) refer to as harm reduction programmes. 'Whakakotahitanga' is defined as coming together or sharing, principles that underpin the Whakakotahitanga Family Violence Programme.

How it began

The development of the Whakakotahitanga family violence programme began in 2006 when the Ruapehu Police became concerned at the high domestic violence rate in the area, and that the same families and couples were repeatedly coming to the notice of Police. Keen to find new ways of breaking cycles of violence, Area Commander Inspector Steve Mastrovich of the Ruapehu Police, and Ruapehu Police Family Violence Coordinator Gabe Quirke developed the Whakakotahitanga Programme to explore some feasible ways of seeking local solutions to this problem. Recognising that the collaborative support and expertise of the community and local service providers would be important in tackling such a complex issue, discussions were facilitated and meetings were held both with professionals working in the area of family violence and also with victims and offenders. Five families from the area who had significant family violence history were invited to

participate in the programme and the feedback from these initial five couples has been crucial in the development and evolution of the programme.

At the core of the programme is a three-day residential camp. Couples for whom violence is an issue are invited to attend the camp, which provides them with an opportunity, free from distractions, to reflect and work on their issues in a supportive environment. The camp represents the beginning of a journey of change. When the couple return home from the camp, they continue to receive the support they need from the community to build on their learning and achieve their goals.

The camp represents the beginning of a journey of change. When the couple return home from the camp, they continue to receive the support they need from the community to build on their learning and achieve their goals.

In the early discussions with couples who had experienced family violence, it was clear that they felt they had been let down by community agencies, resulting in a lack of trust that the agencies could provide the help they needed. Because it was important that the agency staff provide support to the couples following the camp, it was decided that they would attend the camp as supporters so they could build rapport with the couples and strengthen relationships of trust. Supporters participated in key activities such as team building to help break down any barriers to their ongoing support of the couples.

How the programme works

The first residential camp took place in 2007, and 12 camps have been run since the programme began. Each camp is designed to cater for five couples and is held over three days, beginning on a Friday afternoon and finishing on a Sunday night. The participants are accommodated in a five-bedroom dwelling for the duration of the camp. This provides the couples with their own space to enable them time to think and reflect and also to talk with the other couples attending the programme. Supporters stay in separate accommodation, free of charge. Couples who have experienced the course report that the camp provides a safe non-judgemental environment which is focused purely on assisting them. Many participants valued the opportunity to spend time with people in the same situation as themselves, commenting that they have never previously been able to share with others in this way.

Children of the participants do not attend the camp. This was trialled initially but was found to impact on the ability of participants and facilitators to focus on what they needed to do during the weekend. Couples with children are asked to arrange care for their children while they are away, requiring them to take responsibility for preparing for the camp and thus providing them with some ownership over the process. The prime focus of the camp is to address the underlying issues for each couple that manifest as violence and to provide the couples with strategies to help reduce the escalation of violence.

Individual plans are developed for each couple that take into account the ongoing support they will require when they return home from the camp. Identifying the underlying issues and development of plans begins prior to couples attending the camp and is continued throughout the weekend and following their return home.

The camp is divided into a series of activities, facilitated workshops and presentations that cover a range of areas including team building, family violence education, reflection, physical and emotional challenges, communication, and relationship work. Each session is designed to

assist couples in coming to terms with and understanding their own personal situation. Guest speakers have included Celia Lashlie (researcher and author), Vic Tamati and George Ashby (both involved with the 'It's not OK' family violence awareness campaign), and other famous New Zealanders, such as Colin Meads and Norm Hewitt. Future weekends will also include graduates from the programme – those people who have remained violence-free for over 12 months and who want to take up the personal challenge of sharing their experiences with others.

The prime focus is to address the underlying issues for each couple that manifest as violence and to provide the couples with strategies to help reduce the escalation of violence.

Ongoing support following the camp is crucial to the programme's success. Once the couples return home they are expected to begin to work on their goals and demonstrate what they have learned in the context of their daily lives. All couples continue to be assisted by the programme coordinator or a support person. In addition, they receive ongoing support and counselling from community services identified in their plan. Support continues to be provided by the course coordinator and community agencies for as long as necessary.

Who attends the programme?

Referrals for the programme come from a range of agencies including the Police, the Probation Service, Women's Refuge, and Child, Youth and Family. Around 70% of those who have attended have been Māori and 30% have been Pākehā. The majority of participants come from the Ruapehu District but some couples have attended from other parts of the country. When a couple attends from out of the area, their primary support must also attend the camp, to enable the couple and support person to build the trust and rapport needed to ensure continued support following camp. Experience has shown that a mix of ages of participants at each camp works best

as this tends to increase discussion about what family violence means on a personal and family level and what strategies might work to avoid further violence.

