

## Social Work Now

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



## Getting real about children and youth who molest other children

**W**hen a sexually aggressive youth, or a child who molests other children, comes to notice I believe there is often a “systems failure” in the management of that young person. The systems which are failing are those that should recognise the problem for what it really is and seek assessments from skilled practitioners to determine the nature of the sexual behaviour.

There are several reasons for the failures. First, a large proportion of sexual acting out behaviours occur within the young perpetrator’s own family, or close to their family and neighbourhood. Often all aspects of the case - including the offending behaviours - are managed within the helper system that was engaged to support the victim. Helping agencies which work with victims often do so without seeking information about the young person who perpetrated the abuse. They seldom call for statutory help either from the Children and Young Persons Service (CYPS) or the police. Even if they identify a young perpetrator, there is no requirement for the helping agency to notify them to the police or CYPS. One consequence of this is that the young perpetrator doesn’t receive the help they need. This failure to report is not so much a deliberate act of omission as prompted by concern for the victim and their family.

A second reason is minimisation. I have been party to many stories from young and old, male and female, about how their abuse occurred and have seen how an offender’s erroneous and destructive beliefs are frequently carried by their victims into therapy or investigation interviews. Some helpers, as they listen to the client or child’s victim stories, have also become influenced by the persuasive power of the offender’s myths about rape, incest and sexual abuse.

Thirdly, many children who act out

sexually or molest other children do come to the attention of school teachers, school and community counsellors, social workers, pastoral networks or other professionals. Unfortunately, there is no predictable response from this group and the offending is often simply ignored because there is not enough understanding, appropriate systems or clear protocols for its management.

The low reporting rate and even lower rate of referrals for the treatment of children and young people with sexual behaviour problems is a regular feature of the mismanagement of sexually aggressive children and adolescents who molest and rape.

I believe agencies and community groups do not know or are confused about many of the following:

- Young people’s sexual behaviour.
- Sexual development and healthy sexuality in children and young people.
- Determining the difference between normal and deviant behaviour.
- The effect upon the victims of child and adolescent sexual molesters.
- The treatment requirements of sexually deviant youth.
- Finding suitable treatment.

There is a management dilemma over whether this behaviour is a family/whanau, welfare, police or counselling matter, and will it eventually go away if we all forget about it?

I think fear is another dynamic which gets in the way of dealing effectively with young abusers. These fears may stem from:

- The abhorrence of labelling a child as a sex offender or as sexually deviant.
- Denial of our own history of possible sexual victimisation.

- Denial of our own history of possible sexual aggression.
- Fear of negative consequences for the child offender and their family if the story “gets out” into the community.
- Fear that statutory agencies will criticise community agencies (or vice versa) for their management of the young sex offender.

Children’s sexuality is generally uncomfortable to acknowledge. We were once children ourselves and many of us have our own children. We are not universally comfortable with our own adult sexuality, let alone children’s sexuality.

One of the tragedies of the current systems failure is the missed opportunity for the rehabilitation of the young perpetrator. Sexual aggression is a progressive problem. Through early and specialised interventions it is possible to have positive outcomes with young offenders. Without intervention, abuse that a young perpetrator has or is suffering, will not be uncovered or dealt with.

There are also missed opportunities to prevent further victimisation since youth who are not stopped can offend again.

Victims also suffer further if we fail to show appropriate and timely consequences for the offending against them.

Any sexual acts or sexual behaviours which are directed at others and are indicators of sexual aggression or confusion should be dealt with immediately. These children or young people should receive prompt and specialised assessments to determine the nature, severity and extent of the problem.

**Social Work Now** welcomes letters to the editor and discussions on issues raised in the journal.

**Write to: The Editor, Social Work Now, Private Bag 21, Wellington. Shorter letters are preferred and we reserve the right to edit letters for sense and length. Please include your work address and a contact phone number.**

The problem of offender mismanagement rests with everyone who works with children and who fails to be well informed about sexual aggression. We have to stop being naive about children and young people’s sexual behaviour.

Those of us not willing to take the journey should keep well away from child protection and child advocacy. To be ill-informed, confused and fearful around hurt children is to be supportive of their neglect and abuse. When those hurt children are also dangerous to other children, any failure to notice and act will harm the lives of many - whether through the trauma of victims or the miserable existence of the untreated perpetrator. ■

**Tony Palairet**, Family Therapist, Specialist Services, Tauranga



## Social Work Now 1996

### Deadline for Contributions

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# The problem and the challenge

**Hazel Scoles** profiles the adolescent sexual offender and the demands they place on services

**A**dolescent sexual offending is widespread and constitutes a significant proportion of all sexual offending. In a New Zealand study of 497 women, nearly one third had experienced sexual abuse prior to age 16 and almost 25 per cent of their abusers had been under 18 years (McCarthy and Lambie 1995). Between July and December 1993, 130 sexually offending children and young people (80 aged 13 to 17) were notified to CYPS, at least 26 of whom were identified as "high risk" offenders (Erickson 1995). The police apprehended 247 children and young people for sexual offences in 1993, and 203 offences were "cleared" (the perpetrator identified to police satisfaction) to children or young people (*ibid*). Studies in the United States (Fehrenbach et al 1986) and United Kingdom (Harnett and Misch 1993) similarly show the extent of the problem is significant.

In this paper, I consider the problem of adolescent sexual offending in the context of the literature now emerging on the topic. I cover its seriousness in terms of the cycles of abuse it produces, the profile of typical offenders, responses required of social services and the associated difficulties, with a particular focus on New Zealand.

## **Cycles of abuse**

In terms of cycles of abuse, the problem of adolescent sexual offending is serious. A victim can become a perpetrator of abuse, and an adolescent sexual offender can become an adult offender.

### *Victim to perpetrator*

Between 11 per cent and 57 per cent of adolescent sexual offenders report being

victims of sexual assault in their own childhood (Fehrenbach et al 1986; Becker 1988; McCarthy and Lambie 1995). While clearly the cycle does not always occur, the concept fits well with the known effects of abuse on children, including losses in their sense of identity, self worth, trust in others, and control over their bodies and situations. To resolve such loss and regain their autonomy, children who are victims of abuse may identify with the abuser. For some this will mean reducing empathy towards the idea of "victim", and can open the way to becoming perpetrators themselves. Certainly children and adolescents locked into this cycle become a significant threat to other, younger and smaller, vulnerable children (Loar 1994).

What appears to contradict the victim to perpetrator concept is the generally recognised view that child victims of sexual assault are predominantly female and that abusers (adolescent and adult) are male. However, while still finding this broad distinction, recent research is showing that the gender difference is not as clear cut as once believed. Perhaps because society has perceived sexual aggression as a male domain, preferring females in the role of victim, we may underestimate rates of abuse of boys, and of female offending.

The reported incidence of offending by adolescent females is increasing. In New Zealand it has been estimated that possibly 5 per cent to 10 per cent of all adolescent sexual offenders may be female (McCarthy and Lambie 1995). Similarly, research shows sexual abuse against boys to be more prevalent than has been claimed previously, representing as many as one third of all child abuse victims (Shaw 1994). More research is needed to clarify the victim to perpetrator cycle.

### *Adolescent sexual offender to adult offender*

There is a strong link between deviant adolescent sexual behaviour and adult sexual offending, with significant numbers of adults actually beginning "careers" in sexual abuse early in adolescence (Jenkins 1990; Connolly and Wolf 1995). About half of adult offenders (including rapists and other seriously violent sexual offenders) report beginning their offending before 18, and frequently between 13 and 16 (Fehrenbach et al 1986; Shaw 1994; McCarthy and Lambie 1995).

In progressing to adult offender, the typical adolescent offender begins to engage in non-violent, sexually deviant behaviour early in his<sup>1</sup> adolescence. This may include exhibitionism, obscene telephone calls and masturbatory behaviours during which he fantasises about victimising someone (predominantly younger than himself). Eventually, he moves to "hands on" behaviours (eg frottage, oral sex, digital penetration, rape) against a selected victim(s). By now, offending may be frequent, and verbally and physically violent. If it remains undetected or unreported, the offending continues into adulthood. An adolescent moving along this continuum leaves some, many, or sometimes hundreds of victims behind him.<sup>2</sup>

### **Offender characteristics**

New Zealand and overseas research shows adolescents who sexually assault come from all racial and socioeconomic groups (McCarthy and Lambie 1995). Overall, these are young men who are not managing the developmental tasks of adolescence. Problem behaviour at school, community delinquency and disturbed family relationships (together with sexual or physical abuse) are well documented. Typically they have poor self esteem, are socially isolated from their peers, preferring the company of younger children, are naive and lack suitable sex education (Becker 1988; Sermabeikian and Martinez 1994).

It is clear that adolescent sexual offenders are also sexually deviant, with deviant sexual arousal patterns which are compulsive and addictive (Fehrenbach et al 1986; McCarthy and Lambie 1995). They frequently use verbal or physical violence towards their younger victims, misusing trust and their authority over children to whom they have easy access, or who are in their care (eg babysitting). They commit offences not for sexual gratification, but to feel power over others (Fehrenbach et al 1986; Ross 1994; Shaw 1994).

Sexual offending, then, is not part of ordinary adolescent development. No single factor leads to sexual deviancy, but it is certain that an offender's actions always result in harm to his victim(s). The costs of adolescent sexual offending are enormously high in terms of personal, family and social functioning:

The costs of adolescent sexual offending are enormously high in terms of personal, family and social functioning.

strategies for dealing with the problem need to reflect its insidiousness and complexity.

### **Social service responses**

Ethically, services to counter adolescent sexual offending need to be provided at the

earliest opportunity for intervention, thereby stopping or preventing multiple and progressively more violent offending, and progression to adult offending. Early intervention allows for a greater chance of success in changing deviant sexual behaviour before it becomes chronic and compulsive, and for safer rehabilitation.

Adolescents need specifically targeted services, rather than those developed through work with adult sexual offenders. Adolescent sexual offenders are more like other young people than they are different from them; they are adolescents first, sexual offenders second. Thus intervention programmes need both to be "offence specific" and to address issues of adolescent development.

Intervention programmes with adolescent sexual offenders have two main components: assessment and treatment.

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### Assessment

The goal of assessment is to provide a detailed, comprehensive plan for overall management of a particular adolescent sexual offender, to meet his needs through a care and treatment programme, while averting any further risk to society. More than demonstrating that an offence has been committed, it is the beginning of a structured intervention process, and involves opportunities for serious decision-making by the offender, his family and professionals working with them. It provides an assessment of the offender's risk to himself and others, when the treatment programme, and especially care strategies, are selected (Harnett and Misch 1993; Saunders and Awad 1988; Lambie and McCarthy 1995).

A comprehensive assessment needs to establish:

- the nature, extent and severity of the sexual offending, and the cognitive distortions which contributed to it;
- the adolescent's level of acceptance of responsibility for his actions, empathy toward his victims, and motivation to undertake therapy;
- sexual history, preferences and deviancy, and any personal history of physical, emotional or sexual abuse;
- level of development, personal resources and social skills;
- the family's beliefs about their child's sexual offending, family relationships, and their level of support.

### Treatment

The functions of treatment programmes are to stop and prevent sexually offending behaviour by adolescents, and to re-educate and re-socialise offenders so that they can develop socially acceptable ways of expressing sexuality (Sermabeikian and Martinez 1994). Treatment should range from community-based programmes for motivated, "low risk",

beginning offenders, to residential programmes under intensive supervision for "high risk", prolific and violent, repeat offenders (Epps 1994; Shaw 1994; Saunders and Awad 1988).

Because programmes are for adolescents, they need to be implemented on two levels. First, offence specific treatment addresses deviant sexual arousal and behaviour, victim empathy, and cognitive distortions (Saunders and Awad 1988; Erickson 1995; Shaw 1994). Second, treatment for effective mastery of adolescent developmental tasks focuses on deficits in adolescent development, teaching new skills and techniques for self management, and providing an environment where normative behavioural, cognitive and emotional responses can be learned (Becker 1988; Epps 1994; Loar 1994; Harnett and Misch 1993). Successful integration of these approaches is essential for effective,

measurable treatment outcomes.

Services also need to be developed within the context of those systems influencing or influenced by the adolescent's sexually offending behaviour (Jenkins 1990), such as their family,

cultural group, school/training/work group, and their social group in general. A multi-systemic approach to treatment services is essential if effective and successful outcomes are to be achieved (Connolly 1995).

