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**Strengthening Professional Practice -
the Role of Practice Manager
in New Zealand
Child, Youth and Family**

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Strengthening Professional Practice – the Role of Practice Manager in New Zealand Child, Youth and Family

Abstract

This research considers the role of **practice manager** in New Zealand Child, Youth and Family (CYF) by exploring its contribution to professional social work practice and by reporting on the intrinsic difficulties in the role. The research adopts a strengths based approach that examines both the individual professional perspective and the organisational context. A systemic analysis probes the dynamics and complexities that confront the advocacy of ‘best practice’ in a statutory organisation.

Statutory child protection work is arguably at the sharpest end of social work practice and it is being performed in an increasingly turbulent environment characterised by continuous change, complex case dynamics and scarce resources. Social service management is often a fragile balance between delivering quality services and quantitative outcomes within fiscal constraints. Practice leadership is poised between the fiercely competing needs of staff care and client service. This research seeks to understand the role of the practice manager in this landscape and to examine how these inherent tensions are interpreted and managed by individual practitioners.

Three methodologies are used to generate the data in this dissertation – a focus group, a small number of individual in-depth interviews and a postal survey to all practice managers currently in the role. An inductive approach is used to explore the research questions and to identify common themes.

The key finding of the research is that the participants believe that the role has strengthened professional practice in CYF by refocusing the work back to ‘best practice’, and by providing professional supervision and practice leadership to staff. These improvements are seen to have promoted better outcomes for children and families. The

role faces a number of challenges – addressing the demanding work environment issues, and also realising the potential of the collective group to contribute to national practice and policy development.

This research has begun the formal evaluation of the practice manager role and it is anticipated that it will promote an ongoing discourse that both affirms and challenges the place of best practice advocacy in Child, Youth and Family. Ultimately the hope is that it will create a positive impact on service delivery to the children and families who are at the heart of this debate.

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Chapter 1

Introduction

The practice manager role in the Department of Child, Youth and Family (CYF) was proposed in 1999 and implemented throughout the organisation in 2000. Three years on, in early 2003, it seemed timely to begin an investigation into the effectiveness of the role and to evaluate whether it had strengthened professional social work practice in CYF.

The information about CYF in this report – particularly in this introduction and the literature review - is largely based on the author's own views, knowledge and insights about the organisation, gained from having worked in CYF for nearly twenty years.

The primary role of CYF is to administer the Children, Young Persons and their Families Act 1989 (CYP&F Act 1989). This legislation was designed to promote the safety and well being of children and their families and to address the issues of youth offending. Under this Act, CYF executes three primary social work functions: firstly, the investigation of notifications of child abuse and neglect; secondly, the care and monitoring of children and young persons under Family Court Orders and thirdly, the management of youth justice matters. The Act also bestows on CYF social workers the statutory power to secure the protection of children and to address serious care and protection issues.

The CYP&F Act 1989 is regarded internationally as an innovative piece of legislation as it places central importance on the concept of family decision-making around both the care and protection of children and youth offending. This decision-making is largely achieved through the forum of the Family Group Conference (FGC). Safety of children is safeguarded by the paramountcy principle (Section 6) of this Act, namely that “the best interests of the child or young person” must be applied in all care and protection proceedings. (In youth justice matters, the primary notion is the accountability of the young person for their offending.) The professional judgement

about child safety ultimately rests with the CYF social worker; it is this decision that can cause one of the most difficult tensions for workers in child protection practice.

Child, Youth and Family (CYF) became a stand-alone Government Department in 1991, having originally been part of the wider Department of Social Welfare. It was initially renamed the New Zealand Children and Young Persons Service (NZCYPS), but has been restructured twice since then. This has been reflected in two further name changes - Child, Youth and Family Agency (CYPFA) and the current name - Child, Youth and Family (CYF). This highlights the turbulent and confused nature of a statutory organisation, which has struggled with both its role and mandate in New Zealand society.

CYF started having difficulties in the 1990s when it began to experience high volumes of demand for its services, as increasing public awareness of child abuse and family violence prompted a significant rise in the number of notifications of child abuse and neglect to CYF. At the same time, Government philosophy and policy regarding welfare matters became fractured and unclear; subsequently funding began to tighten.

A number of the social policies implemented in the 1990s had a significant impact on the living and social conditions of New Zealand at the time and these have also shaped the current climate. Examples of these policies include: the reduction of state housing, the reduction of income support levels (in particular, benefit cuts) and the privatisation of health services. These policies signalled a philosophical shift away from the notion of the 'welfare state' and its associated corollary of 'welfare dependency'. Arguably these cost-cutting policies contributed to increased poverty, reduced standards of living and greater social isolation for families. Together with the emerging trends of increased crime, growing unemployment and decreasing access to health and education, the legacy to families was an increase in stress and pressure. Further policies of 'mainstreaming' and 'community care' resulted in the closure of many institutions for youth, disability and mental health. Despite some positive outcomes to these policies, the lack of alternative community-based resources effectively reduced service provision to many vulnerable groups.

The prevailing ideology of this period led to confusion about the purpose of CYF and the role of Government intervention in the matter of family life. Was the social work role one of prevention and early intervention in the lives of families? Or was it about providing a tertiary service, that is, crisis and/or forensic social work investigation dealing with only the neediest cases - the 'ambulance at the bottom of the cliff'? In addition, there was debate about whether CYF should be providing its own services, for example foster-care placements and social work monitoring, or should these be contracted out to community and Iwi agencies? In essence – what was the role of CYF - a Government agency employing social workers to administer social control in relation to the welfare of children and young people or a professional social work agency taking a leadership role in child protection matters? These tensions have created an ongoing challenge for CYF to date.

The 'managerialist' approach dominant at the time (1990s) had moved CYF into the realm of being an organisation more concerned about outputs and key performance indicators (KPIs) than quality social work and positive outcomes for families. The culture of the organisation had become centred on business standards and operations rather than the professional principles of social work. Social work professionalism appeared seriously eroded and practice had become defensive – focused on business risk rather than client outcomes. By 1999, it was slowly becoming clear to both the Government and the organisation that neither business nor client objectives were being met in this environment.

A CYF internal informal review in 1999 proposed the establishment of the practice manager role as one response to these difficulties. Inconsistent social work practice was perceived to be leaving many children vulnerable and many families at risk. The quality of social work practice was being questioned nationally in the light of a number of very highly publicised cases of child abuse deaths. Staff morale was low and a high staff turnover had become a major source of concern. The public's confidence in the Department seemed to be at its lowest ebb with serious concern expressed that CYF was unable to provide effective protection of children – its primary statutory function.

CYF's decision in 2000 to appoint practice managers was based on the notion of separating out the responsibilities of finance and practice, and then locating the delegations for these functions in different positions in the organisation. Previous to this proposal, there had been one position on each site that combined these two functions. This position – previously called site manager – was perceived as being overstretched and not able to deal adequately with the dual roles. Practice quality and the supervision of social work staff were seen as being heavily compromised, as financial and management matters invariably took priority.

As a first step, Service Delivery Unit Managers (SDU managers) were established to deal with budgetary and general management functions of the 28 service delivery units around the country. Practice managers were then gradually appointed throughout 2000 in about 40 sites to focus on the matters of social work practice delivery and the supervision of social work supervisors.

Because of the ongoing and intense public criticism of CYF throughout 2000, the then Minister of Social Development, Steve Maharey commissioned Judge Mick Brown, former Principal Youth Court Judge, to do a review of the Service. The Brown report, titled *Child Abuse is about Adult Behaviour* (2000) highlighted that CYF was operating as a fragmented organisation with little public credibility. There were a number of recommendations made in this report to address the issues raised and many of these focused on the ongoing need to build professional leadership and improve practice standards. Even though the practice manager role had been designed and implemented prior to the publication of the Brown report, the role was seen to be a key strategy to continue building the desired professional capability.

In early 2003, CYF was continuing to have major difficulties with its management style, its financial performance and its public credibility. The Labour Government commissioned the Treasury Department to undertake a comprehensive review of CYF – now known as the *First Principles Baseline Review* (CYF 2003). This review was to explore the baseline funding required for its core business and to make recommendations on what CYF required. The results of this Review were made public in October 2003 and this has resulted in a number of system reviews being

implemented in an attempt to address serious operating issues. These reviews are still works in progress.

Background

I have been employed as a practice manager in the Tauranga office of CYF since April 2000 and the proposed topic is of immense professional interest to me. I have worked in the area of child protection for 20 years and I believe it is essential that practice in this area is continually scrutinised and improved. It seemed both critical and timely that an in-depth look into the practice manager position by those currently in the role be conducted - in order "to seek out new insights, ask questions and assess phenomena from a different perspective" (Adams and Schvaneveldt 1985:103).

It is hoped that the thematic data and findings emerging from this research will assist in the ongoing development of the role and reinforce the thrust of the professionalisation strategy. It is also my hope that an outcome of this research is the advocacy of reflective strengths-based practice and the promotion of a continuous learning environment within the organisation.

Theoretical framework

The central tenets of strengths based philosophy are relevant to this research because the intention of the inquiry is to: identify the strengths of the practice manager role, analyse how these strengths are transformed into professional competencies and examine their impact on professional statutory practice.

In social work practice terms, strength based principles emphasise the need to promote strengths and address vulnerabilities of individuals/families/groups in order to increase resilience, coping skills and the achievement of their goals. The approach focuses on the abilities, hopes and dreams of clients and accords them expertise in their own lives (Berg 1997, de Shazer 1985, Scott and O'Neil 1996). It seeks to shift the power dynamic away from a relationship based on 'expert professional'/'helpless

client' to one that creates a partnership of working together to achieve goals. The focus is on 'solution finding' (Berg and Kelly 1997) rather than problem solving.

The central premise of this research is that strengths based social work practice aims to develop resilience in children and young people and safe parenting capability in families. This is paralleled in strengths based supervision of social workers by the building of professional practice capability. This is mirrored yet again in strengths based management and leadership by the building of organisational capability. The approach is about harnessing the strengths of practitioners in the role and fashioning them into robust professional practices that achieve positive outcomes for children, young persons and their families. It is essential that these strengths, principles and values are role modelled throughout the organisation in all of its levels and systems.

The alignment of organisational systems, such as supervision, human resource management, training, research and evaluation, to strengths based principles is an important extension of the strengths based framework. Although the traditional roots of strengths based practice are positioned in a casework approach, the relevance of these principles in other spheres and systems is becoming increasingly recognised. Employees and supervisees, just like clients, grow and change when they feel respected, valued and have their strengths recognised. This has benefits in shaping the macro systems, such as the work environment, and creating productive change. Alternatively, management systems that may be contrary to strengths based principles, e.g. an authoritarian 'command and control' management style can seriously undermine strengths based social work practice with families. This is because workers in such a regime often feel disempowered – and this can impact on their practice.

Statutory social work practice with families is at its most compelling when it effects social change rather than social control. This ensures that families are empowered to utilise their strengths, and that social structures facilitate (and not restrict or ration) access to resources necessary for their well-being. Systems thinking (Minuchin 1974) is of prime importance to child protection casework, particularly in regard to the concepts of interagency collaboration and 'dangerous dynamics' (a term coined by

Reder et al 1993). Systems theory is also a valuable framework in analysing and understanding organisational behaviour and the environment in which practice is managed and supported.

The challenge to CYF as a Government agency with statutory functions is to promote a proactive 'best practice' model within a systemic, solution-building paradigm. More specifically, it is the role of the practice manager to advocate for child and family well-being by applying a child focused, family centred model, which goes beyond a 'child rescue' approach. This is consistent with the values underpinning the Principles of the Children, Young Persons and their Families Act 1989, the Treaty of Waitangi and the core social work values of respect, participation and empowerment. A 'child rescue' approach can undermine the Principles of the Act by alienating children from their families.

The research questions

The central research questions are:

- What is the role of the practice manager in CYF from the perspective of those employed in the role?
- How was the role originally perceived, and has the national implementation of the role complied with this design?
- What are the benefits flowing from the role and what are some of the issues which need addressing?

In terms of the broader picture, the research considers whether there are any tensions between social service management and practice leadership; and if there are - how are these resolved either by the individual practitioner and/or the agency? What are the prominent systemic influences on the position that aid or impede the functioning of the role?

The research collects some demographic information about the backgrounds and qualifications of those in the role. The study also touches on the skill set perceived to

be most relevant to the role and the leadership issues faced by the incumbents. The other area of interest is what preparation, training and support is required for the role. Do these exist and/or how can these processes be better provided, or improved?

In essence, the research focuses on the experiences of those in the role by accentuating the strengths and challenges of the role.

The next chapter reviews the literature around the four major components of the practice manager role – child protection practice, supervision, leadership and management and then locates this discourse in the organisational context of CYF.

Chapter 2

Literature Review

A number of literature searches failed to produce any direct literature about the role of a practice manager in a statutory setting. This is largely because the role of practice manager in the NZCYF setting is one comprised of a unique, hybrid but specialised nature – a mix of **social work consultant, “super” supervisor, practice leader and social service manager** (but without financial delegation). My review of the literature draws from these major strands:

- Social work theory and practice,
- Supervision theory and practice,
- Leadership theory and practice,
- Management theory and practice.

These strands are then positioned both in the organisational context of CYF and the international environment of child protection work.

Social work theory and practice

The literature related to social work theory and practice is extensive but for the purposes of this study, the focus will be confined to the social work theories and practice models (primarily derived from Western cultures) that relate to statutory social work, child protection work or youth offending. Mastery of this sphere of specialty knowledge is essential for the **social work consultant** component of the CYF practice manager role.

Many schools of thought, perhaps starting with psychological models such as Freud’s psychodynamic theory (1974) - which was a very early influence - have shaped social work practice in the domains of child protection and youth offending. Two basic ideas underpin the psychodynamic model: “psychic determinism - actions and behaviour arise from people’s thought processes rather than just happening; and the unconscious, the ideas that some thinking and mental activity is hidden from our knowledge” (Payne 1991: 75). This leads to the notion of abnormal behaviour (e.g.

abusive, violent behaviour) as a symptom of a disturbance, or a disease, that needs to be treated.

In the 1960s and 1970s, the behaviourist approach challenged the predominant psychodynamic model. Behaviourists adhere to the principles of learning theory and espouse that all behaviour, including abnormal behaviour, is learnt and therefore can be modified by conditioning and/or reinforcement (Miller 2002:174). The cognitive models of the 1980s (Goldstein 1981) are also psychologically based theories with a focus on perception, learning and adaptation – behaviour is directed by thoughts rather than unconscious drives, conflicts and feelings. This approach is about finding out how information is collected, processed, understood and used. Jones and Elcock summarise that “...cognitivism is a particular approach to psychology that theorises about the mind as an information processor” (Jones and Elcock 2001:150). Cognitive psychology advocates that a change of thinking is essential in order to effect a change in behaviour – especially behaviour which is abusive, neglectful, violent or criminal.

Humanistic theory, emanating from Rogers and Stevens (1973) and Truax and Carkhuff (1967), introduced the concepts of authenticity, openness, warmth, empathy and self-disclosure as the basis of a good working relationship with clients. This school of thought is perceived as ‘client centred’ and advocates an approach that is non-directive and non-judgemental. Rogers wrote “Thus we can now say with some assurance and factual backing that a relationship characterised by a high degree of congruence or genuineness in the counsellor, by sensitive and accurate empathy on the part of the counsellor, by a high degree of regard, respect and liking for the client by the counsellor, and by the absence of conditionality in this regard, will have a high probability of being an effective, growth promoting relationship” (Rogers and Stevens 1973:101). Counselling, social work and supervision models have embraced these principles and they are widely quoted as fundamental factors for many ‘helping’ relationships.

The existentialist movement (Krill 1978, MacQuarrie 1972) also featured in the 1970s – based on the earlier work of Soren Kierkegaard, who is commonly known as the father of modern existentialism (MacQuarrie 1972:53). MacQuarrie (1972) refers to themes of freedom, decision and responsibility as predominant in this philosophy,

which is largely about how people cope with the fact that 'existence' makes them want to live a life that has many unsatisfactory aspects. This causes humans to question the value of their lives and their identity. Both the humanistic and existential schools of thought are heavily based on valuing relationships.

In relation to child protection practice, Bowlby's work on attachment in 1951 had a significant impact on theory development regarding the bonding between children and their caregivers - especially his research on how maternal deprivation in the early years of life can impede a child's development. In 1961, Kempe (cited in Reder et al 1993), a doctor, developed the concept of the 'Battered Child Syndrome' after treating a number of children with injuries caused by physical abuse. He was the first to begin naming physical evidence of abuse and neglect and attributing the causes of injury to child maltreatment.

Bronfenbrenner (1979) devised the ecological model of child development that emphasized the impact of contextual factors on children, and Garbarino (1982) advanced an ecological approach to understanding and responding specifically to the problem of child maltreatment. This approach cited in Scott and O'Neil (1996:30), focuses on "...the interactions between the significant settings in a child's life such as school/peers, neighbourhood, parental workplace and extended family, and to the vulnerability and strengths of the communities in which many children grow up."

The escalation of work around brain development theories (Perry 1997; Teicher 2002) has emphasised the critical importance of the early years of a child's life. Recent studies on trauma, post-traumatic stress disorder and developmental psychopathology (Atkinson and Zucker 1997; Goldberg 2000; Perry 1997) have assisted in understanding how normal child development (based on theorists such as Eriksen, Kohlberg and Piaget) is arrested for abused and/or neglected children. Many research papers have concentrated on the poor outcomes for abused and neglected children (Chalk et al 2002) but recently there has been more of a focus on the factors that build resilience in children and families (Gilligan 1997). This is consistent with the current trend towards a strengths based model of practice.

Crisis theory (Golan 1978) and crisis intervention flow from the notion that balance needs to be restored following an incident or period of disequilibria in the family ecological system. Although crises are a normal occurrence, inadequate resolution of these by individuals or groups can lead to maladaptive patterns of coping and weakened functioning in the family or organisation. This theory applies to statutory social work on two levels – work with clients and also the work environment. Firstly, CYF has often been criticised as mirroring the dysfunction of its clients (Brown 2000) – the organisation has become trapped in the vortex of reactive crisis mode. And secondly, over time weakened organisational functioning, in relation to repeated crisis work, has left clients in unsafe situations and placed workers at risk of serious harm.

Systems theory, as described by Minuchin in 1974, has illuminated the complex processes that can contribute to the dangerous dynamics often present in child abuse cases and their professional networks (Morrison 1996; Reder et al 1993). Interestingly, ‘hostage theory’ (also referred to as ‘Stockholm Syndrome’) has been applied to child protection workers providing insights into how threats from a violent adult can distort a worker’s thinking to reduce intolerable levels of anxiety. This can result in the accommodation of violence and serious underestimation of the danger to a child - and therefore the failure to protect (Stanley 2002).

Systems theory is based on the notion that there is dynamic connection between different arenas of activity, when these apparently discrete activities have permeable boundaries (Brown and Bourne 1996:104). Pincus and Minahan (1973) highlight three types of systems –

1. informal or natural systems – family, friends, fellow workers,
2. formal systems – community groups,
3. societal systems – hospitals, school.

It is therefore, important to understand how different systems affect each other in order to have understanding about the holistic picture. Sometimes these impacts may be anticipated or expected but sometimes the effects on other systems may be unintended or unpredicted. Whatever these impacts are, they need to be identified and analysed by workers, supervisors and managers – especially with how they might relate to the safety and protection of children.

