Social Work Encounters of the First Kind: Child Protection Social Workers' Experiences of Preparing For, and Meeting Their Clients for the First Time

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Abstract

This research investigates the experiences of child protection social workers as they prepare to meet the client families they work with for the first time. It is important to understand the experiences of social workers in child protection as first contact with clients is a critical time and the experience lays the foundation for any ongoing relationship. The study speaks to social workers experiences on the "front line" and adds to the body of knowledge evolving in the home visiting space.

The study applied a qualitative framework and employed semi-structured interviews to gather rich, descriptive data of social worker experience. The results found that child protection social workers practice in an environment constructed as a neoliberal process that positions risk and mitigating risk as sacrosanct ahead of welfare or supporting families in need. This construction pervades the first contact space and constrains a social work process. Recommendations call for the reconstruction of first contact in child protection as a critically reflexive process that is relationship focussed and accounts for structural inequalities.

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For Ruby Rose W

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Chapter One – Introduction

Key to effective social work practice is social workers' abilities to construct and maintain meaningful and helpful relationships with people based on trust, compassion and understanding (Mullaly, 2007). The effort made by the social worker to engage with client families is crucial to achieving meaningful change over time, and in child protection social work ("CPSW") this effort and relationship is critical and challenging (Featherstone, Morris, & White, 2014; Ferguson, 2011; Keddell, 2011; Munro, 2007b). The consequence of errors in CPSW could mean the serious harm or death of a child or children; a child or children unnecessarily removed from their parent and/or family's care; and a lifetime of poor outcomes (D'cruz, 2004; Turnell & Edwards, 1999).

First contact is the initial interaction between a social worker and their client/client family. This first contact begins with a telephone call or a knock on a door and heralds a relationship that could last many years or begin and end with that call or visit. A child protection social worker's ("CPSWr") ability to connect with their client/client family in this first encounter is critical to building a positive and helpful, and therefore meaningful, relationship (Healy, 2018). The purpose of this research is to examine how child protection social workers ("CPSWs") think about, structure and manage first contacts with clients/client families in the child protection context on the premise that the first contact and subsequent engagement between a CPSWr and their clients/client families is critical in building an effective working relationship. This study involved interviewing eight former CPSWs about their experiences of first contact with their clients/client families and analysing these experiences thematically.

CPSW in New Zealand has a centralised agency, Oranga Tamariki (OT). OT is responsible for carrying out the functions of the Oranga Tamariki Act (1989). The design of the original 1989 statute was to support Māori aspirations of self-determination and social workers were to carry out the functions of the Director General (now Chief Executive) under the statute (Hollis-English, 2012; Oranga Tamariki Act, 1989). This study was conducted following 2015/2016 Modernising

Child, Youth and Family Expert Panel review of CPSW operations but before significant legislative changes were made[1] (Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act, 2017; The Modernising Child Youth and Family Expert Panel, 2016).

This chapter will introduce the rationale for the study and the central research question before briefly introducing the study design and background to the study. Some key terms will be defined, and the structure of this thesis will be outlined.

Rationale

CPSW is an area of practice comprehensively studied both in New Zealand and overseas. Work has been produced on practice frameworks, risk assessment, critical analysis, and decision making in child protection (Connolly, 2004a, 2005; Ferguson, 2011; Ferguson, 2016; Ferguson, 2017, 2018a, 2018b; Hyslop, 2017; Keddell, 2017; Munford & Sanders, 2017; Oak, 2016). There is also a burgeoning body of evidence in the space of home visiting in CPSW which has either directly observed social workers or actively reflected on their visits with clients/client families in practice (Cook, 2017; Ferguson, 2016; Ferguson, 2017, 2018a, 2018b). While there has been some research done with child protection social workers as they conduct initial visits, this has mainly been on the role of intuition and assessment at first contact (Cook, 2017). Given the

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[1] The changes to the Children, Young Persons and their Families Act 1989, included changing the name of the Act to the Oranga Tamariki Act 1989 or the Children's and Young People's Well-being Act 1989, enhancing the paramountcy of children's welfare and interests in decision making, raising the age of coverage from 17yrs to 18yrs and allowed for greater information sharing between agencies (Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017).

importance of first contact to successful social work engagement, this research seeks to add to the literature on first contact from a New Zealand context.

This research aims to address literature and research in four areas. The first, the experiences and perceptions of child protection social workers as they practice their social work. Secondly, it seeks to add to the knowledge of home visits in CPSW and third it explores the research topic from a social construction point of view with a critical lens. Finally, it adds practical recommendations to current practice.

The researcher has worked in CPSW for eighteen years in various roles including as a CPSWr and supervisor. At the heart of this practice has been the belief that it is the relationship between social worker and client/client family that is key to successful outcomes for families. It is difficult to maintain relationship-based practice in statutory social work where there is pressure from workload demands in a risk adverse organisation that does not always value its own human resource (Burns & MacCarthy, 2012; Lonne, Parton, Thomson, & Harries, 2009). This is more complex when working with the most vulnerable people in society under extreme stress and distress as an agent of the state (Spratt, 2008; Stanley, 2002).

The idea for this research evolved from the researcher's first encounter with a parent as a CPSWr. On reflection this was an encounter steeped in power and inequality, and one which occurred in an almost cavalier fashion. It was an encounter where the CPSWr role was constructed as powerful with the statutory right to intervene in a family's intimate life, and this construction intersected with the agency's construction of risk. These social constructions in turn intersected with fundamental social work principles such as "challenging institutional oppression" and "protecting human rights" (International Federation of Social Workers, 2014). It was clear to the researcher in this encounter that the concept of risk and statutory power conflicted with social work values and ethics.

This research aimed to understand other CPSWs experiences and perceptions of first contact with clients/client families using both social constructionist and critical theory to examine how first contact is socially constructed and how power in exercised in first

contact. It sought to examine the construction of CPSW in a neo-liberal political era and how this is experienced by CPSWs.

Research Questions

The specific objective of this study was to explore child protection social workers' experiences and perceptions of engaging with clients for the first time.

To this end the following questions informed the research:

- How do social workers perceive the purpose of their first contact?
- What steps do they take in preparing to make first contact?
- What knowledge informs their practice?[2]
- How do social workers introduce themselves and their purpose to clients at that initial point of contact?

In meeting the specific objectives and asking the questions above it was also believed that both the participants, prior CPSWs, and the researcher, a CPSWr would have their voices heard and have the opportunity to add to social work knowledge.

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[2] While this question formed part of the initial research design the answer to it was not borne out of the study and subsequently disregarded as a research question.

Study Design

This was a qualitative research project, it was exploratory and interpretative in nature. Qualitative research collects peoples' words and stories and interprets them to make and understand the meaning of their experiences (Jones, 1995). This approach is appropriate for this study as the social workers' experiences are central to the research questions. Eight participants were interviewed using a semi-structured interview format. Interviews took place either in person or through Skype. The data was analysed using Braun and Clarke (2006)'s model of thematic analysis with social constructionist and critical theoretical lenses. When exploring the themes identified in the data, the researcher looked for examples of the social construction of first contact and what influence the role, if any, that power played in these constructions.

Background

Social work traditionally has a dual focus[3]. One focus is on the empowerment of clients, the other on advocating for and enhancing social justice, and this dual focus of empowerment and advocacy is embedded in social work definitions, requirements for professional registration and social work codes of ethics locally and internationally (Aotearoa New Zealand Association of Social Workers, 2008; International Federation of Social Workers, 2014; Oranga Tamariki Act, 1989). However, CPSW is inherently conflicted as it requires social workers who have been trained to empower and advocate

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[3] Payne, M (2006) argues a third function to social work which is to maintain the social order and social fabric of society and maintain people in need.

for social justice to act as agents of the state to monitor, investigate and compel citizens to comply with state ordered plans (Healy & Meagher, 2007; Oranga Tamariki Act, 1989). This tension has created debate within social work education providers as to the propriety of training social workers to work in child protection when the field of practice may be antithetical to social work values (Healy & Meagher, 2007). This is countered by the argument that only social workers should practice in the child protection arena because they are uniquely qualified to manage the complex work of child abuse assessment and interventions with their humanistic approach and critically reflective perspectives (Coulshed & Orme, 2012; Healy & Meagher, 2007). The challenge for CPSWs is to navigate their work as state mandated investigators of child abuse and neglect and state mandated agents of change in an increasingly inequitable world where more families are more vulnerable than ever before (Hyslop, 2017; Lonne et al., 2009; Parton, 2016; Spratt, 2008).

The key task in first contact between a social worker and client in general social work practice is establishing a relationship that is productive, meaningful and supportive (Healy, 2018). Preparation for this meeting is important and includes gathering information, thinking about the timing and location of the meeting and thinking about how to make connections with clients (Healy, 2018). Definitions of "good social work practice" in child protection include: establishing a relationship with the child and their family, and "using professional reasoning to judge how best to work with parents" (Coulshed, 2012:210). Consideration of these two factors at least should be the foundation of CPSWs preparation for first contact.

Client families are often fearful of child protection services because of poor public perceptions of CPSWs, or previous negative experiences, and can experience home visits as disempowering and dehumanising (Spratt, 2008; Toros, DiNitto, & Tiko, 2018). The task of undertaking a first home visit is complex requiring the social worker to simultaneously engage, sensitively question and gather information and decide the next steps in the assessment (Cook, 2017; Spratt, 2008). The relationship between the CPSWr and client family is the thing most likely to effect positive change in a child's life, and the first contact is the beginning of such a relationship (Lonne et al., 2009).

Background to the New Zealand Context

In New Zealand, Oranga Tamariki – Ministry for Children ("OT") is the government department responsible for administering the child protection statute, the Oranga Tamariki Act (1989). Under this legislation CPSWs complete assessments and interventions following allegations of abuse or neglect of children (Oranga Tamariki Act, 1989). New Zealand has a population of almost 5 million people (New Zealand Government, 2019). For the year ending 31 March 2019, 64,000 children were reported to OT and 34,800 of these children were referred to social workers to undergo an assessment and of these, 1,750 children entered state care (Oranga Tamariki, 2019).

The Oranga Tamariki Act (1989) was created to replace The Children and Young Person Act (1974) following Pūao-te-Āta-tū, a report by indigenous Māori, which raised concern about the high numbers of Māori children in state care and lack of consultation and decision making with Māori (Cooke, 2015; Keddell, 2017; Rangihau, 1986). The original statute, the Children, Young Persons and their Families Act (CYP&F Act), 1989[4] had whanau centred principles embedded within the Act that required the state agency to center support for families so that children might remain

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[4] The CYP&F Act 1989 was renamed the Oranga Tamariki Act 1989 or Children and Young People's Wellbeing Act 1989 in 2017 under the Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017 ("Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act," 2017)

in their care (Cooke, 2015; Keddell, 2017). However, this was later amended to add a paramountcy principle that enshrined the welfare and interests of the child as paramount (Cooke, 2015).   Thus, while it is principled that wherever possible children's relationships with their families should be strengthened and maintained, and families should make decisions for children, there also remains the principle that children's welfare and interests are paramount (Oranga Tamariki Act, 1989). Therein lies an ambiguity in the legislation between the paramountcy of a child's welfare and interests, and a child and their family's right to be supported, and this ambiguity is open to interpretation and relies on social norms to determine (Keddell, 2017).

Assessments of children under the Oranga Tamariki Act 1989, are defined as investigations into whether a child or young person is being, or is likely to be harmed, (whether physically, emotionally, or sexually), ill-treated, abused, neglected or deprived and is therefore in need of care or protection. If following an investigation, it is believed a child or young person is needing care or protection the person who formed this belief must make a referral for a family group conference where decisions are made by social workers and family to meet the child or young person's needs for care or protection (Oranga Tamariki Act, 1989).

Upon receiving a referral for an assessment, an OT CPSWr prepares themselves to contact a family and begin their assessment. This is informed by practice experience, knowledge, social work education and guided by supervisors. They are also given advice on how to do this on the OT 'Practice Centre', a centralised practice advice database available to OT employees and the public (Oranga Tamariki: Ministry for Children, 2016). The practice centre advice includes doing background checks on clients and client families and thinking about whether to inform the family ahead of time of their visit (Oranga Tamariki: Ministry for Children, 2016). This study was designed to explore the experiences of CPSWs as they undertake this process.

This chapter now turns to an exploration of some of the key terms and concepts used in this paper.

Definition of Key Terms

Several abbreviations and key terms have been used throughout the thesis. Explanations of these are provided below for clarity and to assist the reader.

Allocation

The process by which work, usually referred to as a case, is assigned to a child protection social worker (CPSWr). In New Zealand allocations are usually made by a supervisor or supervisor group.

Assessment

Assessment in CPSW is the gathering of information to inform judgements about whether children are being, or are likely to be abused and or neglected, and whether the abuse or neglect is to such a degree that the state needs to intervene in the child's life.

Chief Social Worker "CSW" and Office of the Chief Social Worker "OCSW"

The chief social worker (CSW) has overall responsibility for social work practice within Oranga Tamariki in New Zealand. The Office of the Chief Social Worker (OCSW) is comprised of the chief social worker, practice advisers and senior staff with overall responsibility for the development of social work practice in New Zealand.

Child protection social work "CPSW"

This refers to the practice of social work with children and young people in a statutory organisation. In New Zealand this form of practice is conducted by a government department known as Oranga Tamariki – Ministry for Children, and it has the responsibility of enforcing the "Oranga Tamariki Act" 1989, previously known as "The Children, Young Persons and their Families Act" 1989. CPSW involves carrying out investigations and mandating interventions of behalf of the State in order to protect children from abuse, ill-treatment and neglect.

Child Protection Social Worker "CPSWr" and Child Protection Social Workers "CPSWs"

A child protection social worker (CPSWr) or social workers (CPSWs) employed by a statutory organisation only. A CPSWr is granted statutory powers in New Zealand under s7a of the Oranga Tamariki Act 1989 whereby the Chief Executive delegates their powers under the Act. CPSWs are required to investigate reports of abuse or neglect. If abuse or neglect is found and it is believed the child or young person is at such risk of serious harm that they require care or protection from the State, CPSWs are required to refer the matter for a Family Group Conference (FGC) for family led decision making on how to address the risk of serious harm. The CPSWr is then required to participate in the implementation of the plan (Oranga Tamariki Act, 1989).

Child Protection Service "CPS"

This term is used to refer to statutory child protection services in jurisdictions other than New Zealand.

Client/client family (see also Whanau)

The terms client and client family/ies are used in this text. In other texts they are sometimes referred to as consumer, or service user. Client refers a child or children and client family/ies are used to refer to the child and their parents or caregivers – usually the persons that a CPSWr will speak to following a report of concern.

Cold call or cold calling

Cold calling means to visit a home without giving notice ahead of the visit.

Debriefing

Debriefing is the process of discussing and reflecting on the content and process of an interaction with a client or client family. It usually occurs on return to the office with a supervisor.

First Contact

First contact is used to refer to the very first time a social worker meets with clients or client families and introduces themselves and explains their role and purpose.

Key worker and co-worker

Key worker and co-worker refer to the CPSWs allocated to a case. The key worker has the ultimate responsibility for the case, with a co-worker assigned as a second worker to assist the key.

Oranga Tamariki – Ministry for Children "OT"

The New Zealand statutory child protection service, formerly known as Child, Youth and Family Services "CYFS"

Report of concern

Report of concern is used to refer to a referral to child protection services, sometimes referred to as a notification, an intake, or a report. Report of concern is the current terminology used in OT and is used for this thesis.

Therapeutic alliance

The therapeutic alliance exists between social workers (and others in the helping professions) and their clients when they have formed a bond and work together in a way that benefits the clients. It is created when the social worker demonstrates trustworthiness, empathy and efficiency in their role which is valued by their clients and they explicitly or implicitly agree to work together.

Whanau

Whanau is the Māori concept of family that encompasses both nuclear and extended family but extends into spiritual domains and includes ancestors and descendants. The whanau group is the foundation of Māori social, economic and political society. In the

Māori world children and whanau are intrinsically connected and do not exist independent of each other.

Structure of Report

The thesis is presented in six chapters and appendices. The following lays out the structure of this report:

Chapter One provides an overview of the project, briefly introducing the topic, central research questions and study design. It provides some context to the study and introduces key terms used throughout the report. Chapters Two and Three review the literature relevant to the central research question. Chapter Two explores the value and contribution a relationship between client and CPSWr makes to effective social work practice and how engagement is created. Chapter Three then examines the context of CPSW in New Zealand and the nature of the CPSW environment.

Chapter Four outlines the methodology and method of the research. It presents the theory and methods applied to answer the central research question "how do care and protection social workers perceive themselves, their roles and the clients that they are working with when they prepare to meet clients for the first time?" In doing so the chapter discusses the use of a qualitative method of inquiry, conducting semi-structured interviews with 8 prior CPSWs. The data was analysed using thematic analysis to interpret the results through social constructionist and critical theoretical ontological lenses. This chapter also outlines the ethical considerations and the limitations of the study.

Chapter Five presents the participants of the study and then the results of the data collection. Three themes are determined from the data: Relationship; Organisational Processes – Task Focussed; and Complex Work. The themes are presented with evidence from the data to support them.

Chapter Six discusses the meaning and implications of the results in relation to the literature and the final chapter (Seven) summarises the project and offers some concluding remarks and recommendations for social work practice.

Chapter Summary

This chapter has introduced the research. It outlined the rationale for the exploration of CPSW experiences of preparing for and visiting their clients for the first time and demonstrated how an understanding of these experiences can add to social work knowledge. It has introduced the study design as qualitative and interpretative, using thematic analysis to make sense of the data through social constructionist and critical lenses. Background to the study was explored, specifically the context of CPSW in New Zealand, the statute governing practice and the social work practice of making first contact. Some key terms used in this report were defined and the structure of the report outlined for the reader's ease.

Chapter Two – The First Visit

Central to the practice of first contact in CPSW are four key areas: relationship, engagement, policy and the organisation. This chapter will explore the first two key areas of relationship and engagement as they relate to the first visit. Relationships are fundamental to the preparation for meeting clients/client families for the first time. This chapter will begin by examining this fundamental social work principle as it relates to the first contact experience and explore the concept of a therapeutic alliance and its relationship to outcomes for children, families and whanau.

Engagement is the beginning of the relationship building and a CPSWs goal at first contact. This second idea is explored next in the chapter beginning with an exploration of engagement and then speaks to the skills required at first contact to secure engagement and the consequences of poor engagement. Finally, this chapter, outlines how to prepare for engagement and the role of power in the engagement process.

Relationship and Social Work

This section will discuss the centrality of relationships to social work. In doing so it will first speak to the experiences of clients when dealing with CPSWs so that it might be understood why it is important to have a relationship in CPSW. It will then discuss relationship-based social work, the importance of building a therapeutic alliance in CPSW and finally show the link between relationship and outcomes for children and their families.

The CPSW first contact experience

A comprehensive review of the international literature on client families' experiences of CPS by Toros et al., (2018) found client families feared the power of CPS and worried they would be labelled as child abusers, and they also experienced CPSWs as forceful and overbearing. For many client families the experience of dealing with CPS can be intrusive and painful, however the process is necessary by its statutory nature and it is incumbent on the practitioner to tread carefully and professionally (Cooper &

Whittaker, 2014; Ferguson, 2016; Forrester, McCambridge, Waissbein, & Rollnick, 2008; Mirick, 2014). Establishing a relationship in these circumstances requires delicacy and skill. CPSW is a difficult and challenging area of social work; it is done with some of the most vulnerable and marginalised people, in their homes; and can be bound in fear, loathing and hostility (Featherstone et al., 2014; Gibson, 2015; Keddell, 2014; Križ, Slayter, Iannicelli, & Lourie, 2012; Mirick, 2013). It is unlikely that CPSWs would arrive on families' doorsteps unless there was a measure of stress, trauma and vulnerability in their lives and the arrival of CPSWs is likely to trigger fear, anxiety, and possibly hostility (Ferguson, 2016; Forrester et al., 2008; Schreiber, Fuller, & Paceley, 2013).

Correspondingly the practice of home visits and relationship building is fraught, emotionally challenging and full of anxiety for CPSWs (Ferguson, 2017, 2018a, 2018b). When CPSWs visit client families they straddle the professional world of social work and the private and intimate space of a family home (Cook, 2017; Ferguson, 2017; Forrester et al., 2019). When this is a first contact there is the added complexity of stepping into the unknown and meeting someone for the first time. Social workers have to work quickly, intuitively and assiduously to build rapport with their clients at first contact and it is very intense and demanding work (Gibbons & Plath, 2005). This complexity is added to when clients are involuntary, and the social worker may be turning up unannounced at their clients' homes (Cook, 2017). Ferguson (2016; 2017; 2018a; 2018b) has conducted considerable research on CPSW home visits and found that visits were often full of heightened emotions for social workers who frequently experienced fear and sensory overload in their work. These findings are supported by another study on home visiting focussing on initial visits, that found CPSWs were flooded with sensory information which they needed to concurrently process while noting interactions, body language and the physical environment yet ask and answer questions all while maintaining a mature, professional, compassionate demeanour (Cook, 2017).

The centrality of relationship

Relationship-based practice begins with the central tenet that relationship lies at the heart of any successful outcome in CPSW (Featherstone et al., 2014). Māori and Pasifika models or theories of social work practice, such as the Te Wheke model and the concepts of Vā and Fa'asamoa[5], intrinsically link the relationship between practitioner, client, family and social work itself, so that no one element can exist without the other (Hollis-English, 2012; Mafile'o, 2006; Matai'a, 2006; Mila-Schaaf, 2006; Mooney, 2012; Moyle, 2014; Tamasese, Peteru, Waldegrave, & Bush, 2005). The concept of Vā in Pasifika nations emphasises the centrality of relationship between people, and peoples and their environments, it is also used as a means of communication, and as both an assessment and intervention tool in social work practice (Mila-Schaaf, 2006). For Māori, whakawhanaungatanga establishes a relationship between social worker and client based on interconnectedness through shared ancestry and/or knowledge and connection to the language, and the Māori world view of interconnectedness forms the basis of social work practice with Māori (Hollis-English, 2012; Mooney, 2012). The rise of neo-liberal politics in the Western world created a child protection context favouring the individual and psychological processes over understanding interconnectedness and the systemic and structural causes of child abuse and neglect (Cooper & Lousada, 2005; Howe, 1998). In western social work relationship-based practice is experiencing a renaissance and offers an alternate to

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[5] Te wheke is a Māori concept used as a model to understand health. It was explored and developed by Dr Rangimarie Rose Pere. More can be found on the concepts of Vā and Fa'asamoa in the writings of Karlo Mila-Schaaf, Tevita Ka'ili, Dr Tracie Mafielo, Dr Moses Faleolo and Taimalieutu Kiwi Tamasese.

compliance and risk focussed practice in child protection that has evolved from a managerial perspective (McAuliffe et al., 2016).

In the helping traditions such as counselling, psychotherapy and social work the quality of the relationship between practitioner and client will have a significant impact on the life outcomes for the client (Horvath, 2000; Ivanoff, Blythe, & Tripodi, 1994; Kadushin & Kadushin, 1997; Koprowska, 2005; Mooney, 2012). In social work the relationship between the social worker and their client is the means for change (de Boer & Coady, 2007). The first contact between client and social worker is likely to be the beginning of a professional helping relationship and there is evidence that a social worker's skill in building relationships is strongly correlated with parental engagement (Forrester et al., 2019). Carl Rogers (1951) argued in the mid-twentieth century that in therapy the relationship itself was the means to effect change. Through a meaningful relationship clients and practitioners navigate the social issues that have brought them together and it is in a purposive relationship the practitioner creates a space where the client feels respected, heard, understood and valued as a person and member of society who is open to working collaboratively to address the issues that brought about the need for the professional relationship (Rogers, 1951; Turney, 2010). As helping professionals social workers bring their critical thinking skills together with an awareness of social issues and constructions and build relationships with those who they have come to help so that help might be effected (O'Hare, 2016).

The therapeutic alliance

It is a therapeutic alliance between social worker and client that ultimately makes the relationship meaningful. The term, therapeutic alliance, comes from the field of psychotherapy and has been referred to as "the quintessential integrative variable" (Muran & Barber, 2010:1). For social work a therapeutic alliance is found when there is an implicit agreement to work in a partnership in a way that benefits the client and includes an emotional connection as part of the working arrangement (Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009; Muran & Barber, 2010). In CPSW it is the job of the social worker to realise a working alliance and it is a complex task

requiring great skill as the context of CPSW varies greatly from that of a client therapist in that CPSW is an area of mostly involuntary practice so the task of building an alliance is greater (Cahalane & Anderson, 2013). A working alliance is achieved through demonstrating trustworthiness, empathy, reliability and compassion and this needs to be demonstrated quickly and efficiently at first contact (Alexander & Dore, 1999; Cahalane & Anderson, 2013; de Boer & Coady, 2007).

The link between the relationship and outcomes for children and families

Studies in the field of psychotherapy have shown that it is the relationship between practitioner and client, and the skills the practitioner possesses that are more likely than any other factor to predict successful outcomes for clients (Ackerman & Hilsenroth, 2003; Horvath, 2000). Other studies have demonstrated that the relationship is the strongest variable impacting on therapeutic outcomes rather than any type of treatment modality or theoretical foundation and suggest that training and supervision should focus workers capabilities to build relationships (Ackerman & Hilsenroth, 2003; Anderson et al., 2009; Okiishi, Lambert, Nielsen, & Ogles, 2003). A social worker's ability to build a meaningful relationship with their clients correlates with clients' willingness to work with that social worker or agency, and families are more likely to choose a social worker with the skills to build a relationship over their technical abilities (Cottam, 2011; Damiani-Taraba et al., 2017). In contrast Thorburn (2015) found that a client may disengage with an agency altogether if they did not have an initial good impression of the worker.

The benefits of meaningful relationships in CPSW are of advantage to all stakeholders including the children and their families under assessment as well as the social workers themselves. When a relationship exists between CPSWs and client families, CPSWs are more likely to get honest responses to questions and assessments are generally easier to conduct (Toros et al., 2018; Välba, Toros, & Tiko, 2017). When families deal with CPSWs who are supportive and constructive there is likely to be an overall improvement in the children's welfare and family function as well as fewer children in state care and for less time (Altman, 2008; Glisson & Hemmelgarn, 1998). Social

workers who participate in meaningful relationships with their client(s) have greater job satisfaction, are more creative in their work and staff turnover is lower in organisations where clients and social workers are engaged (Damiani-Taraba, et al., 2017; Gladstone, Dumbrill, Leslie, Koster, Young & Ismaila; 2012; Glisson & Hemmelgarn, 1998; Radey & Stanley, 2018).

Spending time to build a relationship and engage a client in a helping process is an investment in building safety, strength and resilience for children and their families. Conversely when social work encounters with families are not relational it is likely that assessments and interventions are superficial, risk is increased and time and resources are misplaced (Altman, 2008; Broadhurst, Holt, & Doherty, 2012; Glisson & Hemmelgarn, 1998; Ruch, 2005). An assessment in CPSW requires that a social worker determine whether a child is safe to live with their caregivers and if not, create an intervention plan that addresses the risks identified through the assessment process (Connolly, Harms, & Maidment, 2018). This plan is more likely to have substance and address the concerns when a relationship has been developed (Atwool, 2019; Välba et al., 2017). When client families are engaged in a social work relationship there is an increase in the quality and effectiveness of the assessment and planning as they are more likely to share relevant and pertinent information and share in the design of and 'buy-in' to any intervention plan (Altman, 2008; Morrison, 2007; Yatchmenoff, 2008). Client families who feel connected to and supported by CPSWs are more likely to access supports within their extended family and community networks, and these supports are more likely to positively advantage families (de Boer & Coady, 2007; Yatchmenoff, 2008). In some cases, it may be necessary to remove children from their parents or caregivers care, however having built a relationship and securing agreement by parents to plans, this process is more likely to go smoothly and be less traumatic for children (de Boer & Coady, 2007; Yatchmenoff, 2008).