General consensus (Ross 1994; Connolly and Wolf 1995; Morrison and Print 1995) is that the three treatment modalities to be integrated into a treatment programme are:

- family work or therapy to teach, strengthen or maintain functional family relationships, ensure family acceptance of the seriousness of the offending and of their responsibility to monitor recovery, or prevent re-offending, and provide a supportive, structured living environment for the adolescent;
- individual therapy to address personal abuse and deviant sexual arousal patterns;
- group work for adolescent sexual offenders

The work is described as frustrating and sometimes unfulfilling.

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as the most effective modality for offence specific treatment, including confronting an offender's refusal to take responsibility for or make a commitment to change, promoting empathy, and reinforcing normative adolescent sexual behaviour.

### **Difficulties for social service responses**

Issues which cause difficulty for social service responses to adolescent sexual offending are interrelated. They concern the provision of adequate and appropriate services, the difficulties of working with this group, and problems associated with performance strategies and ethics for professions working in this new and complex area.

#### *Adequate and appropriate services*

It is clear from the literature written by professionals experienced in working with adolescent sexual offenders that existing services often fall short of the ideal in their range, availability and delivery. The components of intervention programmes identified above, including early intervention and a continuum of programmes, may not be available. Even if the range of services needed exists, service delivery still depends on location, the knowledge and experience of particular professionals, and funding.

Most importantly, offence specific programmes are just not available in many locations. Working with adolescent sexual offenders in combination with adult sexual offenders, other youth offenders, or in individual therapy programmes is unsuccessful, unsafe, and totally unethical. Community-based offence specific programmes require adequate supervision at home, in the school or community to reduce risk of re-offending and need to protect potential victims. Adolescents who need long-term residential services frequently are treated while living at home because residential centres do not exist in their area, or cannot cope with the demand for places. Entering a residential centre outside an adolescent's area presents enormous problems of maintaining support networks, and subsequent rehabilitation is extremely

difficult. Ideally, follow-up programmes would maintain techniques to prevent recidivism (highly prevalent among this group) and evaluate a programme's success in this regard. Little literature is available on the existence or, more importantly, the evaluation of such programmes.

#### *Working with adolescent sexual offenders*

Adolescent sexual offenders are extremely resistant to treatment, and particularly to accepting responsibility for their behaviour. Typically, they deny, minimise and rationalise their offending (making risk assessment extremely difficult), and have little or no empathy for their victims or motivation to change their behaviour. Nor have they yet developed the necessary internal controls over their impulses to meet their needs even though this may mean harming someone. External controls in the form of legal or family sanctions, or behavioural contingencies are seen as essential for the adolescent to engage in and complete treatment. However, some residential programmes are focused solely on legal sanctions without the necessary alignment to a timeframe for effective treatment. This means that some adolescent offenders may be detained in secure conditions when they should be in the community, and others may be released when they are still considered a grave risk. This is a policy issue, requiring further research. The importance of family sanctions, coupled with support for the adolescent, and the complexity of integrating them also should not be underestimated.

The number and severity of developmental, social and behavioural problems among adolescent sexual offenders make treatment complex. They are in a life stage of working towards independence, yet they remain dependent on others to get their needs met. Ideally, for development to be normalised, they should remain connected to their family and peers, but with this requirement comes difficulties of supervision, of generalising behaviour from therapeutic to natural settings, and of maintaining strategies to prevent relapse.

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### Professional issues

The literature emphasises the complexity and relative newness of work with adolescent sexual offenders in both community and residential programmes. It also stresses as an absolute requirement that professionals be specifically recruited, highly trained, well supervised and well supported. The work is described as frustrating and sometimes unfulfilling, with professionals facing lack of motivation from their client group, lack of understanding or support from family and communities, and lack of resourcing of services which need to be delivered long-term but are often restricted by short-term contracting and funding allocations. Professionals' frustration can be high when policy decisions (or lack of) do not keep up with newly identified social service needs.

There are ethical issues particular to professionals working with adolescent sexual offenders. Consent is not required from adolescents for their

involvement in treatment programmes and nor, generally, are they motivated to change, raising questions of coercive treatment (especially where it involves phallometric testing: see Saunders and Awad 1988). Additionally, because of interagency cooperation and victim protection, all information about past or planned offending is openly shared with other professionals and the family, and within the group treatment modality. This can compromise professional ethics. Professionals must be clear that confidentiality and trust are not the basis of the therapeutic relationship, and communicate this to the adolescent. Their professional bodies also need to address such issues.

### **New Zealand workers: a personal viewpoint**

New Zealand has no residential facility for sexually offending adolescents, and community-based programmes in most centres are run ad hoc, or do not exist at all. I believe that "high risk" adolescent sexual offenders are

secured in residences not designed for that purpose (ie they cannot be supervised 24 hours a day), where they live with other young people who are among the most vulnerable to their behaviour, and where they are managed by professionals who are untrained and unsupervised for this particularly difficult work.

It is unlikely that any current treatment programmes incorporate all three required treatment modalities (family, individual and group work) or that an offence specific treatment programme within a developmental framework is being implemented. Certainly, some adolescent sexual offenders are kept in the community, receiving the best available supervision, individual therapy and schooling available, with professionals and families consulting regularly and supporting each other.

Yet this service still falls dangerously short of what both the adolescent and his community need. I am sure that there are more adolescent sexual offenders than are

**Their behaviour is not something they will "grow out of" eventually.**

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reported and that some, even when reported, receive no service, or perhaps one weekly counselling session.

To be fair, adolescent sexual offending is a relatively new issue, with literature and treatment relevant to local needs beginning to appear. Some centres have a community assessment and treatment programme - Auckland (SAFE), Christchurch (STOP) and now Hamilton (Steps to Safety). There have been training programmes and seminars for social workers, other professionals and caregivers in recent years. In addition, the Department of Social Welfare is to fund a residential facility to provide a treatment programme for serious adolescent sexual offenders, although it is not expected to operate before 1997. In the meantime, roving teams are to be set up to provide community assessment and programmes for some offenders. CYPS social workers keenly await these two much-needed resources.

However, the real issue goes beyond providing a residential facility for serious

offenders. Every beginning adolescent sexual offender has the potential to become a serious offender over time; their behaviour is not something they will "grow out of" eventually. There is a need for treatment across a continuum of services for all adolescent offenders, as early as possible and training for workers is essential. The development of interagency protocols between CYPS and the Ministries of Justice, Health and Education is urgent to establish local services which have a common goal and clear objectives, and a commitment to shared funding.

CYPS social workers need to work closely with colleagues from the police and health field, and with cultural advisory groups to implement culturally sound, comprehensive programmes which may produce effective results: treatment for offenders and some greater safety for the vulnerable sectors of the community. Workers also need to be familiar with the Children, Young Persons, and Their Families Act 1989, so that they can work creatively at the interface between care and protection and youth justice. Their knowledge can ensure that family group conference decisions are endorsed by the family or youth courts and provide the legal and family sanctions that adolescent sexual offenders require when beginning treatment. When young people cannot remain with their families, culture and gender must be considered seriously in decisions on placement, and specialised training for caregivers must be provided. A major issue in case by case funding decisions should be the cost to CYPS, to victims and to society in general of not doing everything possible to avoid further sexual offending. Morally,

ethically and practically, social workers must do all they can.

### Conclusion

The problem of adolescent sexual offending, recently surfacing for New Zealand social services, is not going to disappear. Comprehensive intervention programmes (including assessment by CYPS social workers, and treatment by therapists) need to be developed if these young people are to receive services they require, and safety for the community is to be ensured. Cynically one might ask if the problem is too big, too difficult, too expensive to deal with. Hopefully, one might rise to the challenge, have high expectations, and believe that our young people are worth the effort. ■



**Hazel Scoles** is Supervisor of the care and protection patch team, CYPS Dunedin. Last year on a study bursary, she completed a BA (community and family studies) at the University of Otago.

### Notes

- <sup>1</sup> Because all literature reviewed here relates to male offenders, this is reflected in the gender reference throughout this paper.
- <sup>2</sup> See Jenkins (1990), Ross (1994), Morrison (1994) Fehrenbach et al (1986), Brazell (1993), Becker (1988) and McCarthy and Lambie (1995).

### References

A copy of the references (omitted due to space considerations) is available from *Social Work Now*.

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# Listening, learning and acting effectively

In the wake of a multi-victim sexual abuse investigation, **Eve Fone** examines the procedures, listens to the feed-back and outlines practice implications for CYPS

**T**his article is about a multi-disciplinary investigation of a multi-victim sexual abuse incident that involved pre-school children attending a day care centre. It is written from my perspective as a social worker for the Children and Young Persons Service (CYPS), and as a member of the team which took part in the inquiry. I do not claim to represent the views of other workers or the victims and their families.

While the full text of this paper covers in detail the process of our investigation including assessment, diagnostic and evidential procedures as well as full practice findings, this abridged article is concerned with the effects of the investigation on social workers and our practice. It is important for agencies and workers to learn from the mistakes and experience of others if the quality of the service to the public and the credibility of the social work profession is to continue to improve.

## **The incident**

Between July 1992 and April 1994 the Wellington Sexual Abuse Team (SAT) was involved in a major investigation involving children who attended a child care centre catering for children ranging in age from four months to five years.

The person who was the alleged offender began his involvement at the centre in November 1990 as a parent settling his child. He was unemployed at the time and was able to spend a number of hours helping out. In

February 1991, he was employed as a reliever which evolved into full-time employment. While at work he had access to children in the two parts of the centre, although he was primarily employed to work with the older children. The total number of children he had contact with was estimated as 85, half of whom were under 2.5 years of age. He left the centre on 20 July 1992, five days after the SAT team was notified.

## **Coming to notice**

The first indication of problems at the centre was in 1991 when incidents of what appeared to be unusual sexualised behaviour were reported to an agency. It provided advice on behaviour management and the matter was not taken further. Then in July 1992, SAT was contacted by parents who were concerned about their child's sexualised behaviour. The child was referred for an assessment but, before he disclosed abuse, a second child disclosed and named the offender and the place. The first child then disclosed the same offender, same place. Both children completed evidential interviews.

The alleged offender was arrested soon after the completion of the second evidential interview and the first charges were laid. At the time of the arrest those who had already become involved were well aware of the intense media and public interest in the Christchurch Civic Creche case. Included in the early planning were strategies to keep media interest to a minimum.

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## Dealing with the incident

The first step in the process was to advise staff and management that a child had been sexually assaulted by a person at the centre. This was followed by a meeting to discuss the implications and to plan a meeting with parents, all of whose children were by now being viewed as potential victims.

Subsequent to the meeting, the names of 45 children about whom there were concerns were provided by both parents and centre staff. Most of these children were over the age of 2.5 years despite the contact the offender had had with the younger children.

Of the 45 children who came under some form of investigation, 17 disclosed that they had been sexually and/or physically abused by the offender. Ten of them went on to complete evidential interviews that were believed to meet the required standard for the videotapes to be used for evidence in chief. In the end, the final number of charges was 20, ranging from sexual violation by rape to assault on a child. The main reason for the decision was that ten months had elapsed since the first disclosure and the benefit of getting more evidence had to be weighed against moving toward some resolution.

Therapy was provided for each child going through the process as well as for parents.

## Court

Depositions were initially set down for May 1993 but were delayed until August 1993. Some of the children's parents were required to attend to give evidence and, as this was their first contact with the court process, the police officer in charge of the inquiry (OC) organised familiarisation and preparation so they had some idea of what to expect. Following depositions, the offender was committed for trial on all charges in April 1994.

Before the trial intensive support and preparation work was carried out by the OC. This involved meeting with all the parents again and individually preparing each child for

their court appearance. Victim Support was brought in to do support work with the parents as other staff who could have done this weren't able to because they were trial witnesses.

The trial lasted five weeks with the jury taking 72 hours to reach its verdict. The offender was convicted on eight counts out of 20, acquitted on a further eight, with the jury unable to agree on one charge. A further three charges had been discharged by the judge during the trial and the offender was sentenced to seven years in prison.

An appeal was lodged and heard in May 1995. One of the grounds for appeal was the question of the validity of the children's evidence. The appeal was unsuccessful.