On a more positive note, Multi-Systemic Therapy (MST), which addresses the multiple needs of families and builds on the natural systems of support, is currently receiving popular support in practice circles (Kazdin and Weisz 1998). This model was created for work in high-density urban areas and has been particularly successful in creating positive outcomes in cases of youth offending.

Reder et al (1993:15) report that sociological theories in turn have highlighted contextual factors surrounding child abuse. Structural theory and Marxist theory (Corrigan and Leonard 1978) analyse the institutional and societal context of inequality and oppression, examining the macro factors (employment, health, housing and education), which can lead to oppression, poverty and despair for families – conditions that often compromise the protection and well-being of children. These theories are less concerned with individuals and their problems; instead their ideology is based on radical collective action rather than individual help. Feminist theory has added insight into the way patriarchy has oppressed women and children and created the culture where women are powerless - with domestic violence being one symptom of this. Feminist action is based on education, consciousness raising and creating a totally new epistemology (Stanley and Wise 1990).

Scott and O'Neil (1996) report that a growing recognition of cross-cultural differences and the rights of indigenous people to self-determination has exposed the damage that many welfare policies have caused. These practices have created immense cultural dissonance by the large-scale removal of indigenous children from their families and communities (Scott and O'Neil 1996:25). This is highly relevant to the New Zealand scene where Maori children are over-represented in CYF statistics. The concept of cultural relativism and the issue of power add to the debate by raising many questions about anti-discriminatory practice in a pluralistic society.

Child protection practice has historically oscillated between family preservation models and 'child rescue' models. The latter has advocated permanent placements for children by adoption into substitute families (Jewett 1982). The pendulum swings between a risk averse/deficit approach to a more risk-taking/family preservation model. This can mean heavy state intervention - protecting the child at all costs - at one end of the continuum - to minimisation of the safety issues at the other extreme.

According to Weil (cited in Patti 2000:483) “As service systems have grown, the child rescue approach and the community-based service approach have co-existed, and in some periods, the pendulum of social policy has swung forcefully one way or the other, with the child rescue approach usually prevailing.”

Another key factor disturbing this delicate balance has been the child death reviews (Reder et al 1993), which have created an overly cautious, defensive practice approach. Defensive practice is elicited by very strong anxiety factors, which can be a very powerful and controlling dynamic for workers who are not safely contained by competent professional supervision.

A defensive practice culture generally results in a ‘child rescue’ approach where children are too easily removed from their families for fear of blame from the organisation and/or the media if anything goes wrong (that is, a child abuse injury or death). Unfortunately, this approach invariably leads to the alienation of the child from their family and is not conducive to a safe return home. Other factors which can contribute to a defensive practice philosophy are: the media, the prevailing political climate and social policies, budgetary constraints, availability of resources and the individual practitioner’s values, knowledge, skill base and competency. For example, new and /or inexperienced workers often make cautious decisions, as they do not have the depth of knowledge or skill to do more comprehensive assessments.

The tide in casework is now turning away from the ‘structured decision-making’ models of risk assessment of child abuse in the 1980s and 1990s (Smith 1995) to ‘guided clinical practice’ frameworks that reclaim the notion of practitioner professional judgement. Strengths based work (Berg and Kelly 1997; Scott and O’Neill 1996) is prominent and is manifested in the ‘Solution-Building’ approach (Berg and Kelly 1997) to child protection work. Berg and Kelly postulate that social workers, like all helping professions, have been trained in the traditional problem-solving approach based on the medical model. They say that this locks social workers into being ‘the expert’ with a heavy emphasis on professional assessment and intervention. This dependence on assessing the problem and analysing the causes, keeps workers and the family stuck in an unhelpful deficit cycle. Strengths based practice puts less emphasis on the nature and severity of the problem and more focus

on solutions – sometimes querying whether problems and solutions have to be connected. This is a real challenge to the fundamental thinking of the problem-solving approach. Strengths based practitioners argue that the clients are the ‘experts’ in their own lives and therefore focus on building solutions (rather than solving problems) as a way to move families forward.

The notion of clients being ‘experts’ in their own lives creates a potential dilemma for child protection practitioners trying to work in a strengths based way, because of their primary responsibility to address the safety of children. The statutory decision making about child protection often involves using authoritative professional knowledge gained from both experience and research in this area. This at times may seem incongruous to workers, and is a conflict that needs careful reflection to achieve the appropriate balance.

In the ‘Signs of Safety’ approach (Turnell and Edwards 1997) the focus of strengths is reframed into how they can be used by the family or practitioner, to increase the safety of children. Danger and harm to a child are compared to the strengths and protective factors in the family’s situation but safety of the child/ren remains the key focus. They emphasise the need to build safety from protective factors. A significant feature of this model is that it was designed to be used and shared with the family – that is, it wasn’t developed purely as a tool for the worker.

There is increasing demand for practice models to be firmly grounded on evidence of delivering better long-term outcomes for children and families. Ford and Postle (2000) propose that the one reason for the enduring popularity of ‘task centred’ (Reid 1978) practice amongst social workers is, that unlike other models, it was developed within and for social work, originating from research into social work practice (Ford and Postle 2000:52).

In the United Kingdom Department of Health publication, *Child Protection: Messages from Research* (1995), there is a powerful account of the significant findings that have been collated from a number of research projects conducted in the United Kingdom. The authors contend that society continually reconstructs definitions of maltreatment that sanction intervention – “...it is a socially constructed

phenomenon which reflects values and opinions of a particular culture at a particular time” (Gibbons cited in Department of Health, UK 1995:15). This means that social workers see “...parenting behaviour on a continuum but they have the additional duty to decide when to intervene and, if so how” (1995:15). However, this involves drawing a threshold that involves deciding both the point beyond which a behaviour or parenting style can be considered abuse, and the point beyond which it is necessary for ‘the State’ to take action. The ‘threshold’ that legitimises action on part of the child protection agencies appears to be the most important component of any definition of child abuse; and more often than not this threshold is defined by funding or resourcing. The research evidence suggests that authoritative knowledge about what is known to be bad for children should play the greater part in drawing this definition.

The Department of Health research findings suggest that long-term problems occur in families when the parenting style fails to compensate for the inevitable parenting deficiencies. If parenting is entirely negative it will be damaging for the child. If negatives events are interspersed with positive experiences outcomes may be better. However, it was the families, which were ‘low in warmth and high in criticism’ that were of significant concern to the researchers as negative incidents tended to accumulate as if to remind the child she/he is unloved.

The research teams drew attention to what was missing from social work assessments: firstly, using evidence about the effects of behaviour or parenting style on outcomes for the child, and secondly the distinctions between abusive action (what caregivers do) and harm (the impact on the child). They also assert that whether social workers offered support or therapy, removed the child or kept the family together - the benefits of involving the family in the decision about their future emerged clearly in several studies. Partnership with families, according to research findings, is “...marked by:

- Respect for one another
- Rights to information
- Accountability
- Competence and value accorded to any individual’s contribution
- Power is shared and decisions made jointly

- Roles are respected and backed by legal and moral rights.” (1995:52)

These are similar to the premises of strengths based practice models.

This research publication claims that too frequently that child abuse investigations do not offer family support services (the focus is on establishing whether abuse has occurred) - and in over half the cases families receive no services as the result of the enquiry into their lives (1995:39). The greatest criticism from the researchers was reserved for the experience of families for whom there was less concern. They considered that too many minor cases were rigorously investigated with the result that too many ‘minnows’ were caught up in the protection net. This found that this can have bad effects - parents become alienated and even when abuse is not substantiated can face distress and hardship - both of which can impact on the children.

They espouse that a more effective approach is to tackle the abuse by means of enquiry, i.e. a family needs assessment and support services if required (referred to as a ‘differential response’ system¹) rather than heavy-handed investigations that leave the family unassisted. Good professional practice can ease anxiety and lead to co-operation that protects children. They concluded that protection of children is best achieved by building on the existing strengths of the child’s living situation, rather than expecting miracles from isolated and spasmodic interventions (1995:52). Respect for family rights can contribute to a child’s protection.

McKeown’s research into what works in family support services for vulnerable families echoes the themes listed above. He concludes “Above all, family support must seek to cultivate the strengths and innate problems-solving abilities of all families, and restore confidence in their capacity to overcome adversity” (2000:29).

Miller, Duncan and Hubble (1997) have evaluated what contributes to change in the therapeutic environment with clients. They conclude that the following elements and their relative contribution to change are:

¹ CYF announced in September 2004 that they were working on the development of a ‘differential response’ system in New Zealand in an attempt to provide a more streamlined approach to the management of child abuse and neglect cases. This requires a change to the legislation – the CYP&F Act 1989, as it will involve community agencies carrying out child and family assessments after cases have been initially screened by CYF.

1. The extra-therapeutic environment (aspects of the client and his/her environment that facilitate recovery - their theory of change) - 40%
2. Relationship between therapist and client - 30%;
3. Placebo, hope, and/or expectancy -15%;
4. Structure, model, and/or technique used - 15%.

This emphasises that the client's characteristics and social support systems combined with the relationship with the worker - are the crucial factors that facilitate change.

While this research was done in terms of psychotherapy, these findings are both important and relevant to the relationship between CYF social and the families it works with. There needs to be further research conducted in New Zealand which evaluates and links statutory practice to actual client outcomes.

The challenge for the practice manager in CYF is to work through this maze of theories, models of practice and research findings relating to child protection, arguably the sharpest end of social work practice, in order to advocate a 'best practice' approach. The potential conflict between strengths based work and child protection is one of the most pressing dilemmas and one that requires both authoritative knowledge and evidence based research to debate and resolve.

Supervision

Current social work in the area of child abuse and neglect is fraught with constant change and anxiety for both practitioners and managers. The competing demands of casework complexity, fiscal restraint, heavier workloads and shifting ideologies have seen a high turnover of staff in CYF coupled with low staff morale. Practice managers in CYF have had to struggle with these issues and address the tensions evident in the organisational environment. Their role is to lead and promote social work practice, and the primary channel for doing this is seen to be through the **supervision** of supervisors. The CYF Professional Supervision Policy defines supervision as a "formally arranged process that enables social workers to practice to the best of their ability. It is a relationship in which one social worker is given responsibility to work with another social worker in order to meet certain organisational, professional and personal objectives" (adapted from Morrison 1996

cited in the CYF Supervision Policy 1997:2). This includes the dual responsibilities of management supervision and professional or clinical supervision.

Kadushin (1992) identifies three functions of supervision, the administrative, the educative and the supportive. These functions highlight the expectations that all parties – supervisee, supervisor and organisation - have regarding the supervision process. Essentially this is a mixture of accountability, professional development and support. Kadushin's concern was that any increased emphasis on the managerial aspects of social work supervision would be at the expense of the professional aspects.

Morrison (2001) asserts that supervision is the key strategy to contain the anxiety of workers and minimise 'Professional Accommodation Syndrome'. He stresses the need to grow a healthy organisational environment towards a vision of an 'emotionally competent organisation'. Hughes and Pengelly (1997) argue along similar lines that the turbulence and contradictions of structure and ideology put enormous pressure on the capacity to provide containment in supervision (Hughes and Pengelly 1997:186). They state "Amid incessant change, teams of practitioners in each organisation, with managers who are usually their supervisors, struggle to deliver a service" (1997:19).

Hughes and Pengelly relate the concept of supervision to the way that social work teams are managed and how they interact with other systems – both inside and outside the agency. These interfaces either help or hinder the maintenance of a containing boundary around the supervisory relationship. They further suggest that supervision is the forum "...where the impact of the organisation meets head on the impact of direct work with service-users and with other agencies" (1997:22) and they assert that "...the functioning of supervision will reflect in microcosm the state of the organisation, its relationship with the environment and how its boundaries are managed" (1997:22).

They also contend the way a supervisor is able to exercise authority is as crucial as ever in ensuring a supervision regime that promotes safe and effective service delivery (Hughes and Pengelly 1997:3). They mention three types of authority: role

authority, professional authority and personal authority but claim that the exercise of authority is underpinned by the individual's capacity to manage her or himself. This includes knowing her/his own strengths, weaknesses and anxieties.

The issue of authority in supervision raises the contentious notion of power and control in supervision. Many authors (Brown and Bourne 1996; Hawkins and Shohet 1989; Kadushin 1992; Morrison 2001) have grappled with this tension, particularly when the functions of accountability and professional development are invested in the one hierarchical supervisor. Unsafe practice can result from either the overuse of power or alternatively, the failure to exercise appropriate authority (Brown and Bourne 1996; Hawkins and Shohet 1989; Morrison 1993). Douglas (1990:17) relates supervision to the care and protection context by stating "Authority, responsibility and support need to be with the same managing supervisor in the same way that frontline workers have to integrate both a care and control function in their practice."

Brown and Bourne (1996) focus on the necessity of supervision for all social workers, not just new workers, by espousing a developmental theme within a supervisory relationship. They outline the phases of induction, connection and integration in their model. They overlay these phases on the concept of four primary systems which they believe impact on the supervision process. These systems are the practice system, the worker system, the team system and the agency system (1996:67). All these systems have a significant influence on the worker and the quality of their social work. The notion regarding this model is that the focus of supervision moves through the developmental phases towards integration over time, as experience and competence increase.

They also describe the importance of anti-discriminatory practice in supervision and they advocate for a proactive supervisory response to worker stress (Brown and Bourne 1996:113). However they do acknowledge the fact that as a worker's stress increases, it is increasingly difficult for the worker to make good use of supervision – as defence mechanisms tend to emerge. Brown and Bourne suggest the way to effectively deal with worker stress and trauma is to focus on identifying and locating these in relation to the four primary systems – worker, practice, team and agency. In relation to accumulated stress (this occurs over a long period of time but it can

become extremely debilitating for the worker), they recommend regular stress checks in supervision and both preventive and remedial strategies – in a staged approach – to reduce the possibility of professional ‘burn out’ (1996:127). They also emphasise the importance for the supervisor to have his/her needs met during this process.

Hawkins and Shohet (1989:56) contribute to the literature by describing a process model of supervision called the ‘double matrix’ or ‘seven-eyed supervisor’ model. This model sees two interlocking systems operating – the therapy system connecting the worker and client, and the supervisory system linking the the worker and the supervisor. They assert that the supervision process must pay attention to the therapy matrix because what happens in that system can be replicated in the other. Their emphasis is on supervision being a vehicle for “...taking care of oneself and staying open to learning as well as an indispensable part of the helper’s ongoing self development, self awareness and commitment to development” (Hawkins and Shohet 2000:5).

Hawkins and Shohet also make reference to the wider organisational context in which supervision is conducted. They have devised a theory about five different organisational cultures, which they believe exist in the helping professions (1989:134). These are:

1. The personal pathology culture – the person is the ‘problem’ with little understanding of systems theory and group dynamics.
2. The bureaucratic culture – high on task orientation and low on personal relatedness.
3. Watch-your-back-culture – a highly politicised and/or competitive climate that results in internal power struggles.
4. Reactive/crisis driven culture – the focus is on the intensity of the moment and responding to the latest crisis, with little time for reflective practice.
5. The learning/developmental culture – supervision flourishes in this environment as staff learning and development is valued and encouraged at all levels which increases the potential of clients having their needs met.

In reality, they suggest that nearly all helping organisations are a mixture of several of these cultures and that this combination critically shapes the quality of the supervision process, and ultimately the social work practice.

Clarkson's (1993) 'TAPES' model of clinical supervision is seen as a valuable framework and incorporates the strands of theory, assessment, parallel process, ethics and strategies. The supervisor is able to work in any of these strands highlighting professional development by insight into all of these areas. Parallel process is an aspect of supervision that has also been highlighted by Kadushin (1992) – the belief that supervision is a mirror (parallel process) of the casework process.

Strengths based models of practice (Cohen 1997) have promoted a solution-focused style of supervision and they place value on workers' competencies and skills. Strengths are drawn out in the action reflection process at the start of each supervision session – this concentrates the worker's learning on recognising areas of competency and resilience. This process enhances and builds on the worker's knowledge or skills by elevating them into the 'conscious competence' zone – and thus ensuring that the learning is transferred to other settings or situations. The role modelling of this approach is then mirrored in the casework creating more hope and optimism for clients.

The notion of culturally appropriate supervision has been rising rapidly in recent years – with the call borne out of frustration with the ongoing colonisation of social work supervision in New Zealand by traditional European and American models. Bradley et al (1999:3) described, "...Maori perspectives within non-Maori settings continue to be considered as an ethnic or indigenous cultural add-on to the predominant non-Maori discourse". There is a growing voice urging the development of tangata whenua models of social work supervision.

A discussion about supervision is not complete unless it draws attention to the emotional impact that child protection work has on workers and the need to address this in a safe, professional environment. The dynamics involved in working with abuse and neglect cases can be complex and disturbing – particularly when workers are constantly dealing with the severe end of the spectrum. These issues can touch on the worker's own personal and family issues, unresolved conflicts or vulnerabilities.

A supervisor must be constantly alert to these different dynamics and especially aware of the potential for ‘mirroring’ in supervision – which Hughes and Pengelly describe as “...the uncharacteristic behaviour in a worker as a response to specific dynamics of a particular case” (1997:92).

They highlight several examples of mirroring in child protection work – two examples of dynamics being mirrored in the supervision process are as follows:

1. The dynamic: Premature growing up.

Family: Adults fail to protect the child from knowing and experiencing too much too soon. There can be a precocious maturity and premature loss of innocence and curiosity.

Supervision: new or young workers have no easy cases to begin on and feel they have to cope with everything that comes their way. Their feelings swamp them or become blunted. Supervisors may regret this but feel unable to question it or attend to the feelings (1997:93).

2. The dynamic: Disbelief that worries will be heard.

Family: The child may be threatened to keep silent. Attempts to speak may not be heard or believed. Belief that sharing worries can lead to improvement is destroyed.

Supervision: Workers may only hint at concern about abuse and supervisors may not quite ‘hear’ (or vice versa). Fears arise that investigation and taking statutory action will only damage the child further (1997:95).

Hughes and Pengelly conclude that supervision is placed in the middle of upward and downward mirroring - and therefore reflects the ethos and culture of the organisation. Interestingly, the term mirroring has also been used to describe positive interactions and relationships between the levels of client, worker and supervisor. Supervisors need to be aware of this phenomenon and address it when observed.

Finally, models of supervision enhance supervision practice by generating a positive and reflective, learning climate for social work staff. Ideally, they should be aligned with social work theory not management theory. It is essential that these approaches embrace professional codes of practice and anti-discriminatory practice. The supervision relationship is a key component to safe child protection practice. Practice managers are key influences in facilitating what Morrison (2001) describes as a 'green cycle' – a safe environment that normalises anxiety and promotes learning in the social work setting.

Leadership

Much has been written about **leadership** and it is beyond the scope of this study to give it anything other than a cursory albeit panoramic appraisal. It is interesting to note at this point that the terms management and leadership are often quoted as a dualism; alternatively some authors use the two terms interchangeably. Yukl (cited in Patti 2000:304) "...maintains that a person can be a leader without being a manager and that a person can be a manager without leading." However, he also suggests that there is a considerable overlap between leadership and management. Bennis and Nanus (1985 – also cited in Patti 2000:305) distinguish the roles by stating, "...managers are people who do things right and leaders are people who do the right things."

The literature relating to leadership suggest three major approaches over the years – based initially on personality traits (leaders are born not made), styles (patterns of behaviour) and more recently the concept of leaders as visionaries and strategic architects leading to transactional and transformational leadership.