What they have found

Since its conception, 60 couples have participated in the Whakakotahitanga programme. Initially it was thought that it may be difficult to get couples to attend but in fact, the opposite has been found to be the case. There has only been one couple that failed to turn up for the camp and the programme currently has a six-month waiting list.

Feedback from participants has been sought following each camp in order to continue to develop and improve the quality of the programme, and changes have been made accordingly. Increased relationships of trust with the support agencies were reported by the couples, and they also expressed feeling hopeful that things could be different in their relationships. Not all couples remained together following the camp. Some decided that they needed to separate and were able to do this with no further violence occurring.

The programme has made a difference for both recidivist offenders and families, as well as for families with lower levels of family violence. Even the most hardened offenders have been willing to commit to reducing harm in their relationships. As a result of the publicity around the success of the programme, couples from all over New Zealand have indicated their keenness to attend.

Not all couples remained together following the camp. Some decided that they needed to separate and were able to do this with no further violence occurring.

An initial review of the impact of the programme was undertaken six months after the first camp. This found a significant drop in the frequency of family violence incidences for the couples that had attended the programme, a trend that has continued. There was a 60% reduction in offending from these couples, and where further violence has occurred the severity of the violence had reduced, and it was unlikely to be of a criminal nature.

What makes it successful?

Whakakotahitanga's underlying principle of families and communities coming together to resolve the underlying causes of family violence has been key to its success. The programme reflects a community that has come together to achieve a shared goal. Investment in the programme extends to the professionals and agencies within the community and perhaps most importantly the couples and families themselves.

The programme reflects a community that has come together to achieve a shared goal. Investment in the programme extends to the professionals and agencies within the community and perhaps most importantly the couples and families themselves.

From the beginning, this community of concern has worked together to draw on their collective knowledge and expertise to create their own solutions to a local problem. Financial and practical support from the community has further enabled the programme to succeed. It is the dedication, commitment and passion of all those involved in the camps, in particular the community organisations and agencies, to help people break cycles of violence that has led to the success of this programme. The supporters' presence at the camp demonstrates their genuine concern and willingness to support the couple, which has resulted in the strengthening of relationships. In providing comprehensive support for the couples and their families, change that had seemed impossible before has become a reality for many. ■

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Collaboration the Pacific way

Tofa Suafole Gush and Gafa Faitotoa



The symbol of the old person's hand depicts the wisdom of the old guiding the young, the connections to their unspoken world and the bond of love that transpires from it. The image's meaning of life and longevity forms the foundation for this Pacific Action Plan, 'O Au O Matua Fanau' – Our children are our treasures.

Kia ora. Kia orana. Fakaalofa lahi atu. Halo oloketa. Taloha ni. Malo e lelei. Fakatalofa atu. Nisa bula vinaka. Talofa lava, and warm Pacific greetings.

A significant milestone in the work of Child, Youth and Family was marked on the 19 February 2010 when *O Au O Matua Fanau (Children are our treasures) – Child, Youth and Family Pacific Action Plan 2010 and Beyond*, was launched. The launch was welcomed and embraced by the community leaders, providers and officials who witnessed the occasion.

The development of the Pacific Action Plan reflected an experience of consultative action, where processes were arranged to ensure that quality feedback and advice was received. It involved the establishment of new and the strengthening of existing key relationships, with many stakeholders who came together with the aim of supporting Pacific children and their families within our communities.

Pacific collaboration – understanding the Pacific way

According to Barker (2003) interorganisational collaboration provides a means through which people come together to develop new programmes or service approaches around an area of common interest. Joint effort toward a common goal then provides more extensive opportunities than would have been the case had an agency worked alone.

While the meaning is similar for Pacific, collaboration in this context encompasses culturally specific responses that engage communities in a uniquely Pacific way. Pacific collaboration will always involve gatherings where participants engage in Pacific processes. When facilitating Pacific collaboration, it is critical that engagement occurs with key members of the Pacific community. This requires both knowledge of, and relationships with, Pacific communities. Pacific collaboration is about listening to, and being respectful of, community concerns and being able to engage broadly in the issues, as well as considering the challenges in providing services for Pacific children and their families.