Terms of engagement

This next section will explore client families' and social workers' perceptions of the first contact and engagement process. It further considers the conditions required for successful engagement by social workers with their clients. Overall two things are necessary when good engagement and good relationships occurs. The first of these is a skill set held by the practitioner to build a relationship with a client, including cultural competence, and the second is supervisory and organisational support of the CPSW to navigate this complex work (Altman, 2008; Cottam, 2011; Kemp, Marcenko, Lyons, & Kruzich, 2014; Mafile'o, 2006). It is posited that without these two things a meaningful first contact is less likely to occur as the CPSWr is neither skilled nor supported enough to manage the first contact process and therefore the terms of engagement between CPSW and client are misaligned from the outset. This section will begin with an examination of the skills required and their constituent components of as they relate to engagement and relationship building. Next some practical considerations of preparing for home visiting will be discussed. Finally, this section will consider the roles of support and power in the engagement and relationship process.

Definitions of engagement vary throughout the literature. For the purposes of this review it is defined as an either an implied or explicit agreement between a social worker and client at a heartfelt level to work together on a basis of trust and openness, not quite at a level of a therapeutic alliance, yet open to the possibility (Kadushin & Kadushin, 1997; Mooney, 2012; Yatchmenoff, 2008; Yoder & Ruch, 2014). It is the client that engages with the social worker, nevertheless it is the job of the social worker to create the conditions for engagement by demonstrating their ability to be respectful, useful and supportive (Yatchmenoff, 2008). Engagement in CPSW has the additional challenge of being with clients who are largely involuntary and sometimes unsure or unwilling to be engaged; at first contact it is imperative that a CPSW is emotionally intelligent and skilled in engaging with potentially hostile clients (Altman, 2008).

CPS client families have talked about their negative experiences with CPSWs highlighting experiences they felt that were disrespectful, dishonest and judgemental, and CPSWs who were forceful or overbearing when wielding statutory power (Buckley, Carr, & Whelan, 2011; Studsrød et al., 2014; Toros et al., 2018). Poor experiences were characterised by feelings of discrimination, a lack of empathy and dogmatic and accusatory actions by CPSWs (Studsrød et al., 2014). Others described feeling powerless and prejudged in the face of arrogant and overly bureaucratic workers (Schreiber et al., 2013; Toros et al., 2018). There is evidence of CPSWs who showed little empathy and forced an agency point of view with clients saying CPSWs did not listen to what they had to say and would turn up at their homes unannounced acting forcefully and disrespectfully (Forrester et al., 2008; The Modernising Child Youth and Family Expert Panel, 2016; Toros et al., 2018). These studies confirm other findings that CPSWs lacked empathy, were closed minded and rigid in their stance and abrupt in their manner (Spratt & Callan, 2004; Thoburn, Lewis, & Shemmings, 1995; Wilkins & Whittaker, 2017). In light of this evidence, at first contact with client families it is important that CPSWs are emotionally intelligent, abide by core social work ethics and uphold professional standards. This requires fundamental social work skills.

Skills

Emotional intelligence is a term used to describe the ability of a person to make sense of themselves and others as emotional persons and to understand how emotions affect people's behaviour (Howe, 2008). When possessed with emotional intelligence one can manage and modify one's own emotions and behaviour in response to others with insight and understanding (Howe, 2008). Emotional intelligence demonstrates self-awareness and self-control in the face of stress and distress and the ability to learn and evolve from the experience (Morrison, 2007; Howe, 2008). Given the stress and emotional lability a first contact visit may bring to a client family, it is vital that a CPSWr is able to act and respond to distress in a calm and measured manner and it is in demonstrating this ability that the CPSWr builds capacity for engagement, and ultimately a therapeutic alliance (Howe, 2008; Smith, Wilkinson, & Gallagher, 2013).

Many parents involved with CPS have had their own experiences of being in care themselves and CPSWs responding quietly and thoughtfully to persons in distress signals to those persons that the CPSWr can be trusted to treat them respectfully and honestly over time (Atwool, 2019; Smith, Wilkinson, & Gallagher, 2013).

Client families have said they felt CPSWs needed to be respectful of them, their homes and their families and not prejudge them or come with bias or judgemental opinions (Altman, 2008; Drake, 1994; Gibbons & Plath, 2009; Schreiber et al., 2013; Studsrød, Willumsen, & Ellingsen, 2014; Toros et al., 2018). Client families have said they need clear and respectful communication from CPSWs characterised by explaining the child protection process, being clear about roles, and sharing information about what they had done to date, or would do next (Drake, 1994; Gibbons & Plath, 2009; Schreiber et al., 2013; Studsrød et al., 2014). Good communication also includes listening carefully, demonstrating understanding and showing compassion for them and not just their children (Altman, 2008; Gibbons & Plath, 2009; Spratt & Callan, 2004; Toros et al., 2018).

Honesty and transparency about the power that CPSWs hold is also identified as contributing to engagement (Yoder & Ruch, 2014; Spratt & Callan, 2004; Gibbons & Plath, 2005; Studsrød et al., 2014; Križ, Slayter, Iannicelli, & Lourie, 2012)). Clients wanted CPSWs to be direct and forthright about what the concerns were and how they would investigate or assess and be open about their statutory power and how it might be used (Alexander & Dore, 1999; Altman, 2008; Spratt & Callan, 2004b; Toros et al., 2018). Clients also wanted CPSWs who demonstrated professionalism and competence by CPSWs being knowledgeable about their roles and being prepared by knowing basic facts about the family (Schreiber et al., 2013). Similarly, professionalism was identified as being able to maintain calmness in the face of hostility and deescalate tension if it arose (Gibbons & Plath, 2009; Schreiber et al., 2013; Toros et al., 2018). It was also important that CPSWs came across as personable; it was not simply enough to have a competent professional who behaved in an impersonal or non-aggressive manner but rather they had to be kind and friendly like

someone worthy of engaging in a relationship with, (Drake, 1994; Gibbons & Plath, 2009; Studsrød et al., 2014; Toros et al., 2018).

Finally, it was important to clients that this visit actually had some value to them and that CPSWs offered or came with some practical help or support rather than a one-sided process whereby information was gathered but nothing was offered in return (Alexander & Dore, 1999; Schreiber et al., 2013; Toros et al., 2018). These competencies, attitudes and characteristics are reflective of core social work values such as: service, social justice, belief in the dignity and self-worth of peoples, integrity, competence and recognition of the importance of all human relationships (Bisman, 2014).

Preparation

If the first contact visit sets the scene for a relationship with a client then how it is arranged and conducted should be considered in the context of that future relationship (Coulshed & Orme, 2012; Nicolas, 2015). The ideal when preparing to meet a client for the first time begins with a considered allocation to the most appropriate worker and co-worker with the mix of expertise, skills, cultural competency and workload capacity (Ferguson, 2017; Office of the Chief Social Worker, 2014; Ruch, 2005). This is followed by the allocated CPSWs taking the time to review the history of the family, conduct background checks, speak with the referrer and reflect on how they might present themselves to the family: what they might say, wear, what to take with them (Nicolas, 2015; Oranga Tamariki: Ministry for Children, 2016).

The OT practice centre advice states a CPSWr "may" want to consider how they arrange their visit by talking to their supervisor but gives no further direction or theoretical basis for making the decision, yet this ambiguous advice is given in spite of the knowledge that the relationship is the most useful tool a CPSWr possesses and an acknowledgement that unannounced visits are unwelcome by clients (Office of the Chief Social Worker, 2014; Oranga Tamariki: Ministry for Children, 2016).

CPSWs might consider how to arrange the visit bearing in mind this initial visit sets the tone for the future relationship. Nicolas (2015) recommends hand delivering a letter or telephoning ahead to make a time to meet, unless there are disability, literacy issues or that in doing so could increase the risk for a family member. When the risk is increased advice should be sought from others such as family violence experts and strategise for the best approach. Nicolas (2015) challenges CPSWs to think carefully about why an unannounced visit should be necessary and reflects on how she might feel if professionals turned up at her door unannounced.

Power

Power is a prevalent theme in the literature and the advice for practitioners is to be mindful of their power and how it is used when engaging with client families (Bundy-Fazioli, Briar-Lawson, & Hardiman, 2009; Connolly, 2004b; D'cruz, 2004). CPSWs should acknowledge the power they hold rather than pretend it is not present and while others suggest power can be managed and almost divested, for client families the power CPSWs wield when turning up at their homes can be overwhelming and terrifying (Cahalane & Anderson, 2013; Križ et. al., 2012). Power in CPSW can be difficult to divest or share. Internationally it has been seen CPSWs are given little training or support in how to manage their positional power and can resort to reliance on this statutory weight to enforce compliance (Bundy-Fazioli et al., 2009). This over reliance on power by CPSWs can result in client families becoming defensive, hostile and closed to social work support (Cook, 2017). At first contact the ethical, professional, emotionally intelligent practitioner will engage with client families with a "soft, mindful and judicious use of power" and a "humanistic attitude and style"; this means they would acknowledge but not flaunt their power, and understand the place of fear and resistance in the child protection process and respond with empathy (de Boer & Coady, 2007). Studies with social workers demonstrate their awareness of their power, the value of empathy, being prepared and being good communicators, yet as evidenced above, clients who have talked about negative experiences with CPSWs cite these

factors being missing as the cause of their poor interactions (Altman, 2008; Kemp et al., 2014; McAuliffe et al., 2016).

Chapter Summary

This chapter has summarised the literature relevant to the practice of making first contact with client families in CPSW. It has shown how the first contact experience can be fraught for both client families and CPSWs alike but demonstrated that essential to CPSW is a constructive relationship between a CPSW and the families they work with. The literature reveals that this relationship is built through the construction of a therapeutic alliance which is a mutually meaningful and respectful coming together of CPSWs and client families. This alliance is critical because there is a demonstrated link between relationship and positive outcomes for children and families such as children being safer, remaining in the families' care and feeling more connected to their communities.

A relationship between a CPSW and their client family begins with engagement. Engagement is defined as the beginning of a process toward a therapeutic alliance and an agreement to work together on stated goals. Engagement requires a degree of skill and commitment from a CPSWr characterised by clear communication with families, respectful interactions, empathy and non-judgement. Families have said they want CPSWs who are upfront about the power they weld and who are calm and professional in their dealings with them. However, many client families have described negative experiences of CPSWs who have been arrogant, lacking empathy, not listened to their point of view and are judgemental. The evidence presented in this section suggests that at first contact CPSWs need to act very carefully and be prepared and mindful of how they set the scene for future relationships with their client families.

CPSWs efforts to engage with their clients and build relationships do not exist in a policy or organisational vacuum. The next section will examine the policy and organisational environments in the New Zealand arena to provide further context to the research.

Chapter Three - The Context of CPSW in New Zealand

This chapter explores the political and organisational context of CPSW first contact in New Zealand. It begins with an examination of the history of neoliberalism in New Zealand, its impact on social policy and the interface with the introduction of The Children Young Persons and their Families Act 1989. Recent changes to CPSW are observed and inherent tensions between policy, statute and social work identified. Finally, in this chapter the nature of CPS internationally is explored with a discussion on the impact of workload on first contact and the role of support in addressing that impact.

First contact in CPSW does not exist independent of politics or without historical context. In New Zealand in 1989 a piece of revolutionary legislation was introduced putting whanau at the centre of decision making for children, however this legislation was introduced at a time of great social change (neoliberalism) that undermined its fundamental principles. Almost thirty years on a Government review (2015-2016) of OT has led to further fundamental changes to CPSW in New Zealand and ambiguities in law and practice. These ideas are explored further in the following sections.

The advent of neoliberalism

Following an economic crisis in the early 1970's New Zealand policy makers and politicians in much of the English-speaking western world began to advance neoliberal social and economic policies (Hyslop, 2017; Penna & O'Brien, 2013; Thorsen, 2010). Prior to this, New Zealand economic and social policies were interventionist and based on a 'cradle to the grave' welfare state (Gustafson, 1997). The State saw its role to provide for the rights and needs of its citizens and accordingly giving priority to public services and full employment (Cheyne, O'Brien, & Belgrave, 2008). However, in 1984, a fourth Labour Government was elected and introduced neoliberal economic reform (Cheyne et al., 2008).

Neoliberalism proposes that human welfare is best served by governments who advance individual property rights and support free trade (Penna & O'Brien, 2013;

Rogowski, 2015). Neoliberal theory, developed out of the economic philosophical arguments of Friedrich von Hayek in the early half of the twentieth century who espoused the virtues of the free market and warned against the perils of government intervention (Penna & O'Brien, 2013). These theories were furthered by Milton Friedman and the Chicago School of Economics in the latter stages of the 1900's and adopted by British, American and New Zealand governments from the 1970's onwards (Penna & O'Brien, 2013; Thorsen, 2010). Neoliberal policies include the deregulation of finance and labour markets, and the retrenchment of the state as the provider of goods and services (Penna & O'Brien, 2013; Thorsen, 2010). Neoliberals argue that the market should be the principal actor in the organisation of the economic and social lives of humans, and government should only regulate to ensure the market is able to do so (Penna & O'Brien, 2013). Margaret Thatcher, former British Prime Minister, a proponent of neoliberalism, once stated there was no such thing as society, only individuals, and her Government reformed British policies to reflect that ethos (Crines, Heppell, & Dorey, 2016).

In New Zealand since the 1980's, the adoption of neoliberal policy has led to economic liberalisation, labour law reform, and cutbacks on government spending (Cheyne et al., 2008; James, 1997). The neoliberal focus on rationalisation of government led to increased demand for accountability of government expenditure, the introduction of the Public Finance Act 1989, and the Fiscal Responsibility Act 1994 (Cheyne et al., 2008). These reforms placed an emphasis on efficiency, transparency and the reduction of debt and led to the classification and funding of social service work based on outputs (Cheyne et al., 2008). The role of government changed from providing welfare to its citizens to offering a modest safety net to those most in need while facilitating the capacity of the market to provide services to consumers (Penna & O'Brien, 2013; Roper, 2008).

Neoliberal reform has ultimately resulted in increased inequality and increased levels of relative poverty deprivation and an emphasis on individual responsibility for welfare rather than the state (Cheyne et al., 2008; Rudd, 1997). For CPSW this has meant a shift toward a focus on specific at risk families and the failings of parents rather than a

focus on structural inequalities and social conditions that lead to children being vulnerable, and interventions have been targeted at remedying individual failings ahead of structural change (Hyslop, 2017; Macvarish, 2016).

The Children, Young Persons and their Families Act 1989

The comprehensive ideological overhaul of New Zealand society in the 1980's and 1990's coincided with an overhaul in child protection policy and legislation (Hyslop, 2017). Before colonisation, Māori societies held child welfare central to the welfare of the larger tribal group, and transgressors of tribal law faced a system of restorative justice contingent on the level of transgression (Rangihau, 1986). Following colonisation of New Zealand, Victorian methods of child welfare were adopted, and children were thought to be needing rescuing from the cruel and depraved behaviour of their undeserving parents and sent to group welfare homes (Gregory & Holloway, 2005; Lonne et al., 2009). In the 1930's the rise of the Labour movement introduced a more paternalistic model of welfare and in the 1950's social work practice assumed the tenets of psychology and focussed on therapeutic practices with children and families (Howe, 1998).

By the 1970's children, and especially Māori children, were removed from their families' care at rates alarming to Māori and others, such as the Women's Anti-racist Action Group in Auckland, and a review was commissioned by the Department of Social Welfare (Connolly, 1994; Dale, Mooney, & O'Donoghue, 2017; Rangihau, 1986). The resultant report, Pūao-te-Āta-tū, was instrumental in changing child protection legislation reform (Rangihau, 1986). Accounting for the impact of colonisation on Māori the report identified racism as a defining feature in the Department of Social Welfare (OT) and an indigenous framework for CPSW was recommended (Dale et al., 2017; Hollis-English, 2012; Rangihau, 1986). This reform gave rise to the Children, Young Persons and their Families Act 1989 ("CYP&F Act"),

(Oranga Tamariki Act, 1989)[6]. This statute signalled a revolutionary change for CPSW as it adopted indigenous practices of restorative justice and whanau-led decision making and principled the rights of family to care for and make decisions for children deemed in need of protection from abuse and neglect (Connolly, 1994). The inclusion of 'family' in the Act's title was an indication of a family-focussed intent in the child protection process (Cheyne et al., 2008). This process included the Family Group Conference, a legally binding process to make decisions about with whom children should live, what supports they needed and who would provide them (Cheyne et al., 2008; Connolly, 1994). This legislation aligned with the neoliberal ideals of self-reliance and self-responsibility as it devolved the responsibility from the state to families for child protection (Roper, 2008). However, the law was introduced as the state moved from providing services to purchasing services (Cheyne et al., 2008; Connolly, 1994). Funding cuts were made to services, and families were expected to meet the needs of children without extra financial support at the same time there were significant cuts to public services and increased unemployment (Dalley, 1998). This ultimately undermined the central tenets of the CYP&F Act to support families to make decisions for and care for their own children (Hyslop, 2008; Keddell, 2018).

[T]The name of this statute is now the Oranga Tamariki: Children's and Young People's Well-being Act 1989, (OT Act, 1989) This name change is significant and reflects an ideological shift from family centred to child centred practice. Elsewhere is this report this Act is referred to as the OT Act 1989.

The impact of neoliberalism on CPSW and the rise in demand for CPSW

The intersection of neoliberal reform and the CYP&F Act meant that at the same time Māori aspirations for self-determination over their children were being met, Māori were being disproportionately affected by economic policies (Keddell, 2016; Stephens, 2008). Families had been empowered to care for and make decisions for their children at the same time those most likely to come to the attention of OT were being negatively impacted by economic reform (Keddell, 2016). Those most likely to come to the attention of CPSWs are disproportionately poor, sole parents and, Māori and Pasifika peoples (Keddell, 2016). This meant that families who had suddenly lost job and welfare security were being expected to care for children without government support (Hyslop, 2017).

Concurrently, neoliberal policy changed the child protection landscape by redefining the scope of practice to accommodate ideals of risk minimisation and self-responsibility (Keddell, 2016). It was at the intersection of neoliberalism and the Oranga Tamariki Act, 1989, that the paramountcy principle was forced into legislation in 1994 after complaint that the original wording of the act centred whanau led decision making over child safety in an increasingly risk-focussed world (Martin, 2016; Oranga Tamariki Act, 1989; Stevens et al., 2013). As neoliberals assume individuals are responsible for their own success, so too is the assumption they are responsible for their own risks and subsequent failings (Keddell, 2016). Child protection policy began to be organised around risk identification and management (Hyslop, 2017; Keddell, 2016). Therefore as risk became the central organising concept in the provision of child protection services, risk, rather than need, began to dominate the assessment process (Cheyne et al., 2008; Keddell & Katz, 2018). This has created an over-reliance on assessment itself as the outcome of a professional engagement, rather than a relationship-based intervention (Cooper & Whittaker, 2014). Child protection has replaced child welfare, and the practice of social work in the area has focussed on child safety, medical and forensic (criminal) assessments (Dalley, 1998; Gregory & Holloway, 2005; Hyslop, 2017; Keddell, 2015; Rogowski, 2013).

In New Zealand, neoliberal economic reform has created increased social and economic inequality and fewer social supports to address inequalities (Keddell, 2016). Alongside increased levels of deprivation there has been an increased public awareness of child abuse following high profile child deaths and this has led to an increased demand for OT services without any corresponding increase in the supply of social work services (Hyslop, 2017; Hyslop & Keddell, 2018; Keddell, 2016). Over the last thirty years OT has increasingly worked alongside the New Zealand Police and paediatric health services to identify abuse and overall CPSW has become focussed on forensic and medical investigation rather than identifying and remedying need to prevent abuse or neglect (Hyslop & Keddell, 2018). This effectively reduced social work practice to a set of key performance indicators (KPI's) and the art of social work was diminished as social workers and managers began to value the completion of computer based tasks ahead of any value they might offer as useful means of analysis (Hyslop, 2017; Tilbury, 2007).

Where social work predicated on relationships and spending time with clients is overwhelmingly recommended, increase demand and a neoliberal focus has meant CPSWs have become mired in bureaucratic exercises and paperwork, risk assessment and reporting on KPI's rather than spending time establishing and maintaining relationships with vulnerable children and their families (Ferguson, 2017; Glisson & Hemmelgarn, 1998; Hyslop, 2017; Keddell, 2011, 2014; Kemp, Marcenko, Lyons, & Kruzich, 2014; Office of the Chief Social Worker, 2014; The Modernising Child Youth and Family Expert Panel, 2016; Tilbury, 2007).

This mire became self-evident and after a series of high-profile child deaths a review of OT and CPSW in New Zealand was seen as necessary (Hyslop, 2017). This review is discussed next.

The Modernising Child, Youth and Family Expert Advisory Panel

In 2008 the NZ National party (a neoliberal conservative party) assumed government following 9 years of Labour-led coalition governments. Demand for OT services continued to increase, and child deaths continued to gain media attention. In 2011 the government signalled reform of the child protection space and released a discussion document entitled the Green Paper for Vulnerable children followed by the final report entitled White Paper for Vulnerable Children (Hyslop & Keddell, 2018; Ministry of Social Development, 2012). This final report formed a Children's Action Plan and the Vulnerable Children's Act 2014 was implemented out of this continuing a focus on risk minimisation by requiring police checks of all adults working with children and ensuring all children's services to have a child protection policy (Keddell, 2018; Martin, 2016). Despite this reform the new Government minister responsible for OT, Anne Tolley announced a review of OT in 2015 following a series of reports highlighting the poor care experiences and subsequent life outcomes, and historical and contemporary abuses, of children in care (Hyslop & Keddell, 2018; Keddell, 2018).

At around the same time an internal review by the Office of the Chief Social Worker "OCSW" reported that individual CPSWs caseloads were too high and recommended an increase in social workers and a cap on caseloads based on client numbers (Office of the Chief Social Worker, 2014). However, shortly after the OCSW review, Anne Tolley engaged an Expert Advisory Panel (EAP) to undertake a comprehensive review of OT, then known as Child, Youth and Family (Ministry of Social Development, 2015). The final report of this panel recommended a number of policy changes which include: OT adopt a social investment approach to child welfare; OT adopt an trauma-informed model of practice; and the government make changes to the legislation to support a child-centred approach to child welfare (Ministry of Social Development, 2016). These recommendations and their implementation will be discussed next.

A Social Investment Approach to Child Welfare

The social investment approach is an actuarial approach that is focussed on targeting resources to reduce the long-term economic burden of the state and uses data to identify those most at risk and therefore whom to target and was championed by Finance Minister Bill English (The Treasury New Zealand, 2017). Social investment as implemented by the National-led Government requires the identification of target groups using available statistics, targeting interventions at those groups and restructuring organisations to operationalise the interventions (Destremau & Wilson, 2016). The recommendations by the EAP included: investment in early intervention for children most at risk of poor life outcomes; intensive intervention with families when there is a risk of serious harm to children; and the placement of children into stable loving homes at the earliest opportunity (Ministry of Social Development, 2016).

Trauma informed practice

Trauma informed practice seeks to remedy, and minimise the cost of human trauma; it evolved from studies into the impact of the effects of trauma on the human central nervous system and studies by insurance companies into the impact of traumatic incidents in childhood (Atwool, 2019). These studies both fit with neoliberal theories as they centralise the individual and focus on risk and social investment. They are appealing to policy makers and empiricists as they offer both a root cause [trauma] and treatment option [trauma informed practice] for social issues that ultimately cost taxpayers' money (Hyslop & Keddell, 2018; Mayor, 2018). Trauma informed practice requires understanding of the impact of trauma, including systemic trauma from oppression and colonisation, and responding to clients [children and parents] in ways that seeks to minimise any further trauma (Atwool, 2019; Katz, 2019; Szczygiel, 2018). Key to trauma informed practice is that the whole system responds from a trauma informed perspective and seeks to reduce the likelihood of further trauma to any participant within the system, including parents and social workers (Atwool, 2019; Katz, 2019). Atwool (2019) notes that while trauma informed practice was recommended by the panel it has yet to be implemented and requires careful

consideration and structural change to ensure the inter-generational trauma caused by colonisation is not perpetuated through its imposition.

Legislative Change

The EAP also recommended changes to the Children, Young Persons and their Families Act (1989) (now the Oranga Tamariki Act).   After following the parliamentary legislative process these changes have included: changing the wording of the Act to remove 'social worker' and replace it with 'chief executive' effectively opening up child protection to professions other than social work; making information sharing easier between services; and diluting the requirement for OT to consult and work with children's families by replacing the word 'must' with 'should' (Hyslop & Keddell, 2018).   Additional legislative changes ensured an ongoing focus on risk minimisation by introducing legislation requiring parents who have previously had children subject to removal orders demonstrate to the family court that any subsequent children are not at the same risk (Oranga Tamariki Act, 1989; Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017).

In summary before the implementations of the OCSW review could be implemented and social workers have their caseload numbers capped the New Zealand Government engaged a working party to reform the child welfare system which recommended a portfolio of neoliberal policy, practice and legislative changes centred on and aimed at reducing the overall cost to society of child abuse and neglect.

The inherent tension in policy and its impact on first contact

Neoliberal policies are inherently antithetical to social work principles; social work principles are founded on notions of collectivism, solidarity and social justice, while neoliberal policy emphasises the role of the free market to determine social conditions Hyslop, 2017).   Some social work educators have questioned the ethics of teaching child protection as part of the social work curriculum and said they are reluctant to prepare students to become agents of the state involved in the monitoring and coercion

of families made vulnerable by structural inequalities (Healy & Meagher, 2007). Social workers are trained to see the person in the context of their wider eco-system including their extended family, however once employed in CPSW their focus becomes narrowed and social workers must navigate competing social work principles (Healy, 2014; Hyslop, 2007; Martin, 2016). OT policies have shaped social work with neoliberal discourses focussed on risk and personal accountability (Gregory & Holloway, 2005; Keddell, 2014). These policies focussed on risk, individualism, and morality shape the language CPSWs use when approaching families for the first time (Hyslop & Keddell, 2018).

Similarly, how a first contact visit is viewed and enacted by the CPSWr is shaped by policy (Keddell, 2017). Since the changes of the 1990's CPSW has moved from a supportive process of assessing need and offering therapeutic support, to a process of managing risk and managing social workers (Gregory & Holloway, 2005; Parton, 2011). When focussing on risk the parameters of the relationship between clients and workers are also focussed on reducing risk, exemplified in the introduction of the paramountcy principle, as this has defined their work rather than other social work principles of social justice and participation thus narrowing the scope of the CPSWr's work with a family (Keddell, 2017; Wilkins & Whittaker, 2017).

While neoliberal policies continue to shape CPSW some remain at odds with social work principles, and CPSWs at the doorstep must make sense of and contend with these contradictions (Featherstone et al., 2014; Lonne et al., 2009).

The Nature of the CPSW Environment and Organisational Context

CPSW is intellectually, emotionally, and psychologically demanding of CPSWs and they require intensive support and supervision (Cottam, 2011; Ferguson, 2017; Geoffrion, Morselli, & Guay, 2016; Glisson & Hemmelgarn, 1998; O'Donoghue & Tsui, 2012; Radey & Stanley, 2018). Support for CPSWs involves training and continuing professional development ("CPD"), manageable caseloads, access to resources, and clear guidelines, policies and leadership including professional

supervision. The following section will first examine the context of the workplace environment and then the support given to CPSWs so that they may undertake first contact work with their clients in a healthy and meaningful way, and explore whether this is reflected in practice reality.