Mant (1997) enters the leadership debate with his notion of 'intelligent leadership' linking together the concepts of broadband intelligence, judgement, firepower and systems thinking. His classic metaphor of the bicycle and the frog illustrates his perspective that the leader's role is to embrace the entire system in all its subtlety and complexity (the frog) rather than dealing separately with the components of a system (the bicycle) (Mant 1997:62).

Senge (1990) builds on this dialogue by proposing that leaders can influence people to view reality at three distinct levels: events, patterns of behaviour and systemic structure. Leaders, as teachers, can help people restructure their view of reality to see beyond the superficial conditions and events into the underlying cause of problems and therefore see new possibilities for shaping the future. Leadership, according to Kotter (1996), produces change and movement and consists of vision building and strategising; aligning people and communicating; and motivating and inspiring. He defines these functions as 'transformational' leadership.

Follet (cited in Austin 2002:3) stated:

“But let us look further at the essentials of leadership. Of the greatest importance is the ability to grasp a total situation. The chief mistake in thinking of leadership as resting wholly on personality lies probably in the fact that the executive leader is not a leader of men only but of something we are learning to call the whole situation. This includes facts, present and potential, aims, purposes and men. Out of a welter of facts, experience, desires, aims, a leader must find the unifying threshold. He must see the whole not a kaleidoscope of pieces. He must see the relation between all the different factors in a situation.”

Austin embraces Follet's premise, which defines the business organisation as a social system, which has community consequences as production outcomes. He interprets the "...human service organisation as a social system that has special connections of which it is a part" (2002:4). He goes on to describe "...an interactive leadership as a style which has an inclusive focus of attention – that is a total situation approach" and "...an intensive personal interaction" between the leader and other staff in both individual and group processes (2002:344). This ensures that the leader understands the social systems by concentrating on the "behavioural interaction that underpins organisational life" (2002:344).

Austin (1981:38) proposes that the ultimate goal of effective leadership is the facilitation of the work of staff in meeting the needs of clients served by the agency. He further claims that supervisory leadership style has a direct impact on decision-making and that this leadership is able to influence upward (managers and superiors),

outward (peers) and downward (supervisees) (1981:39). He highlights the three leadership styles devised by Odiorne (1970, cited in Austin 1981:44) – autocratic, democratic and laissez faire. These form a continuum of complete power at the autocratic end to no power at the laissez faire end. The democratic leader has limited power but uses this in a constructive manner. As with the subject of supervision, the themes of power and authority are present throughout the literature on leadership.

Goleman's concept of 'Emotional Intelligence' has been very fashionable over recent times - espousing the need for leaders to have both cognitive and emotional intelligence. He believes that these "...are synergistic" (Goleman 1998:22) and that top performers display this as 'emotional competence'. He further makes the distinction of the great divide between mind and heart and that the successful combination causes "...people to excel and display a leadership edge" (Goleman 1998:32).

Leadership style (or more specifically - what is the best style) is probably one of the most contentious areas in the literature about leadership. Kippenberger refers to the many leadership styles that abound in practice but draws specific attention to three types of very effective leadership: the diplomatic transformer, the leader-philosopher and the servant leader (Kippenberger 2002:63). Greenleaf's model of servant leadership appears relevant to the topic at hand – it is centred on a high degree of trust, leading people by modelling the way – by coaching, empowering and persuading (Greenleaf cited in Kippenberger 2002). In a 1989 study, Rosener (cited in Kippenberger 2002) described a difference in leadership style between men and women - stating that women had more of a transformational style as they ascribed their power to their personal characteristics. Men tended to use power based on their organisational position and formal authority and consequently she described this as a transactional style. This may be relevant to the proposed inquiry in terms of whether the findings show any differences in style between male and female practice managers in CYF.

Style, systems thinking, change and vision emerge as principal themes in the leadership literature. The leadership role of practice managers involves leading practice on site, role-modelling 'best practice' approaches and being a proactive leader within the social services sector in the local community.

Management

Management literature largely originates from the USA in the 1980s and 1990s with many management ‘gurus’ arising in that period – Mintzberg (1997), Handy (1995) and Kotter (1996). Management models are based on the philosophies and values of their architects and are conceived in the milieu prevailing at the time.

Management is described by Kotter (1996) as producing order and consistency and is more focused around the activities of planning, budgeting, organising, staffing, controlling and problem solving. He describes these functions as ‘transactional’ management and he draws the distinction between management and leadership. His much-quoted phrase of “...an over-managed, under-led corporate culture” has resonated loudly within CYF in recent times (Kotter 1996:28).

Coulshed and Mullender (2001) contend that there are three main schools of general management theory, the first of which is ‘scientific managerialism’, often known as Taylorism - as it was based on the work of F.W. Taylor (cited in Coulshed and Mullender 2001). Taylor believed that there was one best way to complete a task, which was the most efficient way: and maximum efficiency was achievable by simplification and standardisation. ‘Scientific managerialist’ theory tends to treat workers like cogs in a machine and is heavily reliant on the concepts of efficiency, compliance and outputs. The second is the human relations school of thought, advocated by Follett and Mayo, which values the contribution people make to the culture of the organisation. The third school is the study of organisational structures, which is largely based on Weber’s theory of bureaucratic hierarchies and Trist’s theory of ‘open systems’.

Trist’s theory of ‘open systems’ recognises the dynamic movement in and out of organisations as well as inside them, and states that if “...an organisation was to operate effectively its technical systems had to mesh with its social systems” (Coulshed and Mullender 2001:43). All of these general schools of management are pertinent and familiar to social work agencies and this research analyses their application to the CYF setting in greater depth.

There is ample literature about social service management, with Coulshed being regarded as an authority in this area. Her 1990 text is regarded as a classic and was updated in 2001 just before her death. She persistently rejected the tide towards managerialism (the application of business principles to social services) and continued to adhere to the professional roots of social work by relying on her practice skills of communication and an open and honest style. She was ahead of her time in promoting management theory that was moving towards what is known as the "...feminisation of management styles" (Coulshed and Mullender 2001:5).

The systems approach has particular relevance to social service management and to understanding the design of complex organisations. The approach offers concepts and notions that apply to the dynamic nature of a social service organisation dealing with human needs and emotions. The structure of an agency (especially a child protection agency), the processes that go with that structure, and their changing interactions relate well to systems thinking around boundaries and subsystems – all impacting on each other within a wider macro system.

Coulshed and Mullender (2001: 47) contend that "...the manager's key role in the systems approach is to focus on how the subsystem(s) he or she manages relate(s) at all points of 'interface' with the larger, total system and the outside world – known as boundary management." They contrast this with the earlier thinking that saw managers as being there primarily to solve internal conflicts.

Communications around child safety and wellbeing can be complex - especially in an environment of multiple interface issues with other large complex systems, such as health, mental health, education, community groups and the media. Management of such systems, boundaries and interfaces can often be a daunting task. Coulshed and Mullender stress that one criticism of systems thinking is its failure to address issues of power and powerlessness in its analytical framework (2001: 48).

Building on the notion of systems thinking in social service management, Hughes and Pengelly (1997:20) describe the need for "...an open systems formulation of organisational functioning", and they stress "...the need for the interrelatedness of the individual, group, organisation and environment, with the management function being

essentially one of managing issues at the boundaries between these.” They add that these boundaries need to be firm but not be rigid or impermeable – with managers monitoring the conditions inside and outside of these boundaries.

They assert that:

“Times of rapid change require relatively more open systems to respond to more turbulent environments; roles, structures and procedures need to be more fluent. The task of managers in maintaining a workable balance between firmness and flexibility of boundaries is thus even more vital. In reality, however managers are liable to become more preoccupied with outside issues; they must constantly respond to highly interventionist central and local politics and compete with other services for scarce resources, as part of their battle for survival of their organisation. It is indeed hard for senior managers to maintain a firm enough outer boundary around their organisation to protect middle and junior staff from being overwhelmed by external demands and change, let alone free themselves to focus internally on the organisation’s tasks. The temptation for such harassed senior managers is to cease to look sufficiently in both directions, thus avoiding the painful internal issues that preoccupy their staff – about service-users’ needs, staffing pressures and inadequate resources.” (1997:20)

Hearn et al (eds) (1992) argue that too often professional social workers are thrust into the role of manager without preparation or guidance about what management entails. They focus on the training and support required for staff to develop into effective social service managers.

The management function of the practice manager role in CYF revolves around the planning and delivery of quality social work practice. This comprises roles in relation to Human Resource (HR) issues - recruitment, selection, retention, training and performance of staff and also the management of health and safety issues.

Management and leadership in the CYF organisational setting

The four major topics reviewed in the literature intersect at the role of practice manager in the organisational setting of CYF and therefore the proposed research will draw from all these areas of knowledge. It is my assertion that the blending of the qualities and competencies outlined for all four concepts formulates the qualities and skill set required for the practice manager role in CYF.

The discourse about the role of practice managers in CYF would not be complete without a description of the current organisational context of CYF. In recent times, a number of internal performance problems and unfavourable media reports have battered CYF. The Brown report (2000) highlighted a managerial approach that was too focused on compliance and outputs. Managerialism was perceived as in conflict with professional standards, and that prescribing technical systems and actions to reduce risk in the child protection area was reducing the workers' ability to act on their professional knowledge. In response to this, CYF launched a policy initiative called 'New Directions' in early 2001 – a campaign based on the agency working from its strengths to create 'inside out change' (CYF 2001).

The goal of 'New Directions' (CYF 2001) was for CYF to become client-centred, strengths-based and outcome-focused in its orientation and to work on closer community collaboration. The need to build professional capability was paramount. One of the five main strategies of 'New Directions' was to enhance professional practice and strengthen the professional workforce. This signalled a challenge to the managerialist stranglehold on social services and a move towards the revival of social work professionalism. The practice manager role was advocated as a major advancement of this professionalisation strategy.

The whole social service sector in New Zealand is arguably overstretched and CYF continues to be in a position where demand for services is far exceeding supply - causing severe organisational capacity and capability issues. There is an ongoing struggle to deliver quality services with limited resources.

However, it is both important and appropriate to critically evaluate the organisational context of CYF from a social policy framework, including an analysis of the

increasing demand for social services and child protection. Cheyne et al (2000:205) postulate "...the increased use of the residual model of social policy has been associated with greater demands on families to provide social services and in increased emphasis on the responsibility of families to meet the social needs of family members. This increased demand on the family to provide for its members is accompanied by a growing tendency to hold the family and the individual responsible for the causes of social problems." They further add "...the contractual and competitive tendering environment of the latter part of the twentieth century has resulted in segmentation of services and the creation of substantial service gaps throughout the social services. The development of programmes, such as Family Start and Strengthening Families, is in part recognition of the failures of unco-ordinated programmes" (2000:205).

It is in this context of turbulence and tension that practice managers must develop, advocate and lead 'best practice' social work.

The international context regarding child protection work

The New Zealand situation regarding statutory child protection work is a microcosm of the international scene. New Zealand is not unique – especially in the Western world – in relation to the struggle and tensions that exist in child protection work. Britain, United States of America, Australia and Canada report similar situations – high child death and injury rates by abuse or neglect; and services, both Government and non-governmental, that are struggling to meet the demand and the intensity for the services required for vulnerable children and their families. Scott and O'Neil (1996: vii) state in their opening sentence "In the mid-1990s, child welfare in Australia and elsewhere is in crisis. Australia, Great Britain and North America have all had their scandals, their many enquiries, reports and reorganisations, and all suffer a chronic shortage of resources."

Waldogel (1998, cited in Patti 2000) also captures the issues succinctly "...the major pressures on protective services will require some system changes to cope with the high degree of organisational tension and to respond to growing demand for outcome-oriented service delivery. These pressures are:

1. Over inclusion: some families are referred to CPS (Child Protection Services) who should not be.
2. Capacity: The number of families referred to the system exceeds the system's ability to respond effectively.
3. Under inclusion: Some families who should be referred to CPS are not.
4. Service orientation: The authoritative approach of CPS is not appropriate for many of the families referred to it.
5. Service delivery: Many families do not receive the services they need.”
(Waldfogel 1998, cited in Patti 2000)

The notion of ideological and political pressures on this dimension of child protection work is also universal and has a significant impact on what, and how, child welfare services are delivered. “A central problem facing child welfare agencies is shifting political whims that tout a single operating principle for services – most recently either a press or family preservation or a single minded focus on child protection and child rescue” (Lowry 1998, cited in Patti 2000:499). This dilemma is reflected around the Western world as child protection services repeatedly lead and implement both system reform and practice developments in response to the growing phenomenon of child abuse, neglect and youth offending.

This completes the literature review. The literature strands of social work theory, supervision, leadership and management have been identified as being of relevance to this research. The analysis of these concepts is completed with a description of both the national and international context of child protection social work in order to understand the prevailing forces impacting on practice in this area. The next chapter explains the multiple methods employed in investigating the research questions, the focus group, individual interviews and a postal survey.

Chapter 3

Methodology

This research project began with the formulation of a research proposal. The Child Youth and Family Research Access Committee (RAC) granted permission for the research in November 2002 and ethical approval was obtained from the Human Ethics Committee of Massey University in May 2003.

Alston and Bowles (1998) define social research as “The systematic observation and/or collection of information to find or impose a pattern, to make a decision or take some action” (Alston and Bowles 1998:6). This research explored issues and themes within the role of practice manager – so that the information gathered could be simplified into a meaningful analysis to further improve practice or to actively intervene to change the role of practice manager. The intended audience was practice managers and the wider organisation. Findings of the research would be of interest to National Office management, service delivery managers, policy advisors and the wider social work staff.

The research methodology employed in this study was a combination of quantitative and qualitative methods using “...purposeful sampling that is information rich” (Patton 1990:169). A strengths based approach has also been adopted. This approach gives special regard to identifying strengths in people and situations and ensuring that respect, collaboration and power sharing are promoted at all times. Strengths based principles provide an ethical and sound practice base for the research methodology utilised in this research.

Most researchers use a multi-method approach as triangulation strengthens the robustness and validity of the research (Rountree and Laing 1996:106; Yegidis and Weinbach 1996:218). For this research it was decided that a focus group was the best way to initially identify the issues associated with the role – it was time efficient and it covered a wide breadth of the subject with a reasonable number of participants. This was followed up by a small number of more intensive individual interviews, which afforded the opportunity to explore the emerging issues in more depth. The

postal survey served as the third method to gather statistical data and extend the findings of both the focus group and the individual interviews. These three methods formed a strong, integrated approach to the research - including both qualitative and quantitative measures.

The practice manager group

The practice manager group has diverse responsibilities and within each CYF site or practice speciality, there are often a unique set of tasks and responsibilities. There are core duties common to all practice managers but there are also some significant differences because of these two factors - geographic location and practice speciality.

See Appendix One for Job Description of the Practice Manager role.

Some sites have a SDU manager based on that site but other smaller or more rural sites do not. This usually means that the practice manager often becomes the 'de facto' manager – and subsequently must deal with a greater range of general management and administrative functions than their urban counterparts. A further variation is that some practice managers must cover two or three smaller sites each— e.g. one practice manager covers Tokoroa and Taupo; similarly with Kaitaia and Kaikohe; and also with Gore and Alexandra.

Some practice managers do not have responsibility in a usual CYF site – instead they cover a practice specialty – for example, a residence for young people² or adoptions³.

Another significant difference between practice managers is the number of supervisors they supervise, and whether they also directly supervise any of the social workers. For example, larger urban sites often have five social work teams (therefore

² A residence is a residential institution owned and managed by CYF to accommodate a number of young people with either care and protection issues or youth justice offending issues. There are six residences in the country – Northern Residential Centre and the Northern Youth Justice in Auckland, Lower North in Palmerston North, Epuni in Lower Hutt, Kingslea in Christchurch and Puketai in Dunedin.

³ Adoptions is a unit of CYF which deals with the adoption of babies and children. This unit also deals with family adoptions, private adoptions, overseas adoptions and adult adoption information queries.

practice managers are supervising five supervisors) while smaller sites there maybe only two or three social work teams. Alternatively, some larger sites have two practice managers co-working together on the one site e.g. Waitakere, Waikato West and Takapuna sites that are managing six to ten teams in total. In addition many practice managers supervise social workers that have specialist tasks – community liaison social workers or caregiver liaison social workers.

Focus group

The first research method employed was a focus group of practice managers, chosen because of their interest in, and knowledge about, the role. It was originally intended that I would use the Midlands regional managers' group as the focus group. The Midlands region consists of Waikato, Bay of Plenty, Whakatane, Rotorua, Taupo and Tokoroa. However, the CYF Research Access Committee recommended that I use the Auckland group in order to reduce any conflict of interest and any likelihood of role confusion, thereby increasing the credibility of the research. This advice was given because of my role as practice manager in the Tauranga site of CYF – making me a usual member of the Midlands regional practice manager group (and thereby creating a possible conflict of interest). This recommendation was accepted, as I did not want to compromise the validity of the research process.

The Auckland regional group meets regularly, about once every six weeks, to discuss matters of interest and concern around the practice manager role. The focus group for this research was included into one of their usual meetings so as not to create extra stress in having to attend yet another meeting.

The selection of a regional group of practice managers is consistent with 'intensity sampling' as it involves "...information rich cases that manifest the phenomenon intensely but not extremely" (Patton 1990:171).

The purpose of a focus group is to generate the predominant issues and concerns around the role. Patton makes reference to "...the use of focus groups to identify strengths, weaknesses and needed improvements" (Patton 1990:336). Focus groups can be "...an economical way of gathering data but they can also come up with ideas

and solutions that none of the group members had thought about beforehand” (Alston and Bowles 1998:123). May (2001:125) adds “Group interviews can provide a valuable insight into both social relations in general and the examination of processes and social dynamics in particular.”

See Appendix Two for the question guide used in the focus group.

Individual interviews

The second component to the inquiry was in-depth individual interviews with five practice managers. The in-depth interview is the “...most flexible of the research instruments and is used in qualitative research” (Alston and Bowles 1998:119). A flexible structure was used for these interviews based on the thematic material that emerged from the focus group - so that comparisons could be made about the same issues.

Participants for this second method were purposefully chosen to get a comprehensive picture of the role. All practice managers in the North Island were e-mailed and asked if they wanted to participate in the individual interviews. The limit of the North Island was applied because of travel and logistics reasons. Five practice managers were then chosen from the positive responses to the e-mail request. The selection of the five practice managers was based on an attempt to encompass a mix of rural and urban areas, a mix of culture and ethnicity and some variance in the length of the time spent in the practice manager role. The final selection will not be identified by characteristics in order to protect their confidentiality.

The interviews were undertaken in the respective offices of each of the five practice managers. The interviews took about an hour each. The sessions were audiotaped and notes were also recorded during the interview. The questions used in these interviews are contained in Appendix Three.

The relationship between the researcher and the participants is at the heart of qualitative research and it is imperative that the stance of the researcher in the context of the inquiry be considered. There is always a debate regarding intersubjective

understanding and this provokes the continuum of full engagement to detached analysis (May 2001:127). Oakley's (1981) position is to advocate partnership and equality in the interviewing relationship rather than the traditional relationship of expert researcher interviewing a subject. The role to be declared in this research was one of an 'insider' (I am currently employed in the practice manager role) and therefore role clarity and potential bias may have been issues. It was my intention to use any bias in a transparent, strengths based manner.