It is vital to understand the generational issues for Pacific and ensure that every perspective is heard. Careful attention to these factors sets a firm foundation for working together. Having confidence in one's Pacific identity, and knowledge in cultural protocols, is needed to gather the village to meet and discuss the challenges that confront Child, Youth and Family and Pacific communities. These processes are inherent in the collaborative initiatives that progressed the development of the Pacific Action

Plan 2010, and provide a strong foundation for its implementation.

Ongoing collaboration in the Pacific sector

Child, Youth and Family has maintained an emphasis on Pacific responsiveness through its Pacific Responsiveness Plan 2005. In reviewing the 2005 plan, it was clear that, while many of the aims had been achieved, there was an organisational need to refocus effort on specific areas where Pacific children could be supported in aiga (families) where they will be loved and safely nurtured. Four areas emerged as key in refocusing our efforts:

- ⋮ Pacific children in care and the need to ensure that they had a sense of belonging within their aiga
- ⋮ responding to the needs of vulnerable Pacific infants
- ⋮ strengthening the capacity of the Pacific non-government sector
- ⋮ engaging more strongly with Pacific communities.

Since 2005, Child, Youth and Family senior management have supported the coming together of the Pacific workforce in network fono (meetings). These fono provide Child, Youth and Family staff with opportunities to strengthen internal and external relationships important to their practice in their professional roles and, more so, to build their capability and confidence when dealing with Pacific families. Auckland region has the largest group with Central, Midlands and South following.

In 2007 the Pacific provider sector held a national fono called 'So'oso'o Le Upega' translated as 'Strengthening the Net – Pacific providers working to meet the challenges with courage and confidence to assure victory'. This occasion inspired the development of the Pacific leadership programme the 'Tagata Tuamotu Leadership Programme' for the Auckland Pacific Social Service Providers. The purpose of the programme was to lift the capability of the Pacific social sector by raising leadership and management skill level of senior leaders in those

organisations, and to provide tangible resources for Pacific organisations that will help them attract, upskill and retain staff. A graduation ceremony was held in December 2009 for the first group of participants. A mentoring programme lasting five months is currently in progress, with a new set of participants due to start the programme in July 2010.

Pacific collaboration is about listening to, and being respectful of, community concerns and being able to engage broadly in the issues, as well as considering the challenges in providing services for Pacific children and their families. It is vital to understand the generational issues for Pacific and ensure that every perspective is heard.

In 2008 the Child, Youth and Family Pacific team supported the development of the Collaborating for Effective Results project, which involved Pacific community sector organisations coming together under one umbrella in order to work together more effectively. The project seeks to provide a regional, community-based provider platform whereby, in partnership with government agencies, collective knowledge and strengths can be harnessed, weaknesses identified, strengths developed, and gaps filled. The overriding priority of this project is to ensure that all practices, programmes and strategies that seek to address issues involving Pacific families in the area of family violence prevention must encompass a tailored approach that includes cultural competencies, professionalism and a high degree of responsiveness. It is from this standpoint that the key objectives for the Collaborating for Effective Results project are focused on strengthening practice, strengthening capacity, strengthening collaboration, and building a stronger voice for the Pacific social service sector.

In March 2009, the Auckland Pacific Provider Family Violence Prevention Network was set up.

The collaboration of Pacific social service sector providers was vital in building an effective whole-of-community approach to tackling family

violence issues impacting on Pacific communities in the greater Auckland region, home to the largest Pacific population in the country.

All of this work exemplifies a Pacific approach to ensuring that all Pacific children and young people are safe from harm and well cared for, strong as part of a loving family, and able to thrive and be the best they can be. The projects outlined above are key aspects of the context that reinforces the development and implementation of O Au O Matua Fanau Pacific Action Plan 2010 and Beyond.

O Au O Matua Fanau Pacific Action Plan 2010 and beyond

The Pacific Action Plan is informed by six months of Child, Youth and Family consultation with Pacific communities. The initial step was the establishment of a steering group convened by the Child, Youth and Family Pacific team. The group included community leaders, a legal advisor, Child, Youth and Family staff and members from the Pacific provider sector. Comments made at the first steering group meeting are reproduced below. The steering group was tasked with the responsibility of reviewing information about Child, Youth and Family work with Pacific children and young people and also determining questions to be explored in focus groups. The steering group took on the further task of prioritising key themes from the focus group fono that constituted the next phase of the project.