Workload pressure

Recent reports and reviews of OT in New Zealand and child welfare overseas have signalled the failure of statutory CPSW to meet the expectations of society and ensure the safety of children (Ministry of Social Development, 2012; Munro, 2011; Office of the Chief Social Worker, 2014; Office of the Children's Commissioner, 2015; The Modernising Child Youth and Family Expert Panel, 2016). As discussed above, in May 2014 the OCSW in New Zealand reported concerns about social worker high caseloads and their impact on social work practice quality within OT. This review found that the rate of referral to OT had increased 600% over the previous 15 years yet staffing numbers had not and subsequently the quality of practice had diminished (Office of the Chief Social Worker, 2014). The review specifically highlighted a lack of high quality engagement with clients in favour of meeting KPIs and processing the high volume of work (Office of the Chief Social Worker, 2014). A review in 2017 into the death of an infant whilst under OT oversight, identified the capacity of the site to manage the workload as a significant issue, stating the office was "exceedingly pressed to respond effectively to the requests coming in the door" (Oranga Tamariki, 2017: 6). CPSWs require support from organisations in the form of a manageable workload and adequate administrative support to manage tasks relating to practice that do not require a qualified social worker. A large body of evidence demonstrates CPSW faces increasing demand, high caseloads and unrealistic expectations leading to CPSWr burnout, high turnover and practice errors (Edwards & Wildeman, 2018; Horwitz, 2006; Office of the Chief Social Worker, 2014; Office of the Children's Commissioner, 2015; Public Service Association of New Zealand, 2018).

The recent reviews of OT have demonstrated caseload and workload within OT is a significant issue and directly related to engagement. CPSWs are unable to effect

quality engagement with their client families because they have been consumed with the volume of referrals and the associated KPIs they are pressured to meet (Office of the Chief Social Worker, 2014). Therefore, first contacts are likely to be rushed and or prescriptive, and CPSWs underprepared and disengaged from their work which in turn can mean assessments are skewed or superficial (Ferguson, 2016; Ferguson, 2017, 2018a). What is more, adherence to KPI's and prescriptive risk assessment tools have been shown to undermine relationships in CPSW and fail to improve practice or outcomes for children and families (Ferguson, 2016; Glisson & Hemmelgarn, 1998; McAuliffe et al., 2016; Oak, 2016). Theorists argue that despite CPS attempts to embed a form of relationship based practice within CPSW this has ultimately failed in the face of risk assessment and aversion, as well as the compliance measures within CPS (Horwitz & Marshall, 2015; Keddell, 2014; Oak, 2016).

Support

Support defined for the purposes of this section relates to the support CPSWs have to engage in purposeful relationships with their clients and includes supervision and the process of debriefing. Social work supervision is a cornerstone in every social worker's practice and necessary to deliver ethical service to clients (O'Donoghue, Ju, & Tsui, 2018). It focuses on the well-being of social workers and clients, competency, education and accountability (Aotearoa New Zealand Association of Social, 2008). CPSW exposes workers to the possibility of violence and vicarious trauma leading to the possibility of stress, burnout and compassion fatigue (Stanley & Goddard, 2002). It involves day after day immersion in clients' worlds of poverty, systemic and structural oppression, racism, child abuse and neglect (Finn, Nybell, & Shook, 2013). CPSWs are rarely welcomed by clients and the work can be overtly hostile; they have described feeling isolated and physically and emotionally exhausted and supervision offers the space to hold these deeply emotional experiences so that they may continue to do their work (Ferguson, 2017, 2018b; Oak, 2016; Stanley & Goddard, 2002).

Debriefing and reflection are components of supervision aimed at helping CPSWs to organise their thoughts and feelings after visits and process any stress or negative

reactions following the visit (Cook, 2017; Ferguson, 2017, 2018a). If a visit becomes particularly stressful or becomes what is known as a 'critical incident' such as acts or threats of violence or an encounter with serious abuse or neglect, debriefing is critical for talking through an incident, exploring the distress and identify any ongoing support needs for the CPSWs (Stanley & Goddard, 2002). Debriefing following critical incidents is known to reduce the incidence of vicarious trauma, cumulative and post-traumatic stress and in doing so maintains the health and presence of mind to undertake first contact work (Ferguson, 2017; Stanley & Goddard, 2002).

Supervision offers the space and time for practitioners to process and reflect on the nature of their work so that it might be improved and developed (Damiani-Taraba et al., 2017; Oak, 2016; Ruch, 2005). Supervision is also the place for critical reflection on issues impacting on their practice and the families they work with using a structural and systemic lens (Fook, 2016; Rogowski, 2015, 2018). Like the relationship between client families and CPSWr sustains the difficult work of child protection, so too does the relationship in supervision between a CPSWr and their supervisor. Both debriefing and supervision are vital in supporting CPSWs to sustain and maintain the work done at the front end of CPSW practice (Fook, 2016; O'Donoghue, Ju, & Tsui, 2018; Stanley & Goddard, 2002).

Chapter Summary

This chapter has further set the scene for first contact with client families by outlining the historical and current context of CPSW in New Zealand. It has shown how the rise of neoliberalism has led to the opening up of the market and the shrinking of the welfare state leading to an overall focus on individual responsibility and the role of the government to mitigate risk. This has occurred against a backdrop of revolutionary child protection legislation that adopted Māori concepts of extended family care but neglected to adequately resource OT in the face of increased demand due to rising inequality, relative poverty and the new focus on risk over welfare. The continued rise in demand for child protection services from OT led to a new conservative government overhaul the child protection system introducing a raft of neoliberal policies reforming

CPSW around further identification of risk and social investment to offset the cost to government of said risk.

Further, it has been shown how these policies are antithetical to social work values and CPSW is at the intersection of this dissonance which is enacted at first contact. It has been shown that within CPSW there is an immense pressure from increasing demand evidenced through high caseloads which undermines the capacity of CPSWs to build relationships. Finally, support for CPSWs has been explored and it is clear that it is a combination of both supervision and a management workload that is critical for CPSWs to undertake meaningful first contact work with their client families.

The next chapter will detail the methodology and method behind this study.

Chapter Four - Methodology and Method

This thesis explored the experiences and perceptions of CPSWs as they prepare to meet clients for the first time. The research employed a social constructionist theoretical perspective arguing that there is no fixed reality in CPSW rather it is constructed through the creation of discourses (Marshak & Grant, 2008). Social workers create meaning in their work through their engagement with clients, colleagues, supervisors and the macro environment (O'Donoghue et al., 2018; Parton, 2012; Witkin, 2012). Critical theory has been layered over social constructionism to allow an exploration, and critique, of how neoliberalism, as a super-structure, influences how CPSW and first contact is constructed (Fook, 2016). This links the personal, meeting clients for the first time, to the political, the impact of neoliberalism on how CPSW is constructed. So, while social constructionism which assumes no fixed reality, can be at odds with critical theory which assumes that meta-structures are at play in the social world, post-modernist social work practice gives the opportunity for somewhat contradictory theories to be used in a complimentary way to make sense of the social world (Marshak & Grant, 2008).

The study used semi-structured interviews as this method fits with the epistemology of social constructionism. Using semi-structured interviews, the researcher, in this case someone in the CPSW field, and the participants co-constructed meaning in their work. Thematic analysis was used to analyse the data, a method which also fits with social construction as themes are looked for in the constructions made by the researcher and researched.

This chapter will begin by examining the central research questions and rationale for the research and linking these to the methodology chosen. Following this, there will an examination of the theoretical underpinnings of the research showing how a social constructionist ontology is appropriate for understanding how CPSW make sense of their work at first contact with their clients and why critical theory is applied as an analytical tool. Finally, this chapter will outline the methods used to gather and analyse the data and discuss the ethical considerations of the research.

The research is located within the theoretical perspectives of social constructionism and critical theory. The first argues that there is no fixed reality in the social world, only constructions of reality made of and between people's perceptions and interpretations, and the purpose of research is to reveal those constructions (Burr, 2015). While critical theory argues somewhat contrarily that structural forces shape and dominate society and research aims to uncover those structures and seek emancipation through consciousness raising (Healy, 2014). However this study adopts the long post-modern tradition in social work that accepts that there can be more than one perspective applied to social issues, and critical theory applies a critical lens over social constructions (Fook, 2016; Gardner, 2012).

The objective of this study was to explore social workers' experiences and perceptions of engaging with clients for the first time. It sought to understand their constructions around their role, their clients and their purpose at first contact, and how they prepared to meet their clients on the basis of those constructions. It was anticipated that examining these constructions critically would reveal the structural barriers to the practice of social work within a child protection context.

Rationale and objectives

This study contributes to the research conducted on home visiting in CPSW as it intersects with a first visit with a client. There is a significant body of research on client and CPSWs experiences and relationships with each other (Schreiber et al., 2013; Smith et al., 2013; Spratt & Callan, 2004; Studsrød et al., 2014; Toros et al., 2018; Wilkins & Whittaker, 2017). There is also an emerging research body of work on direct practice through observing CPSWs in conducting home visits (Cook, 2017; Ferguson, 2016; Ferguson, 2017, 2018a, 2018b; Keddell, 2011; Keddell, 2017). However, while there is some exploration of first contact work and the role of intuition and assessment, there appears to be little written about CPSWs experiences and perspectives of first contacts and how they prepare and are supported to engage with their clients (Cook, 2017; Ferguson, 2018b; Munro, 1995; Munro, 2011). This study

contributes to the research conducted on home visiting in CPSW as it intersects with a first visit with a client.

The research seeks to achieve a number of objectives. The first, is to hear the voices of CPSWs and their experiences in CPSW practice. By participating in this research participants told their stories contributing to the development of practice knowledge. The second objective is to contribute to the knowledge of how social workers construct their practice. Finally, the research is an attempt for the researcher as an 'insider' having worked for 18 years in CPS to make sense of their own practice environment and externalise some of their own experiences and understandings whilst contributing to the requirements of their degree (Kanuha, 2000). Insider research is research that is done by someone who is a member of the community that is the subject of the research (Humphrey, 2013).

Epistemology

Epistemology is the study of how knowledge is produced, acquired and understood to be true (Gray & Webb, 2013). In the western world how knowledge is generated, legitimised and the world understood, is dominated by two epistemological perspectives, namely positivism and interpretivism (Bryman, 2012).

Positivism is the western philosophical view that assumes that the world is ultimately knowable, inherently predictable; that reality is observable and waiting to be discovered (Braun & Clarke, 2013; Bryman, 2012; Flick, 2014). Positivism evolved

from the Enlightenment period[7] with the belief that science and the scientific method can discover reality or an inherent truth about the world that exists independent of human consciousness (Crotty, 1998).   Positivism argues that knowledge is objective and proven through testing to reveal the truth and this achieved through controlled experimentation and observation and objective methods (Bryman, 2012).

Interpretivism

This research employs an interpretivist epistemology. Interpretivists' believe that what we know to be the world is subjective and open to interpretation (Braun & Clarke, 2013; Bryman, 2012; Flick, 2014). Interpretivism is the epistemological position this research adopts; that social workers experience and interpret their first contact with clients subjectively and the aim of the research is to explore their subjective worlds. The purpose of this study is to understand the experiences and perceptions of social workers which cannot be hypothesised or tested rather they are interpreted. To interpret experience, one must also have a theoretical basis, in this case interpretivism (Gray, 2018).

The post-positivistic or post-modernist paradigm, interpretivism, was born of theorists who believed there could be ways of knowing the social world beyond that which could be observed and tested (Braun & Clarke, 2013; Harper, 2012). It is believed that the social world is different from the natural one and should be explored differently, and

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[7] The Enlightenment was a period in European history from the late 17th to the late 18th centuries. During this time philosophers questioned the validity of Christianity as a way of understanding the world and looked toward science and scientific reason instead (Smith, 2017)

the focus should be less on what can be seen but rather on how things are seen (Harper, 2012). Where positivism proposes there is one truth waiting to be known and explained, interpretivism seeks to understand the social world through interpretation that can be known in many ways (Bryman, 2012; McGregor & Murnane, 2010). Interpretivism has an interest in how people explain their own behaviour and in gaining a deeper insight into meanings and motives. Interpretivists believe the social world is subjective, to uncover and to understand the creation of knowledge the social science researcher seeks to reveal interpretations and patterns in thinking which cannot be done using traditional methods of positivistic research (Bryman, 2012; McGregor & Murnane, 2010; Plath, 2013). This study posits one can understand the phenomena of first contact visits through making sense of the interpretations of CPSWs experiences and constructions of meaning.

Social constructionism

This interpretivist research is based on social constructionism and critical theory; critical theory will be discussed in the next section. Social constructionism is an approach to understanding human behaviour differently to the natural sciences that see the world as having a fixed reality. For social constructionists the world is only understood in relation to the cultural and historical context in which data is collected (Burr, 1995). People construct knowledge through language and dialogue and the same phenomena is constructed differently dependent on the context (Burr, 1995). These different constructions are known as discourses. A discourse is a set of concepts, meanings or understandings that put together create a story or version of phenomena considered to be knowledge of the phenomena, sometimes coming to be known as 'common sense' and often wielding the power to define the phenomena (Burr, 1995; D'Cruz, 2004; Dugmore, 2014; Gillett, 2012).

In this sense child abuse, and child protection are both social constructions that have been subject to dominant discourses which have defined what is child abuse and how to respond to it (Cradock, 2014; D'Cruz, 2004; Hyslop, 2007; Jack, 1997; Keddell, 2011). What becomes knowledge in CPSW is the sum of interactions between social

workers, clients and society (including other professionals and law makers) in and of a culture and a time; what counts as truth at one point in time may differ in another.

The concept of child abuse and neglect has been constructed in varying ways over time, these constructs, or ways of understanding, beget different responses from the social work profession (Burr, 1995; Cradock, 2014; D'Cruz, 2004; Keddell, 2011). If social constructionism is the study of shared creation of meaning between groups, as it relates to this research, it involved studying the creation of meaning around meeting clients for the first time. A social construction examination of how CPSWs prepared, and were prepared to engage in first contact, looks for how meaning is made in their work between themselves and their clients and the social and political context they practiced in. A social constructionist approach to first contact work in child protection allows the researcher and those researched to consider the various constructions or discourses employed by CPSWs and CPS institutions and how they frame the approach social workers take when meeting families for the first time; this is done by examining how meaning is negotiated and made through participants interpretations of their experiences (Keddell, 2011; Keddell, 2014).

Social constructionist research assumes no objectivity and affords each account of a phenomena its own validity. In conducting research from this paradigm both researcher and researched hold their own assumptions about the research topic and the researcher's assumptions are embedded in the research design and it is within this framework the data is co-created between researcher and participants (Burr, 2015).

Critical theory

A layer of critical theory is also applied to the social constructionist theoretical perspective at the analysis and discussion phase of the research. If social constructionism seeks to examine various discourses embedded in social phenomena and interactions, critical theory seeks to uncover the political interests the discourses serve (Agger, 2013; Gray, 2018; Sim, Van Loon, & Appignanesi, 2009). Critical theory evolved from Marxism in the Frankfurt School in the 1920's and explores how

meta-narratives such as positivism and capitalism have dominated social life and been assumed as truths leading to the oppression and subjugation of women, people of colour, the working classes and the poor (Agger, 2013; Gray, 2018; Sim et al., 2009; Thompson, 2015) . Some of the central tenets of critical theory are as follows: there are powerful forces such as neoliberalism and racism, that shape and dominate society and how persons experience their humanity: women are subjugated to men because of patriarchy, and capitalism creates a class division based on wealth (Agger, 2013; Healy, 2014). This domination is achieved through a false consciousness leading people to believe that society is the result of fixed or natural laws perpetuated by positivism, and the role of critical theory is to raise awareness of these dominations and emancipate those subject to them through both a raising of consciousness and transformation (Agger, 2013; Lietz, 2009). A final tenet is that change is possible, and necessary, at both the personal and the political level (Fook, 2016). Critical social work practice is focussed on anti-oppressive methods that can overcome dominant and exploitative systems (Dumbrill, 2017; Fook, 2016). In this sense conducting how power is enacted in first contact and for whom that power benefits.

Critical theory marries well with social work goals of social justice, emancipation, universal human rights and community action (Aotearoa New Zealand Association of Social, 2008). Social workers practicing CPSW inside a statutory organisation have the complex task of upholding social work ethics and practice standards that may compete with institutional policy or guidelines, they find themselves attempting to bridge a divide between oppressors and the oppressed (Hyslop, 2008). Critical theory creates opportunities to apply critical thinking to child protection matters. Critical thinking requires the practitioner to deconstruct the presenting issue by reflecting on what structural or political pressures may be oppressing the human parties and how they might be manifesting in a family's life (Lietz, 2009). For example, a referral may be received that children are being neglected by attending school without lunch, having untreated medical issues and being left home alone after-school. Critically reflecting on this referral before meeting the client family the social work would consider whether there may be poverty, institutional racism or unconscious bias at play for the family.

Applying critical thinking to referrals ahead of first contact may change the approach a CPSW makes with a family and consequently affect the outcome (Lietz, 2009).

Interpretive research seeks to understand the world through understanding how people make sense of their experiences, social constructionism sees the world as an expression of competing interpretations and discourses, and critical theory sees the world as being dominated by super structures and emancipatory struggles. It is argued that critical theory's notion of super forces of domination at play is at odds with social constructionism's theory that all knowledge is socially constructed (Jørgensen & Phillips, 2002). However, while this research assumes a social constructionist position it values the contribution critical theory offers to the analysis of the data through critical reflection (Jørgensen & Phillips, 2002; Gardner, 2012). Critical reflection is a process whereby assumptions about the social life are identified, examined and critiqued (Gardner, 2012). Post-modernism allows for a more fluid, and less dichotomous, way of understanding the world and this research seeks to make sense of first contact in CPSW using both social constructionist and critical theories (Fook, 2016). This is achieved in this project by comparing the meaning made by participants of their experiences against critical theories of CPSW and examining where sense could be made of the participants constructions using critical theory.

In summary this research adopts both social constructionist and critical theoretical points of view. It seeks to explore how CPSWs and CPS construct meaning around their work in the first contact space and examine what political and social structures impact on this piece of work and what both these points of view can offer social work practice.

Qualitative Approach

Qualitative research collects words or stories as data and bases analysis on the interpretation of the words or stories (Bryman, 2012). Qualitative research is most often interpretive, and constructionist as discussed above, and it is also most often inductive. Inductive research does not begin with a hypothesis or theory as found in

deductive research (most likely positivist) which is then tested through data collection, rather an inductive project collects data and generates theories about the phenomena studied through interpretation (Bryman, 2012; Hodkinson, 2008). This inductive process occurs through the researcher reflexively navigating through the data looking for meaning and commonalities that are then coded and developed into themes from which theory is created (Bryman, 2012; Castleberry & Nolen, 2018; Gilbert, 2008). However, the researcher does not arrive to the study without a priori knowledge but rather comes with tacit knowledge and experience of the research topic (Donmoyer, 2008). In this instance the researcher has their own understanding of first contact in CPSW and this understanding has shaped the method of inquiry and informed the interview questions.

This research seeks to interpret the experiences and understandings of CPSWs engaged in first contact with clients so that discourses around first contact can be revealed and underlying structural and ideological barriers can be examined and ultimately deconstructed and for this a qualitative research design was appropriate (Walliman, 2005; Yegidis, Weinbach, & Myers, 2012). A qualitative method of enquiry fits with social constructionist theory as it allows for meaning to be made from words as data, and in this research interview data (Burr, 2015). Other researchers in CPSW have employed similar methodologies when examining the experiences of CPSWs. Keddell (2011) argues social constructionism can be used to reconstruct emancipatory pathways in social work practice. She sought to understand how CPSWs made critical decisions utilising discourses available to them and how their reasoning in decision making created the story of their clients; through examining how this process occurred she was able to offer a model of reflection for social workers that allowed practitioners to alter their practices with clients. Similarly other social work academics have used social constructionism and critical theory to explore child protection discourses. Krane and Davis (2000) examined discourses of mothering, and D'cruz (2004), Parton (2014) and Cradock, (2014) have explored how the discourses of child abuse and neglect have evolved over time.

A qualitative research design has been employed to conduct research into CPSWs experiences of engaging in first contact work with their clients and this next section outlines the method employed.

Method

This section will outline the method used in this research. It will outline use of semi-structured interviews as the data collection process. This will be followed by a description of how participants were recruited and then the data collection process. The section will then outline the use of thematic analysis to make sense of the data and will conclude with a discussion of the ethical considerations and limitations of the study.

Semi-structured interviews

Qualitative research commonly uses semi-structured interviews as a method of collecting data (Becker, Bryman, & Ferguson, 2012; Bryman, 2012; Galletta, 2012; Kallio, Pietilä, Johnson, & Kangasniemi, 2016). Data collection by interview was considered the most appropriate method with a social constructionist methodology as it creates a dialogue allowing collaboration where context and clarity can be sought (Keddell, 2011). An interview captures a period of time in writing in which the participants co-construct the story of the research topic (Denzin, 2002). In the interview process the researcher and researched together create the meaning of social phenomena by 'inter-viewing', or exploring, the phenomena together (Burr, 2015; Kallio, Pietilä, Johnson, & Kangasniemi, 2016; Koro-Ljungberg, 2008). Social constructionism holds that the researcher becomes part of the subjective nature of the creation of knowledge and cannot be divorced from the process, it is through the process of interviewing that meaning, and understanding is created between the researcher and the participant (Burr, 2015). The researcher is central to their research and interviews become interplay between how they construct the questions and how participants respond, in a semi-structured interview it is the interviewer that decides which path to take in guiding the conversation and at what point a follow-up question is asked of the participant (Rapley, 2001). Semi-structured interviewing facilitates the

creation of meaning from the relationship and collaboration developed between researcher and participant (Kallio et al., 2016; Wengraf, 2001).

This study called for an understanding of social workers' experiences and the meanings they make of them. Semi-structured interviewing allows for a rich, deep exploration of the issue conversant with the overall methodological position where it is the detailed experiences of the participants that are valued as it is these in-depth responses that are interpreted (Leddy-Owen, 2008). To interview, in depth, is not only to obtain rich detail but also to uncover the complex nuances, to dig beneath the surface to unearth the complexity of what initially may appear simple. This occurs because effort has been taken to establish trust and build rapport and it is through building trust that one is likely to get honest and accurate accounts of participants' experiences (Braun & Clarke, 2013; Burr, 1995; Wengraf, 2001). In this sense the interviewing format is not unlike a first contact experience for a CPSW where the social worker must build rapport initially so that one might get accurate information for an assessment.

Eight interviews were conducted overall. Qualitative research and in-depth interviewing create rich, meaningful data meaning fewer participants are required (Bryman, 2012). The interviews were conducted at a time and place of the participants' convenience.

Recruitment

The following section will examine how participants were recruited, it will discuss the sampling process, inclusion and exclusion criteria and the recruitment process.

Purposive sampling is deliberately seeking participants specific to the research topic rather than a random sample (Braun & Clarke, 2013; Bryman, 2012). Purposive sampling is appropriate when the researcher seeks participants with relevant experience and understanding of the research topic and the interview stories they may tell are relevant to the research questions which in this case was social workers with child protection social work experience (Sarantakos, 2013). Eight participants were sought for the study through targeted advertisements (described below). Qualitative research

requires fewer participants as the focus is on the richness of the data extricated rather than data from a large population or sample (Sarantakos, 2013).

The target population for the research was social workers with a social work qualification recognised by the New Zealand Social Work Registration Board (SWRB); with recent experience within Aotearoa New Zealand statutory CPS but no longer working for the agency. This group was chosen as they were likely to have recent experience of preparing for and meeting clients involved in CPS for the first time. There was no restriction on how long the social workers needed to have worked for OT, as it was believed all would have had experience making contact for the first time with client families and a breadth of experience across time would give rich accounts. This was borne out as there was one participant with approximately 2 years' experience compared with another with over 20 years, and their experiences and perceptions differed vastly. SWRB registration was not a prerequisite as it was desired to include participants who were eligible for registration by virtue of their social work qualification but who for some reason had not sought registration; this may have included retired social workers who had long and rich social work careers and perspectives. Current employees of OT were not interviewed as this would potentially be in breach of their employment code of conduct by commenting on CPSW practices.

Recruitment of participants was via an advertisement in the Aotearoa New Zealand Association of Social Workers' (ANZASW) website and email database. Copies of the ethics approval (Appendix 2), information sheet (Appendix 3), and consent form were sent to the coordinator and the information sheet formed the basis of the advertisement (Appendix 4). The ANZASW website and weekly 'e-newsletter' published the advertisement and participants were invited to contact me directly. The first eight respondents who volunteered and met the criteria were selected to participate in the study. Eight women volunteered to participate in this study. All had worked for OT at some point in their career, three had overseas experience of child protection.

Data collection

This section outlines the data collection process. The interviews were conducted using a semi-structured format. In a semi-structured interview there are guiding questions however there is no rigid adherence to a format, rather a fluid process that allows for exploration of side issues or unexpected phenomena (King et al., 2019; Patton, 2015). By allowing the process to follow the lead of the participants in interviews there is increased likelihood of gathering a range of experiences. There is enough structure to provide a guide to the interview, yet it is open to move in the direction offered by the participant answers to the structured questions (Braun & Clarke, 2013; Wengraf, 2001; Yegidis et al., 2012).

The interview guide (Appendix 1) explored the key themes of allocation, preparation, the first contact experience and reflection. The guide used open ended questions designed to elicit longer and detailed responses related to the central research questions. This process allows the researcher to gather data in response to the same questions consistently across participants, so a range of experiences and views can be (Kallio et al., 2016; Wengraf, 2001). From a social constructionist point of view the open-ended interview allows for rich data (language) to be collected and interpreted (Wengraf, 2001). Yet the interview guide is necessary to provide some structure to the interview and allow for digression; it ensures the right questions are asked in relation to the central research question and draws from the rich experiences and subjectivities of statutory social work practitioners (Wengraf, 2001).

In planning for and undertaking the interviews, a parallel process was noticed as the process of gathering the data reflected the research topic. Interviewing participants called for meeting people for the first time, building a level of a relationship and gathering information. As part of the interview process one needs to build trust and safety so that honest responses are elicited and so too at first contact a social worker must build rapport quickly so that relationships can be build and assessments accurate, and as with first contact in CPSW, demonstrating empathy and listening skills are key (Braun & Clarke, 2013; Wengraf, 2001). This was achieved through pleasantries upon

meeting, sharing food or a cup of tea, giving some personal information and background, and asking the participants to "tell me a bit about yourself" to start.

Three interviews were conducted face to face in participants' homes outside of their working hours. Two were conducted face to face at their place of work, and three interviews were conducted by Skype face to face calls over the internet outside of their working hours. The interviews lasted between 67 and 110 minutes. Skype, a 'Voice over Internet Protocol' technology, makes it easier to interview people from different geographical regions or at times that would not be convenient to do so face to face however it also makes rapport building harder. The Skype interviews were the shortest, reflecting the difficulty with Skype in building rapport that is found in an interview conducted in person where time was not able to be taken to exchange niceties and physically greet one another and share food or beverage (King, Horrocks, & Brooks, 2019; Lo Iacono, Symonds, & Brown, 2016). In the Skype interviews it was acknowledged that the technology made it difficult to achieve intimacy and in one interview a joke was made about conducting the interview in bed as a way of breaking the ice. Nevertheless, rich and detailed accounts of the participants' experience was still gathered reflected in the transcripts which varied in length between 8500 and 15,900 words across the interviews. The structure of the interview followed the semi-structured interview guide (Appendix 1). Participants were not given the interview questions ahead of the interview as spontaneous responses to the questions were desired. The interviews were audio digitally recorded to ensure an accurate transcription of the exchange. The researcher transcribed the interviews and sent them to the participants for review before preparing them for analysis. No participants made changes to the transcriptions.