Postal survey

The third research instrument used in this research process was a postal self-completion survey sent out to all the current practice managers in CYF across the country (the total number is 42 – including myself). The general design of the questionnaire consisted of two parts – the first part gathered statistical data to profile the existing practice managers (e.g. gender, ages, ethnicity, experience, qualifications, time in the role, responsibilities, preparation and training for the role etc). The second part of the survey explored more qualitative aspects of the role. Alston and Bowles liken the process of structuring a questionnaire to "...the art of having a good conversation and the critical skill of establishing rapport" (Alston and Bowles 1998:104). They suggest moving from the concrete to the abstract, from easy to hard, from simple to complex and from the impersonal to the sensitive questions.

The intention was to maximise the data collected about the practice manager role by obtaining the widest possible feedback from as many practice managers across the country as possible. A postal survey was the most appropriate way to do this because time, geographical distance and cost issues unfortunately restricted participation in the individual interviews and focus groups.

The questions in the questionnaire were constructed from the comprehensive information provided in the focus group and the individual interviews. The content of the survey reflected the issues, which had emerged in the previous methods – to test whether they were issues and/or concerns for a majority of those employed in the role. The questionnaire was constructed of a number of 'tick the box options' in order to minimise the time needed to complete the questionnaire. It was hoped that an easy,

relatively quick format would increase the return rate, as postal surveys are notorious for having low return rates (Leedy and Ormrod 1989).

The questionnaire was firstly tested on two people who had recently been practice managers (both for a lengthy period of time), but who had recently moved to other positions in the Department. The feedback they provided was that the questionnaire was easy to complete and that it had captured all the issues facing the role very well. They did not make any suggestions to change or to improve the questionnaire. They both reported that the exercise had taken between 15 and 20 minutes to complete, which had been both the predicted and desired time frame.

After this testing, the postal survey was mailed out in October 2003 to the 41 practice managers, who were identified as being in the role at that time. This list had come from the Chief Social Worker's Office – which maintains an up-to-date list of those in the position. They were all sent a covering letter and an information sheet explaining the purpose of the survey and the research, and they were advised that completion of the questionnaire implied consent. They were provided with my contact number for any queries and they were also advised to contact my Massey supervisor if there were any ethical concerns about the research. They were asked to return the completed questionnaire to Mary Ann Baskerville, my supervisor at Massey by a certain date. The questionnaire was designed to be anonymous so this measure was offered to protect their confidentiality.

An e-mail was then sent a week later to all practice managers gently reminding them to return their surveys by the due date. This was followed up again one week later to advise that they had an extra week to forward the completed forms in. This extension was given because the initial time period had been over the Labour weekend when many staff tend to take annual leave.

In total, 26 surveys out of 41 were completed and returned. One recipient emailed me to say that she was no longer in the role so one was considered to be invalid. This was a very good response rate (65%) given the extremely busy nature of the position. The survey allowed a large amount of data to be collected in a very short space of time in a very cost effective way.

The challenge became one of collating all the data and interpreting the results in a meaningful way. The statistical information was easily sorted into categories and averages and ranges identified. Other issues were analysed for both frequency of occurrence, and for themes and patterns in the data gathered. These results are presented in ways, which are easily read, and where large amounts of data can be displayed.

A copy of the questionnaire sent to the practice managers can be found in Appendix Four.

Data collection and analysis

Data was collected by audio-taping both the focus group and the in-depth interviews and by taking written notes. Immediately after each of these sessions, I wrote up notes about the interviews and my observations of the setting, the group dynamics and the non-verbal communication during the course of the session. Rountree and Laing (1996:55) suggest that this improves the validity of the data collection.

Selective transcribing of the interviews into notes began the process of the data analysis and close scrutiny of the information identified the emergence of themes and insights. This promoted the construction of the postal survey as relevant issues and concerns were included in the structure and format of the questionnaire. The survey was collated to document the profiling information of those employed in the role. The qualitative part of the survey was also reviewed manually and themes documented.

The patterns and ideas were assembled into clearly defined, independent and exhaustive categories (Sarantakos 1993) and analysed for any important "...causes, consequences and relationships" (Patton 1990:422). I constructed a matrix to allow some cross analysis of the three different data collection methods. This promoted the investigation of any common themes and the synthesis of the preliminary findings. Significant reflections and quotes were noted and data was interpreted into

meaningful commentary and feedback about the role of practice manager. Quotes are not attributed to particular individuals in order to preserve anonymity.

Action research

This research was not designed as an action research project however there have been a number of developments that have resulted from the initial research project which need to be recorded. Action research is defined by Kurt Lewin (1946:206) as a term for a distinctive methodology, which involved accumulating knowledge about a social system at the same time as influencing change within it. This involves evaluation and fact finding as key elements to ensure that action and change can be established. I am not suggesting that this research was an action research project because it would be difficult to establish that any changes had definitely come from this research – however there are some elements that are relevant to the process.

Firstly, I was invited to share the findings from my research at a national practice managers' workshop in Auckland in November 2003. This opportunity to provide feedback to my colleagues, many who had been active participants in the research, seemed timely and appropriate. I presented my preliminary findings of all the three methods and some overall conclusions to this workshop, which also included the Chief Social Worker and her advisory staff. The importance of an improved relationship with the Chief Social Worker's Office and the request for more regular practice managers' forums was highlighted.

Secondly, following this workshop I was asked if the preliminary findings of my research could be used by the Public Service Association – PSA - negotiating team who were beginning negotiations with CYF management about a practice managers' collective. The practice managers had signalled some time earlier that they wanted to form a collective in order to advocate for better conditions and remuneration. The research findings were helpful in profiling the amount of experience and expertise held by practice managers as a group in the organisation – which was seen as a significant bargaining tool.

Thirdly, at the request of the PSA, I was asked to participate in a focus group for practice managers in a job sizing exercise organised by the Human Resources Section of CYF National Office. Hay Consulting, a private group contracted for their expertise in job sizing, conducted this focus group in Wellington in March 2004. It involved five practice managers from five of the six regions. This focus group examined the scope and functions of the role, the skill set involved, the issues and challenges facing the role and the key objectives of the role. These proved to be very similar to the topics that I had covered in the focus group held for my research. The Hay consultants asked to have a copy of my preliminary findings for their information.

The resolution of the practice managers' negotiations regarding their working conditions and pay claim was decided in late June 2004. This resulted in a Practice Managers' collective being formed and there was agreement to this by the organisation; it also involved a reasonable shift in the salary scale for the role. There have, however, been subsequent, unfavourable difficulties in the translation onto this new scale for the majority of existing practice managers - these are yet to be addressed. Other requests about other conditions, including leave, Time Off In Lieu for extra hours worked above usual work hours (TOIL) and Higher Duties Allowance (HDA) were not met so these were been deferred to future negotiations.

Ethical issues

Social work research depends on human beings to provide information for our knowledge building efforts, so there is an ethical obligation to safeguard their health and well-being (Yegidis and Weinbach 1996:23). Both the CYF Research Access Committee and the Massey Human Ethics Committee examined the research proposal and gave approval for this research.

Access to participants

The participants in this inquiry were all the practice managers currently employed by CYF. Approval had been given by the CYF Research Action Committee (RAC) to undertake this study and to gain access to the nominated staff. The Committee also

gave consent to the access to names, the use of premises and staff time to undertake the research project. The Chief Social Worker, CYF, had also offered approval in principle and support for the project.

Informed consent

In this study, informed consent was addressed by way of written consent for the participants in both the focus group and the in-depth individual interviews. The postal survey used a covering letter explaining the research, inviting voluntary participation, and assuring anonymity to complete the survey. Return of the completed questionnaire indicated informed consent. Participants were advised of their right to veto or withdraw some or all of the information at any point.

Confidentiality

The ethical standards of confidentiality were adhered to in all three methods. Ground rules relating to confidentiality and the interview process were established at the beginning of both the focus group and the individual interviews. The postal surveys were returned to my Massey supervisor so that they remained anonymous. No identifying information has been included in the findings or the data analysis. Quotes were not attributed or ascribed to any particular individual to maintain anonymity. Only the researcher had access to the tapes, transcribed notes, observation notes and completed questionnaires.

Potential harm to the participants

Child protection practice is based on assessing children in extremely vulnerable situations. It was intended that any dangerous practices exposed in either of the interview processes (i.e. where there is possible harm to CYF clients) would be confronted and addressed. This ethical issue was clarified in the introduction of each of the interview settings. This did not occur.

Potential harm to the researcher

This was seen to be negligible as the writer was very committed to undertaking this inquiry. One possibility was the issue of blurred roles between researcher and practice manager. Reflective practice and competent supervision minimised any potential harm.

Use of the information

Information in this research was intended for the primary purpose of completing this thesis but it is my hope that any themes emerging from the discourse might be used to affirm the value of the practice manager role and to suggest appropriate improvements.

Conflict of interest/conflict of roles

On agreement with CYF, I agreed to bring any conflicts of interest to the attention of the Chief Social Worker. This was not required.

Cultural issues

Maori children are over-represented in the client group of CYF. There are a number of policy documents guiding bicultural practice in CYF (Puaoteatu 1988; Te Punga 1994; Te Pounamu 2002). It is the intention of the writer to adhere to these throughout the research process.

Summary

This chapter has presented the three research methods employed in this study and the reasons why they were selected. This section also outlined the research process with a description of the steps involved and an examination of the ethical considerations raised by the project. The next chapter presents the findings of the focus group and the themes that resulted from this data collection method.

Chapter 4

The Findings of the Focus Group

The focus of this research was to investigate the role of the practice manager in the statutory environment of CYF and to examine how the intrinsic conflicts are interpreted and managed by individual practitioners. The first step of this research was to explore the views of a focus group of practice managers in relation to the research questions and to identify the significant issues. The perspectives and experiences of practice managers in the position were seen to be pivotal to understanding the challenges that test and threaten the role. It was important for the research to capture these tensions so that the role could be deconstructed and analysed.

Method 1: The focus group

The first method applied in this research project was a focus group, the purpose of which was to identify some of the key issues and themes that confront the role of practice manager. The focus group was held in the CYF office, Otahuhu, Auckland on Monday 16 June 2003 with the Auckland group of practice managers. There were eight practice managers present at the focus group.

The focus group discussed the following issues:

1. The central functions of the practice manager role;
2. The strengths, concerns, successes and challenges of the role - both from the individual practitioner and organisational perspectives;
3. The possible improvements to the role.

The central functions of the role

The central functions of the role were brainstormed and four main categories emerged:

1. Practice matters,

2. Supervision matters,
3. Human resource management,
4. Leadership and external relationships.

These categories accentuated the scope of the role - highlighting the tasks and responsibilities of the position and the ensuing skill set required for the role. This structure also provided a framework in which to dissect and evaluate the strengths and concerns of the role. These are discussed in detail in the following sections.

Practice matters

Practice matters centred on social work practice issues that were client focused or development oriented. Specific responsibilities that were articulated in this category included the following:

- Promoting and supporting ‘best practice’,
- Dealing with casework matters – particularly complex and/or high risk cases, and facilitating case conferences,
- Dealing with Official Information Act and Privacy Act requests,
- Responding to Ministerials¹ and complaints,
- Resolving difficult case transfer issues with other districts, and
- The management of unallocated cases².

Typical comments made by group members in relation to practice matters were:

The role is one of fire-fighting and resolving crises type scenarios.

¹ Ministerials are requests from the Minister of Social Development’s office to a CYF site for information about a particular case that has come to its notice. This is usually as a result from a letter or phone call to the Minister’s office from a client or agency that has an issue or complaint about CYF’s management of a case. The information provided by the CYF site is then used as the basis of a response to the complainant.

² Unallocated cases are notifications to a CYF site that are not able to be allocated because of the lack of available staffing to respond to them. These notifications tend to be the cases that are categorised as urgent or low urgency - according to the prioritising system applied at the time of notification. The more urgent cases – critical and very urgent cases - are allocated as they are notified. At the time of this research CYF had 6,000 children nationally waiting on unallocated case-lists. The issue of unallocated cases is seen to be a significant risk to CYF’s credibility and capacity.

Transfers – especially difficult transfers – we all have to deal with those.

The practice manager role was seen to have numerous strengths in this area of social work practice and many of these were considered to be of significant benefit to the organisation:

- The focus is on social work practice.
- The role provides clear leadership around practice issues.
- There is no fiscal diversion for the role – practice is the focus.

There were many comments that demonstrated the differences that the role had made to practice – a return to the focus on children and good outcomes for families.

The focus is on the kids.

The role allows a 'third party' to oversee casework.

Not having to deal with day-to-day office issues can be a real strength in trying to do more proactive work.

Alternatively, the role was seen to have a possible downfall in regard to practice advocacy – the risk that it could be used as a monitoring role rather than having a focus on 'best practice'.

We are expected to do a monitoring role but also to promote practice – and there's a tension between these.

Supervision matters

Supervision was reported to be a primary responsibility of the practice manager role.

This supervision responsibility included:

- The supervision of supervisors,
- The professional development of supervisors and social work staff,
- The organising of staff and supervisor group meetings.

There were comments that suggested that the supervision aspect of the role was actually larger than perceived, and went beyond the delivery of traditional supervision sessions. The role was portrayed as possessing both troubleshooting and confiding elements – seemingly for all social work staff - not just the supervisors.

Come and talk to me and tell me what's wrong..... that's us...

The role is like being a 'father/mother confessor' to staff on site.

The strengths of the role outlined in the focus group emphasised the importance of the supervision process and the contribution that the role was making to supervision in sites:

- The focus of the role is on professional supervision,
- The involvement in professional development opportunities for staff,
- It enables effective supportive role for supervisors.

For the organisation the role has been a success because of the quality of the supervision that supervisors are now getting.

On the other hand, there were a few concerns expressed about the role, which related to supervision – these were primarily based on the lack of professional supervision for practice managers themselves.

Isolation...and supervision – or the lack of it...

Sometimes I feel like I'm the one that deals with all the issues. It's like being 'Jack of all trades' role – I feel like I have to be everything to everyone...

Human resource management

Human resource management was seen to be another key component of the role and was largely concentrated on the management of staff and associated functions. The category of human resource management included:

- Managing performance contracts and assessments,
- Addressing poor performance and misconduct issues,
- Acting for either supervisors or Service Delivery Unit (SDU) Managers (in their absences),
- Organising selection panels for staff interviews and other recruitment tasks,
- Financial clinics (advocating for practice rather than fiscal issues),
- Managing the Dangerous Situations Policy,
- Health and safety management in the office,
- Dealing with administrative matters – e-mails and processing information.

The responses in this area were varied, highlighting both the responsibilities and challenges in this area of work:

The role is like being the general morale officer for the site – the ‘soft, acceptable face’ of management.

You are always acting as a supervisor...or acting caseworker...or acting manager.

You automatically step into the manager’s role when they are out of the office.

There are minimal HR issues – about poor performance – I say minimal because it normally starts with you but it ends up with the SDU manager.

Managing health and safety is a big part of the job description.

We have financial clinics which work quite well – when a social worker wants money and the supervisor supports it – and it goes to the SDU manager who declines it - we all meet face to face with the SDU manager and we generally support them (the social workers)...it’s once a week for an hour – people queue outside – it’s so popular...

The focus group highlighted the strengths that the role had in relation to human resource issues and listed these as:

- An active support role in 'professional dangerousness' and other situations,
- Advocacy for supervisors and staff to management,
- The ability to delegate,
- The role liberates the SDU manager to concentrate on fiscal and other roles.

Conversely in terms of human resource management as it directly applies to the role of practice manager, there were a number of issues raised in the group:

- There is little affirmation for the role,
- It is an isolated position,
- It is poorly remunerated,
- There were work conditions lost when the role was devised – Time off in lieu (TOIL) and a week's leave for after hours work etc.,³
- The expectation is to constantly undertake dual roles (acting in either supervisor or manager roles),
- That dealing with HR issues take lengthy periods to resolve.

The expectation is that we will do dual roles – ours and the manager's (when they are away) – and that we will just do it.

HR issues can take up a lot of our time.

Leadership and external relationships

This area of leadership and managing relationships was perceived as a significant part of the role and included:

- Media input about local issues,

³ Conditions were lost when many staff moved from supervisor positions to practice manager positions. Social work staff in CYF receive Time Off In Lieu (TOIL) provisions for hours worked over and above normal working hours. They also receive an extra weeks leave per year to compensate for after hours work and after hours duty (an 'on call' system). Practice managers lost the right to these two conditions because they were offered individual management contracts which supposedly compensated them for these provisions. However, this has continued to be an area of ongoing contention for practice managers.

- A public relations role with the community,
- Liaison at interagency forums and with community agencies,
- Court liaison role,
- Presentations about the work of CYF – to community agencies or to students, attending Strengthening Families meetings,
- Managing students on placements and having a liaison role with the social work educational institutes.

The responses in this area specified the need for the role to be seen as a leader in the social service sector and to be visible in the local community. Community liaison was seen to be multifaceted – involving everything on a continuum from individual case resolution to a public relations function to a community development focus.

PR work - community liaison between the Department and other agencies.

I do quite a lot of managing students and co-ordinating student placements.

Part of the PR role is to do presentations to students.

This can include practice and policy input and National Office projects.

The role was seen to enhance the practice leadership in the site and to have offered the organisation a clearer practice focus. This was seen as one of the role's major strengths. Other leadership strengths included:

- Leading practice forums on site promotes 'best practice',
- Opportunities exist to be involved in National Office change,
- The role provides clear leadership around practice issues,
- The combined roles of SDU manager and Practice manager creates stronger leadership in the site.

The skill set for the SDU manager doesn't have much to do with social work stuff... so it enables the potential for the organisation to appoint SDU

managers who may not know about social work but who might be the best person for the manager's job.

The role provides a clear point of contact between practitioners and the organisation.

There were some issues raised that posed concerns about leadership within the site and these were largely around the quality of the relationship between the practice manager and the SDU manager. It was reported that those SDU managers who had a social work background strengthened the practice leadership in the office. It was seen as a negative feature that the practice manager role in the site could allow SDU managers to be appointed without a social work qualification/background.

I would argue that some of the most successful SDU managers are those with a social work background.

Practice managers also felt strongly that the leadership in the office rested on their shoulders – this leadership was not necessarily only related to practice – it involved the wider notion of keeping the work environment positive.

In the negative environment we are expected to be always positive...keep smiling... keep smiling...

Another negative feature of the external relationships area was that the role could be seen by external agencies as the contact to resolve all issues. This was seen to compromise the ability of the role to be used effectively in proactive practice development – as it keeps the position stuck in reactive mode dealing with and resolving conflicts.

We are seen by external agencies as 'Mr/Ms Fix-it'.

In summary, these four key areas of practice, supervision, human resource management, and leadership and external relationships comprise the major functions

of the practice manager role. As outlined there are strengths and concerns in each of these matters.

Factors contributing to success and challenge

Statutory child protection work is arguably at the sharpest end of social work practice and is characterised by a turbulent environment of change, complex case dynamics and shrinking resources. Social service management is often a fragile balance between delivering quality pragmatic services and quantitative performance outcomes within stringent fiscal constraints. The success of the practice manager role is to embrace this challenge and to establish and maintain this fragile balance in their site.

Two themes emerged from the discussion in the focus group about the factors that contribute to the success of the role and the factors that challenge the role:

1. Relationships,
2. Professional capability and development.

Relationships

The relationship between the practice manager and SDU Manager was seen to be crucial. The understanding with and the support of the SDU manager was seen to either hinder or promote success.

The perception of role by social workers, supervisors, SDU manager – the belief that the role adds value creates positive momentum.

The clarity of implementation of the role was seen to have contributed to the success of the role's relationship with other key positions on site. The following quotes capture the essence of the importance of relationships – the critical relationships being with the SDU Manager and supervisors:

Whether the role is supported by the SDU Manager - this can be a key thing in the success of the role.