The key message is 'Child, Youth and Family and Pacific Providers working together' 'Fakamalolo ke he tau amaamanakiaga, ke mafola ai e tau matakainaga' (Strengthen all endeavours and the community will benefit) – Niue Proverb

*"The coming together with the Pacific provider sector, to develop the **Pacific Action Plan** is a unique opportunity for us. Establishing a unified working relationship for the sake of providing an appropriate service for Pacific families is a challenge that we are ready for. We need to have a global focus on our working together to achieve the work ahead in our respective roles." George Makapatama (Child, Youth and Family Auckland Pacific Island Network – APIN)*

"We need to build our relationships with each other. We need to trust each other and create this, by working through our issues in a way that will build on our relationship." Maria Levi (Auckland Pacific Provider Family Violence Prevention Network – APPFVN)

"A response to Pacific issues should come from us as Pacific – we need to reinforce what cultural responsiveness means to the organisation when they are working with our families. Cultural responsiveness needs to be reflected in policies and procedures for practitioners." Maria Mavoa (Pacific provider)

"To reduce the number of children in care we need to balance what work providers can do and what work belongs to Child, Youth and Family." Joy Ramsey (Pacific provider)

"We need to concentrate at the front end. As soon as families come to our notice we need to engage with them before we take legal orders." Mareta (APIN)

"We need to go back to the basic of social work practice. That when a child comes to the notice of the service the social worker who is not of that culture would need to consult with a person from that culture preferably from the community. ... I think we need to have the same vision and most importantly understand and respect each others roles." Tarani (APIN)

The focus group forums reflected the broad range of people with an interest in the diverse cultural, economic and social needs of Pacific peoples. Among those who took part were past and current Child, Youth and Family clients, as well as Child, Youth and Family and Ministry of Social Development staff, church and community leaders, representatives of local and national Pacific groups, and mainstream agencies that work with Pacific families with whom Child, Youth and Family also work. Focus groups were held throughout the country. The focus group workshops centred on the development and wellbeing aspects of Pacific children in care and in the youth justice system. To help the group to understand expectations in these areas, participants were asked to list initiatives

and issues that were central to Pacific families' needs. The group was delighted at the quality of dialogue and feedback achieved in these forums.

Overall, feedback from the consultation pinpointed key opportunities for Child, Youth and Family to work collaboratively with the Pacific social service sector in the following areas:

- ✦ providing a Pacific responsive care and protection youth justice sector
- ✦ promoting violence prevention work within Pacific communities
- ✦ improving social workers' knowledge and skills to engage with Pacific extended families, communities and church groups
- ✦ understanding why Pacific values, protocols and cultural knowledge are crucial when working with Pacific families
- ✦ increasing skills and knowledge within the Pacific provider sector.

The consultation process produced information that was of central importance in developing the plan, which is focused on reducing the current number of Pacific children and young people in the care of Child, Youth and Family. The plan outlines short, medium and long-term actions over a five-year period to achieve this outcome. The plan has the following key goals:

- ✦ increasing the number of secure permanent care arrangements for all Pacific children and young people
- ✦ enhancing the capability of social workers to work with Pacific families and providers
- ✦ developing the capacity of leaders within the Pacific social service sector
- ✦ strengthening relationships between Child, Youth and Family site offices, Pacific providers, church groups and community leaders
- ✦ reducing reoffending by Pacific youth.

For the first two years the plan will focus on preventing children coming into care, and, for those children and young people who are in

care or need to come into care, increasing the proportion of in-family care. At the same time the plan promotes work to secure permanent care arrangements, ensuring that children are safely placed within their families or in alternative care. It is important to note that the concentration of Pacific people in Auckland obliges us to look beyond national approaches and consider specific regional approaches to improve outcomes for Pacific people. Accordingly, the first two years' implementation of the plan will focus solely on the Auckland region.

Conclusion

O Au O Matua Fanau Pacific Action Plan 2010 and Beyond has been informed by culturally determined, collaborative consultation with a wide range of groups. Collaboration will continue to be essential to the successful implementation of the plan.

The Pacific team will work alongside practitioners at selected site offices (those which have the highest number of Pacific children in care as at 30 June 2009). A key component of operationalising the plan is utilising the cultural competencies of senior Pacific practitioners from the wider social services sector. Child, Youth and Family Pacific practitioners will work with Pacific community practitioners to effect engagement with Pacific families. Furthermore, opportunities for preventive work and permanency options will be provided by increased engagement of extended families in keeping children safe. A whole of family/aiga approach, recognising the uniqueness of Pacific culture, is pivotal to the successful implementation of the plan. ■

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Born raised and educated in Samoa, Tofa has been a public servant for over 25 years, and has had various roles in the government and private sectors where she has advocated and advised on Pacific issues. She is completing her Master of Public Management in Pacific workforce capacity in NZ Public Service.