## Professional review

Soon after the completion of the high court trial the OC arranged a debriefing session for all the workers involved in the investigation. The crown solicitor who had been part of the prosecuting team also took part and was able to

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Some families felt that their lives were on hold until after the trial.

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talk about aspects of the process that impacted on the legal proceedings. Some of these issues related to practice that had already changed and some remain issues that will recur in future investigations.

## What we already knew about

### Contamination

Multi-victim incidents are particularly vulnerable to claims of contamination. Contamination can be argued if it is known there is a lot of information sharing among victims or their families. This was always going to be a possibility in this case as the parents were obviously going to maintain contact with each other through their children's continued attendance at the child care centre.

The meeting that was held soon after the first arrest of the offender not only sought to inform and advise parents, but it also contributed to containing contamination because where parents had the facts they were

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less likely to resort to speculation and rumour. The meeting came under scrutiny during the trial and was positively commented on by the judge.

During 1993 a number of the parents decided to meet as a group to discuss a joint ACC claim. Some of these parents were probable witnesses at the trial. To limit the chances that allegations would be made about information sharing the OC requested that they keep minutes of all meetings so that the purpose was clear.

Contamination did not become a major issue at the trial and the crown solicitor commented that she believed this aspect had been well handled.

#### *Dealing with stress*

The possibility that workers involved in this inquiry would burn out was clear from the beginning so measures were put into place to deal with and limit the probability of it happening.

Regular meetings were set up by the CYPS supervisor for all the workers to share information and plan joint strategies to cope with the high demand for the available services. The group was also a support group where it was safe to acknowledge how overwhelming the task could be. The information sharing helped agencies become aware of each other's workloads and averted possible tensions as the pressure on resources was balanced against the commitment to offering the children and their families the best service possible.

#### *Time factor*

This inquiry effectively took from July 1992 when the first contact was made with a family, until May 1995 when the appeal was unsuccessful. The time taken from detection until the court trial is a source of stress for all the participants but most especially for the victims and their families. Unfortunately it is a factor beyond the control or influence of those

directly involved. The parents whose children were to be witnesses knew from the outset that justice would be a lengthy process, but this knowledge did not necessarily make the wait any easier. Some families felt that their lives were on hold until after the trial.

#### **What we learned**

Most of the issues that arose, and the learning that resulted from working through those issues, are able to be classified under the following headings; practice issues, worker issues and organisational issues. These categories are not mutually exclusive. Some are interrelated and of necessity there is some arbitrariness in the classification. Some of the lessons are specific to CYPS and some are relevant to all workers in the area of sexual abuse. The issues I have selected for discussion are those which had the most impact during the inquiry.

#### **Practice issues**

Some of our concerns on practice matters included looking at issues surrounding the suggestibility of child witnesses, therapy prior

Clients' perceptions of social workers' roles are as varied as the roles themselves.

to evidential interviews, the recording and number of interviews and the confidentiality of personal information presented in the course of the proceedings. (For further information on these aspects, see the unabridged paper.)

#### **Organisational issues**

##### *Funding*

A multi-victim incident makes large demands on financial resources yet there is no additional funding. For all the organisations that were part of this inquiry it was "business as usual" as well as coping with the extra demands. Because a number of families were under extreme stress, counselling was offered in the initial stages. Some of this work was contracted out and funded by the Service. But it quickly became clear that resourcing such a large scale inquiry was an issue and where possible families were referred for counselling

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where CYPS funding was not necessary.

At the professional review it was suggested that the complexity of these inquiries needed to be recognised through the funding of an overall coordinator. In this case, coordinating was assumed by a number of the professionals, particularly the OC, resulting in some duplication and a waste of already scarce resources. Conversely, and equally inevitably, there were tasks that were overlooked at times.

#### *Protocols and systems*

This was not the first multi-victim incident and it will not be the last. It would have been useful for workers to have had information from previous incidents to ensure earlier mistakes were not repeated. Many of the workers involved in this inquiry would not be available if another multi-victim incident were to occur now and all that hard-won knowledge is in danger of being lost.

#### **Worker issues**

This was a large inquiry that went on for a long time, even if the majority of the work was carried out in the initial stages. Staff were placed under extreme stress for a myriad of reasons including some of the following.

#### *Clients versus the system*

Most of the worker issues arose when the needs of the clients were in conflict with the requirements and constraints of the system. The result was often a very angry and distressed parent and a worker caught in the middle trying to negotiate a compromise.

A number of examples help to illustrate the issues that repeatedly arose:

- Parents who wanted their child to be part of the court proceedings but the child was not suitable as a witness.
- Parents who had not requested counselling at the beginning but found that, a year later, they did want it but no funding was left.
- Children still in therapy with a private therapist when the funding reached its limit. Both parent and therapist are extremely angry.

Staff in this situation are at great risk of becoming paralysed by the demands especially when these are organisational issues they have no control over. An effective and aware supervisor is the most important factor in enabling the worker to continue being effective. On-going support from colleagues is also important in helping staff to their job well in high stress situations.

#### **Feedback from parents**

Soon after the offender was sentenced, the OC sent a short questionnaire to all the parents whose children were witnesses during the trial. The questionnaire asked for comments, positive or negative, about the agencies and organisations which had been part of the investigation, the healing process and the court process. Each agency or organisation was given only the feedback that applied to them. The questionnaire was designed for anonymous responses although a number of the parents chose to identify themselves in some way.

Formal feedback from clients is rarely available to our social workers in any form despite its obvious value as a tool for assessing the impact of the Service on the consumer group. Almost all the feedback from the parents about CYPS was negative. Many of the parents appeared to be unaware of the social worker's role. They also raised inevitable questions about limited resourcing, minimal on-going support and monitoring of their family, and lack of information. There are a number of possible reasons for the negative perception of CYPS' role.

1. Clients' perceptions of social workers' roles are as varied as the roles themselves. In this inquiry social workers performed different functions that were defined by the agency they worked for. Even within CYPS, the social workers carried out different tasks such as diagnostic and evidential interviewing. The role of CYPS was clearly explained to parents as they entered the process but these families were in a state of crisis and it is likely that they did not hear or did not retain the information that they were given.

2. The systems that are in place are geared to the child as the only victim who can access the funding for counselling. In this incident, the CYPS social workers acted as gatekeepers and it was their unenviable task to pass on the information that some of the help that families sought was not available. Clients know the Service is a government-funded agency with a family focus and they get angry when they believe there are insufficient resources to meet the needs they identify for their children. The parents' anger had to go somewhere and at times it felt as though CYPS was the problem and not part of the solution.
3. Another factor was that many of the tasks carried out by the Service were behind the scenes, in a coordinating role that involved referring clients to the appropriate agency for the next step in the process. Generally the families were unaware of the paperwork and telephone calls that even the most straightforward referral can generate. Even where there was face to face contact following the initial meetings, it was a low-key support role when a child was being evidentially interviewed or medically examined and the parents' focus was on what some other professional was doing to, or with, their child.
4. A change of worker part way through the process contributed to the clients' view as well. The worker who left took with her a unique relationship that had been formed when the families were in crisis as well as a huge amount of readily available knowledge about them that was hard to replace.

One small way to overcome the problem is obviously through clearer communication about the role of the CYPS worker. One suggestion is to follow up the initial contact with a letter that clearly sets out the information given verbally so that clients have it to refer to at all times.

### Conclusions

Multi-victim sexual abuse incidents involving pre-school children have no doubt been

occurring for a long time. Their detection, the arrest of an offender, and the acquiring of sufficient evidence from the young victims to secure a conviction is relatively new territory. It is an area that is sufficiently controversial as to attract both media attention and public debate. Workers need to be prepared to accept criticism and remain open to change so that more effective ways of working can result. A great deal was learned by all the workers who were involved in this investigation and it is important that lessons be available to others who may deal with a similar event in future. Resources are wasted and credibility suffers when mistakes are repeated.

Court trials will ultimately be a testing ground for the process. Not only are workers accountable to their clients, the victims of the abuse and their families, but they are accountable in a very public forum at the time of the trial. The question is always asked about the reliability of children as witnesses and the way the information is gained is on trial to almost the same degree as the alleged offender.

Securing a conviction is only one measure of success; for the parents who stuck with the process to the end they found it was a victory gained at great cost. I would like to express my admiration for those parents who were determined to ensure that justice was seen to be done. What was also important too was that their children were listened to, believed and given the opportunity to begin the healing process. ■



**Eve Fone** is currently Acting Supervisor of the Wellington Child Protection Team. She started as a social worker in 1980 and, with the exception of five years child care leave, has worked mainly in the area of investigating physical and sexual abuse notifications.

### Note

A full copy of this article is available from *Social Work Now*, National Office.

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# Case management dilemmas when workers abuse

**Jessie Henderson and Elizabeth Lovell-Smith** explore the issues raised when a social worker abused his daughter

**T**he question of social workers abusing within their family or client group is rarely discussed in the profession. Yet we must accept the possibility that statutory agencies employ potential abusers. Research in England found one in three child care social workers reported being abused or neglected as children (Sone 1993). Despite the correlation between experiencing abuse as a child and becoming an abuser as an adult, few social work schools or employers address this issue as thoroughly as should be required. Moreover, given that there is no clearly defined profile from which abusers can be identified or predicted, the effectiveness of screening them out of the profession is likely to be limited (Pringle 1992/93).

Recent high profile cases have prompted renewed calls from the New Zealand Association of Social Workers to promote registration and screening of all social workers before they can practice, to safeguard at least against known abusers. There is, however, little information available about what case management strategies need to be implemented when a colleague is identified as an abuser.

Recently we (Jessie initially as Care and Protection Coordinator and Liz as Practice Consultant) managed a case that involved a care and protection social worker who had sexually abused his daughter. Its impact on ourselves, our colleagues and CYPS has motivated us to explore here the case

management issues, particularly in terms of office processes, that can arise when professional social workers are identified as abusers. To this end, our outline and evaluation of the case focuses on the process of intervention, rather than case details. We then put forward guidelines for statutory agencies when an employee is identified as an abuser.

## Case outline

The teenage daughter of a statutory agency employee disclosed to a relative that she had

been and was being sexually abused by her father. The relative arranged a safe family placement outside the area immediately.

The social worker admitted the allegations when

confronted. He met with the staff in his office and then resigned from his position. He was subsequently interviewed by the police and charged. He pleaded guilty and remained on bail until sentencing when he received five and a half years' imprisonment.

In the interim, a practice consultant independently assessed the abuser's caseload to ensure no clients were at risk. The young person's siblings were assessed as being safe by staff from another office. Identifying appropriate staff who did not know the abuser, while maintaining confidentiality, was a concern.

While the daughter was safe, she did not want to return home immediately. On-going

We believe that this was the most complex and exhausting case we have ever worked on.

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monitoring and resourcing were therefore required.

At the family group conference (FGC), a goal was identified and a plan, including a review process, was developed to achieve it. For on-going monitoring, we contracted an approved child and family support service to act as our agent. This alleviated some of the family's concern about confidentiality and privacy.

Staff from a satellite office were selected to carry out delegated social work tasks, with supervision by ourselves.

For the first few months there was routine contact with the family and, sporadically, intense involvement. Then, with the approach of the deadline for achieving the FGC goal, the young person's anxiety escalated and the case moved into crisis. Because of the

complexity of the issues - including family conflict, psychiatric illness and interagency liaison concerns - we became the key workers.

We continued to use the model of family decision-making and FGC process. Although we did not believe court action was appropriate for the circumstances, taking it might have made our job easier by enabling us to make unilateral decisions. However, family participation was beneficial, as it prevented them from blaming others for decisions. Throughout this process, all family members were fully consulted and participated in consensus decision making. The abuser was consulted on occasion, but excluded from the FGC.

Our tasks were complicated by the involvement of other professionals. Some (particularly those in overseas agencies) find the form of decision-making difficult, especially in regards to being accountable to the family.

Through this process, we successfully managed this case to the point that CYPS involvement was no longer needed - with long-term safety and placement for the young

person achieved. Once appropriate support systems and information to those requiring it were ensured, we referred the case for closure.

### **Evaluation**

We believe that this was the most complex and exhausting case we have ever worked on. In our analysis, this was partly due to the family's detailed working knowledge of CYPS and the sense of responsibility that was felt by, and somehow pervaded, the agency. The nature of the family and the dynamics involved meant that having two key workers was essential to ensure our continued objectivity and focus. We were also available to each other for on-going peer supervision.