Being able to support supervisors contributes to the role.

There was widespread agreement amongst the focus group participants that the notion of role clarity was a major challenge to the practice manager role. There was real concern that there was a lack of role clarity and an overlap between the practice manager and the SDU manager roles. Participants commented that this role clarity could work both ways – i.e. it could be very positive when roles were clear and complementary or very negative when the roles were confused. They further remarked that any interference or conflict in the two roles could be dangerous when this was not recognised. The lack of clinical supervision from the SDU manager was seen to reduce the practice manager’s role clarity:

Having clinical supervision from the SDU manager can create role clarity and this can have a flow on effect to your work with supervisors.

Participants commented on the lack of a strong relationship with the Chief Social Worker’s office regarding support and direction for the role. They added that if this relationship was stronger, the role would be more highly valued and its significance to the organisation would be strengthened.

Professional capability and development

Key points emerging from this part of the discussion about factors contributing to the success of the role were centred on the ability of the practice manager position to guide professional social work practice. The capacity to independently review casework practice when not directly involved as the ‘supervisor’ to cases was seen as imperative for the position. A response that emphasises this was as follows:

More distance and/or time away from the direct social work role allows increased focus on the ‘bigger picture’.

The participants talked about CYF’s commitment to, and emphasis on, prioritising ‘practice leadership’. This was reflected in the practice manager role being one way to retain experienced staff and provide a professional practice career pathway:

It is a good way to keep staff and it provides a clinical career path if you don't want to be a SDU manager.

The major risk to the position was described as crisis management taking over and consuming the role – resulting in the role being reactive not proactive:

The role of being 'all things to all people' means that you get caught up in the detail of practice delivery, which leaves little time for practice development.

Best practice development takes time to do properly... and we tend to operate in ten minute practice bites...For practice development we need to sit down for a day and half a day to work out what's going on but we get caught in the crisis - instant fix stuff – we tend to operate in the short attention span mode.

Participants spoke of the ongoing conflict between the social work practice quality and the pressure to save money. They stated that the emphasis always seemed to be on budget/money management – at the expense of practice and staff retention.

In times of financial stress staff vacancies are held and not replaced. On a day-to-day basis, the holding of vacancies and the lack of staff resources mean work is not allocated.

Needed improvements to the role

This topic raised a very energetic conversation with the group listing a number of possible improvements. The suggestions were closely linked to the discourse about the issues confronting the role and confirmed some of the primary challenges. The suggested improvements to address these concerns can largely be separated into four main groups:

1. Affirmation and clearer expectations for the role,
2. Practice quality to be given priority,
3. Work environment issues,
4. Salary and work conditions.

Affirmation for the role

Participants were unanimous that there needed to be more recognition of what practice managers do in their role. It was agreed that there was little recognition of what the role entailed and the pressures that impacted on the role on a daily basis.

We go to forums and we have all the practice and casework issues directed at us and we have to answer it all...We are just a small group of practice managers and we are supposed to respond to all the concerns they have...which is a very difficult position to be in because all the feedback is so negative – and there is no positives or affirmation for what we do.

They also expressed the need for role clarity between SDU managers and practice managers, once again repeating that this relationship was critical. Expectations of the roles needed to be clarified in order to obtain maximum benefit from both roles:

It's the role clarity thing...the expectations that we have of ourselves and the expectations that SDU managers have of us – the tension between the planning and the operational issues – big unallocated cases lists...if you're not careful you can keep falling into the black hole of becoming another worker and doing a social work role or a supervisor's role...it takes away from the practice leadership role and we get hooked into the operational stuff...

Some members of the group also remarked that the expectations of the practice manager role from the respective SDU manager and the Regional manager, needed to be clearer – as it was said that these could be different. Others in the group added that a closer relationship with Regional Managers was required.

Practice quality to be given priority

Focus group members were clear that practice quality needed to be given priority over quantitative measures (mentioning Key Performance Indicators - KPIs). They wanted

less of their time spent on operational matters and filling in the staffing gaps – the role is continually juggling staff/vacancies/work.

Any messy bit that has anything to do with practice – or anything that needs to be tidied up - is a job for the practice manager.

There was frustration expressed that social work ethics were being compromised when work for clients wasn't being done – and that this often led to practice managers having to step in to do this work with clients:

There's the social work ethics...about clients and leaving work undone and having to do it yourself. We would be better to use our energy drawing attention to the fact that we are under-resourced. We fill gaps to our own disadvantage.

Work environment issues

Participants stressed the need for the work environment of CYF to improve and stabilise. They emphasised the concern that resourcing, especially staff recruitment and retention needed to stabilise.

I'm amazed about how much time I spend juggling social work vacancies and the needs of the social workers...the supervisors are really needy because they haven't got staff – they're in, out, in, out wanting to know what to do about things.

They reiterated that the financial situation of the organisation must improve and keep up with the demand for service. Group members also stated that it would help improve practice if sites were allowed more say in practice and policy development and in the management of work.

The structure of the organisation needs to be less 'top heavy' at National office...sites shouldn't be led by National Office.

There was discussion that more support was required from the Chief Social Worker's office to affirm the positives in the role, not just giving feedback regarding the negatives. The group also wanted that office to provide more assistance with practice issues, complaints and case reviews, not just giving advice.

Salary and working conditions

The group was emphatic about the need for a better salary for the role and better working conditions. They wanted quality clinical supervision for practice managers – either provided internally or externally. They also suggested the need for more professional development options for practice managers. The following quote perhaps encapsulates this sentiment extremely well:

We need better salary and conditions...We are meant to be at the absolute cutting edge of statutory social work in this country...

Work satisfaction

And finally the focus group was asked to rate their job satisfaction in the role on a scale of 1 to 10 (1 being totally dissatisfied and 10 being totally satisfied with the job).

It's a good job...

Apart from all this it's a good job but you go up and down...

Responses from each focus group member ranged from five to nine, with the average of eight.

8 or 9 - I see a light at the end of the tunnel- appointing staff and supervisors so I will be able to delegate all I have been carrying.

8 – Sometimes I am very positive but other times when you are expected to know everything about practice it drops below the 8...

8 - I think of all the possibilities I could be doing - the opportunity to think about the things to do.

5 - there have been weeks when I have been a one – it's a fluid thing...and there have been weeks when I have been higher than a 5.

And a final concluding quote:

It (job satisfaction) would be higher if there were better resourcing, a better environment and salary recognition for the role.

Conclusion

This chapter has summarised the functions, issues and challenges facing the role of practice manager as described by a focus group of those in the role. The discussion has illustrated the particular themes, strengths and challenges that have evolved from the material gathered at the focus group and it has also elaborated on the improvements needed for the role.

The next chapter presents the findings of the individual in-depth interviews with five practice managers.

Chapter 5

The Findings of the Individual Interviews

The second method used in this research project was the individual in-depth interview. These interviews were conducted with a small number (five) of practice managers in order to acquire qualitative information about the practice manager role.

Patton (1990: 278) explains, "...the purpose of interviewing is finding out what is in and on someone else's mind. The purpose of open-ended interviewing is not to put things in someone's mind but to access the purpose of the person being interviewed." He outlines three basic approaches to collecting qualitative data through open-ended interviews. Patton (1990: 280) describes these as:

1. The informal conversational interview,
2. The general interview guide approach, and
3. The standardised open-ended interview.

The individual interviews in this research adopted the second approach as highlighted above - that is, the general interview guide approach. The format of this type of interview involves devising a guide or outline of the set of issues, which are to be explored with each respondent - before the interviewing begins. The actual wording to elicit responses about the issues is not determined in advance. The interview guide serves as a basic checklist to ensure that all relevant topics are covered with the wording and sequence adapted to the context of the actual interview. This format differs from the other two approaches in that it is more structured than the informal conversational interview, but is not as controlled or as inflexible as the standardised open-ended interview.

The interview guide approach has the advantage of ensuring that "basically the same information is obtained from the participants by covering the same material" (Patton 1990:283). Further to this, Patton continues that it enables the interviewer

“...to explore, probe and ask questions that will elucidate and illuminate that particular subject. Thus the interviewer remains free to build a conversation within a particular subject area, to word questions spontaneously and to establish a conversational style – but with the focus on a particular subject which has been predetermined.”

The interview guide for these individual interviews was assembled from the findings of the focus group. The main purpose of the guide was to address the strengths, issues, concerns and challenges identified by the focus group as having a significant impact on the role. The guide also was also designed to try and capture any other issues, which may not have been raised in the focus group.

The process

All practice managers in the North Island were e-mailed to ask if they were interested in being individually interviewed for the research project. The sample was limited to the North island CYF sites because of practical reasons (travel and costs).

Five practice managers were purposely chosen from the positive responses to this request to ensure a cross-section of views. Interviews were carried out on the site of each practice manager interviewed. The interviews were audio taped and written notes were also made. Each interview lasted about an hour. No difficulties were encountered with the interview process – there were no interruptions to any of the interviews because of any emergencies or urgent issues. No identifying information is used about these five practice managers or their sites in this study to ensure confidentiality.

The interview guide detailing the questions/topics covered in the individual interviews is contained in Appendix Three.

Themes

The individual interviews provided a significant amount of in-depth information from the perspective of those employed in the role. The information provided clear and

comprehensive insights into what the role entails and the challenges that are faced by practice managers on a daily basis.

The information gained from these interviews about the practice manager role has been organised into the following themes:

1. The value of the role to children, young persons and their families (clients of CYF)
2. The value of the role to social work staff in CYF
3. The value of the role to CYF - as an organisation
4. Role design and implementation
5. Risks and challenges to the role
6. Job satisfaction.

The value of the role to children, young persons and their families

Child focused practice

There was agreement by the interviewees that the practice manager role has many strengths – in particular, it had refocused the work of CYF back to children, young persons and their families and to good social work practice. They believe that the role has provided an objective viewpoint about what practice supports ‘the best interests of the child or young person’.

It has returned practice to a ‘child focus’ leading to better services for children – more options for children to prevent them coming into care and better planning for permanency when children do need to come into CYF care. The promotion of child-focused practice has meant clearer processes, quality practice and a more professional service and attitude to external stakeholders – e.g. Family Court and Youth Court. It has clarified case management and this has had a direct impact on families.

Being a practice manager gives you an objective look at a case – with a focus on the ‘best interests of the child’ – so you have another advocate looking out for the child.

Staff now try all other options before bringing children into care...

There is a professional attitude now to the Family Court and to Youth Court and this has had a direct impact on our clients. Quality reports to court and presented in the manner, which gives clear information about what is going on for children.

Working with families

Interviewees described a return to working with families – exploring family support options as opposed to ‘rescuing’ children. Two of them stated that the role has encouraged strengths based practice and discouraged the risk deficit approach to child protection.

The role has refocused social workers onto practice - with children and families being the focus of our work.

There has been a re-emphasis on working with children and families... encouraging a strengths based perspective. We have been in the police type role - that we are just here to enforce the law from a very narrow perspective with the most serious and dangerous cases. I think we are acknowledging that some of our best work is done at the lower end, and if we have the time and the expertise, and the people to refer out to in the community, and we have good relationships with the community, we are going to do better work than the ambulance at the bottom of the cliff stuff that we do.

The trend is a decreasing risk deficit role.

There is an increase in a child focus and better permanency, and planning for children in care, and prior to coming into care.

'Best practice'

Interviewees stated that the function of advocacy and leadership of 'best practice' has enabled practice on site to be strengthened. This advocacy has also included advocating for financial resources for families, which has direct benefits for children. The role has created greater accountability and transparency of frontline practice, which has resulted in better planning and improved supervision of cases. Work is open to positive critique and review. Respect for clients has been a flow down effect of the value placed on staff and their work with families.

There is a mirroring effect – if the practice manager looks after the supervisor, the supervisor will look after the social worker, and the social worker will look after the client.

Practice is open to critique and reviews – there are better systems and support.

I think there have been benefits for children and young people in a variety of ways – we try to send social workers out who know what they are doing. We have managed to recruit them with skill they can offer clients. When social workers are still developing we try to set up systems in place – both internally and the induction training. They have development plans.

The value of the role to social work staff

Supervision

All of the interviewees suggested that the practice manager role had promoted the importance of supervision for all social work staff. This has been achieved by role-modelling supervision to supervisors and providing them with good support and a clear vision. Supervisors have then been able to implement similar systems with their own social workers and teams. The interviewees further described the practice manager role as having provided the ethos and climate where supervision is valued and is seen as a professional support system.

Leadership and development of staff – with particular reference to supervising supervisors on casework decision-making – in essence, that it is how I see the job. But it is bigger than this - there are lots of influences that allow you to lead by example. Allows supervisors to supervise social workers – in those cases where they have become polarised.... a practice manager can add a different perspective to the case – either reaffirms where they are going or highlights some gaps.

Providing regular, quality supervision to supervisors... rather than just luck of the draw as to who their manager was.

Good quality clinical supervision of the supervisors has meant more accountability in casework – there is more support for casework decisions.

The role has assisted social workers to know what they are doing –and skills they can offer.

How the site takes the practice manager role...listening to staff and getting their trust gives credibility to the role.

Good communication with staff makes challenge easier and this leads to healthy discussions on practice.

Case consultations

The role was also seen to have strengthened the case consultation and case conference processes where cases are discussed and analysed with the relevant social workers and supervisors - challenges made, solution-finding promoted and decisions supported. These cases are brought to the practice manager's attention by either internal or external sources – that is, the social work staff or other professional or agencies. The interviewees described the transparency and better accountability in this case management process as being helpful for workers. Role clarity was seen as a very important practice concept for all staff, and tighter accountability was seen as providing better professional safety for staff.

Case consultations are beneficial for everyone.

Case consultations involve complex cases – where the social worker and supervisor are stuck; or if there are several options they don't know where to go and want to debate the issues; or if they want a review of a case.

There is no way we can know about every case but with cases we do know there is better planning, supervising and debriefing.

There is the need to have a really clear focus on who the client is and what the goal is. What I've noticed is that when social workers are really under pressure - they might be dealing with two really tricky situations at the same time - it very much comes to the fore that they go out and wield the heavy stick –and they say “if you don't toe the line we'll remove your children.” It's just been able to challenge them with –“ if you were in their situation and the social worker came out and said that to you - what would your response be?” It's important to keep focused – you are working with people and, no wonder what they have done, they still deserve respect.

I get quite a few social workers coming directly to me – you'll find this in a smaller site - as their supervisors may have had to go out with other social workers in their team. So if a social worker comes to my door I'm not going to turn her away and tell her she has to go to her supervisor first.

Case reviews and consultations with supervisors and social workers are a central function - particularly when there are questions, or if direction is needed.

Staff development

The interviewees also spoke of the professional development that had occurred for workers by the implementation of the role – they asserted that the introduction of the practice manager role has resulted in the promotion of training, learning opportunities and professional development plans. Interviewees named site training, the induction

training for new staff and the clinical supervision course for supervisors and practice managers as instrumental in promoting positive practice improvements.

There have been practice improvements – planning, facilitating training and the professional development of supervisors – plans etc.

Strategies like ‘snippets’¹ training had been beneficial to staff.

The biggest push lately has been that we have managed to get everyone on board with permanency planning - that is, each child should have a plan for its future – whatever it is.

The PQA results have led to training needs in the office – practice trends have been analysed and gaps identified.

It is important to keep people up-skilled – giving everybody the opportunity to keep their learning happening – from social workers up to practice managers.

We work with teams to identify particular areas of practice they want to improve - to get consistency across the site.

Practice leadership

Better practice leadership on site was seen as having assisted staff to have a clearer understanding of ‘best practice’ with more explicit expectations of case management. Planning had improved and this had benefits for both the children and their families as well as for social workers. Strong leadership on site was also seen to benefit staff morale and reduce anxiety of workers because of the positive role modelling and the sharp focus on practice. Similarly, improved systems to support staff (recruitment

¹ ‘Snippets’ training is regarded as a brief training session (e.g. an hour) focused on one small practice or skill area – delivered to site staff by supervisors or practice managers or some one with specialist knowledge in that skill area e.g. care specialist. Snippets training is seen as distinct from the more formal, longer training sessions and courses offered by CYF’s Learning and Development Unit.

practices, dangerous situations policy implementation and CISM²) and practice streams to address practice issues (eg care management planning) were seen to be a product of the renewed focus on 'quality practice' advocated by the role. In essence, the practice manager was the specific person on site who was responsible for driving these practice streams and policies. This was believed to have added to the job satisfaction of all staff.

A good leader can pull an office together and...then we can sort out things together... Leadership style is critical – particularly for role modelling.

Having practice managers on recruitment panels had made recruitment processes faster.

Children in care systems – now ensures all children coming into care are warranted – there are more rigorous processes.

Workload management – there has been planning to manage caseloads - previously all this was reactive - this is helpful to both staff and client well-being.

One of the main functions of the role is strategic planning of 'best practice' for the site.

Feedback

Interviewees spoke of supervisors giving positive feedback about the role – specifically that the focus on supervision from someone who was totally focused on practice - had been helpful. (Previous to the practice manager role, the site manager - who had a broad range of responsibilities, of which practice was only one small part, had supervised supervisors.)

²CISM – Critical incident stress management is a CYF policy which is applied when there is a critical incident (e.g. dangerous situation, violence or threats) involving a staff member. This involves defusing, a formal debriefing and follow-up counselling to reduce stress and trauma.

Supervisors say that it is good to be supervised by someone who knows about social work.

We take the stress off the supervisors.

Career pathway

It has also created a new career pathway – that senior practitioners who did not want to become supervisors and general managers could follow a practice career path towards practice manager.

I'm hugely supportive of the development of senior practitioners and I delegate a lot of responsibility to them. I always make them feel that they are part of the senior management team.

The value of the role to the organisation

Practice focus

Interviewees commented that the practice manager role had supported the value of social work practice in CYF and put this back into focus. The networking of practice managers throughout the country had returned CYF's focus to social work practice – rather than on administrative and fiscal management, and monitoring and compliance. This had added value to CYF's social work function. Another interviewee commented on the clear distinction between administrative management and practice management and that it was a benefit to the organisation to have these functions separated out.

The practice manager role has been an absolutely good thing for the organisation– it has been a positive impact from New Directions.

It has defined practice leadership in the organisation. Strong leadership on site...clear definition between the SDU manager and the practice manager makes the roles clear. The practice manager deals with practice issues.

I think generally there has been an improvement in practice across the country. I certainly think we have a way to go but there has been an improvement in terms of someone looking at best practice and systems of improvement. There is an improvement in professionalism in the practice area. The networking that the practice managers do across the country has added value to the Department.

Practice managers as a collective have provided quite a strong voice on what is important and what we should be focusing on.

Approach to community

The role was reported to have given CYF a professional approach to the community. Practice manager participation at interagency meetings was seen as responding to community need re social work practice issues and working on protocols with other agencies.

The role has given a professional approach to the community in terms of someone who they see as experienced and has insight into practice.

Interagency meetings mean practice managers have been responding to community need about social work practice issues – the downside is - having to deal with negative feedback as agencies now have someone to communicate with.

Collaboration with community – that's ongoing and when they get to know you there is an expectation that you do front to all these meetings.

Accountability

The role was seen as successful because it has strengthened practice accountability with a direct line of responsibility within the site. (Previous to the role of practice managers practice consultants were available for case consultation but they had no direct line of responsibility and were not accountable for practice.)