Gafa Faitotoa began her social work career in Child Youth and Family in 1992, as a Care and Protection social worker and later as a supervisor. She took on her role as an advisor for the Child Youth and Family Pacific Peoples team in February 2007.

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 Kelly.anderson001@cyf.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 Kelly Anderson, 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).

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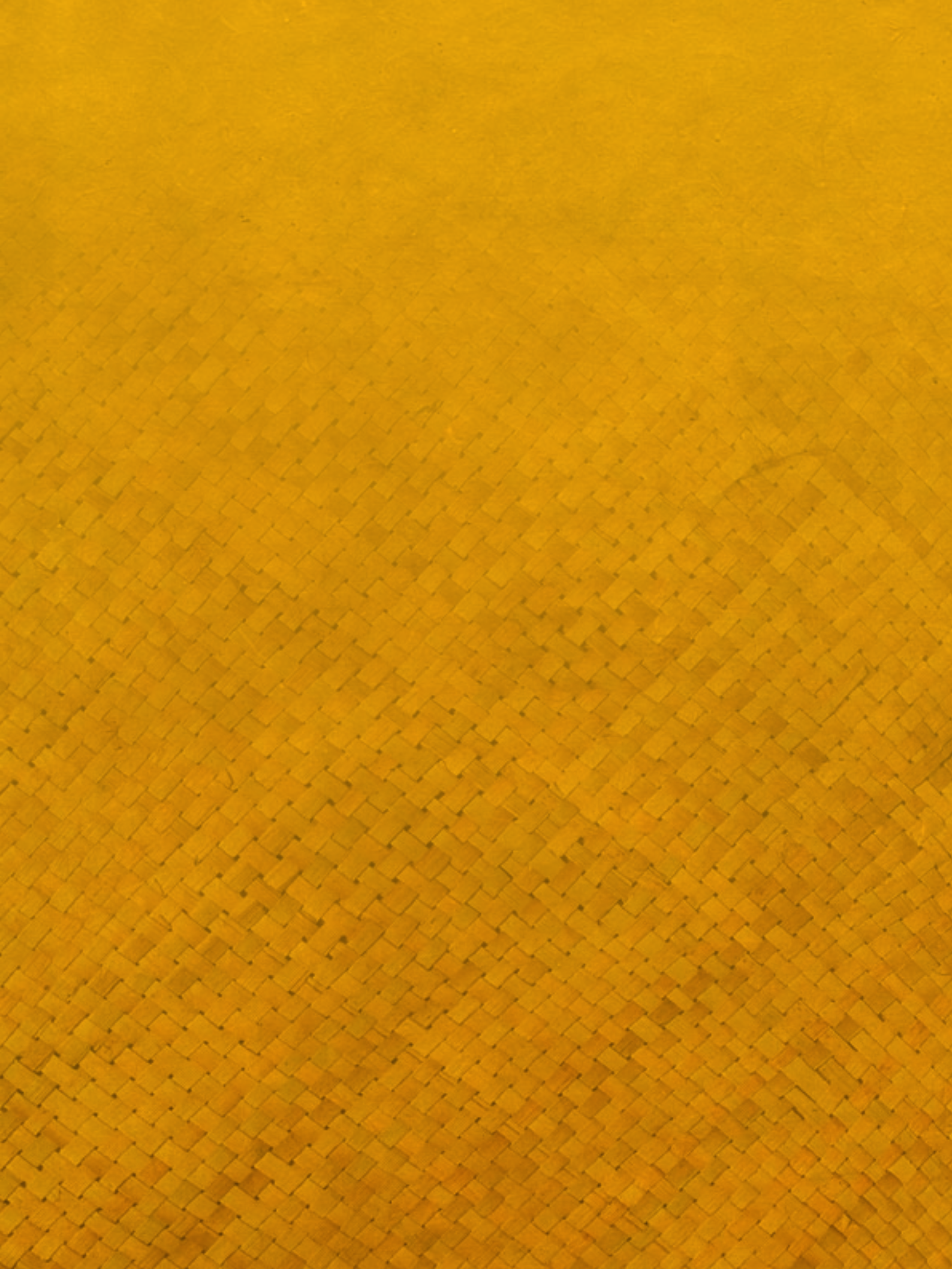
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Social Work Now – Aims

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.





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