We were provided with case management supervision by an off-line manager. Our focus was always on what was best, rather than what was most expedient or fiscally neutral. In hindsight, because of the effect on CYPS, we believe external clinical supervision from outside the agency would have been beneficial.

Although the resources used cannot be measured accurately, far more were involved than are provided to other families. We maintain that the resources made available in this case should be the rule across all cases, not the exception. The young person is in a safe and secure environment - surely no cost is too great for that result.

Fortunately, our respective positions allowed us to limit incoming work - a luxury not available to most front-line workers. Thus we were able to give this case the priority it required, and demanded. We were chosen by management because of our experience in care and protection. CYPS undertook to offer the "best available". It was also felt that we would have the resilience to withstand the family pressure, and to remain child focused.

For the last five months our involvement was intense, with both of us continuously on call. There was a very real fear that the young person would commit suicide. We became the

The financial and human resources cost of the case... was far above what would be expected for any other case.

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pivotal workers, liaising with all other agencies and family members. An exceptional amount of information and comment came from family members and from other professionals in New Zealand and overseas.

The complexity was compounded by the lack of clear guidelines, policy and protocols. The CYPS collective employment contract includes details of procedures for any matters of misconduct requiring disciplinary action, which in this case were implemented immediately, resulting in the employee resigning. But no guidelines addressed on-going case management. We developed our own guidelines, ad hoc, based largely on the principles of existing CYPS policies with regard to allegations of abuse against foster parents and caregivers and procedures to be implemented for case reviews involving death of a child or young person. Our literature review indicated research in this area is largely restricted to residential settings where workers have abused their client group.

Where there is disclosure of a colleague's abusing, we can expect workers to respond much as we might expect a family to when advised. Some will express disbelief, others anger. The abusing colleague may be well-liked and respected, and seen as a good family person. The effects on all staff - in terms of morale, self confidence and personal judgment - should not be underestimated. It can also impact on the credibility of the agency.

### **Recommendations**

Based on our experience, we suggest the following guidelines be considered in drafting a policy for managing practice when field social workers abuse. We feel such guidelines will help to ensure that staff are supported, the integrity of the agency is maintained and that child focused practice is promoted.

First, it is essential that investigations be conducted by staff independent of the office of origin. As noted above, identifying appropriate staff to investigate, who do not know the alleged abuser, must also be addressed.

Staff from the office of origin require debriefing as a group within 24 hours of being notified. More than one facilitator is needed,

to ensure individual needs can be met at that time.

Individual counselling needs to be available to staff following the group debriefing to address on-going personal needs. Managers need to be aware that the effects on staff can continue for months. They should ensure appropriate services remain available for as long as required.

Staff from the office of origin should be kept informed of the progress of the case. However, updates should be limited to debriefing sessions. Comments from staff should be discouraged and, where they are made, treated with care.

While normal practice procedures must be followed, in cases where social workers have abused, the effects spill over into other areas of the agency. When staff from other offices are utilised, they have to be freed from some of their usual allocations, affecting their colleagues directly. Once again the period involved may be indefinite.

An independent audit of the caseload of any alleged abuser should be completed as soon as possible, to ensure that the safety of the client group has not been compromised. It will also enhance the agency's credibility.

From the outset of the case, it is important to ensure that the case management is reviewed in established time frames.

The financial and human resources cost of the case we managed was far above what would be expected for any other case. This cost should be anticipated at the outset.

While the role of the outside agency was successful in the case reported here, the effectiveness of the satellite office was limited due to the relationship between the family and agency. Contracting other agencies should be promoted wherever possible.

Finally, staff who are allocated the case require on-going debriefing and assessment of the impact on them. Because of the effect on the agency, there should be provision to obtain these from outside the agency.

### **Conclusion**

In the absence of clear guidelines and procedures, there is a potential danger for

cases where social workers abuse in their family or client group. Namely, it is conceivable that such cases may be dealt with in-house and perhaps minimised, without the full assessment and ongoing support and monitoring required. It is essential that this situation is not allowed to develop.

Social work agencies encourage schools, child care centres and hospitals to have policies on reporting and managing child abuse. We hope that this paper will stimulate positive discussion around developing appropriate policies and guidelines for social work field agencies.

Tony Morrison (in press) notes that:

Today's child protection work is potentially a partnership between two parties, families and professionals, neither of whom feel understood, valued, respected, prepared or supported. This has potentially highly damaging consequences not only for practice . . . but also for the well-being of staff.

It is important that staff know that appropriate resources will be made available, and that their agency will respond professionally to their needs and to those of the client and family. ■



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### References

- Sone S (1995) 'One in three', *Community Care* 22-29 June.  
Pringle K (1992/93) 'Child sexual abuse perpetrated by welfare personnel and the problem of men', *Critical Social Policy* Winter.  
Morrison T (in press) 'Emotionally competent child protection organisations: Fallacy, fiction or necessity', in Bates J, Pugh R and Thompson N (eds) *Protecting Children: Challenges and Change*.

### Note

This article is adapted from a paper originally presented at the fifth Australasian Conference on Child Abuse and Neglect, Melbourne, October 1995.

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# Professional dangers: who are we protecting?

Getting the best out of bureaucracy for clients and staff is a challenge, but essential for everyone's health and welfare, says

**Julie Sinclair**

**W**orkers in public child welfare and protection services are challenged daily by their professional experiences. As well as dealing with the emotional and professional demands of their job, practitioners must contend increasingly with organisational factors which are seen as preventing them from engaging resources to assist their clients. The outcome, as Killen (1995) has stated, can be an attitude that it is "more important for us to protect ourselves than to protect the children and the parent".

In this paper, I consider some of the often intense pressures on workers which come from multiple sources -

client families, society, bureaucracy - and describe the professional dangerousness that results. Having defined the problem,

I then approach the more difficult task of finding a solution, which I argue involves change to societal attitudes, workers and their tools to ensure that bureaucracy is used as it can be used - to protect children.

## **Family and society**

Society is confused about children. Its ambivalence is particularly evident in social policy, the legal system and the influential media commentaries. In New South Wales, the Crimes Act 1960 deals extensively with common assault. This evolved out of concerns

about adults being hit or similar, by other adults. Yet in the public education system, responsibility for corporal punishment has been devolved to schools, school councils and the local community. This random group of people, without guidelines or regulation, determines how bigger, more powerful people will hit small powerless ones. Adults, if it can be proved, can be charged even if they think about striking another adult. Curious?

The media also demonstrate and perpetuate such ambivalence when they over-identify with a parent who has abused a child.

Sensational headlines, after all, sell papers and

improve ratings. How easy it is to portray the social worker as somehow the perpetrator of the fatal abuse, transferring hostility "from the assailant who struck the fatal

One danger for our profession in facing hostile attitudes is that "defensive social work" is encouraged.

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blow to the social worker who failed to protect the victim from harm" (Greenland 1987). It's as if the worker rammed the child's head into the wall, or punched the baby with such force its spleen burst.

In what other profession does this happen? If a child dies in a car accident when it was not in appropriate restraints and both carers were drunk, the perception is that responsibility rests with the carers - not with the traffic authority responsible for licensing, safety targets and compliance.

One danger for our profession in facing

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hostile attitudes is that “defensive social work” is encouraged. Workers can adhere unthinkingly to “procedures designed to protect the staff and their employer rather than promote the client’s best interest” (Greenland 1987).

### **Organisations**

In some ways, organisational issues are another factor in the inability of workers to deal with the abuse and/or neglect meted on children by their carers. Perhaps it is a step on from systems abuse, to a system’s defence mechanism.

Doris Cornford (1993) argues that social ambivalence about the welfare state and the state’s role in the family contribute to a situation in which welfare agencies are under-resourced and struggle futilely for an acceptable balance between “care” and “control”. Moreover, she contends:

[in] the current context of increasing fiscal restraint and a pre-occupation by management with “efficiency” and “accountability”, workers have to cope with bureaucratic structures that give low status to professional ideals of practice.

Certainly, this is the way many workers see the current environment. I hesitate to accept all Cornford’s conclusions, however. First, the debate and the striving for a balance between control and care are positive. Indeed, eliminating the debate would adversely affect the lives of children and families. Many countries could, for example, find themselves repeating shameful practices of the past when children were removed from their families for no just cause.

Efficiency and accountability, furthermore, are two of the most positive things to come out of the economic rationalism of the early 1990s. Given the mandate of statutory workers, a primary consideration for workers and managers must be accountability for their actions, informed by professional judgment. We need to take responsibility.

But accountability and efficiency can be misapplied. The terms can be used to disguise a reduction in resource. A perversion also occurs when resources are consumed in developing

and maintaining structures to “test” and “monitor” public systems. The difficulty for the measurers is the complexity of dealing with protection of children and family welfare. These services need to see they are getting value for the dollar. But I don’t believe current measures are particularly smart or sophisticated. One cannot make simple what is so complex.

In Australia we have the constant and much-hailed indicator of re-notification rates. They can be interpreted in extremely negative ways to challenge a bureaucracy or, less often, used to demonstrate confidence in the organisation. Undermining the measure’s prestige, though, is that each State has its own method for recording and calculating this elusive figure.

Scrutiny is important, but over-zealous scrutiny results in:

- expedient measures to solve a short-term issue which inadvertently create long-term concerns;
- prescriptive procedures for all cases without regard to appropriateness in individual circumstances;
- loss of creativity and any sense of an ability to use professional judgment.

### **The problem**

Societal ambivalence and ill-conceived performance indicators, compounded with the difficulties workers face in their relationship with individual families (see Killen 1995), puts practitioners in child protection and welfare in an invidious position. The difficulty is particularly acute for those practitioners treading the path of societal change and political affectation.

Needless to say, research in the United States, United Kingdom and Australia shows workers in public child welfare systems are experiencing high levels of occupational stress, characterised by feelings of being devalued, alienated and powerless (Cornford 1993). There are many factors in their environment which read like ingredients for a practitioner-Molotov cocktail - inflammable, toxic and destructive. From my reading, experience and

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discussion, factors such as the following appear common in many western countries:

- ever burgeoning requests for protective and preventive services;
- increasing complexity of family relationships and involvement of alcohol, drugs and violence;
- inability to put enough time into an intervention;
- lack of professional supervision;
- socioeconomic pressures on many workers, eg failure at work and threat of unemployment;
- the odd sensational headline.

In this context, who wouldn't develop strategies to deal not only with the pain of highly charged family situations but also with managing the bureaucracy and attempting to deflect public outrage from oneself? Yet these

strategies hinder our ability to deliver, as a worker, supervisor or reviewer. The frightening aspect is how we professionals can and do use children to help us not see their suffering (Killen 1995).

For years, particularly since some highly publicised inquiries into non-accidental deaths of children, professional dangerousness has been identified and much written about it. How many times must we discuss and research it? The first real list of recommendations came from the Maria Colwell Inquiry in the United Kingdom in the mid 1970s. Each factor listed then, 20 years ago, has been stated in every subsequent report, again and again.

Enmeshment and collusion with adult carers have often been identified in these inquiries and the literature as well. Other issues include working alone, the colluding supervisor, the colluding other-agency workers, and poor interagency communication and cooperation (Dale et al 1986).

### Seeking a solution

It can be difficult to break free from behaviour which protects us in an often harsh environment. As Jan Shier (personal communication) has expressed it, "once we as workers choose to question the implausible explanations given us by non-coping abusive adults, we cross the Rubicon".

How do we create a work environment, first of all, that puts a value on the work carried out by often skilled and dedicated workers? What can we add that assists workers to develop professionally, identify critical professional dangers, and keep striving to make a difference to the lives of children and families they work with? How can we ensure policy and guidelines are developed from best

practice examples rather than the latest media expose?

Perhaps we need to return to what we know. As stated above, after something has gone seriously wrong, there is consensus in the literature and our

own practice about what must be changed. Recommendations include:

- professional supervision;
- effective debriefing mechanisms;
- on-going training and development;
- multidisciplinary work;
- sharing information between agencies and workers;
- actively listening and observing;
- effective recording;
- looking at the history not at the incident... and so on.

We as an industry must, articulately and in one voice, indicate our needs and those of our clients so we can make a positive difference to vulnerable children and their families. Only then we may have a chance of influencing the community to ensure adequate resources are cheerfully allocated to child welfare and protection services.