Analysis

Data analysis was undertaken using thematic analysis. Thematic analysis is a method of analysis that is a way of identifying and thinking about patterns in the data without ascribing a theoretical basis to the method (Braun & Clarke, 2013; Clarke & Braun, 2017; Flick, 2014). Thematic analysis is a way of searching, examining and then

coding data generated through qualitative research and through an iterative process develop these codes into overarching themes or concepts that allow readers to understand the research (Flick, 2014; Guest, MacQueen, & Namey, 2012). While it can be tempting to refer to themes being 'found' in or 'emerging from the data, thematic analysis sees themes as the researcher's construction located in both the researcher's bias and philosophical underpinnings of the research and the themes are chosen and created by the researcher (Braun, 2013).

Using thematic analysis, one looks for repeated ideas faithfully representing what participants have said and examining them for thematic forms of significance (Braun & Clarke, 2006; Vaismoradi, Turunen, & Bondas, 2013). The lens of social constructionism seeks to examine these themes to uncover the embedded discourses in their constructions of first contact rather than a reflection of reality (Keddell, 2017). Critical theory allows the researcher to critically reflect on the themes and explore what political forces are influencing the construction of first contact (Agger, 2013; Gray, 2018; Sim et al., 2009). While themes are organised around a central idea, they are built from codes which are single notions within the data (Braun & Clarke, 2013; Saldaña, 2016). Researchers identify quantifiable notions in the transcripts and code these accordingly (Saldaña, 2016). Coding and theme generating was an inductive approach looking for recurring notions, words and ideas in the data and noting them in and of themselves rather than attaching them to previous themes highlighted in literature (Boyatzis, 1998; Braun & Clarke, 2006). For example, this research generated a theme that first contact was: a complex piece of work with competing discourses; this theme was generated after first coding the data and finding instances where participants talked about feeling torn in their role and other instances where they talked about balancing their personal safety while maintaining a professional position. Upon coding all the data it was noticed that there was a theme that reflected the complex and nuance nature of first contact.

Transcribing the interviews was the first part of analysis using Braun and Clarke's (2006) six-phase guide to thematic analysis. This process begins with transcription of the interviews noting interesting findings followed by reviewing the transcripts wholly

and assigning codes to the data. Step three and four of this process is generating the themes by matching codes and then reviewing the themes for consistency. Finally steps five and six are outlining and labelling the themes, and creating the final report (Braun & Clarke, 2006).

The six-steps applied to this research are as follows. The first step was transcribing the audio recordings. The research undertook this task and it took between 10 and 15 hours each interview begetting a deep immersion in the data. Items of interest and initial thoughts, reactions and ideas were noted during the transcription process and collated. Once transcription was complete copies were sent to the participants to review and amend if data had been inaccurately recorded. No participant made any changes to the transcripts. Once all the transcriptions had been completed and reviewed by the participants coding began using the NVivo data analysis software.

Producing preliminary codes is the second step of the process. Software was utilised as it offered a framework for organising and coding the data rather than generating a method for doing so oneself. Coding consisted of reading through the data and highlighting words in the text and noting in the computer programme the relevance to the research. On reading and re-reading all the texts patterns were identified in the data and these were given code names, so that words and stories that were interpreted to have the same or a similar meaning were grouped together. The software NVivo allowed for the generation of a codebook consisting of the original codes used (Appendix 5). Some codes were given names taken directly from the data, such as "toxic culture" and "it's my job, it has to be done" and others were given names referring to some implicit meaning based on the underlying assumptions of the researcher such as "power and control", and yet others were identified as "versus codes" in that they were seen as dichotomous ideas within the data, such as "support v police" (Braun & Clarke, 2006; Saldaña, 2016).

Step 3 of Braun & Clarke's guide calls for looking for themes within the codes. This process involved creating a diagrammatic representation of the various codes and

thinking about how they might relate to each other to give insight into the research top (Diagram 1).
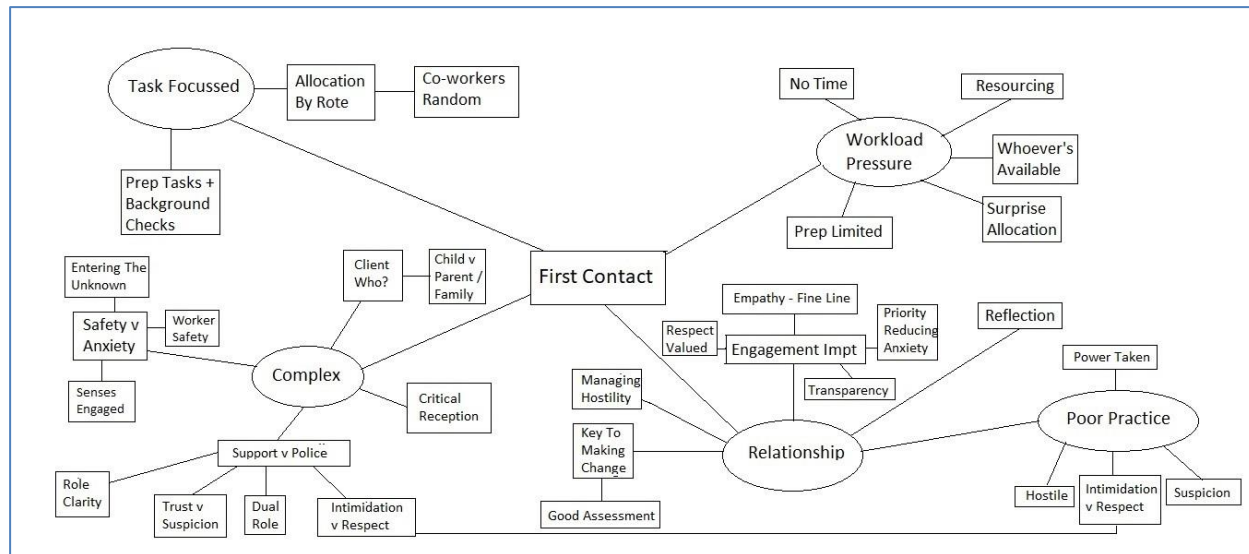
Figure 1: Codes and themes

Initial themes were created and discussed in the supervision process. Step four involves reviewing the themes. The researcher looked for discourses embedded in the participants' reflection and created a first draft explicating the themes and how they were generated and submitted this to the research supervisors. More refined themes were generated following feedback and further critical reflection. This was an iterative process calling for re-reading and reflection to 'review and refine' the themes ensuring they were consistent and meaningful across the data set before naming and defining them. Naming the themes is the fifth stage of Braun and Clarke's (2006) process and the final stage is creating the research report. The themes are discussed in detail in the following chapter.

Ethics

A full ethics application was submitted to the Massey University Human Ethics Committee (MUHEC) and final approval given 6 December 2016. All ethical considerations including ensuring informed consent, protection from harm and maintaining confidentiality outlined in the application were upheld.

Informed consent is defined as the agreement a participant gives to progress with the data collection process in full knowledge of how the data will be used and having knowledge of their rights and protections (Braun & Clarke, 2013; Bryman, 2012). The information sheet (Appendix 3) formed the basis of the advertisement (Appendix 4) and upon volunteering they were emailed the information sheet and consent to interview (Appendix 6). The participants were asked to review the information sheet and signal their consent to continue to interview. Interviews began with a discussion about the research project and process for maintaining their confidence and protection from harm, once this discussion was had and the participants agreed written consent to participate was gained.

It was not anticipated that any participant would come to harm through participation in the research. However, to safeguard this, at the beginning of each interview guarantees were given that participants would be supported to access a counselling, or an otherwise appropriate service, should they be negatively impacted while their participating in the study. No support was required, and participants were free to terminate the interview at any time.

Participants' confidentiality was maintained by assigning pseudonyms at the transcription phase and any identifying information was anonymised. Audio recordings were kept on a password encrypted file that only the researcher and supervisors could access.

Limitations

There are some limitations of this study. The data for the study was collected in 2017 immediately prior to OT undergoing a major restructure following a report made by the Expert Advisory Panel and it is possible that different results may be obtained if the study were to be repeated in 2019, however anecdotal evidence and media reports show that many of the issues reported in this research remain (O'Driscoll, 2018; Public Service Association of New Zealand, 2018). Furthermore, the sample was restricted by not interviewing current employees, who would have current experiences, however speaking with current staff may have also restricted the study as participants may have felt less able to be honest and explicit about their work due to fear of speaking negatively about their employer.

The study is also limited by participants' self-selection for the study based on their willingness to participate and meeting the inclusion criteria, it is possible that a sample from the general population of ex CPSWs may have generated different themes.

The researcher is employed by OT in CPSW and prepares to meet clients for the first time; this makes the researcher an insider. In insider research the researcher's intimate knowledge of the topic themselves combined with their academic overview offers a unique perspective to a research topic yet this also comes with pitfalls as the researcher may assume an understanding of the meaning participants make erroneously (Kanuha, 2000; Kirpitchenko & Voloder, 2014). By paying attention to one's thinking and assumption making during the data collection process and reflecting afterwards this pitfall can be avoided (Kanuha, 2000).

Finally, the size of the sample suggests a limitation in terms of the generalisability of the results, however given that the results are congruent with other studies in CPSW it may be said with some confidence, notwithstanding the limitations described above, the study could be replicated if there was congruence in the circumstances investigated (Lincoln & Guba, 1985).

The study is trustworthy as the researcher has adhered to the research process outlined, maintained ethical integrity and faithfully represented participants' views.

Chapter Summary

This research project sought to interpret the experiences and perceptions of CPSW as they undertook the work or meeting clients for the first time. This research is of value as it demonstrates the impact discourse and political forces have on the first contact in CPSW. With this in mind this chapter has examined how the researcher undertook the research and the theoretical perspectives underpinning the method.

An interpretive, qualitative design was chosen with the ontological perspective that humans and in this instance social workers construct the world around them. The data to explore these constructions was gathered using a semi-structured interview allowing the researcher and participants to make sense of the phenomena of first contacts together. The data was analysed following Braun and Clarke's 2006 guide to thematic analysis which looked to themes that could be organised to give meaning to the overall data corpus in relation to the central research question. The chapter concluded with an examination of the limitations of the study, and its trustworthiness.

The next chapter presents the results from the study.

Chapter Five - Results

This chapter presents the results of the study drawn from the semi-structured interviews. It begins with an overview of the participants' demographics, background and experience and then an exploration of themes. The themes reflect "centralised organised concepts" or the essence of findings developed though interaction with the data (Braun & Clarke, 2013). The research explored CPSWs experiences and perceptions of preparing for and meeting their clients for the first time. The results of this inquiry are presented in this chapter using three themes. These themes are relationship, organisational processes and complex work.

Before presenting these three central organising concepts there is an introduction to the participants.

The participants

As noted in Chapter Three, eight participants were interviewed, their demographics are detailed in Table 1. All were women; the youngest participant was in her twenties and the eldest had recently retired from full time employment but maintained some part-time self-employment. Although ethnic demographics were not collected one participant identified as Māori, one identified as being of Māori, Samoan, Pākehā descent and four participants explicitly identified as Pākehā. The remaining two participants did not specify an ethnicity.

Table 1: Participants demographics

Name (pseudonym[8])	Current role	Ethnicity	Years of C&P experience
Deborah	Non-statutory	Pakeha	17 years
Jess	Non-statutory	Not specified	10 years
Leonie	Non-statutory	Not specified	3 years
Kiri	Non-statutory	Māori	20 + year
Karoline	Non-statutory	Samoan, Māori, Pakeha	Approx 8 years
Roxane	Non-statutory	Pakeha	Approx 15 years
Marilyn	Non-statutory/retired	Pakeha	30 + years
Marianne	Non-statutory	Pakeha	11 years

The participants' experience in CPSW ranged from three to over thirty years. All but one participant had worked in more than one office and had experiences of more than one supervisor, and or manager. Two participants had worked for over twenty years

[8] The pseudonyms were chosen based on people the researcher follows on the Twitter website.

in CPSW and one had three years' experience post qualification. The remaining five worked between ten and fourteen years in CPSW. All participants had worked for OT in the three years prior to being interviewed. One participant had left as recently as three months prior.

Deborah, Karoline and Kiri, had worked in both New Zealand and Australia, and Roxane had worked in both New Zealand and England. Jess, Leonie, Marilyn and Marianne had only worked in New Zealand.

The following section presents the three central themes. The first theme examines the centrality of relationship when meeting clients/client families for the first time. It explores the construction of clients and how practitioners understand the critical nature of relationship building and engage in relationship building at first contact. The second theme outlines the organisational processes at play at first contact. It looks at the tasks CPSWs complete in the preparation and execution of first contact and the impact of workload when undertaking this work. The crux of the final theme, complex work, is that first contact is a complicated and nuanced area of practice imbued with many tensions that require social workers to balance an almost overwhelming number of factors when knocking on the doors of clients. This theme reflects several dichotomies and tensions in participants' discourses detected by the researcher when CPSWs talked about first contact (Saldaña, 2016).

Relationship

This section examines the experiences of participants as they undertook the visit and engaged in a relationship building process with clients. The section begins by exploring how participants valued relationship building at first contact, and then how participants engaged in relationship building and instances where some of their colleagues in child protection were perceived to be not so skilled in this area of practice.

Despite tensions inherent in CPSW (discussed later in this chapter), when asked, all but one participant, immediately asserted that building a relationship at first contact

was important to them. Deborah said it was the only thing that mattered, Karoline noted that it was "massive" and Roxane and Marianne both said it was very important:

I think it's the most important thing that we can do because humans are based on relationships, we never evolved in isolation and we're not designed to live in isolation. We are people who connect through relationships we make change through relationships (Roxane).

Kiri tied the importance of building a relationship with gathering accurate information for her assessment saying, *"It's vital, if you want that information to be accurate, truthful…it's important that you give accurate and truthful information and they understand that they can give you accurate and truthful information in return" (Kiri).* Leonie, a newly qualified social worker with experience only at OT reflected, *"I'd be wanting to make them feel comfortable, so that I could get the information I needed so in a sense I was building that relationship I just wasn't thinking about it" (Leonie).*

Relationship was also valued as the foundation for future success with the family; that it was important to invest at the early stages of engagement as an insurance if moving to an intervention for children. For Karoline it was important she had a relationship with the family because the children, her clients, belonged with the family and would do so beyond her involvement. Marilyn said, "*If you do not set the base for a relationship based on honesty, integrity and transparency at that first contact you will struggle to get any traction in resolution process" (Marilyn).* Kiri said that she tailored how she presented herself to a client based on what she thought they needed to see so that a relationship might develop. Roxane echoed this saying she would take the time needed to be with someone to affect a relationship; she recognised that she was being evaluated by her client as to whether she was *"ok"* to work with and this meant from the moment she knocked on the door she was making a connection.

Empathy

Empathy was clearly identified as integral to relationship building. Karoline empathised with clients saying she understood that had any small circumstance been different in her own life, she could have been a client of child protection services:

There's such a fine line between being a social worker…and being a client... for whatever reason getting into that space of whatever's happening in your life…that downward spiral of not having any money and all the rest of it…to poor decision making to do with drugs, whatever it is, is there's a fine line cos we're all human… quick as you can rise, is as quick as you can fall (Karoline).

Deborah described how she demonstrated empathy*:*

Work with it, don't escalate, in fact the opposite, you go down, you know when someone starts shouting at you speak more quietly, it's quite counterintuitive, it's quite hard to do, empathy, "look I can see that you're really upset at the moment, what about I um, I'll go now and I'll come back tomorrow"…I said to her "hey look I'm really sorry about what happened today you were clearly really upset, and um, I understand it must have been really awful for us to just turn up on your doorstep" (Deborah).

Respect and transparency

Along with empathy, participants identified being respectful as key to their success in engaging families and that respect can be shown in different ways such as taking the time to sit and listen to clients' stories, being non-judgmental, respecting personal space and keeping neutral facial expressions. Jess offered:

It's about being respectful when you visit families, non-threatening, non-judgemental, being open-minded, allowing them to have their say, and to go through the emotions of what's happening for them as well, for some people get quite defensive and quite abusive and that's, I won't say that's fine, but it's understandable you know (Jess).

Participants identified transparency was key to engaging at first contact. It was important to participants that they were honest and direct about the allegations made about clients, what they were there to do and how they were going to manage their investigation. This was seen to demonstrate honesty and integrity.

Respect and saying who I am and explaining as to why I'm here, not hiding anything, you know because often you think "ooh, I don't want to say that cos it might get them angry" you know what, you can say whatever you want, it's how you say it to somebody (Roxane).

Power

Participants also talked often about sharing power or attempting to give a sense of power to families knowing this built connection and instilled trust and faith in a social worker. This might be over how or where a visit takes place, or advising clients of their rights including the complaints process:

People don't realise that they can complain ... you know I think there's a bit less pressure for them if someone [said] "if you don't like what I do you can do something about it"; it's giving them some power in the situation too because often people feel really helpless and disempowered (Deborah).

Kiri described how tried to share power in how she arranged a visit:

I always want them to be, think that they're empowered to make some choices, I don't like to go in and say "well actually, I'm a very powerful person in this relationship "so if you say "I'd like to come and talk to you about... then I'd say "How does?" you know "oh I'm working 'til 5", "ok I'll come at 6" "is that a good a bad time, are you bathing kids or whatever – what time would suit you", try and do it that way (Kiri).

Managing conflict

Getting in the door and building trust and relationship was described as achieved by remaining calm and not escalating in turn when clients were angry and hostile. Marianne described how she managed hostility:

Think of your body language, think of how you're expressing across, think of tone of voice, think of keeping your body smaller and within, as opposed to flying around getting bigger, you know keep your hands down don't wave them around, keep your voice calm (Marianne).

Roxane described how she used her tone of voice and demeanour to deescalate situations:

I think it is tone of voice because I don't believe, you know that if you match somebody when they're angry and upset, my experience is they just go up and up, if you are calm and you keep your voice calm and your tone calm and you're clear most people will come down (Roxane).

Poor practice

As discussed later in this chapter, first contact is complex and nuanced, requiring a high level of skill, emotional intelligence and dexterity. However, all the participants interviewed had experiences of working with colleagues who did not appear to have understanding or the capability to employ relationship building skills at first contact. Deborah reflected:

You know I learnt a lot from what I saw other people do that I thought I will never do that, you know really poor, poor practice ... I worked with social workers who kind of marched in there with their big boots on and were pretty damning of parents (Deborah).

Participants described situations where colleagues immediately got off on the wrong foot in a first contact encounter such as Marianne describing feedback she gave to a colleague:

It was like welfare arriving at the door, you barged in, you pushed your way in, you knocked on the door, you sat her down, you said 'RIGHT let's get to the business" to me that's that power imbalance stuff (Marianne).

Leonie reflected *"I've been out with other social workers and some of them are a bit you know "we're going to take your kids away" (Leonie).* Participants attributed these behaviours to a lack of experience, an issue with power and control or a lack of knowledge or understanding. Kiri reflected: *"The incident that occurred was typical of the way that some people launched into this power and control of their role" (Kiri).* Roxane believed that some people were just not able to engage with clients, saying they *"Have no idea how rude they can actually be, yeah, and manipulative I suppose is another way of looking at it" (Roxane).* Deborah echoed this saying she believed there

was something that could not be taught about relationship building, that it was an innate trait.

Participants in this research understood the value of relationship building at the point of first contact visit and they articulated the skills required for, and components of, relationship building. However, participants also felt that not all CPSWs always have the capacity or capability to engage in meaningful relationship building at first contact.

Organisational Processes – Task Focussed

This second theme of three presents the participants' experiences as CPSWs go about their work preparing for and reflecting after, first contact visits with their clients. The format for this section reflects the first contact process: allocation, preparation, execution and reflection. These actions are largely task focussed. When participants talked about how they prepared and debriefed for their first contact visit, their discussion reflected interactions with their clients that were centred on completing a set of tasks, such as completing a computer-based risk assessment or gathering background data, rather than client empowerment. What appeared to hamper all aspects of first contact were unmanageable workloads.

The social workers interviewed all had experiences of first contact visits in what they perceived to be good conditions, where they had enough time to prepare. However, they described many more experiences where they felt rushed and unable to prepare properly, if at all. Jess described this:

I hate to keep on going back to the staffing situation but if it was something like it was a [case that needed responding to within] 7 day or 28 days and you could have the luxury of a bit more time you could get more stuff done ... it depends on the timeframes which you've got. (Jess).

The process of first contact for CPSWs begins with the allocation of the work.

Allocation

Participants described the allocation of work as a largely random process and often completed by those in charge of allocation through simply tallying the number of cases social workers held and allocating to those with the fewest. Some participants had historical experience of group allocation meetings where referrals were discussed as a team, however, the most recent experiences of participants were of cases being allocated by supervisors without discussion or notice. Allocation of co-workers did not seem to be a common process. Across the participants, case allocation appeared to happen in three ways. The first way, allocations occurred without their input and came as a surprise, this allocation method seemed to be the most prevalent. In this situation allocations were negotiated between supervisors without CPSWs input based on caseload numbers. Seven of eight participants described either finding out a new case had been allocated to them via the internal database, or upon returning to their desk and finding the paperwork sitting on their chair, or computer keyboard. Marianne described how this happened at her office: *"basically, the supervisors met on a Friday morning and you would keep a check on your caseload as the Friday went on and you would see these new families pop up in your system" (Marianne).*

The second way participants experienced allocation was through shoulder tapping, they would be asked by their supervisors or managers to take specific cases, because they had been identified as being suitable because of their capacity, skills, or interest. This method was often reserved for more complex cases where some particular experience was required, Karoline explained how this worked for her: "*I did the complex cases… those ones they wouldn't be dumped [allocated without notice or consultation], I'd be pulled into M's office…and they would be obviously thoroughly discussed… the plan and the history" (Karoline).*

The third method of allocation occurred at an allocation meeting attended by all team members however this was spoken of as an historic practice and not normative. Deborah experienced this process negatively where social workers would argue against taking new work, whereas both Kiri and Marilyn had positive experiences in specialist

Māori teams. Marilyn outlined the process: "*nothing got worked on until you had that round table discussion...all had a copy of the stuff that came through in the report of concern...and that worked great actually cos then you had a team approach*" *(Marilyn).*

Allocation of a second person to assist with the case, a co-worker, was the exception rather than the rule, except in specialist Māori teams as Marilyn and Kiri explained, in this context all cases were allocated key and co-workers. Outside of these teams, it was expected that the allocated social worker would find their own co-worker to go out with or, the office operated a duty system with social workers rostered to back-up or co-work. There was an expectation that first visits were always made with a colleague, never alone, for both safety reasons and to ensure a record was kept of the meeting with one person designated as a scribe and the other (usually the key worker) interviewer.

Allocation was often focussed on expediency and was about getting work assigned so that the task of undertaking a safety assessment could be completed. Leonie said she had never been given the opportunity to choose work or specialise and described allocation about giving the most urgent case to the person with the most capacity:

> *There was no choice and there wasn't in any way to specialise, like if you said 'I particularly want cases that are whatever' they're just, it was basically, you come back from a visit and there's a new file sitting on your desk. (Leonie)*

All the participants lamented not being able to do their jobs as well as they liked because of high caseloads. Jess said she saw the ability to take time and do good work on a new allocation as a luxury:

> *You know, it's kind of like, it'd be really nice to have that luxury of trying to sit down, the notification comes in, the supervisors look at it, and you know "oh yeah, Ann come over here, we've, we might allocate this to you" and that kind of stuff, but you just don't get that [you get] "you've been allocated this. Here just read it". (Jess)*

The process of preparation for, and execution of, making the first visit is outlined next.

Preparation and execution

Following allocation of a case the CPSW prepared to make first contact. Preparation included completing background checks, reviewing the referral information, arranging the visit and a briefing between workers to plan their approach to the family. The ability for social workers to adequately prepare ahead of a visit was dependent on circumstances mostly influenced by a short-time timeframe before needing to make contact and workload. Sometimes because of workload demands allocations would be made on or past the due date for a key performance indicator (currently known as a safety and risk screen). This date was important as referrals were allocated a time-frame to establish the immediate safety of the child and if this was overdue meant social workers had to make contact the same day as being allocated the work. Being prepared for a visit by having background knowledge was important to participants, although sometimes there was not much preparation other than reading the information given in the referral, or as in Karoline's case information given to her over the phone, "*so obviously this is happening at a hundred miles an hour… you're getting information over the phone … you don't gather as much information as what you would like to upon going to a house for the first visit*" (Karoline).

For most of the participants preparing for the first visit involved an almost standardised process. Tasks would include: obtaining police checks on parents or caregivers; reviewing the internal database; reading histories on paper files if relevant; and contacting professionals who had worked with the children or families. Preparation would include reviewing the content of the report of concern (notification). CPSWs did exercise their professional judgement by balancing their knowledge of those referring and those referred, with the referral information looking for evidence, bias or assumptions and then comparing this with other information. Marianne spoke about the use of a template to assist:

> *You would write your risks and your strengths and your bits and pieces…when that document came in was probably a lot better cos you then had a feel for what other people were thinking…then we would go and do those phone calls and bits and*

pieces, gather some more information then go back to our supervisor at the end of the day (Marianne).

How participants arranged first contact varied. All, but one participant, expressed a preference for phoning ahead and arranging a home visit, saying this allowed the family time to come to terms with knowing they were being investigated by CPSWs, to be prepared, and to arrange support if required.

I would always do my best to call in advance 'cause I just think your relationship building it's so much nicer to get a phone call, arrange a visit, then you can get prepared for the visit, they can get prepared for the visit and they can have a support person if they want or you know that sort of thing and it's just the nicer to start that relationship (Leonie).

Arranging a home visit ahead of time was not always possible because of the need to make contact before the KPI was due or they were unable to reach people by phone ahead of the visit and could not afford the time to send a letter and wait for a response or because giving advance notice would allow time to exert pressure on family members not to disclose information. While making contact ahead of time was preferred when appropriate[9], cold calling appeared to be standard practice. Karoline said that she preferred to make all first contact visits unannounced to get a true sense of what was happening for a family:

Cold call… every single one…, didn't matter if it was behavioural issues and no lunches and whatever, up to like severe physical abuse, or sexual abuse whatever… That's definitely my investigator hat! Let's just get a good snapshot of how things

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[9] Sometimes a cold call is necessary because advance notice may place the child in danger or give the perpetrators of the abuse time to influence the child or investigation

*look for this family, and always after school 'cause I'd want to get a good clear
picture of the whole family and not just mum's at home, kids are at school.
(Karoline)*

Briefing with a co-worker would sometimes happen before leaving the office but would
often take place in the car on the way to the home.

*If it was a particularly tricky case, I may talk to the co-worker before we actually
get into the car, you know if there's quite a lot of information they need to know, or
if there are any safety issues…but yeah, but if it was just your standard whatever it
would usually just be jump in the car, talk about it on the way there. (Leonie)*

Rehearsing on the journey what to say on the doorstep would sometimes occur but that
was usually as a training or learning experience for new staff or students rather than as
a matter of course.