The line responsibility has improved accountability as opposed to the practice consultant role, who were off to the side in a more advisory role...this has now been made tighter and is safer.

One interviewee mentioned that the link between Professional Quality Assurance³ (PQA) results and practice improvements was a positive measure of the practice manager role. This is largely because it is the responsibility of the practice manager to ensure that PQA results are analysed and any practice gaps or issues are addressed. The practice manager is meant to complete the practice improvement loop.

Performance improvement has followed from the PQA results.

One interviewee spoke of the cultural value that had been added by the role – that it was in line with Puaoteata-tu.

More Maori are being supported and I think this is vital as our core client group is predominantly Maori - in terms of percentages. Also, because Maori are one of the Treaty partners. It's in line with Puaoteata-tu – the principles. If John Rangihau had to be here today - I think he would be pleased – in comparison to what it was before – when you only saw white middle class white people who were dominating the higher groups of management.

Role design and implementation

Role design – job description

The interviewees were clear that the role design, as outlined in the job description for the practice manager role, was too general, too broad and not clear or detailed enough.

³ Professional Quality Assurance is an internal CYF case review process carried out by Quality Analysts to measure key practice areas and to ensure practice complies with standards, guidelines and legislation. Feedback about the individual case reviews is fed back to the relevant social worker and supervisor in order to improve practice. Practice trends in the office are also identified through the collective findings of the cases at one site. It is the responsibility of practice managers to address any practice issues.

The general belief was that although it specified all the central functions of the role, it created huge expectations and wide interpretations. It was felt that there were different expectations of the role from other roles in the organisation – for example, what management wanted from the role compared with what social work staff expected.

I think the job description is very general and possibly although ideally when you first look at it you think yes... but when you actually work it...Delivering immediate practice improvements - that's huge and if I did that in its entirety and its meaning, that would take up all my job...and it won't allow me to do that.

The expectations are huge – bigger than the job description... The nature of work on site means that you are caught up in the day to day case work leaving less time for learning, for leading practice and organising practice workshops.

Reality doesn't match the job description – everything is either delegated down to us or escalated up to us! There are different ideas from management and social workers about the role...

It would be good if practice managers were to devise the expectations for the role – this would lead to consistency across the country.

The job description should accurately reflect the role – a cross section of staff needs to come up with the expectations of the role.

There are constant demands from all levels – from social workers up to regional managers. It is a constant barrage of meeting all needs and expectations.

In a Service Delivery Location (SDL) there is more oversight and administrative responsibilities –incorporating filing, clerical, cars (this is a major for me), phones, computers and community responses. I spend about 45% of my time profiling the Department out in the community.

Time

The time available to cover all the functions and responsibilities specified in the job description eg Health and Safety, community relationship enhancement and better co-ordination of practice was seen to be inadequate to do justice to them all.

Health and Safety role is a huge one for me – again more from the perspective of a smaller site, I have the responsibility in the case of an earthquake to put measures into place and to know where staff are, and that we can respond appropriately in a disaster. I spend a lot of time with the Health and Safety committee.

I don't think the Health and Safety fits with the practice manager role – I think it is more a SDU manager role – I think stress and workload does but not the whole legislation re Health and Safety – I don't think it is a core function of ours.

Dealing with emails - there is an expectation that you will respond immediately to emails – and sometimes there is so much information I think why have I got this information?

Ideal role design

In the ideal situation, the interviewees wanted to redesign the role to have more time spent on formal supervision and strategic planning re practice issues. Comments referred to the minimal time to do strategic work on site – e.g. planning and proactive work – instead interviewees said they only had time to concentrate on the operational day-to-day management issues of the job description. They wanted less time on administration, monitoring and compliance, and more opportunity to be proactive and network with other agencies. They were unanimous about wanting to do more practice development and improvement and less 'hands-on' work. They saw that supervisors could increase their capability to provide more of this operational type support. Having to act down when supervisors are absent was seen as an issue – particularly when there were staffing shortages.

I'd like to have more time doing practice forums.

Supervisors should be doing more of their own planning and monitoring.

Ideally, it would be good to have the time to read and to put together presentations – having the time to sift through information.

The responsibility of number crunching should be taken away from practice managers. The 'traffic lights'⁴ are used as a control function rather than proactive tool.

There needs to be more national consistency. We need to work in both the reactive and proactive cycles. I'd like the opportunity to do more proactive practice forums.

We need to proactively plan on how to retain staff and increase levels of experience.

The nature of the work is that we are more caught up in day to day realities of managing case work so there is less time for learning and organising practice workshops – particularly providing leadership, guidance and development plans. A lot of time is spent managing the day-to-day stuff – and that is probably because of the low staffing in the office at the moment. The part for me that is missing is the time to do more enhancing of community type relationships.

Supervisors would be monitoring their own 'traffic lights' so I didn't have to spend the time doing it – so ideally I would be focusing on supervision of supervisors and looking at practice improvements – and case consultations – especially serious abuse and high risk cases - I get involved in planning with them.

⁴ 'Traffic lights' is the nickname given to the Key Performance Indicators Monitoring System of CYF. This is because of the colours that represent performance – red indicates an area of KPIs which are not being met, yellow indicates that they are being met.

National implementation of the role

The implementation of the practice manager role began in early 2000, with appointments made to these positions across the country over the following months. Interviewees stated that the original expectations were too high that the role would immediately improve practice because many variables were out of the control of the appointees – eg wider organisational issues such as staff recruitment and retention. There was apprehension that the role was initially perceived as being the panacea for all the problems of the organisation.

The expectations were too high that practice would improve – some issues like staff retention are out of our control.

There are lots of different expectations – these are different from site and regional managers and National Office.

Staff support

One interviewee remarked that the systems needed to be in place to support staff and in that way retention issues could be addressed. This would better enhance the implementation of the practice manager role.

There would be a system in place that supported the staff so well that they wanted to stay. Some of the issues around why people are leaving should be addressed so that you can have a stable, happy workforce to work with and enough of them (staff). They either have to do one of two things – take some of the work off us - or give us more staff to do the work.

Relationship with Chief Social Worker's Office and policy development

All the interviewees cited improved links to the Chief Social Worker's Office as one of the ways implementation of the role could be further strengthened in the future. Regular contact and meetings with practice managers across the country would increase the value of the role and acknowledge its place in the organisation. It would

also allow time to look at 'best practice'. Another interviewee commented that groups of practice managers needed to be brought together to develop best practice and policies that would help ensure consistency. They stated there is a need for the practice manager group to be recognised nationally as practice leaders.

We need our relationship with the Chief Social Worker to be strengthened.

We need to be involved in policy development not told after it has been developed. Where is the consultation? It should be frontline driven....

We should be a group to be reckoned with. We are practice leaders in our own site - but as a group we're not, and we need to be. We need more practice workshops to get together to talk about practice.

We are not consulted or don't devise policies – being part of practice formulation would increase our buy-in and then we could sell it to staff. They need to utilise our knowledge and skills.

We need to be involved in policy development – because it's about practice. We get told afterwards and I feel that's like you are doing things back to front.

Workloads

Clear and manageable workloads were also quoted as being an implementation issue.

Practice managers should supervise only three supervisors - this would give quality regular supervision. It would also mean that we could work closely with these supervisors and teams to do strategic planning and site initiatives. Consultations would be planned and emergency work managed – not crisis driven.

The implementation of this new role needs support. There needs to be acknowledgement of what the job is otherwise there will be possible disillusionment and staff will be lost.

Role still evolving

Interviewees were clear in their comments about whether the role had achieved what had been intended and were united in the conclusion that the role had only partly reached its potential. One interviewee stated that the role hadn't reached its potential because the role was still evolving and because the effects were always going to take time to be evidenced.

The impact of the role was unclear at the beginningit should have an impact over the medium term as the role is still evolving.

We need to get out of the compliance/monitoring role and have more time to focus on best practice.

There was agreement that the concerns about the implementation of the role were primarily related to the following factors:

1. the expectations of the role were too high that practice would immediately improve;
2. the number of organisational factors that were out of control of the role – staff retention etc.;
3. the reality of getting stuck in the reactive operational activities as opposed to being proactive and leading practice development in a strategic approach.

The role has not yet been perfected. We still need to get the time balance right – between reacting and being proactive. We need more time to do things on site like practice forums – this would improve it.

Trying to be more proactive and planned, getting social workers to be more proactive... Strengths based practice is starting to turn this around.

To some degree the role has achieved what was intended. There would have been greater gains if role clarity had been better formulated and expectations had been clearer.

It is vital we achieve the focus on practice. The role is still evolving and perceptions still need to be clarified.

Risks and challenges to the role

Staffing

Interviewees were clear and unanimous that one of the greatest risks facing the practice manager role was staffing. This included a number of issues – particularly recruitment and retention issues, training and performance management. Dealing with poor performance or unsafe social work practice was an issue for a few of the interviewees. This role of managing Human Resource (HR) issues is generally shared with the SDU manager.

Training of staff, while encouraged by practice managers, was also a constant drain on staff resourcing – because of the time and travel involved. There is also the issue of staff who need to complete a Level 6 social work qualification in work time (that is - attendance and study time), which was described as a huge cost to the site's capability.

The study commitments of staff involve a lot of time away from the site – plus travel time.

One of the functions is to deal with HR issues as they relate to practice – performance issues.

Retention of staff causes the most anxiety and it is constant. If there are good people in place, you are able to work collectively.

Staff leaving creates staff vacancies which means a lot of time spent on recruiting and interviewing... these time consuming tasks take focus off our other duties.

The workload- the notifications coming in – has had the biggest impact and been the biggest challenge this year – the numbers of intakes. Staff are keeling over – they are dealing with crisis after crisis. All the work is complex – there are multiple issues in families and dangerous situations...it can take months to find out what the safe options for the children are. Staff retention is the other big issue... we have relatively inexperienced supervisors who are trying to cope with the pressures of the job plus brand new social workers that they are training up ...in dangerous situations.

Trying to be positive when everything is negative is a challenge. We need to be more professional and positive – talking about the good things and not running ourselves down. We need to acknowledge the improvements that need to be made and keep up the staff morale.

Resourcing is a huge risk to the organisation – if we don't increase staff - and staff with qualifications – it is about our professional credibility at the end of the day.

Work volume

Intricately linked to staffing issues was the notion of work volume and the adequacy of resourcing – staff and financial - to address this. This also raised the elements of stress and anxiety experienced by all staff in coping with the huge workload.

There needs to be national acknowledgement of the work volume...

Demand and volumes, especially 'criticals'⁵, and staff capacity – the lack of experienced staff and the recruitment and retention issues. We need to keep staff and make it attractive for them to stay.

⁵ CYF categorises all its notifications into four timing responses – 'criticals' are cases where there are immediate safety issues so these cases need to be attended to by a social worker within 24 hours; very urgent cases have a high level of concern but not immediate safety and need to be dealt with within 48 hours; urgent cases have a number of high risk factors and are given a seven day time frame and low urgent cases (largely behaviour problems and relationship difficulties) are given a 28 day time frame.

The relentless nature of the work and the workload – it is never manageable and it is hard to keep motivated. There is endless pressure to find the balance between staff care and client service – it is either social workers who are overloaded or children who are at risk. It is important to keep child safety as a priority.

The risk is balancing staff and client needs – we have obligations to both groups – legally, morally and ethically... Child safety must come first but staff have to be supported... We are driven by workload volume... there is no recovery from high levels of notifications.

The lack of resourcing needs honest communication with staff - you can't sugar it. The reality is.... needing to be pragmatic.

I'm glad we have no financial obligations – but there is always a balance between fiscal and practice issues.

Workload – the volume and criticality makes it hard to stick to the role and not work under crisis.

We are pseudo social workers because of the 'unallocateds' (unallocated cases) – stress levels are high.

The pressure of finances - this becomes a balance of practice and finances and we are driven by this. This affects the quality of supervision that a practice manager can provide.

Encouraging supervisors - containing their anxiety and giving them support for extension, taking risks and getting out of their comfort zone.

Acting up and acting down

The other staffing issue, which concerns the interviewees, is the continual acting up (as SDU manager) and acting down (in supervisor roles) that the practice manager role entails.

There are competing demands – acting up informally or formally when the SDU manager is away or at a meeting or acting down when supervisors are absent. This means ‘hands on’ supervising.

Acting up and down – more than doing the actual practice manager role – this affects expectations and confuses staff about the role. What ‘hat’ are you wearing when they talk to you?

When supervisors are away or out, a lot more of my time is spent managing ‘criticals’ etc.

Relationship with SDU manager

All interviewees named the relationship with the SDU manager as a critical factor in the leadership of site. This relationship was seen to be key but was described as both a strength and/or a risk.

If the relationship is not supportive then it can undermine the practice manager role – either intentionally or unintentionally. Both roles need to give the same messages to staff. The roles need role clarity and balance.

The practice manager and SDU manager need to lead the morale in the site – affirm good practice and acknowledge staff. The role needs to be more complementary with SDU managers.

The critical relationship is between SDU manager and practice manager – that relationship affects the whole site – we know if it isn’t working then the

whole staff feel it. There needs to be clear divisions between SDU managers and practice managers.

The relationship with the SDU manager must be supportive with good communication and role clarity. I don't have many difficulties – I'm not confronted with the role clarity issues.

The risk is when the relationship between the SDU manager and practice manager is not supportive and when leadership is not there from above.

Lack of time to be proactive

A further risk to the role is time – or more specifically the lack of time to be proactive. This was highlighted earlier in the comments about role design and implementation.

The risk is losing focus - and practice leadership could be lost.

A lack of good supervision for yourself can lead to drift and waffling around and not being effective. It's easy to get caught in a reactive state – you need guidance and focus.

A challenge to those in the role was seen as the need to embrace change or to enjoy making changes. The environment was seen as in continual change so the ability to cope with these dynamics and the ongoing impact was seen as critical to the role.

The nature of the job is that there will always be change and dynamics... you have to enjoy making changes.

Job satisfaction

High job satisfaction

The interviewees expressed high job satisfaction quoting the challenges, growth and progress as important factors. They enjoyed the strategic thinking and the analysis the role provoked and the opportunities for professional growth that the role afforded. Some enjoyed the evolving nature of the role and acknowledged the cycles inherent in the position - and also in the environment of the site.

I'm an 8.5 (out of 10). I really like the strategic thinking and the analysing... I have been in the role since its inception and have really grown in the role. I'm now clear about the role and where to head.

The job satisfaction is about 7 (out of 10) but it has been as low as 2. There are some things I'm doing in the role I'm getting good feedback about... We need to feel valued more... I'd like to have six months without having to recruit new staff...

I am satisfied in the role but I'm not a 10. I'm really enjoying my site. I'm probably about an 8 (out of 10)... It is more challenging than the practice consultant role. I'm enjoying the role – it's a good job – it's a challenging job ...there are lots of opportunities but it's up to us to make it what we will and to keep extending ourselves – as long as we get the support to do it.

The satisfaction is high (8 out of 10)... it would be higher if we could change the expectations of the role and all those other things.

I'm really satisfied – I'm in a good week this week. I'm between 7 and 8 (out of 10).

Some remarked on the positive feedback when involved in community initiatives or projects that this increased the value of the role and was affirming to those in the role.

The ability to delegate more to a stable and competent level of supervisors and social workers was also seen as a potential benefit.

I would have more time if I was able to delegate with confidence to supervisors.

You have to keep it all in focus – and delegate it rather than doing it all yourself.

Value and affirmation

The need to be valued more in the role was seen as something that would immensely help job satisfaction – specifically, more positive feedback and more concrete rewards – such as a better salary, secondments, conferences and/or practice sabbaticals. Increased remuneration and more professional development opportunities would be welcomed and perceived as attributing more recognition to the role. They also wanted more time spent on their own professional development.

Given the responsibility of the position there is little recognition of the role – being creative about rewards would be great.

A better salary package – with an extra week's leave and TOIL (Time Off In Lieu) - and better conditions would help. An improved job description is also important.

Job satisfaction would be better if the role was not so isolated – more peer supervision and more contact with other practice managers would be good. The role also needs to be more defined.

It would be good to get higher money – salary - and conditions to show and acknowledge the role. More support – like another practice manager on site and collegial support would help.

Cultural value needs to be acknowledged – the extra understanding I bring to the role in this area needs to be recognised.

There isn't much training at our level – and there is a focus on management training - whereas we need it to be on practice.

Challenge in the face of high stress

Despite high job satisfaction, there is high stress experienced in the role. The question what keeps them in the role when things are difficult provoked the following responses.

I love the job – I have always loved my job but the practice manager role is even better. This is me. This is my job. I have a passion for care and protection work, for Child, Youth and Family. I think I'm going to be in the role for a while. This role is about being practice focused.

I love the job – the belief and passion of making a difference in children's lives – focusing on children not the adults... Supporting staff to make change...we need to celebrate the good outcomes not focus on the negatives. I enjoy the role and I have been in the role three years and I still want to be a practice manager. I really like the role.

My commitment to staff and a real commitment to the kids we're working with – that's my driving force... You think about cases where it has worked and it has gone really well and you focus on this. What keeps me in the role is when you see social workers developing and improving. My passion for the job – I try not to get too angry or frustrated – but sometimes you need to vent. I try and keep calm in the role...My family keep me grounded more than anything... I also have a good peer group - other practice managers know how it feels.

The work is important and it needs to be done. I still have a passion for the job – it has never gone away but it wanes from time to time... The

camaraderie when you have worked here a long time – good friends and positive working relationships – it's nice to come to work.

I quite enjoy the hype of the job and the challenge. I enjoy the job. I prioritise. I self manage myself really well... The more the pressure the more I enjoy it.

Summary

The individual interviews depicted a strong theme that the role was very challenging but had provided the interviewees with high job satisfaction. The role was complicated by a number of factors that were outside of the control of the incumbents but there was a sense of trying to create positive working environments in their own particular sites. Key features about the effectiveness of the role centred on the provision of supervision, practice leadership and case consultation. Better systems of accountability and case management were leading to better outcomes for clients and this was interpreted as improving the social work practice in the Department as an organisation. A return to a practice-orientated environment - as opposed to one driven by fiscal and management concerns - was clearly placing the emphasis back on children, young people and their families.

The design of the role appears to have not been fully realised, although there was some belief that the role was still evolving and emerging. The inability to move to a more proactive strategic level was seen to be hampering the potential of the role - leaving interviewees feeling frustrated about being stuck in reactive, operational crisis work. The desire to contribute to national practice and policy development was high but was unable to be exercised given the depth of the organisation's lack of frontline experience and high volume of work.

The interviewees acknowledged many strengths to the role but also articulated a number of ongoing risks which, even when reframed as challenges, present as significant obstacles. These were seen to be organisational issues and largely out of control of the individual practice manager (particularly staff retention and work volume). However, the attraction of the role appears to lie in its potential to be

proactive and to contribute to 'best practice' to affect better outcomes for children and families.

Pulling these strands and themes together has given a clear and comprehensive picture of the role and one which will be further explored in the next chapter, as the views of practice managers around the country are surveyed regarding their views about the position.

Chapter 6

The Findings of the Postal Survey

The goal of this research was to explore the views of the practitioners employed in the practice manager position and to understand their perspective of the role.

Method 2: The postal survey

The postal survey was selected as the third method of data collection because of its ability to reach the largest number of practice managers in the most cost effective manner. The method was considered to be a good way to ensure that the research had captured the issues and represented the views of as many practice managers as possible within the constraints of the project.