How can we ensure policy and guidelines are developed from best practice examples rather than the latest media expose?

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The critical part is the one voice. We all have our tried and true stories to relate about each other - old divisive stories. Yet stories can be so much more effective. Bruner, an educationalist, says that narrative - the telling and re-telling of stories using common sense, experience, and professionalism - is one of the great ways to learn. The legal system is based on story-telling, and tests stories by questioning them rigorously: "tell me your story and the court will measure it against all the thousands of stories told it previously". It is a rigorous test.

Our new story needs to put children, particularly those vulnerable ones we all work for, right in the centre. We then need to build the relationships around that child, to identify what that child needs to be safe and thrive, to establish how we re-construct this family and its relationships. And always the story must include ways that we keep ourselves safe so that this child and family get the best possible service.

Creating this story requires change in three major areas: societal attitudes, workers, and tools.

Societal attitudes will ensure the level of resourcing. Should society choose to value children and act on that basis, then we will have a system that may well be bipartisan and adequately resourced. Rather than opting for sensational headlines, the media can assist society to get child protection into broad social policy - through honest attempts to influence how society values children.

The workers are key. Recruitment practices must reflect the importance of children. They need to ensure the selection of workers with pre-employment training, a theoretical basis to their work, the ability to seek help when they need it, and personal attributes appropriate for working with some of society's most invisible and vulnerable members. A supervisory structure must be established and maintained that will assist, support, educate. Supervision has a tasks component but not at the expense of process. Rather than "content free" management, staff need managers and supervisors who are expert in the field.

Finally, additional tools are needed to do the job. These include core training, opportunities for advanced training, and compulsory updating of knowledge and skills. Contrast such requirements with the on-going, compulsory programme on emergency procedures that's already built into every working year for Air New Zealand flight attendants. If you fail, you don't fly - you would be classed a liability, perhaps even dangerous.

### Conclusion

Although this story may seem somewhat glum and a bit scary, public policy and public protection and welfare services have improved the lives of children since Dickens' England. I do not advocate small idiosyncratic communities determining children's value. Perhaps from time to time bureaucracies will get it wrong, but the gains are greater than the losses.

Kari Killen says:

- children will allow us and even help us *not* assist them.
- adults will use a number of strategies to "suck us in".
- workers will use a number of mechanisms not to deal with the issues.

And George Santania (cited in Killen 1995) states:

. . . it is the repressed memories of our childhood that we revenge on our children. It is those who are not able to recall their past, who are doomed to repeat it.

Corporate memory is social capital - that which we invest and draw dividends from (Lyndsay Conners, NSW Department of School Education, personal communication). Loss of that memory is one of the by-products of consistent restructuring of public agencies. Often it is difficult to find more than one or two staff who were part of the system five years ago. For large organisations, I suggest, unless we develop some strategies around being able to recall our past, we too will be sentenced continually to repeat it. ■

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In 1983 **Julie Sinclair** joined the Department of Social Welfare as a social worker at the Henderson office and has also worked at Otago and as a social services auditor. After moving to Sydney and holding a number of positions with the Department of Family and Community Services, she has been appointed acting Executive Officer of the NSW Child Protection Council, an independent body which provides advice on child abuse and neglect to government, provides a forum for interagency collaboration and has a community education and training function.



### References

Cornford D (1993) 'Public child welfare as experienced by fieldworkers', in Mason J (ed) *Child Welfare Policy* Hale and Ironmonger.

- Dale P with Davies M, Morrison T and Waters J (1986) *Dangerous Families: Assessment and treatment of child abuse* London, Tavistock.
- Greenland C (1987) *Preventing CAN Deaths: An international study of deaths due to child abuse and neglect* London, Tavistock.
- Killen K (1995) 'Challenges the workers are facing in their attempt at understanding parents who abuse their children', paper presented at the fifth Australasian Conference on Child Abuse and Neglect, Melbourne, October.

### Note

This article is adapted from a paper originally presented at the fifth Australian Conference on Child Abuse and Neglect, Melbourne, October 1995.

### People Consulted

- Connors L, Director of Specific Focus Programmes, NSW Department of School Education.
- Diamond L, Specific Focus Programmes, NSW Department of School Education.
- May G, Manager, Children and Young Persons Service, Henderson, New Zealand.
- Shier J, Director Care and Protection, Department of Community Services NSW.
- Staff of the Care and Protection Unit, NSW Department of Community Services.



for these children.

Each practice review is part of a child's life story and each story has a desperately unhappy ending. Sitting together surrounded by reviews, we were also surrounded by the memories of seven children and their whānau. Working through the reviews we found ourselves wondering who these children were.

Were they Māori/Samoan, Māori/Pakeha or Māori/Niuean? Were they Tuhoe, Ngāti Porou or Ngāi Tahu? Were they formally adopted, whangai or fostered outside of their families?

We looked back at these children with all the benefits of hindsight and wondered who could have helped provide care for them.

Where was their father's side of the family, the great aunt who was "nanny" to all their cousins and the older half-brother who lost contact five years ago?

Reading the reviews, many of our clients seemed like lost children. Maybe their Māori ancestry was overlooked or important links not made because their mother's maiden name was never sought. Maybe their stepfather and his family all came to the family group conference (FGC) but their father was in prison and never got traced. Maybe the aunties and the great uncles never got to hear they were needed until it was too late. Many of the children's fathers were not known. One child's correct name was never traced. She had one spelling on her birth certificate and a different one on her death certificate.

Family/whānau details were also often sketchy and contained large gaps. Contextual details about mothers and fathers, aunties, uncles and grandparents were frequently absent. Intergenerational themes such as sexual abuse, alcoholism or abandonment only became apparent after the children had died. The Service's records regularly showed whānau as "not known" or just not identified. Children with "no family" to speak of had huge numbers of whānau turn up for the tangi.

We found ourselves talking about family trees, lists, charts and genograms and how rare it was to find one of these on a file. We began to believe that failure to properly investigate familial relationships may have been a significant gap for many of the children who

were further neglected, re-abused or killed by their caregivers. We decided to look more closely at genograms.

Genograms, also known as family trees, are described by many theorists and practitioners as an essential social work tool. The process of "mapping" family members is important in ensuring that all significant individuals are identified, their relationships and linkages understood and inter-generational themes and patterns identified. Family therapist Stuart Lieberman describes genograms as a form of transgenerational analysis which may reveal:

...the transmission of family culture in its broadest sense from one generation to the next, encompassing those patterns, styles, customs, ceremonies, secrets, myths and dysfunctions which determine the uniqueness of a family.

It is our experience that failure to gather sufficient information about family relationships frequently results in superficial, unbalanced and dangerous assessments and interventions.

What, then, is our definition of a genogram for social work purposes? In its most simple definition, it is a format for drawing a three generational family tree for a child. It is the gestalt of family relationships for the client with whom you are working. It is not an analysis of a nuclear family structure and it is not a whakapapa. Its focus is the extended family system around the child rather than the child in isolation or the child and their immediate household. It is as much concerned with who is absent and estranged as with who is present and in touch with the child.

A genogram is almost unlimited in its usefulness for social work practice. Here are a few practical applications of the use of genograms to illustrate our point:

1. Drawing a skeletal genogram at the very start of a child abuse investigation to work out what is known, what is not known and what needs to be discovered about the family of a particular child.
2. Using a genogram to illustrate complex family relationships when briefing and consulting with the care and protection

resource panel.

3. Working alongside a young person and a parent, drawing up a genogram in order to compile a list of family members for an FGC when extended family members are estranged from each other.
4. Providing information through a genogram about intergenerational and cross-family linkages in a meeting with iwi about alcohol abuse within a cluster of whānau.
5. Explaining to a child in care, with the help of a genogram, the links among all her families, her birth siblings, half siblings, step siblings and foster siblings.
6. Using a genogram in a discussion with a single parent about his role models for non-violent child raising.

Other uses of genograms include the development of:

- ecomaps
  - structural relationships
  - family types
  - permanency planning
- So what does a genogram look like? How do you draw one?

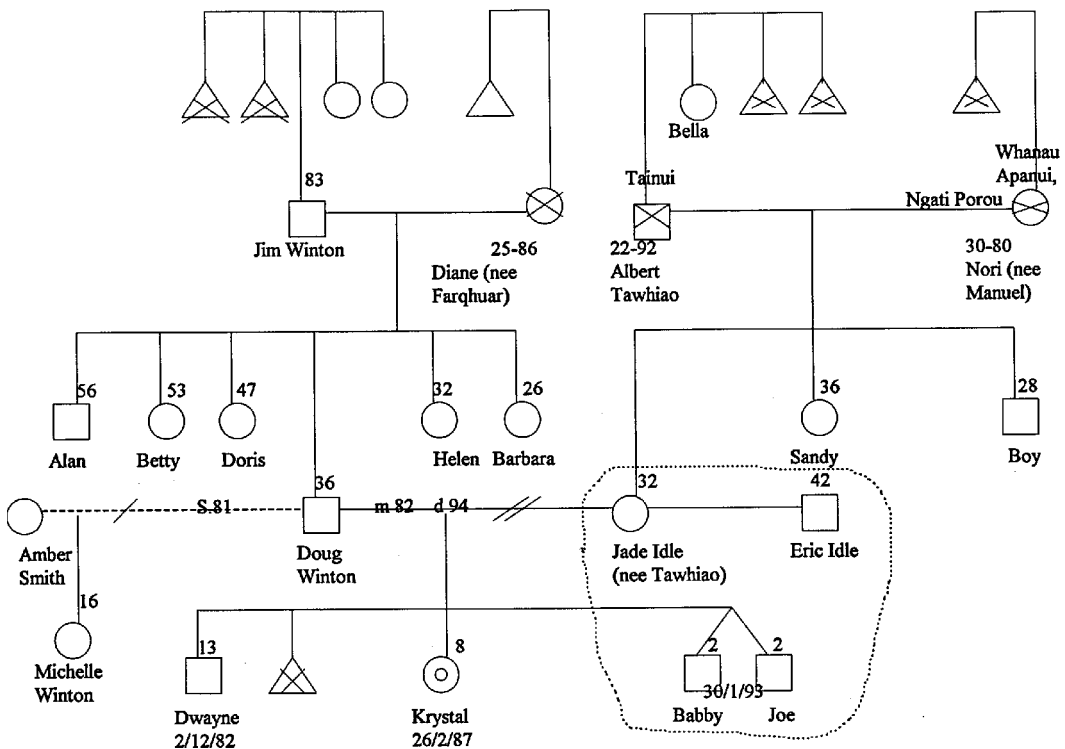
A genogram is:

- a format for drawing a child's three generational family tree
- a gestalt of family relationships

A genogram is not:

- a whakapapa
- a nuclear family structure.

A standardised symbol system is used to draw genograms. There are several variations of this but we have used the system developed by McGoldrick and Gerson in *Genograms in Family Assessment*. The one change we have



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made is that the symbol denoting a marriage or partner relationship is a straight line, rather than that used by McGoldrick and Gerson.

Conventions in drawing families

- Male                      female.
- Father on left, mother on right.
- Children in order of age, eldest on the left, youngest on the right.
- In each box or circle put first name and surname, and date of birth.
- Put a double circle or box to identify the child who is the client.
- If a couple are together, put either the date/year of their marriage.
- Or the date/year they began living together above the line joining them.
- If they are apart, add the date/year they separated.
- If a family member is dead, add the date/year of their death.
- If a child is fostered or adopted, a dotted line will link them to the parents/caregivers.

As practice consultants we are returning again and again to genograms as tools to investigate and assess what is going on in families and to find resources to provide care, protection and security for children and young people.

Our move to reclaim the genogram for statutory social work has small beginnings. Some new social workers are learning how to draw up genograms as part of their induction programme. Some supervisors are mapping out complex family structures in whiteboard diagrams for investigation plans. In practice reviews, senior practitioners from across the Service are fitting together the pieces of families where children have died using genograms in hindsight to look at what might have been possible.

The practice consultant group has developed a workshop for practice consultants to use on sites to help them teach social workers, supervisors and coordinators the skills to gather information and draw genograms. We

are also investigating the possibilities of accessing a programme from the United States that could be adapted for use on SWis. This work will include costings and processes needed to use the programme.