Generally, participants held an ideal about preparing to meet with a family for the first
time as Marianne explained:

*Thinking about what I've read, thinking about the information I've gathered over
that day before meeting them, also thinking am I in a good space, am I prepared for
this, have I had my nice cup of coffee, am I ok where am I at with this, maybe a, few
deep breaths before I progress on to their situation, so I would have known that my
day was ok, my caseload was ok, my supervisor knew what to do if anything went,
was going to go wrong, I would have had my co-worker prepared with where we
were going to go and what we were going to do…and I guess also putting myself a
little bit in their shoes going "how is this for them" so I don't have a power
imbalance with people, so I wouldn't go out all dressed up in a business suit or
something like that, it was more um hopefully just someone popping by just to have
a chat to see what was happening. (Marianne)*

Sometimes aspects of this ideal were met, when allocations were made well within
timeframes with both key and co-workers carefully considered. Sometimes
background checks were thorough and briefing and rehearsals were completed;
sometimes families were advised ahead of time and prepared themselves. However,
this was far from a common experience and all participants talked about their
frustration at being unable to prepare fully for first contacts. Leonie described the
pressure she felt to meet deadlines and KPI's:

I was given the case, you know the day before the safety assessment was due so in that situation I would do a very, very brief look on the history and then just go straight out 'cause that was all I could do, and there were even times where I didn't even look at the history, I would just look at whatever was printed on the report of concern, so it really varied depending on how busy I was and how much time I had. (Leonie)

This experience was echoed by Deborah who exclaimed, *"so you're racing off, you read the file in the bloody car and I just think that's appalling" (Deborah).*

Participants universally described frustration at the overall lack of time and resource to adequately prepare and execute first contact consistently to a standard they desired. Similarly, reflection on, and the supervision of, the first contact process suffered, discussed next.

Reflection

Debriefing, or discussing the content and process of the visit, among colleagues would often happen in the car on the return to the office or there would specifically be time set aside to debrief with a supervisor on return, but this did not always happen. Jess describes how it worked for her:

You go on the first visit and you come away from there thinking well that worked really good, or that didn't go so bad, or that wasn't how I expected or whatever, and then you're coming back to the office and so, that you're sitting there with the person you went out with together with your supervisor and you'll talk about the things that we've seen and the things that we felt. (Jess)

Participants understood and valued the role reflection played in social work practice but voiced frustration at this not occurring as often or as well as it might or should because of the unavailability of supervisors or the need to move on to the next task. Deborah recalled that she would reflect in the car on the way back to the office:

Definitely…definitely the drive home because by the time you got to the office you were consumed with office work, I think one of the flaws ... you don't reflect, you never, you're always reactive, and that sums up one of the deficiencies in the system is you don't get time to reflect and I think that's so important (Deborah).

The opportunities for reflection while valued by participants were often missed as social workers move quickly between tasks to meet demand. Viewed next is the impact of demand, or workload on the first contact process.

Impact of workload

What was clear in talking to all the participants was their experience of preparing, executing and reflecting on first contact visits could only be seen in the context of the broader organisational and political context, and this context was not supportive of relationship based social work practice in child protection because of high caseloads and the high rate of referral to child protection services.

> *It's the chaotic manner that the Department works with…we reflect our clients, when they're in chaos, we as the workers seem to be in chaos, which in turn then reflects through to our supervisors… I think that we, the whole dynamics of everything is always in chaos because it's just the nature of what it is and the way it's set it up to be (Roxane).*

All participants talked about having too high caseloads and there being too few social workers. They spoke of the pressure of too much work rather than the demanding nature of CPSW.

> *It's the momentum, it's not the type of work, like people think it's the type of work, outside of [OT], "Oh, is it very stressful?" I'm like "well it's not the type of work, it's how much work" and then having to keep at that speed and pace, otherwise you're going to fall behind, so it's … being available physically, and mentally and emotionally to be able to deal with amount of work every day (Karoline).*

All the participants believed that all aspects of first contact work was seriously impaired by their high caseloads and pressure on staff to maintain deadlines and meet the demands of their workload.

Jess and Marianne who had both worked at semi-rural[10] sites talked being understaffed by up to fifty percent at times and the pressure this put on them. Deborah lamented the lack of time she had:

If there is one, thing that there was never enough of, it was time. I remember thinking, you know, if I halved my caseload I could actually make a difference, I could actually make a difference with these families, I found it so frustrating, I used to go home and just cry. (Deborah)

Marianne recalled a time when her caseload doubled overnight after a change in process within the office she worked at and she spoke about an incident when she shouted at her managers:

I went into their office and yelled at them ... everyone in the team had had 5 or 6 cases just put on them; we turned our caseloads on and there they were, and our caseloads were already like 2 pages on the screen. We couldn't do it. (Marianne)

The impact of high demand, high caseloads and pressure to meet timeframes despite capacity permeated all aspects of first contact work. As noted above, allocation was often poorly managed and was conducted without consultation with CPSWs. Participants described supervisors leaving paperwork on a desk while a social worker was out. Preparation was often reading the information in the car on the way to the visit, or as noted above being phoned through to a social worker out in the field. Marilyn talked about having eighty-five children on her caseload [possibly as many between 20 and 60 cases or families] and the pressure this put on her, knowing it was

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[10] Semi-rural sites are sites based outside of urban areas characterised by small offices that cover large geographical areas

important to do background and history checks before first contacts but feeling like she did not have the time to do so and this could cause her to miss vital information.

High demand also meant visits were rushed, Marianne reflected on a time when she was allocated six new cases at once and spent an entire day out of the office contacting families; she recalled rushing these appointments and knowing she was not giving the engagement process the time it deserved. Similarly Marilyn talked about having to force herself to take time at visits to ensure she was able to collect the correct information and she imagined being interviewed by a television news reporter if she got something incorrect and had to account for it, she said "*I'd say imagine you're doing this on Paul Holmes[a television news show]; that's what I'd say…just stop do it properly don't worry… just breathe, and don't worry about the time*" (Marilyn). Again, as noted earlier, debriefing or reflection following a visit was often superficial or missed, or it would take place between the social workers on the visit in the car on the journey back to the office, or the next appointment. Deborah worried that this caused her practice to become reactive rather than reflective and noted this impacted on professional development, "*because of the caseloads and the time pressures reflection goes out the window and that's a huge loss, 'cause how do you ever learn without reflection*" (Deborah).

The impact of workload pressure effected and influenced all aspects of first contact work and was clearly a cause of dissatisfaction among participants.

This theme has shown the organisational processes at play when undertaking first contact work. Work was allocated to whomever appeared to have the lowest caseload regardless of the fit between CPSWr and the client. The CPSW prepared by reviewing the referral information, obtaining background checks, reading histories, and arranging the visit; these tasks were functional and rarely considered the role of relationship at the point of first contact. They would sometimes brief the co-worker before leaving the office, but it would often happen in the car on the way, similarly rehearsing would also take place in the car but it was usually only for training purposes. Likewise debriefing or reflection was targeted at professional development or safety

assessments. Participants identified not having enough time to prepare, execute and reflect on first contact visits and knew this was to the detriment of both their efforts to build relationships with clients and their child protection assessments.

The next section will examine the complexity of undertaking first contact.

Complex Work

This final theme explores the complex nature of first contact with clients. The theme evolved from noticing three binary concepts in the data (Saldana, 2016) that showed the first contact visit as a space of contradictions and tensions that CPSWs must navigate and manage simultaneously before and as they knock on the door. Three tensions were identified. The first, a tension between investigating and relationship building. The second, a tension between seeing the parents or the child as the client and the third was a tension between building a relationship while managing their apprehension around their safety.

Social worker as investigator

Participants talked about the first contact being a delicate and complicated process and struggling with the role of statutory social worker: Kiri said she had difficulty identifying as a child protection social worker:

> *I just always thought that I was never a child protection social worker because I just didn't have the mindset… I just hated it, so I never thought of myself as a child protection social worker, because actually I wanted to keep children in the home not remove them. That was my philosophy… where there are opportunities to find this and resolve this …, I will always look for that first, not last (Kiri).*

Karoline had similar sentiments saying she left statutory social work: "*to do proper social work so to speak, you know, the intervention part and actually advocating rather than being what I thought I always was – a child protection officer*" (Karoline).

Deborah echoed both Kiri and Karoline's sentiments and spoke of the conflict between completing investigations and social work.

That's why I don't really know that I call it social work or that others were doing actual social work. You question whether it's just a statutory, you're just that police, child police officer really, going in to work out whether or not there's a situation or not (Deborah).

Participants' professional identities and training as social workers meant they wanted to complete assessments to support clients, yet as statutory CPSWs they were required to perform investigatory and sometimes forensic tasks such as interviewing children and attending forensic medical assessments.

Participants described using any means to gather information for assessments including getting benefit payments suspended to force a parent to meet with them and one participant spoke of colleagues who looked through peoples' letterboxes if there was no one home to check if they had the correct address. Kiri likened the role to that of a police officer: *"You're just that child police officer really, going in to work out whether or not there's a situation" (Kiri).* Karoline noted this tension as part of her reason for leaving OT. She said: "*I actually want to do proper social work so to speak...rather than being what I thought I always was: a child protection officer"(Karoline).*

All the participants reflected that their clients saw them more in the investigatory role than supporting and that they carried a lot of power in their role when knocking on peoples' doors often allowing people to vent frustrations or anger at the door to diffuse the situation before addressing the concerns. Jess offered: *"...some people get quite defensive and quite abusive and that's, I won't say that's fine, but it's understandable you know".* Participants believed that a first contact visit could be supportive and helpful to families but understood that families did not necessarily see CPSWs as potential supports. Leonie would use this to her advantage by implicitly acknowledging the tension and reframing the visit as supportive, "I'd sort of take that approach, like "*I don't want to be involved but I want to check you guys are ok, and if you need anything maybe I can help*" and then sort of go from there".

Within the process of balancing their role as investigator and supporter, participants also needed to get the job done. The first contact process required them to quickly engage so they could gather information to inform an assessment all the while trying

to manage their clients' anxieties. However, before any assessment could begin CPSWs had to get in the door. Whether turning up on the doorstep or phoning ahead they had to, very quickly, explain who they were and why they were there, reassure the client they were not an immediate threat, build rapport and get in the door, or make an appointment. This was evidenced by Kiri: *"so you know find a common ground...how do you need to actually present yourself to that person...and I want to deescalate their fears really quickly"*. Reassurance often took the form of explaining they were not going to take their children away, or they wanted to hear their side in response to the notification made. Jess describes this: "*as soon as they hear [OT] they're like* "oh, you're going to take my children away" *so just reassure them"*. Karoline talked about where she physically stood before knocking on a client's door and how her stature affected clients:

> *… taking a couple of steps down, for me that's important, because you open the door and someone's straight in your face… for me it's like everything, it's not just what you kōrero[11] it's also space, allowing space, allowing them to collect themselves, what state are they in, yeah are they, can they engage at that time…because I'm tall, yeah because I'm so tall, I've never been someone to, it could be intimidating* (Karoline).

Getting in the door or making an appointment often meant explaining their statutory responsibility and using the statutory role to insist on a meeting, saying they had a mandatory obligation. All the participants talked about coming to find their own way of getting through the door, for example Deborah explained: "*You have this kind of a*

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[11] Māori word meaning talk

I'm not going to be refused, not in a dictatorial way but just in a normalising, this is what I do, this is what we do, everyone does it and I'm going to do it with you".

By whichever means participants got through the door all agreed it was important that they do so, that they had a job to do, and getting in the door and gathering the information they needed to complete an assessment of a child's/children's safety was that job, as exemplified by Marianne when she said:

> *So, you just went out and you met people that you'd never before, you went with your friendly face… you respected them and their story and their space and you know hoped that you would get your needs met by the conversation that you had (Marianne).*

Karoline had not thought of the effort she made at first contact to get the work done and was surprised at her reflection: *"It's very, it's very, quite calculated, more calculated than what you think, when you just thinking you're rocking up but… talking now it's like "oh my gosh" there is quite a lot of mental preparation aye"(Karoline).*

This section offered the various ways participants described balancing their role as a social worker with their purpose as to assess child abuse and neglect. They described feeling more like a police officer sometimes but also offered ways that they used subtle and nuanced but sophisticated engagement skills to get in the door which demonstrates on how they draw on their social work knowledge to address the duality of the CPSW role.

Child versus family as client

Participants were asked who they saw as their client upon allocation of work (see Appendix 1 – Interview Guide) and their answers revealed a complexity in defining their clients for themselves. Participants described a difficulty seeing only the child as their client at allocation. Deborah exemplified this tension: *"the child doesn't operate in a vacuum… you actually have to work with the family… on one level your client is the child…you've got to hold these two things in your head" (Deborah).* Five participants (including Deborah) said that the child or children were their clients at

allocation then immediately qualified this by saying they believed the child's immediate and extended family were also clients. Leonie, the most newly qualified social worker said that the child was her client and her focus was on benefiting her client:

> *It didn't mean I wouldn't work with other people, obviously I had to work with the parents, but the children are the priority so everything you were doing, or everything I was doing, was for the benefit of the children. So, if it was benefiting the parents that was great, [it needs to] also benefit the children, if that makes sense, so everything was about the children (Leonie).*

This compares with Kiri, who described herself as a bi-cultural practitioner, she understood the western way of viewing clients but for her, this meant her clients could extend to the wider Iwi:

> *I walked in both worlds, I understood the western understanding of allocation of clients, but I also worked in the field that I never saw anybody in isolation so, I worked a little bit differently, so my clients were...were the whanau and the community, which could include their hapu or their marae or their iwi (Kiri).*

This question was designed to elicit answers about the social construction of clients within OT and participants' responses seemed to offer a child-centred discourse tempered through social work values. This was perpetuated across the interviews in how they constructed the first visit, that although they said their client was the child their relationship needed to be with the parents or caregivers and first contact was with them and not the child at all.

Relationship versus apprehension

All the participants talked about their physical safety as a consideration when meeting clients, many saying it was their primary consideration when standing on the doorstep of a client's home before knocking. Participants impressed the importance of being professional and appearing calm, so they could proceed with an assessment and build a relationship but also talked about feeling apprehensive about what a visit may bring.

I mean you know the anxiety because you are going into the unknown aren't you, you don't know what the reception's going to be ... they could be under the influence of alcohol or drugs so you don't kind of know when you get to that door ... what the reception is going to be ... so you'll have that anxiety but yeah...this is your job and this is what you're here to do and you just do it (Jess)

Participants described worries about clients being under the influence of drugs or alcohol and going into gang houses and aggressive dogs running off-leash. They described hostility and aggression against them, and threats of physical violence. There were measures to address safety such as doing background police checks, visiting in pairs and parking the cars on the road. Sometimes visits would be made with police assistance. However, these measures did not completely alleviate apprehension about first contacts. Karoline described how she felt when entering a home:

All my senses go off when I go into that house, you know the eyes, listening, everything's going off...yeah so again it depends on who you're with, how experienced they are, um, yeah. Where, also...logistically, where you're going... you'd feel sometimes a little bit better going to [an affluent suburb] than what you would going to a place in [a poor suburb] (Karoline).

Regardless of the safety concerns or hostility they were met with participants described needing to get the job done thus adding to the complexity of first contact. Participants needed to manage their feelings while simultaneously managing those of their clients, and quickly engage so they might complete an assessment. Roxane spoke of finding a way to move beyond feelings of apprehension *"so I think you have anxiety, that's natural but you have to learn to find a way to move beyond the anxiety and still be yourself, still be in the moment"* and similarly Karoline talked about needing to get in and get the job done:

because you have a certain level of being able to go in to keep yourself safe ... to engage quickly because that's the key, don't want to be going back and forth to people who slam doors on you and stuff (Karoline).

The above themes demonstrate the complexity involved in first contact in CPSW. As social workers are knocking on doors, they are balancing the tensions of being client centred and family focussed, building a relationship with completing tasks related to safety assessments, offering support versus being an investigator, and managing their

professionalism while managing the anxiety and hostility of the people whose doors they are knocking on.

Chapter Summary

This chapter presented the results of eight semi-structured interviews with social workers who had recently left CPSW. The participants varied widely in age, length of service and geographic locations. The youngest participant and least experienced had only worked for OT prior to participating in the study, the oldest had worked for many years for OT and was semi-retired. This breadth and depth of experience offered rich data. The results have been organised to demonstrate how first contact is enacted in response to organisational processes and is a complex area of practice. It has shown how important relationship is to the participants and how they build relationships at first contact. Finally, some of the barriers to building relationships have been shown through participants' experiences of poor practice and high demand.

The next chapter will discuss these themes in relation to the current literature in this area of social work practice.

Chapter Six - Discussion

> *"At the core of this difficult work lies a worker's capacity to engage those clients who feel least like developing a working relationship, and an agency's ability to develop conditions that promote that capacity"* (Altman, 2008:56).

Altman's (2008) quote exemplifies the findings of this study. CPSW is difficult work carried out in sometimes hostile circumstances and at the heart of success in this area of practice is the worker's ability to form a relationship with their client families. Critical to this success is the support they receive from the organisation.

Developing a relationship with client/client families in CPSW is complex, nuanced and skilled, and CPSWs need to be equipped and supported by the organisation they work for. This research sought to understand the experiences and the perceptions of CPSWs as they prepared to meet their clients for the first time. This discussion examines the results in relation to the literature from a social constructionist and critical point of view. It asks: do the results reflect the literature, what are the points of congruence, the points of difference and what new insights can be drawn from the results? The discussion examines the social construction of relationships and will critically analyse the power relations inherent in CPSW first contact. It will do this by exploring the impact of discourses on how first contact is constructed; the impact of workload on first contact and the construction of the first contact process itself.

Discourses at Engagement

How CPSWs construct their relationships with their clients/client families is influenced by the prevailing discourses in CPSW as these discourses shape the how they do their work, with whom they do it and how they are perceived by their clients (Featherstone et al., 2014; Hyslop, 2017; Wilkins & Whittaker, 2017). This section examines how discourse adds to the complexities of the first contact process in three areas. The first is the complexity of who they see as their client - the child or that child and their family. The second complexity examined is the tension at first contact between trying to build a relationship while managing apprehension about their own

safety, and finally the complex experience of participants trying to make sense of their role as either an investigator or a social worker is explored. These inherent tensions in the participants' experiences of first contact work reflect the dominant discourses of CPSW. These different discourses are examined, and it is shown how they create a complex practice environment for CPSWs.

Child centred versus family centred

CPSW practice in NZ has been shaped by the neo-liberal politics adopted by various Governments since the mid 1980's (Hyslop & Keddell, 2018). As discussed in Chapter Two this has seen CPSW influenced by medical and legal discourses of child abuse that construct children as clients and victims, and parents as criminals and perpetrators (D'cruz, 2004; Gregory & Holloway, 2005; Cahalane, & Anderson, 2013; Rogowski, 2013). In New Zealand there has been a conscious and definitive push to define CPSW as a child-centred practice focussed on child safety rather than family welfare or support as exemplified by the introduction of the paramountcy principle to the Oranga Tamariki Act (1989) (Hyslop, 2013, 2017; Martin, 2016; The Modernising Child Youth and Family Expert Panel, 2016). These discourses position abuse and risk as drivers of harm to children and neglect structural inequalities manifesting as poverty, racism and sexism, as violence against families that include children (Featherstone et al., 2014; Keddell, 2017; Rogowski, 2013). To position CPSW from a critical perspective a CPSWr draws a connection between a family's personal struggles and the structural inequalities that give way to the conditions that cause abuse and neglect (Dumbrill, 2017). It is in the exploration of these issues together that the CPSWr and the client family construct an alliance, and this alliance creates engagement and a process of change (Dumbrill, 2017).

Constructing the child as client at the centre of CPSW practice has been identified as a barrier to working in partnership with parents (Wilkins & Whittaker, 2017). When CPSWs focus solely on the child there is less of an alliance with, and even increased suspicion of, parents which in turn creates resistance and friction in the relationship (Wilkins & Whittaker, 2017). The results of this study demonstrate that participants

struggled with defining their client. Leonie commented, as the youngest and most recently trained CPSWr, that she would only work with the parents of a child, if it benefited the child. This suggests that the discourse of "child-centred" is becoming more prevalent in CPSW as the other participants with a longer history with OT who had experienced CPSW as more family-focussed included wider family in their definitions of clients. This prevalence seems altogether counter-productive considering the evidence that the relationship between clients and CPSW strongly correlates with positive outcomes for children involved with OT.

Māori offer alternative discourses to child-centred practice in CPSW and Māori children comprise 50% of the population referred to OT (Oranga Tamariki, 2019). Māori models of welfare such as Te Whare Tapa Wha and Te Wheke do not distinguish between child safety and whanau welfare (Hollis-English, 2012; Moyle, 2014; Rangihau, 1986). Despite the efforts of indigenous peoples, practitioners and academics, CPSW in New Zealand has failed to uptake an indigenous practice framework (Moyle, 2014; Office of the Chief Social Worker, 2014; Office of the Children's Commissioner, 2015; Rangihau, 1986; The Modernising Child Youth and Family Expert Panel, 2016; Mooney, 2012). The 1989 Oranga Tamariki Act in its original guise was whanau-centric[12] until the "paramountcy principle"[13] was

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[12] The original Act centred the family and extended family (whānau) as responsible for the care and protection of children and emphasised the importance of strengthening the family to ensure child safety (Connolly, 1994).

[13] The paramountcy principle amended the 1989 Children, Young Persons and their Families Act making the welfare and interest of the child the paramount consideration when administering all other functions of the Act.

introduced in 1994 privileging the child's welfare over any other principle in the Act. This principle reflected the increased focus on risk management aligned with neo-liberal policies (Hyslop, 2009; Martin, 2016).

 This paramountcy principle essentially overrode the principles that whanau held the primary role of caring for children and that the role of OT was to strengthen and maintain the whanau, by weakening the status of the whanau empowerment principles (Cheyne et al., 2008; Martin, 2016; Oranga Tamariki Act, 1989; Stevens et al., 2013). The tension inherent in the Oranga Tamariki Act, and the neoliberal policy focus since the late 1980's within OT goes toward explaining why all but one participant qualified their answer that the child was their client with "and then the family".

Seeing the child solely as the client risks alienating the child in the long term from the familial support networks whereas seeing the family as client can run the risk of the child disappearing in the process (Featherstone et al., 2014; Ferguson, 2017).   Social work is uniquely placed to occupy this space of uncertainty to balance the rights and needs of children with those of families in distress and CPSWs are acutely aware of this tension, one participant saying she felt the need to leave CPSW practice, so she could truly be a social worker. A relationship-based approach might allow for this tension to be examined and provide avenues for practitioners to freely discuss their dilemmas ahead of home visiting, so they might reflect, plan and take action accounting for this dichotomy while still addressing child safety.

Balancing safety and engaging

CPSWs routinely find themselves subject to threats and acts of violence (Stanley & Goddard, 2002). Home visiting in CPSW is a unique and intimate process requiring skills and techniques to "get in" in both the literal and emotional sense (Cook, 2017; Ferguson, 2017, 2018a; Oppenheim, 1992; Radey, 2018). The dynamics affecting both client and worker are increasingly complex and comprehensive. Increased inequality and intergenerational deprivation and disconnection from community has meant the issues facing families are multifaceted and deep rooted while the relationship between

families, communities and OT is precarious at best with public confidence in OT low and social workers criticised in the media and by politicians (Altman, 2008; Buckley et al., 2011; Corby, Millar, & Young, 1996; Featherstone et al., 2014; Ferguson, 2016, 2017; Hyslop, 2007; Jack, 1997; Mansell, Ota, Erasmus, & Marks, 2011; Munro, 1995, 2011; Toros et al., 2018; Turnell & Edwards, 1999) . Child abuse and neglect has been constructed as a pathology attributed to individuals rather than the outcome of structural inequality, poverty and deprivation, and CPSWs have been tasked with diagnosing and treating individual pathological families rather than tackling the structural and systemic causes of abuse and neglect (Cottam, 2015; D'Cruz, 2004; Hsylop, 2017; Keddell, 2017).   Engaging in relationship-based practice in CPSW is emotionally expensive but building relationships is key and by accounting for structural issues and loading the relationship focus at first contact the divide between balancing child safety with supporting families can be bridged (Cottam, 2015).

CPSW deals with allegations of abuse and neglect of children and CPSWs knock on families' doors to assess risk and violence (Stanley & Goddard, 2002). Discourses of CPSW as forensic, adversarial and focussed on risk has contributed to the public construction of CPSWs as a threat to families making the home visit, and especially the first home visit, potentially dangerous to the CPSWs (Drake, 1994; Elmqvist, Fridlund, & Ekebergh, 2012; Ferguson, 2017; Harding, 1991; Wilkins & Whittaker, 2017). Client families are mistrustful of CPSWs and fear losing their children when OT becomes involved and some expect a negative experience when encountering CPSWs (Dumbrill, 2017; Dumbrill, 2006; Schreiber et al., 2013). Many clients have talked of CPSWs treating them poorly and unnecessarily wielding power (Cahalane & Anderson, 2013; Križ et al., 2012; Toros et al., 2018; Wilkins & Whittaker, 2017). Given that these conditions are latent in a first contact visit it is of no surprise that some level of anxiety exists for CPSWs. The participants in this study talked about balancing their safety at first contact with maintaining a calm and professional demeanour. They were able to describe how they achieved this balance however it seems that it might require a large degree of emotional labour putting CPSWs at more risk of professional burnout.

How CPSWs navigate their way through a first contact visit sets up the relationship between the agency and the client family and it is a significant time for both client and worker. However, the participants of this study reflected that their practice was often constructed whereby they would knock on client families' doors without giving notice of their visit. This is a moment of tension for both client and CPSW, it would appear to be a somewhat simple process to give notice of a visit, yet this often not done and is likely to add to a potentially volatile situation. It appears counterintuitive to add to apprehension by arriving at a family's home without giving notice except in situations that it is critical to do so such as when a child's safety is compromised if the family was alerted. In Chapter Two it was explained that clients value a CPSWs ability to remain calm and focussed during their engagements and that the establishment of a good relationship can be the difference for a child and their family. Giving notice of a visit lessens the likelihood of apprehension and thus the likelihood of hostility and participants acknowledged their apprehension at the doorstep. If CPSWs routinely arrive unannounced they are more likely to be experienced as overbearing and misusing their power. This resonates with Schreiber et al.'s (2013) research that suggests that CPS in the United States suffers from an "image problem" supported in New Zealand by The Modernising Child Youth and Family Expert Panel, (2016) who found parents and families held negative perceptions of CPSWs and did not like them arriving at their home without notice.

Role clarity – investigation or support?

The social construction of CPSW as a risk management process contributes to the image problem discussed in the previous section, may also intersect with participants feeling torn between their role as a supportive one versus their role as investigator. Participants talked about struggling to determine whether they were social workers or as one referred "*child police officer*" (Karoline) and whether they were there to investigate or support. CPSWs must maintain their social work identity with a dual focus on the personal and the political as they are uniquely positioned to combine the task of forensic assessment with a social-psycho-structural assessment while

maintaining their ethical commitment to social justice (Oppenheim, 1992). The task of both completing a forensic investigation and working collaboratively with parents is possible and it takes skill, empathy and support to do so (Dumbrill, 2017). As social workers, they need to manage this duality and simultaneously, inhabit and enact, both roles and processes. At the doorstep they must both seek the truth of the abuse or neglect allegations and build rapport and a supportive relationship with their client families (Munro, 2007a). Munro (2007a) argues that the organisation has a responsibility to support CPSWs to navigate this uncertainty and a "duty" of practitioners to manage it, however participants in this research overwhelmingly talked about a lack of organisational support to manage their workload and little space to reflect on the process prior to making a home visit; that Kiri, Karoline and Deborah said they struggled identifying as a social worker in the CPSWr role suggests that there was no place in the organisation for managing or navigating the dual nature of the role. The role of CPSWr has been constructed as equivalent to a policing role. Client families have said they feel threatened and interrogated when visited by CPS (Cahalane & Anderson, 2013; Gibson, 2015). If CPSWs are unclear about their role at the doorstep, and feel like they are the police, it may be likely that their practice becomes about policing and control, both features of a neoliberal practice paradigm unlikely to be affective with families. The results of this study found that CPSWs struggle with this tension at first contact and it seems that they did not get the support or opportunities to reflect on this in their practice. CPSWs and OT need to find ways to manage the positional power that comes with the statutory role and work with resistance from client families to navigate partnership and protection (Cottam, 2015; Forrester et.al, 2008).

One barrier to overcoming competing discourses at first contact is the sense of overwhelm CPSWs have in relation to their workload demands, discussed next.