The qualitative aspect of the study concentrated on a small number of practice managers by way of in-depth interviews, as described in the previous chapter. Because it was impossible to interview all the practice managers in the same intensive way, a questionnaire posted to those in the role was seen as a pragmatic alternative. This however meant that both the focus group participants and the five practice managers who had been individually interviewed, were also sent postal surveys – causing a possible doubling up of some information.

The questionnaire was designed to capture data and information of both a quantitative and qualitative nature. The purpose was to collect enough statistical information so that a profile could be composed with respect to the characteristics of those employed in the role – age, gender, ethnicity, qualifications and experience. The qualitative information gathered from their reflections and comments about the role would illuminate the responsibilities and challenges from their individual perspectives.

The structure of the questionnaire was based on eliciting the statistical data in addition to the validation of the issues raised in both the focus group and the individual interviews. It was important that the questionnaire was clear and easy to understand.

It was also essential that it did not take too much time to complete, as long questionnaires tend to get a lower response rate. The design of the questionnaire was one of ‘circling the correct response/s’. This was seen to be the most economical way of getting the most information in the least amount of time. Space was provided for comments and suggestions.

Survey findings

Questionnaires were posted out to 41 practice managers across the country. There were 42 practice managers employed at the time of posting – but one of these was the writer. I did not include myself in the sample and I did not complete a questionnaire in order to avoid bias and a conflict of interest.

Out of 41 questionnaires posted out - 25 were returned. One person replied saying that she was no longer in the role so hers was considered to be invalid. This was a 63% return rate (25 from 40).

Profile of the practice manager

The following data is based on the collation of the 25 completed, returned questionnaires. This statistical data provides information that is helpful in the construction of a profile about the practice manager group.

Age

Age (years)	Number of respondents	Percentage
30-39	4	16%
40-49	10	40%
50-59	11	44%
Total	25	100%

Average age – 47 years

Range – 31 to 56 years

Gender

Gender	Number of respondents	Percentage
Female	16	64%
Male	9	36%
Total	25	100%

Ethnicity

Ethnicity	Number of respondents	Percentage
NZ Maori	6*	24%
Pakeha/Europeon	19	76%
Pacific Islander	1*	
Total	26	100%

Note: *one respondent was both NZ Maori and Pacific Islander

Level of social work qualification

Qualification	Number of respondents	Percentage
Diploma of Social Work	20	80%
Bachelor of Social Work or MSW (Applied)	3	12%
No specific Social work qualification	2	8%
Total	25	100%

Additional qualifications

Participants also reported a number of additional qualifications:

- 3 had a Diploma in Social Service Supervision
- 2 had a Master in Public Policy
- 1 had a Diploma in Social Service Administration
- 1 had a M.A. in Psychology

Length of time in the practice manager role

Length of time (years)	Number of respondents	Percentage
Less than one year	7	28%
One but less than two years	5	20%
Two but less than three years	9	36%
More than 3 years	4	16%
Total	25	100%

Immediate position before becoming practice manager

Prior Position	Number of respondents	Percentage
Supervisor	17	68%
Practice consultant	4	16%
Quality analyst	1	4%
Not previously employed in CYF	2	8%
Total	25	100%

Length of CYF service

Length of CYF Service (years)	Number of respondents	Percentage
Less than 5 years	1	4%
Five to nine years	3	12%
10 to 14 years	7	28%
15 to 19 years	6	24%
20 years and over	8	32%
Total	25	100%

Average length of time in CYF -16 years

Range - 2 years to 30 years

Length of time as social worker and supervisor

Years in frontline	Less than 5 years	Five to nine years	10 or more years	Not specified
As a social worker	11	9	4	1
As a supervisor	12	6	6	1

Average length of time as a social worker - 6 years

Average length of time as a supervisor - 6 years

Work in other agencies

Hospital/ Health	Justice/ Corrections	Voluntary Agencies	Other	Not applicable
5	2	7	1	13

Note: these add up to more than a total of 25 as some had worked in two different agencies.

52% have never worked in any other agency (other than CYF)

28% have also worked in voluntary agencies

20% have also worked in the hospital/health sector

Numbers of staff being supervised by practice managers

Number of staff being supervised by practice manager	None	1 or 2	3	4	5	6 or more	Total
Number of Supervisors being supervised	0	1	2	12	7	3	25
Number of Social workers* being supervised	15	8	2	0	0	0	25

Note: *social work positions being supervised by practice managers were specified as intake workers, caregiver liaison social workers.

76% (19 out of 25) - supervise 4 or 5 supervisors

88% - supervise 4 or more supervisors

Range - 2 to 8 supervisors

*40% supervise social workers as well as supervisors

Job description for the practice manager role

Job Description	Number	Percentage
Yes	24	96%
No	0	0%
Not sure	1	4%
Total	25	100%

Accuracy of the job description

Accuracy of Job Description (on a scale from 0 to 10)	Under 5 on scale	5 to 6 on the scale	7 to 8 on the scale	Over 8 on the scale	Total
Number of practice managers	6	5	12	2	25

Note: This item was rated on a scale on a Scale of 0 to 10 where 0 was totally inaccurate and 10 was totally accurate.

Average rating 6 out of 10

Range 2 to 9 out of 10

The central functions of the practice manager role

Participants were asked to identify the central functions of the role from a finite list of specified responsibilities (this list included all the responsibilities identified from the focus group and is tabled below):

Function	Number indicating that this was a central role (out of total of 25)	Percentage
Supervision of supervisors	25	100%
Practice leadership in the site – promoting and supporting best practice	25	100%
Case consultations/case conferences/case review – especially high risk or complex	24	96%
Promoting the professional development of social work staff	22	88%
Following up practice improvements in the site identified in PQA results	21	83%
Keeping up to date with practice issues and trends – reading, courses etc	21	83%
Ensuring practice on site complies with policy and legislation	20	79%
Staff recruitment and selection	15	58%
Managing dangerous situations and/or critical incidents	12	48%
Training social work staff on site	12	48%
Managing or resolving case transfers	12	48%
Dealing with crises on site – fire-fighting	9	36%
Managing the site/regional care management plan	8	32%
Community liaison/networking, interagency forums	7	28%
Responding to Ministerials, verbal or written complaints	7	28%
Managing the unallocated list	7	28%
Addressing poor performance, misconduct and/or Human Resource issues	7	28%
Administrative matters	6	24%
Managing the Performance Development System	6	24%
Monitoring ‘traffic lights’ – Key Performance Indicators	5	20%
Acting up for SDU Manager	5	20%
Covering for supervisors in their absence	5	20%
Health and safety co-ordination	4	16%
Dealing with financial plans or funding Issues	2	8%

There was general agreement by the respondents about the first seven central functions of the role but after that there is less accord.

Responsibilities that take up the most time

Participants were asked to specify the three functions that took up most of their time from the same list of responsibilities as above.

The following figures indicate the amount of times that each responsibility was included in the three responsibilities specified by the 25 respondents as taking up the most of their time.

Responsibility	Number (out of a total of 25)	Percentage
Supervision of supervisors	16	64%
Case consultations/conferences/reviews	14	56%
Practice leadership in the site	12	48%
Dealing with crises/situations on site – fire-fighting	8	32%
Administrative matters – emails	5	20%
Ensuring practice on site complies with policy and legislation	4	16%

The most important responsibilities of the role

Participants were asked to nominate the three tasks from the list of functions that they thought were the most important to their role. The following figures show how many times each function was specified by the 25 respondents as one of the three most important functions.

Responsibility	Number of respondents (out of 25)	Percentage
Supervision of supervisors	24	96%
Practice leadership on site	23	92%
Case consultations/conferences/reviews	8	32%
Ensuring practice on site complies with policy and legislation	5	20%
Managing the unallocated cases list	2	8%
Promoting the professional development of staff	2	8%
Keeping up to date with practice issues and trends - reading, courses, etc	2	8%

There was almost unanimous agreement about the two most important functions, supervision and practice leadership, and then a broad range of responsibilities were nominated as the third most important function.

The functions which ideally should have the most focus

Participants were asked to identify the functions from the list that they thought should have the most focus - in the ideal situation.

Function	Number of respondents (out of a total of 25)	Percentage
Supervision of supervisors	16	64%
Practice leadership on site	16	64%
Case consultations/case reviews/- especially high risk or complex	11	44%
Keeping up to date with practice issues and trends – reading, courses etc	10	40%
Promoting the professional development of staff	9	36%
Following up practice improvements identified in PQA results	8	32%

Factors preventing the ideal

Participants were asked to identify the factors which prevented them from having a focus on the above functions. This list specified 12 possible factors but there was no limit on how many they could select.

Factors	Number of respondents (out of 25)	Percentage
Time	19	76%
Staffing	16	64%
Other priorities and work demands	16	64%
Crises/fire-fighting	12	48%
Acting or covering supervisor's roles	10	40%
Environment within the office	7	28%
Environment within the organisation	6	24%
Resourcing	5	20%
Lack of role clarity with the SDU manager and supervisors	5	20%

Others suggested by participants included the unallocated list, multiple demands, lack of supervision, complaints and staff overworked.

The crucial factors contributing to the success of the role

Participants were asked to nominate the five crucial factors that they believed contributed to success in the role. They were given a list of 14 factors that had been constructed from the findings of the focus group.

Crucial Factors	Number of respondents (out of 25)	Percentage
Role clarity with SDU manager	16	64%
Competent and able staff on site	16	64%
Clear leadership and vision in the site	15	60%
Regular, competent, clinical supervision for self	14	56%
Being able to focus on practice – not having financial responsibility	13	52%
The work environment – not being reactive and crisis driven	12	48%
Role clarity with supervisors	11	44%
Clear, workable systems/processes on site	9	36%
Positive staff morale on site	8	32%
Clear vision shared by all parts of the organisation	6	24%
Access to good training for all staff	4	16%

The most significant challenges for the role

Participants were asked to indicate the 5 most significant challenges to the role. The list of 16 options was constructed from the findings of the focus group.

Significant challenges	Number of respondents (out of 25)	Percentage
Ongoing staffing issues – constant recruitment of staff, inexperienced staff, retention issues	16	64%
Being able to work proactively	14	56%
Addressing worker performance or practice issues	14	56%
Finding appropriate placements for children and young people	14	56%
Balancing needs of social work staff and management	11	44%
Unallocated cases – coping with high volume of notifications	10	40%
Balancing client needs and staff needs	9	36%
Getting children out of care	6	24%
Role clarity with SDU manager	4	16%
Constantly having to act for the SDU manager or for supervisors	3	12%
Lack of preparation for the practice manager role	3	12%
Working collaboratively with other agencies	3	12%

Other challenges suggested by respondents included high workload, lack of competent bi-cultural practice, inability to recruit Maori social workers, dealing with administrative requirements, time to read and research, time to offer effective supervision to staff whilst having to address other components of the work.

Training needs

Participants were asked to specify their training needs. The following list emerged in no particular order of priority:

- Updating clinical supervision and further professional supervision training
- Management training
- Financial training
- Human resource management training – mediation, dealing with non-performing staff.
- Practice/policy/research issues – keeping up to date, conferences, seminars
- Leadership and motivation

- Sharing with peers and peer review
- Managing turbulent, high stress environments
- Organisational dynamics
- Managing staff stress levels
- Strengths based practice
- Teaching, mentoring skills – developing staff
- Training in systems that maintain effective management
- Greater awareness and knowledge of procedures, protocols, policies and guidelines
- Ongoing attendance at forums – new initiatives
- Ongoing exposure to current research

Perhaps these training needs are summed up with the quote:

“...I need more development opportunities rather than actual training”

Training needs being met?

Training needs being met	Number of respondents	Percentage
Yes	4	16%
No	4	16%
Partly	17	68%
Total	25	100%

Courses and development workshops attended

Training course	Number of respondents	Percentage
Clinical supervision	17	68%
Management development	8	32%
CYF supervisor/management workshops	19	76%
Overseas conference	8	24%

Note that this adds up to more than 25 as some practice managers had attended more than one of these options.

How helpful have these been to the role?

Participants were asked to score the helpfulness of these courses and development workshops on a scale of 0 to 10 where 0 was totally unhelpful to 10 being totally helpful.

Average - 7 out of 10

Range - 4 to 10 (out of 10)

Involvement in any national CYF working parties re policy/practice development and/or secondments

Involvement in working parties etc	Number	Percentage
Yes	6	24%
No	19	76%
Total	25	100%

Note: Of this 24% who had been involved in a working party - only half of these said that it had aided their professional development.

Number receiving supervision as per CYF policy¹

Receiving supervision	Number of respondents	Percentage
Yes	13	52%
No	1	4%
Partly	11	44%
Total	25	100%

Who provides this supervision?

Provider of Supervision	Number of respondents	Percentage
SDU manager	13	52%
External supervisor	5	20%
Other	6	24%
Do not receive supervision	1	4%
Total	25	100%

Note: Other included regional manager, adoptions manager, peer supervision – within CYF or with managers of other agencies.

¹ The Professional Supervision Policy 1997 sets out the CYF's practice standards, functions and expectations of supervision.

How helpful is this supervision?

Participants were asked to rate the supervision they received on a scale of 0 to 10 with 0 being totally unhelpful to 10 being totally helpful.

Average rating - 6 (out of 10)

Median - 7 (out of 10)

Range - 0 to 10 (out of 10)

Other types of supervision/forums

Other types of supervision/forums	Number of respondents	Percentage
Peer supervision	10	40%
Professional mentoring	2	8%
Nil	13	52%
Regional meetings with other practice managers	23	92%

Note this adds up to more than 25 as some respondents are involved in more than one type.

There were many comments recorded on the questionnaires regarding the helpfulness of the regional forums in terms of mutual support, consistency, sharing ideas and experiences, problem solving, liaison, giving and receiving feedback on common issues, developing role clarity and relationships, comparing what was happening in sites and regions, consolidating and affirming the role and reducing isolation.

The negatives expressed about these forums were that sometimes it fuelled negativity, that there were no tangible results or outcomes of the discussions, and that there were constant changes in staff attending.

Job satisfaction

Average rating- 6.5 (out of 10)

Median - 7 to 8

Range - 2 to 10 (out of 10)

Factors which would make the role more satisfying

Participants were asked to identify the factors which would increase their job satisfaction. The list of 20 factors was constructed from the findings of the focus group.

Factors which would increase job satisfaction	Number of respondents (out of 25)	Percentage
More time to be proactive in practice matters	22	88%
Better staffing levels on site	16	64%
Better salary and/or benefits for the Practice manager role	14	56%
Improved staff recruitment and retention on site	13	52%
More professional development opportunities	10	40%
Better recognition, acknowledgement and affirmation for the value of the role	8	32%
More opportunities to be involved in national policy and practice development	7	28%
Less workload	6	24%
Regular supervision as per supervision Policy	6	24%
Better work environment within the Organisation	6	24%

Other factors specified included proactive recruitment of Maori staff and external supervision.

Has the practice manager role strengthened professional practice in CYF?

Has the role strengthened professional practice in CYF?	Number	Percentage
Yes	20	80%
No	0	0%
Partly	5	20%
Total	25	100%

Note: The responses that answered 'partly', to this question qualified their responses with quotes such as: "other pressures have prevented this"; "the role is too broad"; "it has been helpful to have the supervisors receiving supervision".

Conclusion

This chapter has summarised the results of the postal survey that sought to explore the views of the majority of practice managers throughout the country. The profile of the incumbents in the role clearly reveals individual practitioners who have extensive experience in child protection work within CYF and a comprehensive understanding of the strengths and challenges of the practice manager role.

The typical practice manager is Pakeha, female and aged 47 years; she has a Diploma of Social Work and 16 years experience in CYF – including six as a social worker and six as a supervisor. She has been in the practice manager role for more than 2 years and has come to the role from being a supervisor. She supervises four or five supervisors and is partly satisfied with the supervision she receives from her SDU manager. She is reasonably clear about her role and its central functions but interface issues with the SDU manager need clarity. She feels this relationship is critical but that the roles are slightly blurred.

The reactive nature of the work of CYF, the lack of resources, time and stable staffing to do the job well – these issues present her with the most significant challenges. In terms of job affirmation from the organisation, she feels largely undervalued in the role and would like her remuneration reviewed. She dreams of being able to be proactive in practice leadership issues and longs to be able to keep up with reading and research, and to discuss new initiatives with her peers. She would like further professional development in the area of quality supervision and management. Despite the stresses of the job, she enjoys a reasonably high level of job satisfaction (although this may fluctuate with stress).

She thinks that the role has strengthened professional practice on site but believes that the collective experience of practice managers could further add to national practice and policy development within the organisation.

This profile of the typical practice manager provides a summary of the main concepts that have emerged from the survey. The survey results are consistent with the

findings of both the focus group and the individual interviews, and they significantly add to the understanding of the role and its challenges.

The next chapter analyses the findings of the three research methods and connects these to theory and the review of the literature.

Chapter 7

Discussion of Findings – Strengthening Professional Practice

“Analysis finally makes clear to researchers what would have been most important to study, if only they had known beforehand...”

Analysis brings moments of terror that there’s nothing there and times of exhilaration from the clarity of discovering ultimate truth.”

-From *Halcolm’s Law of Evaluation Research a la Murphy*

(Cited in Patton 1990:371)

Strengthening professional practice in CYF is the primary aspiration of the practice manager role. The role was designed to provide support to supervisors and social workers and to lead practice development on site.

This research has sought to explore the views of those employed in the practice manager role and to understand the environment and landscape of the position from their perspective. The theoretical framework adopted by this research was one of systemic analysis through a strengths based lens. The research methodology, which is largely of a qualitative inductive nature, has tried to draw out the benefits that have ensued from the role and the challenges that continue to confront the role. Patton (1990:424) explains, “It is important to understand that the interpretive explanation of qualitative analysis does not yield knowledge in the same sense as quantitative explanation. The emphasis is on illumination, understanding, and extrapolation rather than the causal determination, prediction and generalisation.”

This chapter involves a discussion of the findings and examines these for illuminations and understandings of the role. These findings and insights are extrapolated to the four themes of the literature review – **social work theory, supervision, leadership and management** - with particular reference to illustrations of theory and practice integration. The concepts intrinsic to a strengths based approach and to systems thinking, will be

woven throughout this analysis. A systems framework leads us to the comprehension that a system as a whole cannot be understood by an analysis of its separate parts. Patton extends this by suggesting that a “system is a whole that is both greater than and different from its parts.” (1990:79). In line with this paradigm, this discussion connects the organisational context of CYF to the milieu of the position, and unpacks the dynamics impacting on the activities of the practice manager role.

The key findings under each theme are highlighted for easy identification.

Social work theory

Case consultation is one of the three key functions of the role

The findings of the three methodologies – focus group, individual interview and postal survey - employed in this research, highlighted that case consultation was the third significant function of the practice manager (after supervision of supervisors and practice leadership on site). This task was described as one of the key strengths of the role in terms of the value it has added to social work practice on site. This links to the role of social work consultant described in the literature review. The need to be available to staff for practice advice, guidance and support was seen as central - especially in cases involving complexity and/or high risk. This function was reported to be more intensive when social workers and/or supervisors on site were inexperienced and/or under stress.

Sometimes the case consultation role was seen to necessitate interagency collaboration, which can involve difficult negotiations and, sometimes, complex dynamics. In some of the responses from participants, there was limited reference to a ‘systems’ analysis (Pincus and Minahan 1973) regarding the understanding the complexity of interagency or multi-disciplinary work - in that expected impacts can often have unintended or unpredicted consequences on other systems.