We believe that if social workers are introduced to the idea of using genograms it will be easier for them to see the "gaps" in their knowledge of a child's whānau. We hope it offers them a practical tool to help contact and work with whānau to provide a safe, supportive and nurturing environment for their children.

In working with whānau to develop a family tree, social workers will learn much about the family, its systems and its strengths. The exercise will assist them in developing a constructive and positive relationship with the family to jointly ensure the child's safety and protection. The time spent in this exercise can only be beneficial. If it means that it saves even one whānau from coming together to mourn their dead child it will be worthwhile.

The genogram at the beginning of this article is that of a teenager in *Shortland Street*. Can you guess who it is? The answer is at the bottom of this page. ■

The **Eastern Practice Consultants** (PC) are: **Sarah Scott** (previously PC at Porirua, now Senior Policy Advisor at National Office); **Garry Cockburn**, PC Palmerston North; **Jill Kennard**, PC Masterton; **Brenda Strathern**, PC Gisborne; **Judy Moore**, Competency Coordinator, Eastern.

## References

- Bowen M (1980) 'Key to the use of the genograms', in Carter E A and McGoldrick M (eds) *The Family Life Cycle: A framework for family therapy* New York, Gardner Press.
- Bradt J (1980) *The Family Diagram* Washington DC, Groome Centre.
- DHSS (1988) *Protecting Children: A Guide for Social Workers Undertaking a Comprehensive Assessment* London, Department of Health.
- Gerson R (1984) *The Family Recorder: Computer generated genograms* Atlanta, Human Ware Software.
- Hartman A (1978) 'Diagrammatic Assessment of family relationships', *Social Casework* 59 465-476.
- Lieberman S (1974) 'Transgenerational analysis: The genogram as a technique in family therapy', *Journal of*

The teenager is Lulu.

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- Family Therapy* 1(1) 51-64.
- Lieberman S (1979) *Transgenerational Family Therapy*  
London, Croom Helm.
- McGoldrick M and Gerson R (1985) *Genograms in Family  
Assessment* New York, W W Norton.
- McGoldrick M, Froom J and Snope F A 'A standardised  
genogram', Final report of the NAPCRC Committee.  
(Manuscript in preparation.)
- McGoldrick M, Rohrbaugh M and Roger J 'Genograms:  
Applications in family therapy', *Family Medicine and  
Research*. (Manuscript in preparation.)
- Milhorn H T (1981) 'The Genogram: A structured approach to  
the family history,' *Journal of the Mississippi State Medical  
Association* 22(10) 250-252.
- Mullins MC and Christie-Seely J (1984) 'Collecting and  
recording family data - the genogram', in Christie-Seely J  
(ed) *Working With the Family in Primary Care* New York,  
Praeger.
- Pendagast EG and Sherman C O (1977) 'A guide to the  
genogram', *The Family* 5 3-14.
- Rogers J and Durkin M (1984) 'The semi-structured genogram  
interview. I Protocol. II Evaluation', *Family Systems  
Medicine* 2(2) 76-187.
- Starkey P J (1981) 'Genograms: A guide to understanding  
one's own family system', *Perspectives in Psychiatric  
Care* 19 64-173.

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# Rights, needs and responsibilities of youth

Young people in community agencies are entitled to be safe from abuse, says **Alison Thom**, but what happens if they're not?

**A**fter a *60 Minutes* television crew recorded a community agency leader beating a youth offender in her care in 1994, the leader was convicted and sentenced to 12 months imprisonment, an internal inquiry began immediately and a ministerial inquiry was requested of the Commissioner for Children. But have we done enough to ensure that such abuse does not happen again? An exploration of this issue is not a blanket condemnation of the 40-odd youth residential programmes in New Zealand, government run, approved or otherwise. One, two, or even three such incidents, however, are unacceptable, and worth further examination.

Mike Doolan's paper, "From welfare - to justice" (1988), provided the framework for the radical new youth justice provisions which were enacted with the Children, Young Persons, and Their Families Act 1989 (CYP&F Act). As the paper's title implies, the focus moved from treating all young offenders as having a pathological condition requiring welfare towards regarding most offending as a normal (although unacceptable) part of adolescent behaviour. It emphasises offender responsibility, victim rights and dealing with young offenders through family group conferences (FGC) where they face the victim in the presence of their own family members. This often results in the offender putting right the wrong in their own community. If required, a range of penalties and orders are also available through the youth court.

This new direction resulted in a distinct split between the youth justice and the care and protection provisions of the legislation,

with separate courts addressing each matter and with social workers specialising in one or other discipline. A third section of the same legislation later saw the establishment of the Community Funding Agency (CFA) to approve and fund community agencies who provide relevant services for children and young people.

Informal commentary suggests that the effects of this radical model in addressing youth offending have been positive, particularly in diversionary cases. Of certainty is that the diversionary process significantly decreased the cost of processing youth offenders.

So why do we continue to receive allegations of the abuse of youth in community agencies? Apparently, practice does not consistently meet the standards intended in the original legislation. Through three case studies, I will examine the abuse youth have been subjected to, and the societal and organisational factors which contribute to it.

## Case study 1

In 1992 the director of an urban residential youth service was imprisoned following conviction on 11 charges of sexually assaulting young men who had been resident at his organisation.

For ten years, the director had been sexually abusing these young men. They had been referred from the community and by the state (initially the social work division of DSW and subsequently CYP&F) which paid board for their referrals and provided significant amounts of bulk funding on

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application. Those referred to the residence were “problem behaviour” young people and youth offenders, predominantly Pacific Islands and Māori, from poor homes. The Pākeha director had a high profile through his quasi-employment with CYPS and through media attention to the good works he was doing for the underprivileged young people of South Auckland.

Following the first disclosure of abuse by one of the six who were to make statements to the police, CYPS began an inquiry, interviewing over 60 young people. The common theme of the interviews - whether there had been disclosure of abuse or not - was of the young people’s unquestioning loyalty and feeling of debt to the abuser. Despite his “wrong-doing”, they felt he had still provided for them and given them opportunities when no other options seemed to exist. So strong was their sense of indebtedness that they either excused or felt extremely confused about the abuse. The clearest example was the victim who became dangerously suicidal following his disclosure.

Significantly, at the sentencing of the director, verbal submissions advised that despite the sexual abuse the director had done many good works for the young people in his care. Whether these submissions were effective is unclear but, given the number of victims and the seriousness of the 11 admitted charges, an unusually light sentence of three years imprisonment was passed.

Did the good of the director outweigh the bad of the young people? Was this type of victimisation of lesser concern than similar cases producing higher penalties?

### Case study 2

In September 1994 a Trust with a residential programme for youth offenders was visited by a *60 Minutes* film crew to make a feature, during

which they witnessed and openly filmed a 20-minute ritualistic beating of a 14-year-old resident by the leader of the Trust. Further inquiry revealed that such incidents were common and sometimes worse than the one filmed, and that a number of referring professionals had some degree of knowledge of the Trust’s “disciplinary” practices.

For five years before the abrupt end of referrals to the Trust, young people had been referred to the programme from FGCs, from the youth court and in a few cases by their families. The Trust had the support of the youth court, CYPS, the police and some youth advocates. Media attention had given the Trust a high and favourable public profile. Most residents were recidivists who had exhausted the range of lesser tariffs. While the Trust focused on providing a service to

Samoans, others, particularly Māori, Cook Island and Tongan young people, were also referred there.

Comment by the young people interviewed after the filmed incident indicated that they did not complain

about the violence at the Trust for reasons such as:

- they felt nobody would believe them;
- they believed they deserved the beatings;
- they believed everybody else thought they deserved the beatings;
- people in authority appeared to know of the violence yet had not stopped it;
- they were afraid the Trust would punish them further for speaking up; and
- they did not know they had a right to be safe from physical assault.

### Case study 3

Recently an inquiry was completed following complaints about a residential programme for

It is also sadly obvious that these young people do not complain about ill treatment because they think it is what they deserve and who would care anyway?

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youth offenders and care and protection adolescents, referred and sponsored for 17 years primarily by CYPS and DSW before it. The programme was highly regarded by CYPS and again had a positive and high public profile. Girls and boys from all over New Zealand attended the programme for six to 26 weeks. It was approved as meeting the required government standards.

The inquiry upheld the complaints regarding the physical health and treatment of the young people and the training and capacity of the staff. One boy, for example, lost 15 to 20 kilograms during his six-week stay, was covered from his face to ankles in impetigo and had suffered other infections through untreated cuts and burns.

Again the young people interviewed described the conditions of the programme as asked, but complaints about their stay were notably absent. Although their responses may have been tempered by their distrust of the promised anonymity, these young people - including the care and protection cases - appeared to have little concept of their right to an adequate diet, hot water and medical treatment or that they should be engaged in productive activities while resident at the programme.

Unlike the first two case studies, no one person can be held responsible for the concerns and there was less secrecy about the circumstances. Just 12 months prior, a similar inquiry had highlighted similar problems, and after it the Community Funding Agency (CFA) had noted that certain standards needed to improve for the programme to remain. The programme, however, continued.

I suggest that, because the concerns raised were not of physical or sexual abuse but of neglect and inadequate care, it has been easier for professionals to "overlook" conditions at this programme. With so few resources for adolescents with problem behaviours and adolescent offenders, what is the social worker to do with an increasingly high caseload of recidivist offenders? It is also sadly obvious that these young people do not complain about ill treatment because they think it is what they deserve and who would care anyway?

### Addressing the future

The three types of abuse of youth demonstrated in these case studies are:

- individual sexual abuse of numerous victims by one perpetrator;
- physical abuse of numerous victims by a community agency, with supporting agencies having some prior knowledge; and
- physical and emotional neglect of numerous youth by a community agency.

The common theme is what appears to be a developing attitude that youth offenders deserve punishment at the expense of their other needs - needs such as appropriate diet, medical attention, protection from physical and sexual abuse and rehabilitative treatment programmes. We all understand these young people are vulnerable to abuse, yet we continue to place them in residential programmes where the monitoring of standards is inadequate, and then, by complaining that there are so few options, recognise the shortcomings at least tacitly.

If we are seriously looking for a solution, there are many levels of responsibility to consider including societal and media. However for the interventionist in this problem, the question more specifically is, what can be done to increase safety for young people? The CYP&F Act was intended to be *more* child focused in both child protection and youth offending, to ensure the safety and well-being of all children as well as responding less intrusively and more effectively with youth offenders. Critically, the intention was also for more government support in the provision of social services by community-based or voluntary agencies guided by the principles of the Act.

Increased coordination of practice surrounding the legislation may appear a trite recommendation, but it accords with the international trend towards coordinated multi-disciplinary approaches to social service delivery.

The division of practice into youth justice and child protection disciplines has challenged resources - human and otherwise - in youth

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justice. Finding a resolution in this area involves working to tight timeframes and increasingly with community agencies - many of them newly established and grappling with requirements and standards for culturally appropriate and non-abusive practice, as well as for focused rehabilitative treatment programmes. These agencies deserve a consistent, cooperative approach from both the legislated approval agency and the referring agency. If the service providers and funders worked to common principles and standards, it would be possible to avoid the secrecy and distance in which abuse festers.

In addressing this issue, CYPS is conducting an on-going review of the separation of youth justice and care and protection, as well as upskilling practitioners in the assessment of placements and of youth needs. The CFA has realigned itself more closely to CYPS and its expectations. And of course the themes arising from the individual inquiries are being considered seriously.

We have, then, creative legislation and the exciting development of the practice and theory of professional social work. Given these resources, what more can we do to uphold the safety and protection of youth – particularly

within a society having difficulty in understanding and respecting the rights and needs of this group? ■



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### References

Doolan M (1988) 'From welfare - to justice: Towards new social work practice with youth offenders'. (Unpublished, Department of Social Welfare.)

### Note

This article is adapted from a paper originally presented at the fifth Australasian Conference on Child Abuse and Neglect, Melbourne, October 1995.

The next issue of *Social Work Now* will carry an article on the work of a CYPS project group set up to establish policy for the placement of young people under the provisions of the CYP&F Act. It has also been looking at placement procedures for community organisations and placement problems at the care and protection and youth justice interface.