Workload

CPSW practitioners are skilled and dedicated and committed to practicing in partnership with client families but are constrained by a lack of resources and an overload of work (Wilkins & Whittaker, 2017). In a neoliberal environment that limits

resources CPSW becomes constructed as policing abuse and neglect as a way of managing and protecting resources rather than a relationship focussed practice (D'cruz, 2004). However, despite the risk focussed nature of CPSW the participants in this study saw relationship building as crucial but all identified their workload as unmanageable.

There is a proliferation of evidence internationally that CPSWs have unmanageable caseloads and feel unable to maintain a safe level of practice or obtain a sense of accomplishment in their work and this contributes to poor practice and poorer outcomes for children (Burns & MacCarthy, 2012; Edwards & Wildeman, 2018; Ferguson, 2016; Geoffrion et al., 2016; Gladstone et al., 2012; Horwitz, 2006; Lonne et al., 2009; McFadden, 2018; Morrison, 2007; Munro, 2011). This international evidence was replicated in New Zealand by a review completed by the OCSW (2014) which found many staff have caseloads considered excessively high following a six-fold increase in demand over the last twenty years. This level of demand creates dissatisfaction among staff and becomes self-perpetuating as CPSWs leave due to their unhappiness thereby increasing the demand on those remaining (Burns & MacCarthy, 2012; Lonne et al., 2009). This in turn requires newer staff with less experienced to face equally high caseloads, uncertainty in their roles, staff churn and lack of reflective practice (Burns & MacCarthy, 2012; Lonne et al., 2009).

All the participants in this study talked of feeling overwhelmed by the volume of work they were expected to manage and the impact this on their professional self-esteem. They spoke about how their workload hampered their ability to prepare for and reflect on first contact with client families. This inability to practice with clients as they wished reflects the circular problem described above whereby increasing dissatisfaction creates poor practice and a poor organisational culture leading to increased staff turnover. Social workers who are expected to respond to an increasing number of referrals within a risk adverse, and authoritarian culture are unlikely to be at their most engaged and present selves when making initial contact with clients. This negative culture undoubtedly has some impact on CPSWs ability to engage with clients despite having all the requisite skills to do so, which could explain the finding that all

the participants had worked with colleagues that did not employ engagement skills at first contact.

When unmanageable workloads intersect with the construction of child abuse and neglect as the result of individuals' pathologies the CPSWr role narrows. The role becomes one of, an agent of the state, to manage risk and prioritise the protection of individual children's rights by policing families and undermines the whanau centric principles of the legislation in New Zealand (D'cruz, 2004; Keddell, 2017). When workload demand is overwhelming, roles are ambiguous and organisation support is lacking it is unlikely that CPSWs can acquire the capacity to engage those families least likely to develop a working relationship (Altman, 2008).

Having examined the impact of discourses and workload on first contact this discussion now turns to the first contact process itself.

The First Contact Process

This section discusses the participants' experiences of the process of preparation for first contact from the point of allocation of the work to arriving at the visit by examining the construction of the process and the impact neoliberal has on it. The results show that allocation was mostly random, administration was the focus in preparation if at all, and very often unannounced visits were made. This section will follow the steps taken at first contact: allocation, engagement and reflection and discuss these points in turn.

Allocation

Allocation of work begins the first contact process between a CPSW and their clients. Best practice advice on the process of allocating work recommends matching the client/client family with an appropriate CPSWr or CPSWs (Ferguson, 2017; Office of the Chief Social Worker, 2014; Ruch, 2005). Practitioners are better prepared to meet their clients when work is allocated at a team meeting where a thorough discussion of the case takes place that included theory and practice knowledge while balancing clients', CPSWs' and the organisation's needs (Ruch, 2005). This is congruent with

recommendations made by the CSW in New Zealand that caseload allocation should be more thoughtful and culturally appropriate to ensure that both client's and CPSWs needs are met (Office of the Chief Social Worker, 2014). It appears from this study that allocation was rarely focussed on the needs of the client or the social worker's ability to have a relationship with their client or whether it was the best fit, but rather on the organisation's need to allocate the work, and this allocation often came as a surprise to the CPSW who in turn may not have felt capable of managing the extra work. Marianne recounted shouting *"we can't do it"* at her managers when she found out her team had been allocated multiple cases overnight. The construction of CPSW as risk and KPI focussed in the neoliberal context has not allowed for the consideration of relationship in the allocation process.

CPSW first contact is a mentally and emotionally demanding task that is too much for one person to bear alone (Ferguson, 2017). The allocation of a co-worker that is informed and considered reflects a relationship based approach to practice and means responsibility for preparation can be shared and this can act as containment for the emotional weight the key worker has to carry (Ruch, 2007). In this study co-workers were often not allocated and only engaged by the CPSW as another person to attend the visit, rather than a designated person with which to share the assessment process. That allocation of either key or co-worker is a poorly considered process based on neither the workers' capacity to manage the work, nor the fit between the workers and the clients has implications for first contact in that there may be resentment and or a distinct unpreparedness to think about how a relationship may be negotiated (Ferguson, 2017; Ruch, 2005). The role has been constructed as one to meet KPIs and demand and for the CPSWr this means they carry the emotional burden of managing the first contact in a space where they are already overwhelmed.

The participants' experience of allocation aligns with the New Zealand, Office of the Chief Social Worker (2014) report that found that case allocation was a random process and a significant amount of co-working occurred informally, which led to an inaccurate assessment of CSPWs capacity when allocating work (Office of the Chief Social Worker, 2014). The subsequent recommendations by the CSW to address these issues

affecting CPSWs ability to do their work in a considered way, were never implemented as the report gave way to a further review that recommended a complete structural overhaul of the New Zealand CPS and the creation of a new ministry: Oranga Tamariki, Ministry for Children (O'Driscoll, 2018; Public Service Association of New Zealand, 2018; The Modernising Child Youth and Family Expert Panel, 2016). This structural overhaul aligned with the neoliberal ideals of social investment, individualism and increased risk management processes undercutting any hope of structural reform or the privliging of social work principles (Hyslop & Keddell, 2018; Keddell, 2018; Martin, 2016; Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017).

Once work is allocated CPSWs begin the task of preparing to meet their clients. Preparation for an initial visit requires the consideration of what information is needed ahead of the visit; what is the purpose of the visit; and what should the CPSWr think about ahead to achieve the purpose (Coulshed & Orme, 2012; Nicolas, 2015; Oranga Tamariki: Ministry for Children, 2016). At the point of allocation, the CPSW should think about how best to make the first contact to arrange a meeting and whether this should be announced or a 'cold-call' (Nicolas, 2015). Preparing involves basic administrative tasks and background research, and more complex tasks such as a critical consideration of practice and theoretical perspectives relevant to the family (Ferguson, 2017; Office of the Chief Social Worker, 2014; Ruch, 2005). It also includes being psychologically and emotionally prepared to meet with a family so that they might be able to critically examine the family's circumstances (Cook, 2017; Ferguson 2017). The current study found that preparation ahead of a home visit was focussed on gathering information and administrative tasks rather than an exploration of the relevant theories or structural issues facing the family, or an assessment of how to best approach the client to build a relationship, mostly because of the demands of their workloads and often because of encroaching deadlines to complete KPIs, and sometimes preparation would not happen at all. Karoline spoke of getting a call while out in the car and given instructions to visit a family with no preparation. She said that she felt underprepared for the visit as she liked to understand about a family's

background, culture or religion and something about her own safety when first meeting someone. This finding is also consistent with research on home visiting which found that CPSWs would often not attune to their purpose for the home visit until they were at the home as their minds were engrossed in other work matters and this led to a superficial level of engagement in the home visit and was potentially dangerous as vital information to form the assessment could be missed (Ferguson 2017). Thorburn's (2015) study tells us that clients can be accutely attuned to a worker's presentation and can disreguard not only the worker themself but the agency they work for on the basis of a perceived negative attitude. The implications for CPSWs not being prepared physically and mentally when meeting clients for the first time could have damaging and long-term consequences for any ongoing relationship.

Social work practice advice suggests unannounced visits should be avoided as they do not foster a working alliance, and this is supported by client perspectives who found social workers turning up at their door intimidating and unwelcome (Nicolas, 2015; Spratt & Callan, 2004b; Studsrød et al., 2014; The Modernising Child Youth and Family Expert Panel, 2016). In contrast the results of this study show that turning up unannounced seemed to be a regular practice rather than an exceptional one as participants felt pressure to meet KPIs suggesting that meeting targets was prioritised over the more favoured practice of arranging ahead. This disconnect between the practice wisdom of arranging a visit ahead of time for the sake of a relationship and the practice of largely turning up unannounced could reflect the lack of confident and determinant advice in the OT Practice Centre discussed in the literature review (Oranga Tamariki: Ministry for Children, 2016). This ambiguous advice suggests the CPSW may want to talk with their supervisor about how to arrange a visit and it could be made on the assumption that social work visits are planned ahead as a matter of course, yet the demands of the organisation seem to prevent this.

The finding that there is ill-preparation for meeting client families is reflected in internal reviews that found while OT is effective at securing safety for children in the initial stages of their work, the quality of intervention suffered thereafter, possibly because a relationship had not been secured early on, and because CPSWs are too

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overloaded with work to be effective over the course of their work with families (Office of the Chief Social Worker, 2014; Office of the Children's, 2015). The implications of these results that CPSWs preparation to meet with clients seems ill-considered largely in response to an organisation focussed on accountability and risk minimisation means that it is likely that assessments are inaccurate, poorly informed, and superficial thereby actually increasing risk to children and decreasing the likelihood of a mutually respectful, therapeutic relationship (de Boer & Coady, 2007; Howe, 1998; Keddell, 2017; Leach, 2005; McAuliffe et al., 2016; Trevithick, 2003).

Engagement

Client families are more likely to engage with social workers who are emotionally intelligent and adhere to core social work values and ethics, such as working in partnership with clients, advocating for justice and fairness, demonstrating integrity and respect, and maintaining human dignity (Horwitz & Marshall, 2015; Morrison, 2007; Smith et al., 2013; Spratt & Callan, 2004; Toros et al., 2018; Yatchmenoff, 2008). Clients fear that when CPS turn up at their door they will be judged negatively and may lose the care of their children as a result (Dumbrill, 2006; Schreiber et al., 2013). Consequently, CPSWs need to tread carefully over the threshold into their clients' homes (Cahalane & Anderson, 2013; de Boer & Coady, 2007; Križ et al., 2012). The results of this study indicate that participants understood the necessity of a nuanced approach to first contact demonstrating empathy, compassion, respect and transparency when meeting clients for the first time. This finding is consistent with Spratt and Callan (2004) who found that while clients were anxious about CPS involvement their experience was determined largely by the CPSWs attitude and professionalism, and the majority of clients had positive experiences with CPSWs characterised by empathy and good communication. However, both studies contrast with another that showed CPSWs demonstrated poor communication skills and low levels of empathy when dealing with clients who presented with a high degree of resistance (Forrester et al., 2008). Forrester et al. (2008) posited the issue was so pervasive it indicated the paucity of support and guidance given to CPSWs to navigate

their roles and balance the care and control aspects of their work. These contrasting results may mean that CPSWs have requisite engagement skills but in a pressured and overloaded environment they are less supported by policies and supervision further along the care and protection process and lose some perspective and the ability to empathise with and listen to their clients.

First contacts between CPSWs and client families can be tense and characterised by client resentment elevating CPSWs feelings of apprehension already present. Client families value CPSWs who remain calm and professional when faced with hostility and have said this facilitates meaningful relationships (Cook, 2017; Toros et al., 2018). When hostility is met with defensiveness or a detached and task-focussed manner it is likely to escalate tension and lead to a negative first contact experience as CPSWs are not demonstrating the emotional intelligence to join in an alliance with client families (Howe, 2010). CPSWs need to be emotionally able and available to contain the powerful feelings clients have at first contact and rapidly deescalate anxiety and fear while processing their own feelings, and the information they are gathering for assessment, this requires skill, nuanced behaviour and emotional dexterity (Cook, 2017; Howe, 2008, 2010). The participants' accounts in this study reflect this degree of skill and nuanced behaviour, they talked about how they would need to rapidly gauge the situation they were walking in to, keep their senses alert and modify or moderate their behaviour in response to the environment so they may conduct their assessments and account for children's safety. The results of this study are congruent with Schreiber et al.'s (2013) research with clients who had just experienced their first contact by a CPSW. This study found that clients were expecting the CPSWr visiting them to be rude and disrespectful, and were fearful with heightened emotions about the visit, yet many CPSWs were able to overcome the barriers of fear and hostility by remaining calm and being polite, being careful in their assessment and appearing non-judgemental. There is a clear and demonstrated relationship between engagement and positive outcomes for children and families involved with CPS and it is possible that this level of anxiety and mistrust of CPS may not exist if the neoliberal hold on CPSW was abandoned and CPSW constructed otherwise as a compassionate and humane

process (Featherstone et al., 2014; Hyslop & Keddell, 2018). This would require a reworking of the ideological focus of CPSW that appears unlikely given the continued commitment to the pathway signalled by the Modernising Child, Youth and Family Expert Panel (Atwool, 2019; Ministry of Social Development, 2015)

Participants also talked about negative experiences when working with colleagues who perhaps were not so skilled at engagement. Prior studies have found that clients often do not feel like partners in the child protection process and that they were overwhelmed by the lack of power they held in relationships with CPS (Bundy-Fazioli et al., 2009; Thoburn et al., 1995). As noted in Chapter Two, clients frequently characterise CPSWs as lacking empathy, being judgemental and not listening with many turning up at homes unannounced and acting forcefully (Spratt & Callan, 2004b; The Modernising Child Youth and Family Expert Panel, 2016; Toros et al., 2018; Wilkins & Whittaker, 2017). Clients have also reported feeling threatened and coerced into accepting CPS intervention in their lives and terrified of doing something wrong when meeting CPSWs less they be sanctioned (Buckley et al., 2011). The results of this research are congruent with those above studies. As demonstrated in the literature review, working empathically, sensitively and using power carefully, supports relationship building, yet all the participants described colleagues who were not able to do this effectively and misused or abused their statutory power, became aggressive in the face of hostility, and were unable to demonstrate empathy, compassion and understanding of their clients. These behaviours escalate anxiety and increase the likelihood of a negative relationship between the client families and the CPSWr (Buckley et al., 2011; Ferguson, 2017; Howe, 1998; Morrison, 2007). While co-working in CPSW is desirable it may be in these instances counter-productive to constructive relationships.

There are several possible explanations for this result. There is research to suggest that some practitioners do not possess the skills and qualities required to engage with clients in CPSW and struggle to acquire them even with training and will rely on their positional power and authority rather than a relationship to affect change (de Boer & Coady, 2007; Ferguson, 2016; Wilkins & Whittaker, 2017). It may be that a small number of these practitioners exist and while they may be outliers in the profession

they have remained in the minds of participants because of their behaviour. It is possible that these practitioners are not supported through policy, guidelines, and supervision including critical reflection to manage the tensions inherent in CPSW between care and control of clients. However, Wilkins and Whittaker (2017) also found that some CPSWs consciously avoided being empathetic and supportive for fear that they might ultimately have to remove children from parents' care or use information shared in assessments as evidence in the future, which may make them feel insincere and deceitful. It is also possible that the conditions and discourses latent in the agency do not exist for consistent application of emotional intelligence and compassion, nor are ethics, power and structural issues discussed as part of supervision (De Boer & Coady, 2007; Ferguson, 2018a; Forrester et al., 2008; Howe, 2008).

Another possible explanation for the prevalence of accounts of negative experiences with CPSWr colleagues lies in the literature on vicarious trauma, compassion fatigue and burnout (Geoffrion, 2016; Horwitz, 2006). Studies found that over time social workers' continual exposure to the conditions of poverty and deprivation, stress, incidents of abuse and neglect, and threats and acts of violence can become emotionally fatigued, cynical and detached from their work (Horwitz, 2006). It is possible that the incidents participants talked of were with colleagues undergoing some form of burnout, and supervision and organisational support are key to ameliorating the negative impacts of the CPSW tasks and in the case of serious trauma some form of critical incident stress management is required (Ferguson, 2017, 2018a; Oak, 2016; Stanley & Goddard, 2002). Yet the literature also tells us that for many CPSWs supervision is often neglected or only task focussed and does not meet their need for psychological support (Davys, Howard, Rankine, & Thompson, 2019; Ferguson, 2018a; Geoffrion et al., 2016; Oak, 2016). The participants of this study offered that their supervision or post visit debriefs were focussed on meeting KPIs rather than debriefing their process.

If CPSW continues to be constructed as an adversarial process, in an inequitable society and CPSWs do not receive adequate support burnout is likely to impact on the quality of first contact. It is posited in research that some practitioners were better able than others to use their power carefully and thoughtfully and had a style of working that was

more humanistic and relaxed yet professional (de Boer & Coady, 2007). It is possible that the participants in this research were able to position themselves as working with this warm, humanistic style and their colleagues as less so. However the overwhelming demand of CPSW creates the conditions in which supervision and reflection become neglected, doubling down on the risk to CPSWs and clients of CPSW being practiced at a superficial and authoritative level (Hyslop, 2012; Lonne et al., 2009; Parton, 2011, 2014). It seems likely that the pervasiveness of neoliberal doctrine and an overloaded system that lacks critical reflexivity creates conditions that fail to promote empathy and understanding of client families.

Supervision and critical reflection is addressed next.

Critical reflection and supervision

As discussed in Chapter two reflection is part of the supervision process and a key component of social work practice. This section will explore the results of the study in relation to the process of reflection and supervision as it pertains to first contact. It will consider how these are social constructed and the impact of neoliberalism on social work supervision and reflection.

Reflective practice is the action of a social worker thinking both while in practice with a client/client family, and afterwards about how, what and why they were practicing and how their practice can be linked to theory (Ferguson, 2018b). Debriefing is a component of reflection and is generally the process of recounting a client interaction or intervention to reflect and learn from the interaction (Davys & Beddoe, 2015; Tannenbaum & Cerasoli, 2013). Reflection aims to improve practice and is a factor of ongoing learning and professional development for individuals. Agencies benefit from practitioners reflecting or debriefing as it improves the overall performance of the organisation (Davys et al., 2019; Tannenbaum & Cerasoli, 2013). Debriefing after a home visit offers an opportunity to reflect on the process and content of the visit and in doing so allows the social worker to make discoveries about their practice and develop strategies for improvement, while critical reflection offers the opportunity to

add an analysis of the visit that includes an exploration of power and systemic and structural inequality (Ferguson, 2018b; Fook, 2016). Ferguson (2018a) found that the demands of CPSW meant that reflection after a visit was not always possible but argued it was important that supervision was used to "debrief" any emotional distress caused by the visit so that accurate assessments could be made. This study found debriefing, or reflection was often superficial, rushed and sometimes missed altogether. Deborah talked about her practice being reactive as she was overwhelmed by work and had no time for reflection. Reflection that has a focus on risk assessment, tasks and what the social worker might do different next time, misses an opportunity to examine the macro factors impacting on a child and their family. Reflection or supervision that included structural barriers would allow for the deconstructing and analysing the level of engagement between the CPSW and client and the impact this may have on the child's safety (Fook, 2016). The implications of having no, or a superficial level, of reflection after a first visit could mean a risk of vicarious trauma for the social worker; it could also mean a lack of critical analysis of the client's/client family's circumstances or reflection on the prevalent discourses at the forefront of the CPSWs assessment; and, it could mean that the chance to reflect on present and future relationship opportunities are missed (Featherstone et al., 2014; Geoffrion et al., 2016; Horwitz, 2006; Lonne et al., 2009). The challenge for the CPSWs and the organisation is to create the will for this kind of reflection, and the space and time to do so.

Conclusion

This chapter has examined the results from two perspectives using social constructionist and critical theoretical lenses. What they mean in relation to practising CPSW from a relationship-based perspective, and what they mean from an organisational point of view. Despite the risk focussed nature of CPSW the participants in this study saw relationship building as crucial however the culture and workload of CPSW prevented them from relationship-based practice. The results demonstrate that the organisational culture of CPS is almost antithetical to relationship-based practice

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as the organisation is overwhelmed by unmanageable demand. This has caused CPS to become mired in its own workload preventing CPSWs preparing to meet their clients for the first time in a way that sets them up to have ongoing and meaningful relationships despite their very best efforts at the point of first engagement. As discussed in this chapter, social workers are often ill-prepared, emotionally and philosophically conflicted on the doorstep, afraid for their safety and sometimes with colleagues who they cannot trust to conduct themselves relationally. It is likely that they do not have the time to prepare or engage with families appropriately as it is one of many visits or tasks they have that day beyond their capabilities working for an organisation that is unlikely to support them emotionally and psychologically. This chapter has discussed the results and implications of these findings and the following will summarise this research, examine its limitations and make recommendations for future research and changes to CPSW practice.

Chapter Seven – Conclusion

This chapter summarises and reviews the research, it brings together the main areas of the project beginning with a review of the central research question and study design. It then presents the key findings of the research and briefly discusses the strengths and limitations of the research. Following this is a discussion of the implications of the research for social work and finally recommendations are presented for practice and further research.

- This study sought to explore care and protection social workers' perceptions and experiences of preparing for and meeting their client families for the first time as it is recognised that engagement and relationships are a determinant of successful social work practice with children and families. The central research questions were:
- How do social workers perceive the purpose of their first contact?
- What steps do they take in preparing to make first contact?
- What knowledge informs their practice?[14]
- How do social workers introduce themselves and their purpose to clients at that initial point of contact?

These questions were answered using a qualitative research design. Eight former CPSWs were interviewed either face to face or using Skype. A semi-structured

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[14] While this question formed part of the initial research design the answer to it was not borne out of the study and subsequently disregarded as a research question.

interview format elicited rich detailed descriptions of the participants' perceptions and experiences of their work. This rich data was analysed using social constructionism and critical theory using Braun and Clark's (2006) model of thematic analysis. These lenses looked to find the social constructions in how first contact is performed in CPSW and to critically analyse the impact of social forces on these constructions.

Key Findings and Implications

This next section discusses the key findings from the study and reflects on the implications for social work policy, practice and training. It begins with answering the key research questions briefly and then turns to the key findings.

Research questions

- How do social workers perceive the purpose of their first contact?

CPSWs perceive the purpose of first contact is to utilise their social work skills and knowledge to rapidly engage with their clients/client families so they can assess the safety of children and needs of the families.

- What steps do they take in preparing to make first contact?

CPSWs perform perfunctory tasks to prepare for first contact focussed on meeting KPIs and gathering background information. There is a disconnect between best practice and practice realities. They often attend first visits underprepared and with colleagues they cannot trust to work relationally with clients.

- How do social workers introduce themselves and their purpose to clients at that initial point of contact?

CPSWs use relationship building skills while rapidly assessing and adjusting their approach contingent on the presenting circumstances. This work is conducted in an environment that does not emotionally or psychologically support them, nor account

for systemic and structural factors affecting families. Workload demand is a significant factor in the first contact process.

Key findings

Three key findings were identified from this work:

1. CPSW first contact takes place within a complex environment that prioritises risk
2. First contact has been constructed by OT, in a neoliberal context, largely as a task-focussed exercise with minimal opportunity for critical reflection due to workload demand
3. First contact is an important platform to ensure client engagement impacting on the nature of the relationship between social worker and the family. It requires social workers who are skilled, dextrous and adaptable when they meet their clients for the first time, yet there is a cohort of CPSWs without these skills and the organisational environment does little to support them

CPSW first contact takes place within a complex environment that prioritises risk

This first key finding draws from the results that found that CPSWs grapple with dichotomous understandings of their role, their clients and their purpose at first contact. The participants' perceptions and experiences of first contact is complex with inherent ambiguities, and they receive little support to make sense of this in a work environment that is overloaded. There are ambiguities about their client, their role and how to navigate the first contact experience. The influence of neo-liberalism has pervaded and dominated the social work of CPSW since the early 1990s and first contact has been constructed in organisational processes and practices as about identifying and alleviating risk rather than building a relationship. The implications of this finding are that CPSWs need to be supported by both their supervisors and the organisation to reconstruct the practice of child protection as critically reflective, family-centred and

relationship focussed; to be guided by social work values and ethics and the principles of the Oranga Tamariki Act (1989). It is not that CPSWs need to decide a position to take at first contact, they can be both investigatory and supportive when they meet their clients, and indeed they must as to be one or the other neglects the totality and importance of their role (Dumbrill, 2017). They can be both child and family centred. CPSW has been constructed through a neoliberal ideology as wholly child-centred shaped by risk rather than family-centred shaped by empowerment and this has led to CPSWs perceived as overbearing and police-like rather than supportive partners in an emancipatory process. By engaging with a client family from a critical perspective and jointly understanding the family's circumstances that led to a referral to OT the CPSW and the family can work together towards alleviating those circumstances. Holding both positions requires a workplace culture to support critical practice and supervision that is focussed beyond meeting compliance measures that have been constructed from a risk focus. Currently supervision is most often focussed on risk-assessment and meeting KPIs, a fully reflexive supervision process could balance risk with good social work practice.

First contact has been constructed as a task-focussed exercise with minimal opportunity for critical reflection due to workload demand

Social workers' experience of preparing to meet client families for the first time focuses on meeting the organisation's requirements, Apart from the most complex cases, work is allocated to the next "cab off the rank" the social worker with the fewest number of cases, and this number is usually already unmanageable ("Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act," 2017; Office of the Chief Social Worker, 2014). Preparation is often limited or focussed on gathering data and limited space is given for CPSWs to emotionally and psychologically prepare for whom they are meeting. Similarly, debriefing and supervision if it occurred was most focussed on client safety and the next steps rather than the engagement process and relationship potentials. This finding does not discount the effort CSPWs make to engage in relationships with their clients or the exercise of their professional judgement

in preparation however it does imply an emotional burden on both CPSWs and their client families' that could be alleviated by giving mind to relationships at all stages of the first contact process. This implication demonstrates OTs construction of first contact as a task-focussed process rather than one relationship focussed in response to the increased demand, lack of resources and requirement to meet KPIs.

If first contact is not managed well initial safety assessments could be poor and superficial, this could lead to families being left vulnerable with unmet needs and children at risk of harm (Cottam, 2011; Ferguson, 2018a; Keddell, 2014). Also, if first contact is not managed well and a relationship is thwarted from the outcome, overall outcomes are likely to be poorer for clients (Schreiber et al., 2013; Thorburn, 2015; Välba et al., 2017). One implication of this finding is that OT should embed a practice, supervision and workplace culture that supports CPSWs to prepare relationally as well as practically. Yet in an overwhelmingly neoliberal context this is unlikely to occur while CPSW is seen as a risk management process and the challenge is to reconstruct risk to fit with social work perceptions and approaches.

First contact is an important platform to ensure client engagement and requires social workers who are skilled, dextrous and adaptable.

The literature review outlined the importance of relationship in CPSW and the skills required of CPSWs to affect engagement at first contact. This research has identified that most CPSWs possess and enact these skills in their work however OT does not have the organisational culture to support this style of practice consistently. Preparation for first contact is often ill-considered due to workload and the implications of this are poor assessment leading to increased risk for children and a decrease in the likelihood of relationship between CPSW and client families. Supervision and organisational policies fail to support empathic practice and increase the impact of vicarious trauma on CPSWs. This contributes to the failure of CPSWs to skilfully engage and adapt at first contact. When CPSWs meet their client families for the first time they need to be calm, professional, engaged, empathic and understanding. Social work ethics and values support this practice, yet it seems OT is unable to

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simultaneously occupy a child protection and social work space. Again this is resultant of the neoliberal presence in the social policy context and its dominance over social work practice.