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# The weighting game

Measuring workloads is a tricky business, but someone has to do it, volunteers **Bryce Fleury**

**L**ate last year the Children and Young Persons Service (CYPS) and the Public Service Association (PSA) agreed to set up a joint working party to tackle the vexed issue of measuring workloads within the CYPS. Both sides acknowledged that while the issue was a tricky one, it was essential to gather information to determine how resources should be deployed by social workers, the teams they work in, across sites and ultimately by the Service as a whole.

As a first step in getting to grips with this issue, the Service undertook to conduct a survey of overseas literature on the topic. The following is a summary of this research.

## Why are we concerned with workload?

In the Service's statement of values, CYPS's aims are to achieve "excellence in service delivery and care for staff". One of the key aspects in determining if CYPS is delivering "excellent" services is ensuring it provides them in an efficient and effective manner. It is important the government and public can be confident that the money being provided to ensure care and security for children in need is being used effectively and equitably across the country. Are areas with greatest need receiving the greatest resources? Are populations likely to receive the same level of service wherever they are in the country? What level of service will be generated by additional funding? Are the best services being provided for that level of money? By the same token, if CYPS knows what services to provide, how much they cost

and how many staff are needed to provide them, it is better able to meet its "good employer" commitments. This is not mere altruism, but is justified with the rationale that non-stressed, skilled, satisfied staff with time and support are what are needed to provide an "excellent" service.

A critical factor in answering these questions is knowing the level of service that is provided with different levels of funding and the numbers of staff needed to provide it.

Trying to measure the multitude of tasks associated with social services might seem akin to measuring the proverbial piece of string.

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## Measuring workloads

Trying to measure the multitude of tasks associated with social services might seem akin to measuring the proverbial piece of string. Authors have criticised attempts to produce magic figures as well-meaning but ultimately doomed to failure.

For example, one survey that attempted to compare time allowances in several workload systems with the time actually spent by New Zealand social workers found that the correlation was very weak (Ritchie and Anderson 1990). This led them to conclude that, "simple workload systems are ill suited as predictors of complex social work behaviours".

However the authors went on to say that workload measurement is a necessity of professional social work. "Assessing the overall demands on workers' time generated by a workload of a certain composition, degree of difficulty, work priorities and chosen level of service response is a necessary step in making sensible decisions about the service provided" (Uttley 1985). Therefore the aim has to be to

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get more accurate systems rather than give up on the attempt.

The literature survey provides ample evidence that social work workload measurement can, and has been, successfully introduced overseas.

### **Inputs versus outputs**

Traditional models for determining workloads have concentrated on caseload size. This approach has been rejected by many because it concentrates on inputs rather than outputs and doesn't determine the work required to be done or the time it will take. One worker may have 20 cases that are relatively easy and take little time, while another has 20 cases that are complex and time consuming (Hoult 1995).

A more advanced approach is to concentrate on outputs as the measure of determining workload (Stein et al 1990). This method looks past the particular case characteristics to what is done with them. It aims to measure what needs to be done to achieve agency goals. It would be futile to simply reflect what social workers do without assessing if this contributes to the stated aims of the Children, Young Persons, and Their Families Act (CYP&F Act). "If workers do not attain agency goals, it would be folly to set caseload standards using data derived from a study of their behaviour" (Stein et al).

For example, if we wanted to measure a caseload standard for GPs we could sit in a doctor's surgery for a day watching how many patients the GP sees and how long each consultation takes. At the end of this we could derive an average consultation time per patient. Then we could determine how many hours are available in the normal surgery day and work out a standard caseload for GPs.

The problem with this, however, is that since we don't know what was wrong with each patient, we can't determine if the doctor is giving the best advice for the condition and we don't know if what they prescribed actually worked. In other words, we have looked at the inputs (the number of patients) but not the outputs (the standard of advice and the well-being of the patient.)

Conceptually the well-being of the client is

a difficult measure for social work because the outcomes of intervention are almost impossible to quantify or to attribute to particular services. You cannot say with certainty that a particular intervention by a social worker has led to a quantifiable improvement in the quality of a client's life because there are so many other variables.

However, the fact that we provide such services indicates that we believe this to be true. Therefore we assume that if a service or intervention is provided this equates to improving the well-being of the client (Dalton and Morelli 1988). The rationale for this approach is that standards of service delivery are developed on some professional/clinical basis that are perceived to be beneficial to the client and achieve organisational goals.

If it is accepted that the level of intervention is a legitimate measurement of output, the steps for determining a workload formula start to become clear.

### **The formula**

The international literature is full of studies where numerous variables have been included into weighting formulas to determine workload. Most of these can be categorised into three main headings: the types of cases; the service or degree of intervention the case attracts; and other factors that take up a social worker's time. The final stage is to translate these variables into units of time.

### **Type of case**

Categorising cases can be done in a number of ways. A simple approach is to assign a descriptor of abuse or neglect to cases, eg neglect, physical abuse or sexual abuse (Mills 1991). However this kind of distinction is only helpful if the different categories attract different levels of service or intervention. Under the CYP&F Act, the Service's primary concern is with the vulnerability of the child and the risk of re-occurrence of abuse. In this framework categorising cases by type of neglect does not give a good indication of the level of response that case will receive.

A second approach is to categorise cases by agency goals (Stein et al 1990). Cases are

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grouped by the desired or expected outcome or area of service. For example, where children are initially removed from their homes the case goal might be to return the child to the home, maintain at-home custody, day care, long term care, legal guardianship, etc. The advantage of this approach is that the desired case outcome or goal is a known at the start of the case. It is therefore relatively simple to categorise cases and these categories are consistent with overall agency objectives and funding. However this relies on an assumption that cases with the same goals involve the same level of work. The study made no allowance for the varying complexity of cases. Instead the authors took the view that over time these differences would average out.

The categorisation of cases by agency goal has some merit in that it is simple and ties in with existing agency categories for reporting and funding. However, to discount the importance of complexity discounts a factor that nearly every other study places at the top of the list.

A third approach is to directly categorise cases in terms of the complexity or severity of the case. Hoult argues, "social workers often characterise clients on the basis of the work they are likely to create. The ease or difficulty of a case is based on the characteristics of the client and their family in relation to the category of the referral". He then goes on in his paper to provide a useful list of characteristics associated with relatively easy or non-urgent cases and very difficult or very urgent cases which also approximate aspects of the risk management model currently being developed by the Service. There may be some debate about these characteristics and how they are attributed to cases along a continuum from "easy" to "difficult". Nevertheless the critical point of Hoult's work is that such

categorisations can be made and they have a high level of validity in practice.

In other workload models the characteristics of "risk" and "complexity" have been measured independently to achieve an overall "severity rating". The rationale is that cases with high risk indicators do not necessarily translate into complex or time-consuming case loads.

### **Level of service**

Assuming the characteristics of a case can be categorised, the next step in the process is to assign a level of service or intervention for the different categories. While this may be an

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One of the advantages of using standardised categories of risk and intervention is that, in effect, supervisors, budget analysts and policy makers use the same information to manage agency resources that workers use to make individual case decisions.

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anathema to some social workers, the notion that service provision can be standardised for particular circumstances or characteristics of cases is not new. As Hoult states, "Allocating time in order to complete the tasks associated with a particular problem is commonplace in many professions and occupations." He goes

on to argue that while there is a great variety of client circumstance, how social workers deal with each type of case is relatively straightforward and predictable. This is bound by statutory requirements, service procedures and professional practice. What determines the way these rules or strictures are carried out is the way the client is characterised at different points, such as at intake or assessment.

One of the advantages of using standardised categories of risk and intervention is that, in effect, supervisors, budget analysts and policy makers use the same information to manage agency resources that workers use to make individual case decisions. This provides the basis for the service to assess its clients, plan service interventions and evaluate case

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outcomes more effectively (CRC 1993).

### **Translating service standards into time**

Once a classification of cases and the levels of service attached to each has been achieved, translating these into time requirements should be relatively straightforward.

The literature is full of examples of time and motion studies carried out for this purpose. There are basically three approaches:

- using existing records of service throughput (eg SWis recording);
- expert prediction (practitioners make estimates of how long different types of cases and service should take); and
- time and motion studies of how social workers actually spend their time.

The three approaches are not mutually exclusive and using all three would provide confidence that the weightings are robust.

### **Other variables**

There are a number of other variables that impact on the time social workers spend on workloads that need to be considered in a workload measurement model:

- the skills and experience of staff;
- the time spent on travelling to clients (eg rural versus urban);
- the different time involved in dealing with clients from different cultures (eg the time needed to convene a family group conference where extended families are the norm);
- time taken in "indirect activities" (eg supervision, national projects, community liaison, etc).
- actual time available once leave, training, sick leave, etc, are taken into account.

### **Workload management**

Developing a workload formula does not solve workload issues. It merely provides a useful tool to help make decision about those issues. It is essential that the steering committee looks beyond the narrow bounds of just producing a workload formula. The aim of the

project is to look at options for managing workloads and a formula is a useful tool both for showing administrators and policy makers how resources are being used and for staff to compare workloads. A workload model has the added advantage that decisions can be made based on the same set of data.

It does not, however, determine how we manage the process once we have that information. A useful formula will simply provide triggers to the Service that an issue to do with workload needs addressing. These triggers will be set off by issues such as uneven distribution of resources, shortages of resources, variation in work practice, changing demands on the Service and implications of funding changes. They do not tell us what to do about those situations.

### **Conclusion**

The results of the literature survey are clear: creating a workload formula for CYPS can be done. There are ample examples of viable schemes in American, British, Canadian and Australian social work agencies. And while a number of factors need to be built into the system -some of which can be difficult to measure - there are ways around this.

At the end of the day the crucial questions are, who will use this information and for what purpose? There are competing demands from staff who want to control their workload, managers who want to show the Service needs more resources and a government which needs to determine what's happening with the current resources.

At the same time, all parties are interested in:

- improving the quality of information so genuine comparisons can be made across the Service;
- getting resources to where they are most needed;
- identifying the services which produce the best outcomes for clients; and
- providing the best possible service to young people and their families.

Finding ways to deal with all these

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expectations is the challenge for this project.

This report has now been received by the joint working party which agreed to the development of a workload management model for CYPS. The next stage of the project was to bring together a group of expert practitioners to work on identifying the key variables for the model and a workshop to set up this group was planned for March 1996. ■



After working for the Public Service Association (PSA) as a researcher for five years, **Bryce Fleury** took up a 12-month contract with CYPS last year to deal with the issue of workload management. Prior to that he worked as a union researcher in the UK. His training is in economics, particularly in relation to health, education and social policy.

## References

- Children's Research Centre (1993) 'A new approach to child protection: the CRC Model,' November.
- Dalton G and Morelli P (1988) 'Casemix and caseload: Measurement of output of a social work agency,' *Administration in Social Work* 12(4).
- Hoult J (1995) 'Workloads and workload management in NZCYPS,' NZCYPS.
- Mills Cand and Ivery C 'A strategy for workload management in child protective practice,' *Child Welfare* 50(1) 35-43.
- Ritchie G and Anderson G 'Workload systems: An empirical study of alternatives for NZ,' *Social Work Review* 3 (1&2).
- Stein T, Callaghan J, McGee L, and Douglas S 'A caseload weighting formula for child welfare services,' *Child Welfare* 69(1) 33-42.
- Uttley S 'Measuring workloads: A responsibility for worker and manager,' *NZSW Journal* (10)2.

## Note

This article is a summary of the report to the joint working paper. A full copy is available from *Social Work Now*.

# “Best practice” and financial management: Bringing children into care

Managers and social workers need not necessarily clash over care placements and their cost, argues **John Drew**

In the absence of a Service determination of “best practice” for the placement of children or young people in care, it is evident that best practice is left to the individual social workers or at best a site. Given that the implementation of the Children, Young Persons, and Their Families Act (CYP&F Act) is largely individualistic, it is no surprise very different practices exist around the country. While in part this may be due to a combination of factors such as the stance taken by the judiciary and lawyers, the fact remains that social workers are in charge of a case and are obliged to make best practice judgments. These decisions have a direct bearing on special cost expenditure.

## **Best practice and special costs**

Feedback from some staff indicates that best practice is the determination of a social worker and that if expenditure is an issue then it is a management problem. In essence it is a clash of two cultures. Social workers argue for a professional culture; that is, they are professionals and make professional judgments based on sound social work theory and practice. On the other hand, managers hold to a business culture that is sometimes in conflict with the professional culture. In the past, when over-expenditure has prompted managers to cut costs, social workers may have seen that as “poor practice”. In theory, if not so easy in practice, there should be no split between the two cultures. I suggest it is possible to

integrate the two by having best practice and cost effectiveness in casework. By taking this approach one can identify four “cells” for possible practice: best practice and cost effective; best practice but not cost effective; low expenditure but poor practice; high expenditure and poor practice.

## **What is best practice for initial care placements?**

Having regard to the principles of the Act as set out in Sec 5 & 13, it is clear that children should be placed with family, whānau, hapu, iwi or family group after they have participated in making decisions affecting a child or young person. Intervention in family life should be the minimum to ensure the welfare and interests of the child or young person is paramount (Sec 6). Strengthening families is the ultimate goal of the “Social Service Strategy 1995-2005”.

Can we not say that best practice is first to take all the necessary steps to place children within whānau, etc, if they cannot remain with their usual caregiver for care or protection reasons as per Sec 14? While agreement exists (I think) with this practice base, significant differences occur as to achieving this.

1. Some social workers place children or young people in temporary care following investigation and assessment and while waiting for a family group conference

(FGC). This action is based upon safety for the child or young person. Instead of exploring the option of whānau or family placement the child is placed with a child and family support service (CFSS). This option addresses safety issues, is less time-consuming and allows the social worker to move on to other cases knowing the CFSS will support the placement. However what often happens is that the child or young person sits in care and a huge practice gap exists between the placement and the FGC. By the time the case reaches the FGC the placement may have become so cemented it is difficult to explore the whānau/family option. It is also difficult to argue that best practice is to place children within the whānau. It sets the scene for care to continue under the Director-General with the Service meeting the costs. In essence, short-term expediency results in long-term case management with high costs in terms of time and special costs to the Service. If a high premium is placed on an all-out effort to initially place children or young people within the whānau it is a significant saving to the Service and - at the same time - part of best practice.

2. Some sites use whānau agreements for the placement of children especially when respite care is required and care or protection matters are at the low end of the continuum, as per C/M 1992/94. Others make very little use of this option.
3. Differences occur as to the legitimacy and authority of the FGC. Some take the view that in its own right it provides legitimacy and authority for placements within whānau/family and can safeguard the interests of the child through sound plans with a review process in place. Others make more use of the family court process: even if the placement is to be with whānau/family it is better to err on the side of safety and take the case to court to obtain an order that places the child in the care of the Director-General. This is seen as providing a "just-in-case" option, which is not the case with the FGC.

4. It is recognised that sometimes family members at an FGC want the case to go to court to strengthen the placement. What has to be asked is, what is added by taking the case to court when the FGC itself can provide legitimacy and authority for whānau/family placements? I suggest cases should only go to court when the safety issues are such that the placement needs the court's sanction. An option is for family members themselves to obtain custody or guardianship without the Director-General.

If we go back to best practice in terms of the Act, we can say:

- Best practice is an all-out effort to place children within the whānau/family at all stages of our involvement, and to use this as a first option after investigation and assessment. A placement with a CFSS should only occur when the whānau/family option is not available.
- Best practice is to first consider placing the child within the whānau/family using either a whānau agreement or the FGC process and outcome.
- The FGC outcome has the mandate to place children within the whānau/family. It does not require the case to go on to the family court unless the safety issues require a court outcome.
- It is not appropriate to have children in the care of the Director-General via the court for "just-in-case" reasons. If a social worker needs to take the case to court later, that can be readily done given that a FGC has already been held.
- By placing the child in the care of the Director-General, the family can opt out due to their responsibilities being undermined. (It is recognised that in some cases it is essential the child is in the care of the Director-General).
- Placement within whānau/family without the child being in the care of the Director-General may mean NZISS entitlements and so it is not just best practice, but also cost effective. Alternatively, the option of a

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whānau/family placement with the child in the care of Director-General costs the Service and what does it add to best practice? (Obvious exceptions are cases which really need this to protect the child.)

- At the FGC or whānau meeting the social worker should discuss family contributions for the placement. Failure to do so allows the family to opt out of responsibility. Parental contributions link together best practice and cost effectiveness. At one site it is seen as part of the office culture.
- The Service must have a statutory authority to obtain money from non-custodial parents. Such authority exists only in the Child Support Act or possibly by way of the service orders provisions of the CYP&F Act.

### Conclusion

I have argued that best practice and sound financial management do not have to be conflicting cultures between social workers and managers. I suggest the starting point needs to be, what is best practice? Have we become more conservative in our practice; have we wittingly or unwittingly embraced a

“culture of fear” in reaction to publicity and case reviews; have we sometimes allowed other professionals - including our office solicitors - to over-influence the direction of a case; are we really clear about what is best practice so we can proceed accordingly? ■

**John Drew** is a Manager/Consultant with CYPS based in Auckland. He was a member of the project team for the Auckland Metropolitan Study of Operations and is currently working with staff at Waitakere office to reduce special cost expenditure as well as reviewing high cost cases, especially those dealing with the health interface and disabilities. He is also working with CFA (Auckland) to forecast and manage bed night requirements.



Opinionated? Hold strong views on aspects of practice? Have your say in *Social Work Now*. We welcome “Comment” contributions from CYPS staff.

## **Child Survivors and Perpetrators of Sexual Abuse: Treatment innovations**

edited by **Mic Hunter**  
Sage Publications (1995)  
Reviewed by Garry Cockburn

This book is a welcome addition to the competency collection and was timely in view of Toni Cavanagh Johnson's visit to New Zealand. Frequent reference is made to Johnson's work and research. This first thing that impresses about this book (184 pages) is the attractive layout and ease of reading. It's a book that jumps into your hands and begs to be read.

Each of the nine contributors have extensive practical experience in the fields of psychology and social work. The first three chapters deal with child survivors and the last three with child perpetrators. The most academically prestigious author is William Freidrich who writes on managing disorders of self regulation in sexually abused boys. This chapter gives an excellent summary of the neurophysiological and behavioural effects of trauma, as well giving a simple developmental framework for children. His descriptions of treatment considerations, such as scheduling disclosure, preventing spillover to home, pair and family therapy fits in well with the material presented by Cavanagh Johnson.

Sally Cantor's description of treatment of adolescent sexual abuse survivors in a psychiatric hospital adolescent unit may seem superfluous for New Zealand conditions, but is a practical guide for people running groups for adolescent survivors. She describes interesting group activities that could be adapted to a range of settings. Her chapter ends with the code of ethics used by the unit as well as an assessment schedule and both are well worth considering.

Stroh's lengthy chapter on ritual abuse is very detailed and achieves a realism and balance that is refreshing to read. Her statement that there has never been a time in history when human sacrifice has not occurred is documented by reference to appropriate literature. She spells out in depth the need for clinical workers in this area

to have sorted out their own issues around sadistic impulses and homicidal rage that all humans have in order not to be triggered by the countertransference issues in this type of work.

Hendrika Cantwell's chapter on sexually aggressive children will be of interest to those who attended Cavanagh Johnson's workshops as she quotes Johnson's work and covers some of the same territory although at a more general level. She discusses prevention and educational strategies in some detail. It is interesting to note that in Colorado it is mandatory to report children under ten years who are sexually aggressive. Cantwell addresses the issue of increased sexual information in society and the impacts on children, and details the need for social workers and teachers to have training to differentiate the different types of sexual behaviour of children.

Jacqueline Kikuchi spells out the difference between normal and abnormal sexual activity in children and adolescents and examines the research finding on the incidence of sexual abuse by child and adolescent offenders. One study concludes that up to 50 per cent of child sexual assaults were committed by adolescent offenders, and another that eight per cent of male children and five to seven per cent of all females will be sexually abused by a child or adolescent before the age of 18 years. The author details the need for proactive preventive and education programmes. The last two chapters of the book detail the work of the SPARK programme in Los Angeles. Ballester and Pierre give a highly detailed account of their work around monster therapy and the use of metaphor in psychotherapy with children. One can't help wondering whether their assurance to traumatised children that, although their behaviour is monstrous, they are not, really does prevent the child internalising the monster. Anyway, their work will be of major interest to family and child therapists who use metaphors and stories with children.

Their colleagues at SPARK, Griggs and Boldi conclude the book with an account of the parallel treatment of parents. While this is specific to the programme, their emphasis on the importance of including the parents in the treatment plan and how they are vital to a healthy prognosis is a reminder to us all. They provide detailed descriptions of ways to educate, support

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and intervene with parents, and many of these can be extrapolated to the social work situation. The book has an excellent bibliography and index and overall it is an important read for those working with sexually abused and abusing children and their families.

## **Protecting Children from Abuse and Neglect: Foundations for a new national strategy**

edited by **Gary Melton** and **Frank Barry**  
The Guildford Press (1994)  
Reviewed by Garry Cockburn

This is definitely not a book for the faintheaded or busy social worker unless you are also an insomniac. A major scholarly work of 451 pages, it should appeal to those of an academic bent who are involved in social policy development, to students completing assignments on child abuse, and to community workers who are interested in research on community and neighbourhood initiatives in USA.

In 1993, the US Advisory Board on Child Abuse and Neglect issued a report, "Neighbours Helping Neighbours", which proposed a shift away from the national emphasis on coercive intervention to neighbourhood programmes that prevent children being harmed. My sense is that this sort of paradigm shift may be starting to gain ground in New Zealand and this book is of interest from that point of view. The editors were the main architects of the new preventive initiative in the US, and the eight chapters of this book detail the socioeconomic, cultural, treatment and intervention factors associated with neighbourhood-based programmes. Most of the chapters are heavily research based and one is left, after all the discussion, with the question, "Well, what do I actually do now to initiate this wonderful idea?" Although perhaps this is a bit unfair, as the research has to be done and studied before new policy initiatives are formulated, and this book does that well.

It is an invaluable resource for the more serious minded and presents a comprehensive summary of what is known and what has to be done to protect children from abuse in USA.

## **Justice and Identity: Antipodean practices**

edited by **Margaret Wilson** and **Anna Yeatman**

Reviewed by Maria Paul

This book is a collection of twelve contributions from authors challenging the traditional concepts of justice.

The Treaty of Waitangi underlies the debate in several chapters, identifying issues of power-sharing in equality and constitutional reform; the right to develop public, economic and social policy to elevate Māori to self sufficiency; to redress historical injustices such as the invasion and confiscation of Māori land; and Māori Sovereignty and self-governance.

The book is premised on contemporary politics of difference with the authors thinking beyond the democratic notion that sovereignty is divisible and can be shared.

A number of essays represent a theoretical perspective drawing on New Zealand and Australian experience, while a New Zealand jurisdictional context is used to examine justice and difference.

The modern trend to develop policy which identifies perspectives of difference has set me thinking that culturalism is merely an accommodation to appease rather than an association of right; for example, why be bicultural and who should be bicultural? And if biculturalism is the focus of several essays, why are so many questions being asked about the process? The answers have wide-reaching implications.

Legal advocates give detailed insights into the ancient ideology of justice. So, was the Treaty a contract or conception? Shouldn't justice consist of giving people their rights in contract, rather than their right according to disputed conceptions of what is justice?

One writer took the reader on a journey of their people seeking redress from the state for the loss of hearth and home, and the devastating effect it had on them.

This book is well worth reading. Each author is clear about the issues and views they have written about and law schools and social work courses could benefit from this information.

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## The reviewers

**Garry Cockburn** Practice Consultant, CYPS  
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The above books are available from the Competency Librarian, Private Bag 21, Wellington. If you are interested in reviewing books for *Social Work Now* contact the editor with your area of expertise.

## Social Work Now

### Aims

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

# *Social Work Now*

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We appreciate authors may be at varying levels of familiarity with professional journal writing and for those less used to this style, we hope it 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.

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

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

- All work must be the original work of the author/s, have altered names and other details to protect client confidentiality and will show (where relevant) that the case has been followed up over a specified period and that the outcome remains the same as that described in the case study.
- Material will be received on the understanding that it has not been published, simultaneously submitted or accepted for publication elsewhere.
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- Three copies of each article should be submitted, maximum word length 2000 words (unless otherwise negotiated), typed, double spaced, page numbered, on A4 paper and on one side of the page only. On a separate sheet of paper give details of your name, work phone number and address, position and other work experience which is relevant to the article. Where possible, also send manuscripts on 3.5" computer disc Word 6 for Windows.
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