The implications of this is that for many client families their first experience of OT and CPSWs is negative and fulfils their preconceived expectations of CPSW as there is a cohort of CPSWs who are unable to navigate the tensions of their role, including the weight of their statutory power, or do not possess the necessary social work skills to undertake this delicate work. This may require OT to consider a recruitment process that accounts for empathy, compassion and reflexive practice. Conversely, for many client families their experiences are of CPSWs who are able to empathise, understand and build an alliance and these workers need to feel confident in their colleagues abilities.

Strengths and Limitations

The interpretivist methods used in this study to obtain information regarding the knowledge and experience of the participants were well suited to the subject and purpose of the enquiry. The recruitment and unreserved cooperation of the participants is a positive reflection on the overall design and implementation of the research. Most of the participants displayed a high level of interest and a strong sense of purpose that is evident in many of their responses. While the sample size is small and self-selected, and generalisability cannot be guaranteed, the results could be generalised to the CPSW population given the proximity of characteristics of the sample group to the general population.

The limitations of these findings are that the data was collected in 2017 with ex-employees of OT. The organisation has since restructured and if the study were replicated different findings may result. Similarly, the sample self-selected to participate, and different results may have been found with a sample from the general CPSW population.

Recommendations

A number of recommendations for practice and policy are made in light of the results of this study.

Considering the findings of this study the following recommendations are made:

1. Recognition of the complex nature of first contact in CPSW and a process of preparation and supervision guided by a critically reflexive and relationship focussed framework.
2. The first contact process reconstructed as relationship focussed with all steps in the process focussed on providing the best circumstances to facilitate engagement between the CPSW and client/client family. CPSWs would need to have caseloads capped at a reasonable number. The OCSW (2014) review suggested 15 children per social worker. This would need a significant funding boost to OT and should be under the oversight of the OCSW.
3. Recruitment of CPSWs should include a process to test empathy, compassion, listening and understanding.

Conclusion

This final chapter has reviewed the work of this research study. The research question has been successfully investigated and recommendations in light of this investigation have been made. The key findings of the report have been identified and the implications of these discussed. Finally, recommendations for social work practice and policy are presented.

CPSW is complex, demanding and critical work. For many years it has been at the forefront of public condemnation. It is known that the most important tool a CPSWr possesses is their ability to engage in a relationship with their clients/client families. The impact of neoliberalism and the construction of CPSW as individualistic and risk focussed has tested CPSWs relationships with their client families, yet this research demonstrates CPSWs have the relationship building skills and desperately want to

practice social work with vulnerable children and families. The pressures of workload demand have created an organisational context that fails to meet the needs of its staff and ultimately clients. First contact is the first important step in the relationship building process and needs to focus on relationships ahead of tasks. CPSW needs to be reconstructed as critically reflexive and relationship focussed if CPSW is to undergo the positive transformation so desperately needed.

CPSW is a critical field of practice. In light of New Zealand's dismal record regarding child welfare it is imperative that meaningful change occurs, and that the voice of practitioners is heard when policies and procedures are developed. Social work is a professional enterprise and the promise for successful change rests upon the development of an organisational culture that is based upon a professional construction of practice.

References

Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review, 23*(1), 1-33. http://dx.doi.org/10.1016/S0272-7358(02)00146-0

Agger, B. (2013). *Critical social theories : an introduction* (3 ed.). New York: Oxford University Press.

Altman, J. C. (2008). Engaging families in child welfare services: Worker versus client perspectives. *Child Welfare, 87*(3), 41-61.

Alexander, L. B., & Dore, M. M. (1999). Making the Parents as Partners Principle a Reality: The Role of the Alliance. *Journal of Child & Family Studies*(3), 255.

Anderson, T., Ogles, B. M., Patterson, C. L., Lambert, M. J., & Vermeersch, D. A. (2009). Therapist Effects: Facilitative Interpersonal Skills as a Predictor of Therapist Success. *Journal of Clinical Psychology, 65*(7), 755-768. 10.1002/jclp.20583

Aotearoa New Zealand Association of Social Workers. (2008). *Code of ethics* (3 ed.). Wellington: ANZASW.

Atwool, N. (2019). Challenges of operationalizing trauma-informed practice in child protection services in New Zealand. *Child and Family Social Work, 24*(1), 25-32. 10.1111/cfs.12577

Becker, S., Bryman, A., & Ferguson, H. (Eds.). (2012). *Understanding research for social policy and social work : themes, methods and approaches* (2nd ed.). Bristol: The Policy Press.

Bisman, C. (2014). *Social work: value-guided practive for a global society.* New York: Columbia University Press

Boyatzis, R. E. (1998). *Transforming qualitative information : thematic analysis and code development*. California: Sage Publications.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. 10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2013). *Successful qualitative research : a practical guide for beginners*: London : SAGE, 2013.

Broadhurst, K., Holt, K., & Doherty, P. (2012). Accomplishing parental engagement in child protection practice?: A qualitative analysis of parent-professional interaction in pre-proceedings work under the Public Law Outline. *Qualitative Social Work, 11*(5), 517-534. 10.1177/1473325011401471

Bryman, A. (2012). *Social research methods* (4th ed.). Oxford: Oxford University Press.

Buckley, H., Carr, N., & Whelan, S. (2011). 'Like walking on eggshells': service user views and expectations of the child protection system. *Child & Family Social Work, 16*(1), 101-110. 10.1111/j.1365-2206.2010.00718.x

Bundy-Fazioli, K., Briar-Lawson, K., & Hardiman, E. R. (2009). A qualitative examination of power between child welfare workers and parents. *British Journal of Social Work, 39*(8), 1447-1464. bjsw/bcn038

Burns, K., & MacCarthy, J. (2012). An Impossible Task? Implementing the Recommendations of Child Abuse Inquiry Reports in a Context of High Workloads in Child Protection and Welfare. *Irish Journal of Applied Social Studies*(1), 25.

Burr, V. (1995). *An introduction to social constructionism*: London ; New York : Routledge, 1995.

Burr, V. (2015). *Social constructionism* (3 ed.). London, England: Routledge,Taylor & Francis.

Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning, 10*(6), 807-815. doi:https://doi.org/10.1016/j.cptl.2018.03.019

Cahalane, H., & Anderson, C. M. (2013). Family engagement strategies in child welfare practice. In H. Cahalane (Ed.), *Contemporary issues in child welfare practice.* (pp. 39-73). NY: Springer Science + Business Media. 10.1007/978-1-4614-8627-5_3

Cheyne, C., O'Brien, M., & Belgrave, M. (2008). *Social policy in Aotearoa New Zealand* (4th ed ed.): Oxford University Press.

Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act, (2017).

Connolly, M. (1994). An Act of Empowerment: The Children, Young Persons and their Families Act (1989). *The British Journal of Social Work, 24*(1), 87.

Connolly, M. (2004a). Building research strategies in child welfare : a research and evaluation framework for policy and practice. *Social Policy Journal of New Zealand / Te Puna Whakaaro*

Connolly, M. (2004b). Child & family welfare : statutory responses to children at risk. Christchurch, N.Z.: Te Awatea Press.

Connolly, M. (2005). The New Zealand practice framework : using knowledge to inform practice in care and protection. *Social work now*. http://ezproxy.massey.ac.nz/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsinz&AN=edsinz.667419&site=eds-live&scope=site

Connolly, M., Harms, L., & Maidment, J. (2018). *Social work : contexts and practice* (Fourth edition ed.): Oxford University Press.

Cook, L. L. (2017). Making Sense of the Initial Home visit: The Role of Intuition in Child and Family Social Workers' Assessments of Risk. *JOURNAL OF SOCIAL WORK PRACTICE, 31*(4), 431-444. 10.1080/02650533.2017.1394826

Cooke, A. (2015). The Children, Young Persons, and Their Family Act and Māori children. *New Zealand family law journal (Online)*

Cooper, A., & Whittaker, A. (2014). History as tragedy, never as farce: tracing the long cultural narrative of child protection in England. *JOURNAL OF SOCIAL WORK PRACTICE, 28*(3), 251-266. 10.1080/02650533.2014.932276

Corby, B., Millar, M., & Young, L. (1996). Parental participation in child protection work: rethinking the rhetoric. *British Journal of Social Work, 26*, 475-492.

Cottam, H. (2011). Relational Welfare. *Soundings, 48*, 134-144.

Coulshed, V., & Orme, J. (2012). *Social work practice* (5 ed.). Basingstoke: Palgrave Macmillan.

Cradock, G. (2014). Who owns child abuse? *social Sciences, 3*, 854-870. doi: http://dx.doi.org/10.3390/socsci3040854

Crines, A. S., Heppell, T., & Dorey, P. (2016). *The political rhetoric and oratory of Margaret Thatcher*: Palgrave Macmillan.

Crotty, M. (1998). The foundations of social research : meaning and perspective in the research process. St Leonards, NSW: Allen & Unwin, 1998.

D'cruz, H. (2004). The Social Construction of Child Maltreatment. *Journal of Social Work, 4*(1), 99-123. 10.1177/1468017304042423

Dale, M., Mooney, H., & O'Donoghue, K. (2017). Defining social work in Aotearoa : forty years of pioneering research and teaching at Massey University: Massey University Press.

Dalley, B. (1998). *Family matters : child welfare in twentieth-century New Zealand*: Auckland University Press in association with the Historical Branch, Dept. of Internal Affairs.

Damiani-Taraba, G., Dumbrill, G., Gladstone, J., Koster, A., Leslie, B., & Charles, M. (2017). The evolving relationship between casework skills, engagement, and positive case outcomes in child protection: A structural equation model. *Children and Youth Services Review, 79*, 456-462.

Davys, A., & Beddoe, L. (2015). 'Going Live': A Negotiated Collaborative Model for Live Observation of Practice. *Practice (09503153), 27*(3), 177-196.

Davys, A., Howard, F., Rankine, M., & Thompson, A. (2019). Supervision under the microscope: Critical conversations in a learning community. *Practice: Social Work in Action*. Retrieved from doi:10.1080/09503153.2018.1558196

de Boer, C., & Coady, N. (2007). Good helping relationships in child welfare: learning from stories of success. *Child & Family Social Work, 12*(1), 32-42.

Denzin, N. K. (2002). Social Work in the Seventh Moment. *Qualitative Social Work, 1*(1), 25-38. doi:10.1177/147332500200100102

Destremau, K., & Wilson, P. (2016). *Defining social investment, Kiwi-style*: NZIER.

Donmoyer, R. (2008). Tacit knowledge. In L. M. Given (Ed.), The SAGE Encyclopedia of Qualitative Research Methods (pp. 861-862). Thousand Oaks, California: SAGE Publications, Inc. Retrieved from https://methods.sagepub.com/reference/sage-encyc-qualitative-research-methods 10.4135/9781412963909

Drake, B. (1994). Relationship competencies in child welfare services... worker and client views. *Social Work, 39*(5), 595-602.

Dugmore, P. (2014). Working together, or keeping apart? A critical discourse analysis of the revised working together guidance (2013). *JOURNAL OF SOCIAL WORK PRACTICE, 28*(3), 329-341. doi:10.1080/02650533.2014.925863

Dumbrill, G. (2017). Emic and alliance: anti-oppressive social work in child protection. In D. Baines (Ed.), *Doing anti-oppressive practice : social justice social work* (Third edition ed.): Fernwood Publishing.

Dumbrill, G. C. (2006). Parental experience of child protection intervention: A qualitative study. *Child Abuse & Neglect, 30*(1), 27-37. http://dx.doi.org/10.1016/j.chiabu.2005.08.012

Edwards, F., & Wildeman, C. (2018). Characteristics of the front-line child welfare workforce. *Children and Youth Services Review, 89*, 13-26. doi:https://doi.org/10.1016/j.childyouth.2018.04.013

Elmqvist, C., Fridlund, B., & Ekebergh, M. (2012). Trapped between doing and being: First providers´ experience of "front line" work. *International Emergency Nursing, 20*(3), 113-119. http://dx.doi.org/10.1016/j.ienj.2011.07.007

Featherstone, B., Morris, K., & White, S. (2014). *Re-imagining child protection : towards humane social work with families*. Bristol: Policy Press.

Ferguson, H. (2011). *Child protection practice*. Basingstoke, England: Palgrave Macmillan.

Ferguson, H. (2016). What social workers do in performing child protection work: evidence from research into face-to-face practice. *Child and Family Social Work, 21*(3), 283-294. 10.1111/cfs.12142

Ferguson, H. (2017). How Children Become Invisible in Child Protection Work: Findings from Research into Day-to-Day Social Work Practice. *The British Journal of Social Work, 47*(4), 1007-1023. 10.1093/bjsw/bcw065

Ferguson, H. (2018a). How social workers reflect in action and when and why they don't: the possibilities and limits to reflective practice in social work. *Social Work Education*, 1-13. 10.1080/02615479.2017.1413083

Ferguson, H. (2018b). Making home visits: Creativity and the embodied practices of home visiting in social work and child protection. *Qualitative Social Work, 17*(1), 65-80. 10.1177/1473325016656751

Finn, J. L. J. f. u. e., Nybell, L. M., & Shook, J. J. (2013, 08//). Place, power, and possibility: Remaking social work with children and youth, Editorial. *Children & Youth Services Review,* pp. 1159-1165. Retrieved from http://ezproxy.massey.ac.nz/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=eue&AN=89111218&site=eds-live&scope=site

Flick, U. (2014). *An introduction to qualitative research* (5 ed.). Los Angeles: Sage.

Fook, J. (2016). *Social work : a critical approach to practice* (3 ed.). Los Angeles ; London: SAGE.

Forrester, D., McCambridge, J., Waissbein, C., & Rollnick, S. (2008). How do child and family social workers talk to parents about child welfare concerns? *Child Abuse Review, 17*(1), 23-35.

Forrester, D., Westlake, D., Killian, M., Antonopolou, V., McCann, M., Thurnham, A., . . . Hutchison, D. (2019). What Is the Relationship between Worker Skills and Outcomes for Families in Child and Family Social Work? *The British Journal of Social Work* 10.1093/bjsw/bcy126

Galletta, A. (2012). Mastering the Semi-Structured Interview and Beyond : From Research Design to Analysis and Publication. New York: NYU Press.

Gardner, F. (2012). The car, the rain, and meaningful conversation. In S. L. Witkin (Ed.), *Social construction and social work practice : interpretations and innovations*: Columbia University Press.

Gibbons, J., & Plath, D. (2005). 'Everybody puts a lot into it!' Single session contacts in hospital social work. *Social Work in Health Care, 42*(1), 17-34.

Gibbons, J., & Plath, D. (2009). Single contacts with hospital social workers: the clients' experiences. *Social Work in Health Care, 48*(8), 721-735.

Gilbert, G. N. (Ed.) (2008). *Researching social life* (3 ed.). Los Angeles: Sage Publications.

Gibson, M. (2015). Shame and guilt in child protection social work: New interpretations and opportunities for practice. *Child and Family Social Work, 20*(3), 333-343. 10.1111/cfs.12081

Gillett, G. (2012). Foucault and Current Psychiatric Practice. *Philosophy, Psychiatry & Psychology, 19*(1), 59-62.

Gladstone, J., Dumbrill, G., Leslie, B., Koster, A., Young, M., & Ismaila, A. (2012). Looking at engagement and outcome from the perspectives of child protection workers and parents. *Children and Youth Services Review, 34*(1), 112-118. http://dx.doi.org/10.1016/j.childyouth.2011.09.003

Glisson, C., & Hemmelgarn, A. (1998). Original Articles: The Effects of Organizational Climate and Interorganizational Coordination on the Quality and Outcomes of Children's Service Systems. *Child Abuse & Neglect, 22*, 401-421. 10.1016/S0145-2134(98)00005-2

Gray, D. E. (2018). *Doing research in the real world* (4 ed.). Los Angeles: Sage.

Gray, M., & Webb, S. A. (2013). *Social work theories and methods*. London: SAGE.

Gregory, M., & Holloway, M. (2005). Language and the Shaping of Social Work*, 37.*

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis* Retrieved from http://ezproxy.massey.ac.nz/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cat00245a&AN=massey.b3996042&site=eds-live&scope=site

Gustafson, B. (1997). New Zealand politics 1945 - 1984. In R. Miller (Ed.), *New Zealand politics in transition* (pp. 13 - 24). Auckland, New Zealand: Oxford University Press.

Harding, L. M. F. (1991). The Children Act 1989 in context: four perspectives in child care law and policy.

Harper, D. J. (2012). Surveying Qualitative Research Teaching on British Clinical Psychology Training Programmes 1992-2006: A Changing Relationship? *Qualitative Research in Psychology, 9*(1), 5-12. 10.1080/14780887.2012.630626

Healy, K. (2014). *Social work theories in context: Creating frameworks for practice* (2 ed.). Hampshire, England: Palgrave Macmillan.

Healy, K. (2018). The skilled communicator in social work : the art and science of communication in practice: Macmillan Education/Palgrave.

Healy, K., & Meagher, G. (2007). Social Workers' Preparation for Child Protection: Revisiting the Question of Specialisation. *Australian Social Work, 60*(3), 321-335. 10.1080/03124070701519686

Hodkinson, P. (2008). Grounded theory and inductive research. In G. N. Gilbert (Ed.), *Researching social life* (3 ed.). Los Angeles: Sage Publications.

Hollis-English, A. (2012). Pūao-te-Āta-tū: Informing Māori social work since 1986. *Aotearoa New Zealand Social Work Review, 24*(3/4), 41-48.

Horwitz, M. (2006). Work-related trauma effects in child protection social workers. *Journal of Social Service Research, 32*(3), 1-18. doi:10.1300/J079v32n03_01

Horwitz, M., & Marshall, T. (2015). Family Engagement in Child Protection Social Work. *Journal of Family Social Work, 18*(4), 288-301. doi:10.1080/10522158.2015.1079584

Horvath, A. O. (2000). The therapeutic relationship: From transference to alliance. *Journal of Clinical Psychology, 56*(2), 163-173.

Howe, D. (1998). Relationship-based thinking and practice in social work. *JOURNAL OF SOCIAL WORK PRACTICE, 12*(1), 45-56.

Howe, D. (2008). *The emotionally intelligent social worker*: Basingstoke [England] ; New York : Palgrave Macmillan, 2008.

Howe, D. (2010). The safety of children and the parent-worker relationship in cases of child abuse and neglect. *Child Abuse Review, 19*(5), 330-341. doi:10.1002/car.1136

Humphrey, C. (2013). Dilemmas in doing insider research in professional education. *Qualitative Social Work, 12*(5), 572-586. 10.1177/1473325012446006

Hyslop, I. (2008). Child protection policy and practice: A relationship lost in translation. *Social Policy Journal of New Zealand*(34), 62-72.

Hyslop, I. (2012). Social work as a practice of freedom. 10.1177/1468017310388362

Hyslop, I. (2017). Child Protection in New Zealand: A History of the Future. *British Journal of Social Work, 47*(6), 1800-1817. 10.1093/bjsw/bcx088

Hyslop, I., & Keddell, E. (2018). Outing the elephants: Exploring a new paradigm for child protection social work. *Social Sciences, 7*(7) 10.3390/socsci7070105

International Federation of Social Workers. (2014). Global definition of social work.   Retrieved from https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/

Ivanoff, A. M., Blythe, B. J., & Tripodi, T. (1994). *Involuntary clients in social work practice : a research-based approach*. New York: Aldine de Gruyter.

Jack, G. (1997). Discourses of Child Protection and Child Welfare. *The British Journal of Social Work*(27), 659-678.

James, C. (1997). The policy revolution 1984 - 1993. In R. Miller (Ed.), *New Zealand politics in transition* (pp. 13 - 24). Auckland, New Zealand: Oxford University Press.

Jones, R. (1995). Why do qualitative research? *BMJ, 311*, 2.

Jørgensen, M., & Phillips, L. (2002). *Discourse analysis as theory and method*. London: Sage Publications.

Kadushin, A., & Kadushin, G. (1997). *The social work interview : a guide for human service professionals* (4th ed.). New York: Columbia University Press.

Kallio, H., Pietilä, A.-M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing, 72*(12), 2954-2965. 10.1111/jan.13031

Kanuha, V. K. (2000). 'Being' native versus 'going native': conducting social work research as an insider. *Social Work, 45*(5), 439-447. sw/45.5.439

Katz, S. (2019). TRAUMA-INFORMED PRACTICE: THE FUTURE OF CHILD WELFARE? *Widener Law Journal, 28*(1), 51-83.

Keddell, E. (2011). Reasoning Processes in Child Protection Decision Making: Negotiating Moral Minefields and Risky Relationships. *British Journal of Social Work, 41*, 1251 -1270. doi:10.1093/bjsw/bcr012

Keddell, E. (2014). Theorising the signs of safety approach to child protection social work: Positioning, codes and power. *Children and Youth Services Review*

Keddell, E. (2016). Child protection reform and welfare reform in Aotearoa New Zealand: two sides of the same coin? In J. Maidment & L. Beddoe (Eds.), *Social policy for social work and human services in Aotearoa New Zealand : diverse perspectives*: Canterbury University Press.

Keddell, E. (2017). Interpreting children's best interests: Needs, attachment and decision-making. *Journal of Social Work, 17*(3), 324-342. 10.1177/1468017316644694

Keddell, E. (2018). The vulnerable child in neoliberal contexts: the construction of children in the Aotearoa New Zealand child protection reforms. *Childhood, 25*(1), 93-108. 10.1177/0907568217727591

Keddell, E., & Katz, I. (2018). Working in child and family welfare. In M. Connolly, L. Harms, & J. Maidment (Eds.), *Social work : contexts and practice* (Fourth edition ed.): Oxford University Press.

Kemp, S. P., Marcenko, M. O., Lyons, S. J., & Kruzich, J. M. (2014). Strength-based practice and parental engagement in child welfare services: An empirical examination. *Children and*

Youth Services Review, 47, Part 1, 27-35.
http://dx.doi.org/10.1016/j.childyouth.2013.11.001

King, N., Horrocks, C., & Brooks, J. M. (2019). Interviews in qualitative research. Nigel King, Christine Horrocks, Joanna Brooks (2nd edition ed.): SAGE.

Kirpitchenko, L., & Voloder, L. (2014). *Insider research method : the significance of identities in the field SAGE research methods. Cases* Retrieved from http://methods.sagepub.com/case/insider-research-method-the-significance-of-identities-in-the-field

Koprowska, J. (2005). Communication and interpersonal skills in social work. Exeter: Learning Matters.

Koro-Ljungberg, M. (2008). A Social Constructionist Framing of the Research Interview. In J. A. Holstein & J. F. Gubrium (Eds.), *Handbook of constructionist research*. New York: Guilford Press.

Krane, J., & Davis, L. (2000). Mothering and child protection practice: rethinking risk assessment. *Child & Family Social Work, 5*(1), 35-45.

Križ, K., Slayter, E., Iannicelli, A., & Lourie, J. (2012). Fear management: How child protection workers engage with non-citizen immigrant families. *Children & Youth Services Review, 34*(1), 316-323. 10.1016/j.childyouth.2011.11.001

Leach, M. J. (2005). Rapport: A key to treatment success. *Complementary Therapies in Clinical Practice, 11*(4), 262-265. http://dx.doi.org/10.1016/j.ctcp.2005.05.005

Leddy-Owen, C. (2008). Questionairrre Design. In G. N. Gilbert & P. Stoneman (Eds.), *Researching social life* (3 ed.). Los Angeles: Sage Publications.

Lietz, C. A. (2009). Critical theory as a framework for child welfare decision-making: Some possibilities. *Journal of Public Child Welfare, 3*(2), 190-206. doi:10.1080/15548730902855062

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. London: SAGE.

Lo Iacono, V., Symonds, P., & Brown, D. H. K. (2016). Skype as a Tool for Qualitative Research Interviews. In (Vol. 21).

Lonne, B., Parton, N., Thomson, J., & Harries, M. (2009). *Reforming child protection*. London: Routledge. org.ezproxy.massey.ac.nz/10.4324/9780203894675

Macvarish, J. (2016). Neuroparenting. [electronic resource] : the expert invasion of family life. London: Palgrave Macmilla.

Mafile'o, T. (2006). Matakāinga (behaving like family) : the social worker-client relationship in Pasifika social work. *Social Work Review*

Mansell, J., Ota, R., Erasmus, R., & Marks, K. (2011). Reframing child protection: A response to a constant crisis of confidence in child protection. *Children and Youth Services Review, 33*, 2076-2086. doi:10.1016/j.childyouth.2011.04.019

Marshak, R. J., & Grant, D. (2008). Organizational Discourse and New Organization Development Practices. *British Journal of Management, 19*, S7-S19. 10.1111/j.1467-8551.2008.00567.x

Martin, S. (2016). Shifting power relations in New Zealand child welfare policy: The process and implications of the 2014 amendment to s13 of the CYP and tF Act. *Aotearoa New Zealand Social Work*(2), 40.

Matai'a, J. (2006). It's not what you say, it's how you say it: Cultural ambiguity and speaking without naming the unspeakable. *Social Work Review, 18*(1), 37-41.

Mayor, C. (2018). Whitewashing trauma: applying neoliberalism, governmentality, and whiteness theory to trauma training for teachers. *Whiteness & Education, 3*(2), 198-216. 10.1080/23793406.2019.1573643

McAuliffe, D., Tilbury, C., Chenoweth, L., Stehlik, D., Struthers, K., & Aitchison, R. (2016). (Re)Valuing Relationships in Child Protection Practice. *JOURNAL OF SOCIAL WORK PRACTICE, 30*(4), 365-377. 10.1080/02650533.2015.1116437

McFadden, P. (2018). Two sides of one coin? Relationships build resilience or contribute to burnout in child protection social work: Shared perspectives from Leavers and Stayers in Northern Ireland. *International Social Work, 0*(0), 1-13. doi:10.1177/0020872818788393

McGregor, S. L. T., & Murnane, J. A. (2010). Paradigm, methodology and method: intellectual integrity in consumer scholarship. *International Journal of Consumer Studies, 34*(4), 419-427.

Mila-Schaaf, K. (2006). Vā-centred social work: Possibilities for a Pacific approach to social work practice. *Social Work Review, 18*(1), 8-13.

Ministry of Social Development. (2012). *The white paper for vulnerable children. Children's action plan: Identifying, supporting and protecting vulnerable children*. Wellington, New Zealand: New Zealand Government. Retrieved from http://www.childrensactionplan.govt.nz/action-plan/white-paper/

Ministry of Social Development. (2015). Terms of Reference for the Modernising Child, Youth and Family Expert Panel. Retrieved from https://www.msd.govt.nz/documents/about-msd-and-our-work/newsroom/media-releases/2015/cyf-modernisation-tor.pdf

Ministry of Social Development. (2016). *Expert panel final report: Investing in New Zealand's children and their families*. Wellington: Ministry of Social Development. Retrieved from https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/investing-in-children/investing-in-children-report.pdf

Mirick, R. G. (2013). An unsuccessful partnership: behavioral compliance and strengths-based child welfare practice. *Families in Society: The Journal of Contemporary Social Services*(4)

Mirick, R. G. (2014). The relationship between reactance and engagement in a child welfare sample. *Child & Family Social Work, 19*(3), 333-342. 10.1111/cfs.12022

Mooney, H. (2012). Māori social work views and practices of rapport building with rangatahi Māori. *Aotearoa New Zealand Social Work Review, 24*(3/4), 49-64.

Morrison, T. (2007). Emotional intelligence, emotion and social work: Context, characteristics, complications and contribution. *British Journal of Social Work, 37*(2), 245-263.

Moyle, P. (2014). Māori social workers' experiences of care and protection: A selection of findings. *Aotearoa New Zealand Social Work Review, 26*(1), 55-64.

Munford, R., & Sanders, J. (2017). Child welfare practice in New Zealand: Challenges and possibilities. In P. Dolan & N. Frost (Eds.), The Routledge handbook of global child welfare (First edition ed., pp. 85-95): Routledge. Retrieved from http://ezproxy.massey.ac.nz/login?url=https://www.taylorfrancis.com/books/9781315672960

Mullaly, R. P. (2007). *The new structural social work* (3rd ed.): Oxford University Press

Munro, E. (1995). The power of first impressions. *Practice (09503153), 7*(3), 59.

Munro, E. (2007a). *Child protection*: SAGE.

Munro, E. (2007b). *Child protection*. In *SAGE course companions*. Retrieved from http://ezproxy.massey.ac.nz/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cat00245a&AN=massey.b3290118&site=eds-live&scope=site

Munro, E. (2011). The Munro Review of Child Protection: Final Report, A child-centred system. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

Muran, J. C., & Barber, J. P. (2010). An introduction: establishing the context and rationale In J. C. Muran & J. P. Barber (Eds.), *The therapeutic alliance : an evidence-based guide to practice* Guilford Press.

New Zealand Government. (2019). stats.govt.nz/topics/population. Retrieved 21/5/2019 from https://www.stats.govt.nz/topics/population

Nicolas, J. (2015). *Conducting the home visit in child protection*. In. Retrieved from http://ezproxy.massey.ac.nz/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cat00245a&AN=massey.b3724956&site=eds-live&scope=site

O'Donoghue, K. B., & Tsui, M. S. (2012). In Search of an Informed Supervisory Practice: An Exploratory Study. Practice, 24(1), 3-20. 10.1080/09503153.2011.632678

O'Donoghue, K. B., & Tsui, M. S. (2018). Constructing an evidence-informed social work supervision model. In (Vol. 21, pp. 348-358).

O'Driscoll, E. (2018). 'I was getting mentally unwell': Oranga Tamariki staff resign over 'toxic', 'abusive' work environment. *Newshub.co.nz*. Retrieved from https://www.newshub.co.nz/home/politics/2018/12/i-was-getting-mentally-unwell-oranga-tamariki-staff-resign-over-toxic-abusive-work-environment.html

O'Hare, T. (2016). Essential skills of social work practice : assessment, intervention, and evaluation (2nd ed.). Chicago, Illinois: Lyceum Books, Inc.

Oak, E. (2016). A Minority Report for Social Work? the Predictive Risk Model (PRM) and the Tuituia Assessment Framework in addressing the needs of New Zealand's Vulnerable Children. *British Journal of Social Work, 46*(5), 1208-1223. 10.1093/bjsw/bcv028

Office of the Chief Social Worker. (2014). *Workload and casework review: qualitative review of social worker caseload, casework and workload management*. Wellington, New Zealand: New Zealand Government. Retrieved from http://www.msd.govt.nz/documents/about-msd-and-our-work/newsroom/media-releases/2014/workload-and-casework-review.pdf

Office of the Children's, C. (2015). *State of care, 2015: what we learnt from monitoring Child, Youth and Family*. Wellington, NZ. Retrieved from http://www.occ.org.nz/assets/Publications/OCC-State-of-Care-2015.pdf

Okiishi, J., Lambert, M. J., Nielsen, S. L., & Ogles, B. M. (2003). Waiting for supershrink: an empirical analysis of therapist effects. *Clinical Psychology & Psychotherapy, 10*(6), 361-373. 10.1002/cpp.383

Oppenheim, L. (1992). The First Interview in Child Protection: Social Work Method and Process. *Children & Society, 6*(2), 132-150.

Oranga Tamariki. (2017). *Executive summary of the review of practice for infant B*. Retrieved from Wellington: https://www.orangatamariki.govt.nz/assets/Uploads/Executive-Summary-Review-of-Practice-Infant-B.pdf

Oranga Tamariki. (2019). Quarterly Report - Mar 2019. Retrieved 10/07/2019 from https://www.orangatamariki.govt.nz/statistics/quarterly-reporting/

Oranga Tamariki Act, http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html?src=qs (1989)

Oranga Tamariki: Ministry for Children. (2016). Undertaking a care and protection assessment: Getting ready for your first visit. *Oranga Tamariki, Practice Centre.* Retrieved from https://practice.orangatamariki.govt.nz/policy/assessment-and-decision-making/key-information/undertaking-a-care-and-protection-assessment/

Parton, N. (2011). Child Protection and Safeguarding in England: Changing and Competing Conceptions of Risk and their Implications for Social Work. *British Journal of Social Work, 41*(5), 854-875. 10.1093/bjsw/bcq119

Parton, N. (2012). Thinking and acting constructively in child protection. In S. L. Witkin (Ed.), *Social construction and social work practice : interpretations and innovations*: Columbia University Press.

Parton, N. (2014). Social work, child protection and politics: Some critical and constructive reflections. *British Journal of Social Work, 44*(7), 2042-2056.

Patton, M. Q. (2015). Qualitative research & evaluation methods : integrating theory and practice (Fourth edition ed.): SAGE.

Payne, M. (2006). Introduction: The social work discourse. *What is professional social work?* (2nd ed.) (pp. 1-21). Bristol: The Policy Press and British Association of Social Workers.

Penna, S., & O'Brien, M. (2013). Neoliberalism. In M. Gray & S. A. Webb (Eds.), *Social work theories and methods* (2nd ed.). London: Sage.

Plath, D. (2013). Evidence-based practice. In M. Gray & S. A. Webb (Eds.), *Social work theories and methods* (2nd ed.). London, England: Sage

Public Service Association of New Zealand. (2018). Briefing to the Minister of Children.   Retrieved from https://www.psa.org.nz/dmsdocument/110044

Radey, M., & Stanley, L. (2018). "Hands on" versus "empty": Supervision experiences of frontline child welfare workers. *Children and Youth Services Review*. doi:10.1016/j.childyouth.2018.05.037

Rapley, T. J. (2001). The art(fulness) of open-ended interviewing: Some considerations on analysing interviews. *Qualitative Research, 1*(3), 303-323. doi:10.1177/146879410100100303

Rangihau, J. T. R.-A. (1986). Puao-te-ata-tu = Day break : the report of the Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare. Wellington, N.Z: Department of Social Welfare.

Rogers, C. R. (1951). Client-centered therapy : its current practice, implications and theory. London: Constable & Robinson.

Rogowski, S. (2015). From Child Welfare to Child Protection/Safeguarding: A Critical Practitioner's View of Changing Conceptions, Policies and Practice. *Practice (09503153), 27*(2), 97-112. 10.1080/09503153.2015.1014337

Roper, B. (2008). The welfare state: Origins, development, crisis and design. In N. Lunt, M. O'Brien, & R. D. Stephens (Eds.), *New Zealand, new welfare* (1st ed ed.). New Zealand: Cengage Learning.

Ruch, G. (2005). Relationship-based practice and reflective practice: holistic approaches to contemporary child care social work. *Child & Family Social Work, 10*(2), 111-123.

Ruch, G. (2007). Reflective Practice in Contemporary Child-care Social Work: The Role of Containment. *The British Journal of Social Work, 37*(4), 659.

Rudd, C. (1997). The welfare state. In R. Miller (Ed.), *New Zealand politics in transition* (pp. 256-267). Auckland, New Zealand: Oxford University Press.

Saldaña, J. (2016). The coding manual for qualitative researchers (3 ed.). London: Sage.

Sarantakos, S. (2013). *Social research* (4 ed.). Basingstoke: Palgrave Macmillan.

Schreiber, J. C. s. i. e., Fuller, T., & Paceley, M. S. (2013). Engagement in child protective services: Parent perceptions of worker skills. *Children & Youth Services Review, 35*(4), 707-715. 10.1016/j.childyouth.2013.01.018

Sim, S., Van Loon, B., & Appignanesi, R. (2009). *Introducing critical theory*: London : Icon Books : Totem Books ; Lanham, Md. : Distributed to the trade in the USA by Consortium Book Sales and Distribution, 2009.

Smith, M., Wilkinson, H., & Gallagher, M. (2013). 'It's what gets through people's radars isn't it': relationships in social work practice and knowledge exchange. *Contemporary Social Science, 8*(3), 292.

Smith, P. (2017). Revival: A History of Modern Culture: Volume II (1934) : The Enlightenment 1687 - 1776 (First edition ed.): Taylor and Francis.

Smith, M., Wilkinson, H., & Gallagher, M. (2013). 'It's what gets through people's radars isn't it': relationships in social work practice and knowledge exchange. *Contemporary Social Science, 8*(3), 292.

Spratt, T., & Callan, J. (2004). Parents' views on social work interventions in child welfare cases. *British Journal of Social Work, 34*(2), 199-224.

Stanley-Clarke, N. (2016). Social policy for social work and human services in Aotearoa New Zealand. In J. Maidment & L. Beddoe (Eds.), *Social policy for social work and human services in Aotearoa New Zealand : diverse perspectives*: Canterbury University Press.

Stanley, J., & Goddard, C. R. (2002). In the firing line : violence and power in child protection work. New York: Wiley.

Stephens, R. (2008). The changing social security system. In N. Lunt, M. O'Brien, & R. Stephens (Eds.), *New Zealand, new welfare* (1st ed ed.). New Zealand: Cengage Learning.

Stevens, K., Sanders, J., Munford, R., Dewhurst, K., Henaghan, M., Youthline Auckland, . . . Liebenberg, L. (2013). *Pathways to youth resilience: care and protection services in New Zealand*. Palmerston North, New Zealand: Massey University. Retrieved from http://www.youthsay.co.nz/massey/fms/Resilience/Documents/Care%20and%20Protecti on.pdf

Studsrød, I., Willumsen, E., & Ellingsen, I. T. (2014). Parents' perceptions of contact with the Norwegian Child Welfare Services. *Child & Family Social Work, 19*(3), 312-320. 10.1111/cfs.12004

Szczygiel, P. (2018). On the Value and Meaning of Trauma-Informed Practice: Honoring Safety, Complexity, and Relationship. *Smith College Studies in Social Work, 88*(2), 115-134. 10.1080/00377317.2018.1438006

Tamasese, K., Peteru, C., Waldegrave, C., & Bush, A. (2005). Ole taeao afua, the new morning: a qualitative investigation into Samoan perspectives on mental health and culturally appropriate services. *Australian & New Zealand Journal of Psychiatry, 39*(4), 300-309.

Tannenbaum, S. I., & Cerasoli, C. P. (2013). Do Team and Individual Debriefs Enhance Performance? A Meta-Analysis. *Human Factors, 55*(1), 231-245. doi:10.1177/0018720812448394

The Modernising Child Youth and Family Expert Panel. (2016). *Expert panel final report: Investing in New Zealand's children and their families*. Retrieved from Wellington: https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/investing-in-children/investing-in-children-report.pdf

The Treasury New Zealand. (2017). Social investment. Retrieved 16 June 2019 from https://treasury.govt.nz/information-and-services/state-sector-leadership/cross-agency-initiatives/social-investment

Thoburn, J., Lewis, A., & Shemmings, D. (1995). Family Participation in Child Protection. *Child Abuse Review, 4*(3), 161-171.

Thompson, M. J. (2015). *The Palgrave handbook of Critical Theory*: New York, NY : Palgrave Macmillan, 2015.

Thorburn, N. (2015). Surviving shame. *New Zealand Journal of Counselling, 35*(2), 14-26.

Thorsen, D. E. (2010). Neoliberal Challenge - What is Neoliberalism. *Contemporary Readings in Law and Social Justice, 2*(2), 188-124.

Tilbury, C. (2007). Shaping Child Welfare Policy Via Performance Measurement. *Child Welfare, 86*(6), 115-135.

Toros, K., DiNitto, D. M., & Tiko, A. (2018). Family engagement in the child welfare system: A scoping review. *Children and Youth Services Review, 88*, 598-607. 10.1016/j.childyouth.2018.03.011

Trevithick, P. (2003). Effective relationship-based practice: a theoretical exploration. *JOURNAL OF SOCIAL WORK PRACTICE, 17*(2), 163-176.

Turnell, A., & Edwards, S. (1999). Signs of safety : a solution and safety oriented approach to child protection. New York: Norton.

Turney, D. (2010). Sustaining relationships: Working with strong feelings. In G. Ruch, D. Turney, & A. Ward (Eds.), *Relationship-based social work : getting to the heart of practice*. London; Philadelphia: Jessica Kingsley Publishers.

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences, 15*(3), 398-405. 10.1111/nhs.12048

Välba, E., Toros, K., & Tiko, A. (2017). Family engagement within the context of assessment in child protection practice: The case of Estonia. *Child and Family Social Work, 22*(4), 1506-1514. 10.1111/cfs.12373

Walliman, N. (2005). Your research project : a step-by-step guide for the first-time researcher (2 ed.). London: Sage.

Wengraf, T. (2001). Qualitative research interviewing : biographic narrative and semi-structured methods. Thousand Oaks, Calif. ; London: SAGE.

Wilkins, D., & Whittaker, C. (2017). Doing Child-Protection Social Work with Parents: What Are the Barriers in Practice? *The British Journal of Social Work, bcx139* 10.1093/bjsw/bcx139

Witkin, S. L. (2012). An introduction to social constructions. In S. L. Witkin (Ed.), *Social construction and social work practice : interpretations and innovations*: Columbia University Press.

Yatchmenoff, D. K. (2008). A closer look at client engagement: understanding and assessing engagement from the perspectives of workers and clients in non-voluntary child protective service cases. In M. C. Calder (Ed.), *The carrot or the stick? Towards effective practice with involuntary clients in safeguardin children work* (5 ed.). Lyme Regis, England: Russell House Publishing.

Yegidis, B. L., Weinbach, R. W., & Myers, L. L. (2012). *Research methods for social workers* (7 ed.). Upper Saddle River, NJ: Pearson Allyn & Bacpm.

Yoder, J., & Ruch, D. (2014). Youth Who Have Sexually Offended: Using Strengths and Rapport to Engage Families in Treatment. *Journal of Child and Family Studies*, 11p. 10.1007/s10826-014-0054-x

Appendix 1 – Interview Guide

INTERVIEW GUIDE

STATUTORY CHILD PROTECTION SOCIAL WORKERS EXPERIENCES AND PERCEPTIONS OF ENGAGING WITH CLIENTS FOR THE FIRST TIME.

Interview Schedule:

Questions for semi-structured interviews

Introductions and whakawhanaungatanga:

Brief introduction to me and the research

First contact defined as the first time you as a social worker approach a client/whanau to introduce yourself in your role as a social worker, explain your process and begin your work

Go over consent process, answer questions and gain written consent

General information

I am keen to know a bit about you and your social work career – can you tell me a bit about yourself and your work history?

- When were you employed in statutory child protection and when did you leave?
- What office/s? (geographic region)
- What roles did you have in the organisation?
- What did you do in those roles?

Allocation

I am interested in your views on allocation of work – what does the term mean to you, and why do you think it is important?

- Was there a process for allocating clients in your office? Can you tell me about this? What did it involve?

- Is this how it always occurred or where there instances when the allocation process wasn't followed? Can you give me an example of this

- In what circumstances might you be allocated a co-worker? If you didn't have one how did you go about teaming up for a first visit?

- Who did you consider your client(s) when you were allocated work?

Preparation

I'd like to talk now about how you go about preparing to meet or talk with a client for the first time – can you tell me how this was managed at your site?

- What do you consider to be the most important elements to consider when meeting clients for the first time? Why these aspects? What do these things mean for your practice?

- Once work was allocated what would you do prior to first contact?
    - What steps or actions would you take (file review, briefing, role play)

- Would this depend on the type of allocation?

- What questions would you ask of the information/notification?

- Did you ever get help with this? What assistance did you receive?

- What training did the organisation provide in initial engagement/introductions?

- What else would have been helpful?

First Contact

Moving on to that first visit – can you tell me about a typical first client visit – how might you set it up or arrange it – would you cold call or arrange it ahead of time?

- What would go through your mind during this time and what would be your key priorities?

o What factors would determine how you approached clients for the first time?
    o Ethnicity

- o Gender

- o Socio-economic status

- o Age?

- What "patter"/introduction would you use with clients?

    - o Would you talk about informed consent/consent to interview children/complaints process?

- How would you manage refusal or hostility?

- How important would be building a relationship to you and how would you go about this?

Reflection

This next section is about reflection – how you might reflect after a visit and how you reflect on your child protection work now. Can you tell me a bit about your understanding of the use of reflection in social work?

- What feedback did you receive on how you approached a family? Co-worker – family?

- What did you typically do after visiting a client for the first time? Did you have a process of reflection? If so what was it?

- How did you your approach develop over time?

- If I asked families (on aggregate) how you managed first contact, what do you think they might say?

- How do you think (on aggregate) you managed first contact?

- On the whole, how do you think first contact is managed in statutory child protection?

- Since leaving would you do anything differently?

Poroporoaki

- Do you have anything else you would like to tell me about managing first contact that you haven't had the opportunity to?

- (Thank participant for their time, explain what happens next and how the results will be disseminated to them)

- Close

Appendix 2 - Massey University Human Ethics Approval

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

Date: 06 December 2016

Dear Sandra Bowden

Re: Ethics Notification - **SOA 16/69 - STATUTORY CHILD PROTECTION SOCIAL WORKERS EXPERIENCES AND PERCEPTIONS OF ENGAGING WITH CLIENTS FOR THE FIRST TIME.**

Thank you for the above application that was considered by the Massey University Human Ethics Committee: __Human Ethics Southern A Committee__ at their meeting held on __Tuesday, 6 December.__

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Brian Finch
Chair, Human Ethics Chairs' Committee and Director (Research Ethics)

Appendix 3 – Information Sheet

INFORMATION SHEET:

STATUTORY CHILD PROTECTION SOCIAL WORKERS' EXPERIENCES AND PERCEPTIONS OF ENGAGING WITH CLIENTS FOR THE FIRST TIME.

Purpose of the research

This project aims to explore how social workers prepare to first meet their clients. It is a qualitative interpretive study that will explore how social workers perceive the purpose of their first contact; what steps they take in preparing to make first contact; what knowledge informs their practice; and how they go about introducing themselves and their purpose to clients at that initial point of contact.

Researcher Introduction

My name is Sandra Bowden; I am a Masters of Social Work student at Massey University. This proposed study forms one of the prerequisites for completion of my Masters of Social Work (MSW).

Participant Identification

The research will involve semi-structured interviews with 8 social workers who have:

- a recognised SWRB social work qualification

- past experience working a statutory child protection setting in duty, assessment or intervention teams, either in Aotearoa/New Zealand or overseas, but no longer working in statutory child protection
- ability to be interviewed for up to 1.5hrs in the Greater Auckland area (or by Skype)
- fluency in English

If you meet these criteria I would like to invite you to participate in this research.

Project Procedures

If you agree to be interviewed as part of this research it will involve participating in one interview of approximately an hour and a half. The interview will be held at a time and place convenient to you. With your permission the interviews will be digitally recorded using an audio Dictaphone; permission will be requisite for the interview to proceed.

All information will be treated confidentially.

Prior to including your information in the research you will be given the opportunity to review and amend your interview transcripts. You should allow about half an hour for this task. No risk of harm is envisaged to yourself however if any harm or distress is felt at any time the interview will be terminated, you will be offered the opportunity to debrief and supports discussed.

Data Management

- The data collected for this research will be used for the purposes of this study and any subsequent publications.

- All transcripts will be kept in password protected files and deleted after use.
- No details of clients or caseloads will be held because the focus is on how social workers plan. The interviews will be audio recorded and transcribed by myself and remain confidential. The recordings and transcripts will be kept in password protected files and only be seen and heard by me and my supervisors. Transcripts and recordings will be destroyed following examination of the thesis.
- Your identity will be kept confidential by use of a pseudonym.

Participant's Rights

You are under no obligation to accept this invitation.   If you decide to participate, you have the right to:

- decline to answer any particular question
- withdraw from the interview at any time
- ask any questions about the study at any time during participation
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded.
- ask for the recorder to be turned off at any time during the interview.

Project Contacts

If you have any questions or wish to participate you can contact me at:

Sandra Bowden

Ph 0226386150 – email bowdense@ihug.co.nz

Alternatively you can contact one of my supervisors:

Dr Michael Dale   or Dr Nicky Stanley-Clarke

M.P.Dale@massey.ac.nz   N.Stanley-Clarke@massey.ac.nz

Ph: 06 356 9099 ext: 83522   Ph: 06 356 9099 ext: 83515

- This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 16/69. If you have any concerns about the conduct of this research, please contact Mr Jeremy Hubbard, Chair, Massey University Human Ethics Committee: Southern A, telephone 04 801 5799 x 63487, email *humanethicsoutha@massey.ac.nz*.

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Appendix 4 – Advertisement

ADVERTISEMENT

STATUTORY CHILD PROTECTION SOCIAL WORKERS' EXPERIENCES AND PERCEPTIONS OF ENGAGING WITH CLIENTS FOR THE FIRST TIME.

Hello my name is Sandra Bowden and I am conducting research for a Master's Thesis in the Social Work Masters Programme of Massey University. This thesis will be overseen by my supervisors, Dr Michael Dale and Dr Nicky Stanley-Clark, who are lecturers with the Massey University School of Social Work.

I would like to invite you to take part in the research, the aim of this research is to examine how social workers prepare and make contact for the first time with a family/whanau in the child protection process.

I wish to explore the experiences and perceptions of social workers when making first contact.

This project aims to understand how care and protection social workers perceive themselves, their roles and the clients that they are working with when they prepare to meet clients for the first time.

I am looking to interview 8 participants. This number has been chosen as it is a small-scale, qualitative research project that is focused on gaining an in depth understanding of the perceptions and experiences of social workers.

To be interviewed you will need to:

- have recently been employed in a statutory child protection field but no longer employed in that agency
- Be fluent in English
- Be available to meet in the Greater Auckland Area face to face, or via Skype video call

Participation in this study involves a semi-structured interview, face to face, of no more than 90 minutes at a time and place convenient to you.

Upon enquiry I will provide you with an information sheet and answer any questions you might have. Please contact me at bowdense@ihug.co.nz

Appendix 5 – Consent Form

STATUTORY CHILD PROTECTION SOCIAL WORKERS' EXPERIENCES AND PERCEPTIONS OF ENGAGING WITH CLIENTS FOR THE FIRST TIME.

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: **D**
                                                                 at
                                                                 e:
....

Full Name - printed
....

Appendix 6 – Codebook

Name	Description
Allocation style dependent on supervisor	How allocation occurred was largely dependent on style of supervisor or office culture
Always in pairs for first visit	
Anti-oppressive practice	
Anybody co's	Allocation of key worker only; social worker decides who goes with
"Bad colleagues"	Social worker's experiences of other colleagues abusing their power or not using skills of engaging
Bit of gold	
Clients - parents too	
Clients are	Social workers identify who they believe their clients are - children, or family
Cold call or arranged - a construction	Mostly a deliberate choice -
Complex cases more attention	Some recognition that more complex cases require more planning - complexity of CPSW
consent to intv chn	social worker discusses how they would get consent
Considered allocation	
Considered co-workers	Thought is given to a co-worker being allocated at the outset
critical exam of ROC	Social worker identifies actions that reflect a critical examination of the information given in the notification
critical reflection	

Name	Description
Cultural consideration	
culture of poor info giving	social worker talks about a poor office culture existing where clients aren't automatically supported to understand what their visit meant
CYA culture	Organisation more concerned about business risk than staff or clients
Deescalate	social worker uses de-escalation techniques to get in the door or establish some rapport
Describing assessment	social worker describes how they are undertaking assessment at the first visit
dishonesty v safety	social worker constructs information shared with parents to protect others
Dual role of CPSW	Conflict between role as caring social worker and child protection police
Egalitarian NZ	The perception of social workers that you treat everyone the same regardless of demographics
Empathy	Social workers understand how it might be for their clients and talk about the need to act empathetically
Engagement import	S/W identifies that they believe engagement is an important task of first contact
Engagement skills identified	Social workers identifying the skills they use to engage clients at first contact
Experience and maturity - dilemma	
Fear and anxiety	Prior to knocking on the door - social worker's feelings relating to what might happen
Find support anywhere	

Name	Description
Fine line	
First contact important	social worker identifies the need to try hard
First contact very complex	Social workers identify that what they do is complicated and nuanced
going to the unknown	Not necessarily fear but things happen that are unexpected
Gold on leaving	
Good assessment	Social worker identifies that a good assessment is related to being well resourced and therefore able to do the work
Good work a luxury	Social worker hints or says that it's an ideal or a luxury to be able to do good work - a neoliberal social construction
handover	social work describes handover to new sw process
Hearing their side	Reassuring clients that you want to hear their response to the allegations - that you haven't made your mind up already
Hopes dreams possibilities	Social worker identifies how they wish things were different in the future
How FC managed	Social worker talks about how they think it was managed - personally, from families' perspectives and overall
informed of rights	
Informed v not of rights	Social worker informs clients of rights to complain etc
Inherent qualities	Social worker identifies that some people just have it where as other don't
int child w out consent	social worker describes first contact as talking with the child without informing parents or gaining consent
intimidation v respect	
Introduction used	

Name	Description
It's my job - it has to be done	Using the statutory role but positively - this job has to be done but I am going to be good and kind and respectful with you
Key priority at door	
Language	Social worker identifies that their language is important in establishing a relationship
learning from reflection	sw identifies times when they performed poorly and changed practice
legal mandate to inform parents	social worker cites legal requirement to inform parents
Magpie learning	Social workers learned from experiences with others about what worked and what didn't
Management style negative	S/W identifies elements of management that made first contact more difficult
Managing hostility	Social worker describes how they manage refusal at first contact
Negative outcome of cold call	
Neoliberalism	Social worker identifies the impact neoliberal ideology on CPSW practice
No training in FC	
Not allowed in	As there is a stat nature to FC getting in is critical
Not my job	Social worker identifies scenarios at first contact that aren't part of their work as CPSW
Not taking children	Stating immediately that you are not their to remove children
Opening patter	social worker identifies their opening patter

Name	Description
Personal safety	SW identifies that their own safety is a priority on first contact
Power and control	social worker identifies the role of power and control at first contact
power taken	The social describes their power as of right
Prep for first contact	What tasks social workers undertake prior to first contact - clarify concerns, research history etc
Prep limited	Prep for first contact often limited because of resourcing issues
Priority reducing anxiety	Social worker's priority at first contact is to reduce the anxiety of the client
Protect from CYFS	Social worker talks about needing their "clients" to not feel afraid of them as CYFS
Random allocation	No discernment or best fit unless complex
Reflection post visit	How a social worker reflects on their visit
Relationship and assessment	Social worker identifies that there is a correlation btw having a good relationship and completing a good assessment = safety
Relationship impt	Social worker identifies relationship building as a important task at first contact
Relationship makes change	
relationship not priority	
Resourcing	Lack of resources frustrates good first contact
respect valued	
respectful engagement	

Name	Description
Senses engaged	social workers identify that they engage with all sensory information at first contact
share power	Social worker offers a choice to allow a sense of power
Social workers' experience	
Social workers human	
Style dependent	social worker constructs style depending on client characteristics
support v police	example of conflict btw role as a support and investigator
Surprise! Allocation	Allocations just found on chair or caseload
Suspicion	Social workers identify position of mistrust of parents
Toxic culture	
Training or induction	What training social workers recd in first contact would they even remember?
Transparency	Being open and honest with clients
Trust v mistrust	SW identifies that their role at first contact is to establish whether their "clients" are telling the truth or not
Use of car to prep and debrief	Social worker identifies the travelling time as space to prepare and debrief the visit
Use of humour	
whakawhanaungatanga	
What's really going on	First contact to establish 'truth' in relation to ROC
Who's doing what - role clarity	It is important to be clear on who is doing what at the first visit

Name	Description
Wker safety	Worker identifies their own safety as a key priority
Workload pressure	High intense and largely unsustainable workload pressure