The role allows supervisors to supervise social workers – but in those cases where they have become polarised.... a practice manager can add a different

perspective to the case – either reaffirms where they are going or highlights some gaps.

Case consultations involve complex cases – where the social worker and supervisor are stuck; or if there are several options they don't know where to go and want to debate the issues; or if they want a review of a case.

The other merits about the case consultant part of the role were regarded as the ability to provide objective independent advice on cases – in consultation with the worker or on review. This was seen to avoid possible collusion and add to professional safety of other workers – e.g. supervisors and social workers. Role clarity was declared as a very important practice concept for all staff, and tighter accountability through case consultation was seen as providing better professional safety for staff.

The role allows a 'third party' to oversee casework.

Clearly, the practice manager role relies on an excellent working knowledge of social work theories and practice models described in the literature review in order to be seen as a competent case consultant. A good understanding of child protection and youth offending forms the knowledge base for the practice manager role and this involves an in-depth understanding of the whole spectrum of theories - including psychological, psychosocial and sociological models - which have influenced statutory social work.

The ability to link and connect case dynamics and considerations to these realms is essential to ensure that social work staff receive the best guidance and support possible. The ability to unravel complexity and deal with interagency relationships is crucial to the role while also ensuring that dangerous practices do not ensue. Arguably the literature points to practice managers needing to adopt a 'systems analysis' to comprehend these dynamics – this approach is espoused by a number of theorists (Morrison 2001; Reder, Duncan and Gray 1993) who highlight the dangerous dynamics that can so easily create difficulties in a case. Reder et al (1993:27) assert,

“Systemic maps guide consultants who need to gather and organise information about complex cases. It is especially important to process information about situations of child abuse because they often involve large accumulations of facts and observations over the course of many years, held in different places by numerous people, which have been transmitted through a series of intermediaries, about anxiety-laden and life-threatening events in chaotically functioning families with fluctuation structures. The various professionals may also have distinct or overlapping responsibilities, skills and roles and operate within a complex legal and social context.”

This also clearly connects to Pincus and Minahan’s (1973) concept of three interacting types of systems – informal, formal and societal in order to get a holistic picture of the child, young person and family.

There was also a trend evident in the individual interviews that participants wanted CYF to adopt a strengths based framework into child protection work; and there was clear acknowledgment that this approach was already starting to have a positive effect on work with families. This was viewed as a strong counter influence to risk “deficit” work and to the cautious and defensive culture that has developed in CYF over recent years.

*There has been a re-emphasis on working with children and families
...encouraging a strengths based perspective.*

The trend is a decreasing risk deficit role.

The clear-cut findings from the United Kingdom Department of Health publication, *Messages from Research* (1995), highlighted the importance of the relationship that social workers must develop with families in order to maximise positive outcomes for children and family wellbeing. The researchers also asserted the benefits of involving the family in the decision about their future were unequivocal - regardless of whether social workers offered support or therapy, removed the child or kept the family together.

Partnership with families, according to their research findings, is marked by such concepts as respect, accountability and power sharing. These are similar to the premises of strengths based practice models.

The practice manager role was observed to have one possible downfall in regard to practice advocacy – the risk being that it could be used as a monitoring role rather than having a focus on ‘best practice’.

We are expected to do a monitoring role but also to promote practice – and there’s a tension between these.

The role has refocused practice to children and young people

Several participants made reference to the need to promote quality practice to ensure that children and young people were kept safe and families strengthened. There was a real sense that the role needed to make a difference to the outcomes for children and that the vehicle for this was the role modelling of good practice combined with sound practice oversight. There were comments that claimed that the role had already refocused the work of CYF back to children, young people and their families and to good social work practice. Further to this, practice was cited as now supporting what was in the ‘best interests of the child or young person’.

The focus is on the kids.

Being a practice manager gives you an objective look at a case – with a focus on the ‘best interests of the child’ – so you have another advocate looking out for the child.

There was a belief expressed that the promotion of child-focused practice had meant clearer processes, quality practice and a more professional service and attitude to external stakeholders. The role has therefore captured the concepts that Judge Brown (2000) was

promoting in his report when he called for CYF to become a more professional service. He referred to child abuse being caused by adult behaviour and there has been concern in recent years that social workers often get trapped in the adult issues and/or needs and lose sight of the safety of the children. Reder et al (1999:58) state,

“ ...a child’s safety should be determined by the nature of the parent’s behaviour and this in itself may be sufficient to guide whether protective action is necessary. Assessments need to consider issues from the perspectives of the adult and the child and the differing needs of each may require different decisions and interventions.”

‘Child rescue’/reactive/crisis paradigm predominates

The literature review regarding social work theory for this research focused on the various ways that clients and their issues have been analysed by professionals over the years according to the plethora of theorists. It also illustrated the way that social policies and sociological theories have analysed the contextual information around the phenomenon of child abuse and neglect. These paradigms are critical in understanding how the current Government machinery and legislation works and what emphasis is put on resolving issues like child protection in society. This is translated down to the workers who carry their own philosophical frameworks and values - and sometimes there is tension between these systems.

The current model in operation through CYF in recent years has been one of social control and this has largely masqueraded as a ‘child rescue’ model based on a deficit, individual, problem-orientated model. Participants in this study emphasised the need to move away from the ‘child rescue’ paradigm and into more strengths based family support work. The role of investigation was seen to be too narrow and not meeting the needs of children and their families.

Trying to be more proactive and planned, getting social workers to be more proactive... Strengths based practice is starting to turn this around.

Practice managers in this research expressed serious frustration about the inability to get out of the reactive, defensive climate perpetuated in the CYF environment – an environment overwhelmed by large volumes, which currently cannot be met. The lack of opportunity to experience quality reflective practice was a major concern for participants who stated that staff do not have the adequate resources, training and ongoing professional development structures to carry out their roles in a ‘best practice’ manner.

We still need to get the time balance right – between reacting and being proactive. We need more time to do things on site like practice forums – this would improve it.

Crisis theory (Golan 1978) gives us insight into the imbalance that occurs when a system goes into crisis mode and the usual coping strategies are abandoned as energy is largely consumed by the difficulties. This lends weight to the argument that - although crises are normal – a constant state of crisis leads to weakened, ongoing functioning. In the CYF setting this leads to a system in crisis with little professional capability to assist the families that come to its attention. In fact it has been quoted that CYF “...mirrors the dysfunction of its clients” (Brown 2000). Participants reiterated the need to become more proactive - as quality practice is heavily compromised in a crisis driven service.

The role is one of fire-fighting and resolving crises type scenarios.

The major risk to the position was described as crisis management taking over and consuming the role – resulting in the role being reactive not proactive:

The role of being ‘all things to all people’ means that you get caught up in the detail of practice delivery, which leaves little time for practice development.

Participants were clear that practice quality needed to be given priority over quantitative measures (mentioning Key Performance Indicators - KPIs). They wanted less of their

time spent on operational matters and filling in the staffing gaps – the role was perceived to be continually juggling staff/vacancies/work in a reactive manner.

The risk is losing focus - and practice leadership could be lost.

More time for reflective, proactive practice and keeping up to date with the literature and research is needed

Being able to work more proactively was the second significant challenge in the postal survey (after staff recruitment/retention issues), and was also clearly articulated in the focus group and the individual interviews. More time to be proactive in practice matters was the foremost factor identified in the postal survey that would increase the job satisfaction of those employed in the role. This is a significant finding which is both indicative of the aspirations of those in the role, and the strong sense of frustration that this is not possible in the current environment. It also highlights that if this desire could be realised, it would be a significant strength to the site in building professional capability and a learning environment.

Practice managers highlighted the need for social work practice to continually improve and saw that this opportunity would be afforded by the increased capacity to focus on practice forums and practice improvement strategies. They requested more time to read and keep up with research and literature so that this could be passed on to staff. In the postal survey this rated fourth in the whole spectrum of functions that practice managers would ideally like to be focusing on. Fundamental to this, is their wish for further professional growth and development.

Ideally, it would be good to have the time to read and to put together presentations – having the time to sift through information.

Practice development is seen to be an ongoing process - with practitioners needing to be supported to keep up with international trends and to be aware of emerging models of

practice and the latest trends. This is one of the functions that participants declared needed addressing, as there was very little time for this in the reality of their day to day work.

Supervision

Supervision is the primary responsibility of the role

The findings heavily emphasised the importance of the role in providing supervision to supervisors, and by role-modelling the supervision process on site. This was seen to have added value to professional practice and refocused management back on practice - rather than fiscal priorities. The role was designed to lead and promote social work practice, and the primary channel for doing this was seen to be through the supervision of supervisors.

The interviewees further described the practice manager role as having provided the ethos and climate where supervision is valued and is seen as a professional support system.

Good quality clinical supervision of the supervisors has meant more accountability in casework – there is more support for casework decisions.

The comments relating to supervision in all three methodologies suggest a commitment and vision on behalf of practice managers to good professional supervision in CYF – as outlined in the CYF Supervision Policy (1997). This is perceived as key to containing the anxiety of staff (Morrison 2001), and practice appears based on humanistic values of openness, warmth, empathy and authenticity (Rogers 1961). The three functions of supervision as specified by Kadushin (1992) accountability, professional development and support were all referred to in various sections of this study. However, Kadushin also cautioned that the increase of the managerial aspects of supervision would compromise the professional aspects.

Maintaining a healthy and safe supervision regime that meets the individual needs of staff and also creates a safe, learning culture is a primary goal for all supervisors. The

literature highlights the fragility of this balance in face of serious adversity – which Hughes and Pengelly (1997) name as incessant change, turbulence and pressure. These adverse factors combine to threaten a very vulnerable child protection service, which is itself at the mercy of shifting political ideologies. Applying a systemic framework, Hughes and Pengelly (1997:22) suggest, “...the functioning of supervision will reflect in microcosm the state of the organisation, its relationship with the environment and how its boundaries are managed.”

CYF has a commitment to supervision for its staff and has invested in a Clinical Supervision course for its practice managers, supervisors and senior practitioners. This course is currently run by Massey University¹ and consists of eight days training broken into two four-day sections. It covers the significant functions and theories about supervision and it also includes some practical application of the skills and knowledge by way of videotaping supervision sessions. The postal survey found that 68% (17 out of 25) of respondents had attended this course. In terms of desired further training for the role, updating clinical supervision and further professional supervision training was one of the most common requests. The request for more strengths based practice training (and therefore how it applies to supervision) further identifies the desire of practice managers to improve and grow in this area of professional supervision.

Mirroring is likely to occur at all levels

There were opinions expressed that highlighted the advantages and disadvantages of the mirroring effect created by casework/supervision/management. Respect and transparency can be reflected in a positive manner at all levels. Alternatively, negativity and unsafe practice can also be mirrored creating a dysfunctional dynamic. Some participants mentioned the healthy aspect of this, suggesting that it could resonate right through the organisation creating a safe, respectful environment and effecting better outcomes for children, young people and their families.

¹ This Clinical Supervision course was initially run jointly by Massey University and Auckland College of Education. Since 2003 it has been run by Massey University only.

There is a mirroring effect – if the practice manager looks after the supervisor, the supervisor will look after the social worker, and the social worker will look after the client.

On a similar note, Hawkins and Shohet (1989) assert that the supervision process must pay attention to the therapy matrix because what happens in that system can be replicated in the other. Other literature sources (Kadushin 1992, Hughes and Pengelly, 1997) warn of the dangers of mirroring by drawing attention to the notion of parallel process and the detrimental effects this could have for clients. Reder et al (1993) found in their research into child abuse deaths that “...relationships with the families were dominated by marked conflicts about care and control, which were repeated in interaction with professional workers. Relationships dominated by control conflicts led to patterns of closure, flight or disguised compliance” (1993:111).

Their work has been influential in the CYF climate – an internal training course titled ‘Dangerous Dynamics’ is based on their findings. Although their work *Beyond Blame* (Reder et al, 1993) is comprehensively researched and analysed, it arguably has contributed to the dominant defensive, risk-averse culture of CYF (referred to by a number of the participants) by its examination into child abuse deaths. There are real limitations in generalising their research to every day practice, as the 35 child deaths they studied (over a 16 year period in the U.K.) are not necessarily typical of child abuse cases. Only a small number of children who are abused die, and only a small number of those who die are the subjects of a public inquiry.

Strengths based supervision has the potential to create a healthy ‘green cycle’ (Morrison 2001) where anxiety is positively managed and staff feel valued. In strengths based supervision (Cohen 1997) strengths are drawn out in the action reflection - this concentrates the worker’s learning on recognising areas of competency, resilience and coping and transferring them to other situations.

Role clarity was also seen to be essential to be mirrored at all levels of the organisation. Boundary issues between levels, i.e. blurred responsibilities, tended to have an effect all the way up or all the way down; and this does not assist work with clients. The challenge emerging from this research for practice managers is to learn from all these findings whilst ensuring a safe practice environment.

Staff professional development has been promoted by the role

The literature relating to supervision portrays the importance of the education role in the supervision relationship and this extends to the training, coaching and mentoring of staff. The CYF Professional Supervision Policy (1997) specifies that education is one of the four main functions of supervision. The findings of this research point to the combination of these staff development operatives as having created more learning opportunities for social work staff on site.

There have been practice improvements – planning, facilitating training and the professional development of supervisors – plans etc.

The role has assisted social workers to know what they are doing – and skills they can offer.

The professional development of staff was seen to have been enhanced by the role to some degree but there was agreement that practice managers should be given ample time to do this work. The reactive nature of the environment was not seen to be conducive to this and therefore often this task was severely compromised.

Best practice development takes time to do properly... and we tend to operate in ten minute practice bites...For practice development we need to sit down for a day and half a day to work out what's going on but we get caught in the crisis - instant fix stuff – we tend to operate in the short attention span mode.

The nature of the work is that we are more caught up in day to day realities of managing case work so there is less time for learning and organising practice workshops – particularly providing leadership, guidance and development plans.

There is a need for improved supervision for those in the position

This was a theme through all three methodologies – professional supervision for those in the role needed to improve in constancy and quality. This was seen to impinge on the service they were able to deliver, as it did not provide the opportunities for their own growth and development – especially in regard to challenge and support. There was debate as to who should be providing this supervision and whether internal or external sources were more appropriate. It was clear in the findings that the policy expectation that the SDU manager supervise the practice manager was not being fulfilled, as it should. In the postal survey only 52% (13 out of 25) said they were receiving supervision from their SDU manager. In fact, the relationship with the SDU manager was espoused as a major factor in the success or otherwise of the practice manager role in all three sections of the research. It was consistently said that this relationship was critical to the success of the role and that the major risk was role clarity.

If the relationship is not supportive then it can undermine the practice manager role – either intentionally or unintentionally. Both roles need to give the same messages to staff. The roles need role clarity and balance.

A lack of good supervision for yourself, can lead to drift and waffling around and not being effective. It's easy to get caught in a reactive state – you need guidance and focus.

The literature refers to the need for supervision at all levels in a developmental context and that this continues to be the way practice is kept safe and anxiety contained. The risk for practice managers is the potential for managing accumulated stress (Brown and Bourne 1996) and ensuring that they receive quality professional supervision to address

this. The intersection of the ‘four systems’ approach proposed by Brown and Bourne is also brought into sharp relief when considering the practice manager role. The four domains of ‘practice, worker, team and agency systems’ make sense when applied to the activities of practice managers, as they are required to work all four systems – sometimes simultaneously. This framework also continues the relevance of ‘systems thinking’ to this research.

Leadership

The role has enhanced the practice leadership in the site

Style, systems thinking, change and vision emerge as principal themes in the leadership literature. The leadership role of practice managers involves leading practice on site and role-modelling ‘best practice’ approaches. Practice leadership on site was rated the most important function of the role alongside the supervision of supervisors.

All three methodologies explored the leadership function of the practice manager role and all reported that the role had offered a clearer practice focus. This was seen as one of the role’s major strengths. Strong leadership on site was also seen to benefit staff morale and reduce anxiety of workers because of the positive role modelling and the sharp focus on practice. In essence, the practice manager was the specific person on site who was responsible for driving these practice streams and policies. Greenleaf’s model of ‘servant leadership’ appears relevant to the topic at hand – it is centred on a high degree of trust, leading people by modelling the way – by coaching, empowering and persuading (Greenleaf cited in Kippenberger, 2002).

A good leader can pull an office together and...then we can sort out things together... Leadership style is critical – particularly for role modelling.

The role has provided clear leadership around practice issues and also the opportunity to facilitate and lead practice forums on site promoting 'best practice.' The threat to this was the time to prepare and deliver these sessions.

The role of being 'all things to all people' means that you get caught up in the detail of practice delivery, which leaves little time for practice development.

The tasks of strategic planning and visioning need to be strengthened

Leadership, according to Kotter (1996), produces change and movement and consists of vision building and strategising; aligning people and communicating; and motivating and inspiring. He defines these functions as 'transformational' leadership.

In the ideal situation, the interviewees wanted to redesign the role to have more time spent on formal supervision and strategic planning regarding practice issues. Comments referred to the minimal time to do strategic work on site – e.g. planning and proactive work – instead interviewees said they only had time to concentrate on the operational day-to-day management issues of the job description. They wanted less time on administration, monitoring and compliance, and more opportunity to be proactive and network with other agencies. They were unanimous about wanting to do more practice development and improvement and less 'hands-on' work.

Practice managers felt strongly that the leadership in the office rested on their shoulders – this leadership was not necessarily only related to practice – it involved the wider notion of keeping the work environment positive. This is in line with a strengths based approach because of the significance of modelling - and ensuring that strengths based principles are inherent in leadership and management practices as well as social work practice. With regard to a systemic framework, the practice manager must understand and be aware of how different systems impact on each other – charting the influences which positively or negatively impact on other parts of the child protection system. This is also connected to

the insight into dangerous dynamics referred to earlier in this chapter, which can operate in groups, especially multi-disciplinary groups.

Good communication with staff makes challenge easier and this leads to healthy discussions on practice.

One of the main functions of the role is strategic planning of 'best practice' for the site.

Senge (1995) declared that leadership was about seeing new possibilities for shaping the future and Austin (1981:39) proposed that leadership style was critical to decision-making – the ability to influence those around – be that in the hierarchy, across collegial bands or down the levels to workers on the frontline. He defined effectiveness as the leader being able to facilitate the work needed to provide a service to clients of the agency. This obviously entails the strategic planning and visioning that practice managers would like to be doing.

The role has a community leadership responsibility

The responses in this area specified the need and /or expectation for the practice manager to be seen as a leader in the social sector area and to be visible in the local community. Community liaison was seen to be multifaceted – involving everything on a continuum from individual case resolution to a public relations function to a community development focus. This is in keeping with Brown and Bourne's (1996) supervision notion of 'four systems' as one of these systems is the agency and how it relates to other agencies in the community.

The role has given a professional approach to the community in terms of someone who they see as experienced and has insight into practice.

The perceived downside to the community involvement was being seen by other agencies as the person to resolve issues and conflicts as opposed to proactive leadership.

We are seen by external agencies as Mr/Ms Fix-it.

Leadership in the community pulls together many of the strands that are able to strengthen local child protection networks. A better working relationship with other agencies and more understanding of other services prevents families falling through the gaps and missing out on crucial support and assistance. The collaboration and co-ordination of the welfare, education, health and community sectors to address the needs of families presents a huge challenge to CYF. Many reports, particularly child abuse death reviews have pointed out the systemic failures, which result in children and young people falling through the gaps. They also stress the need for agencies and professionals to work together with families to create a safety net for children and young people.

The sociological theories advanced in the literature study also highlight the need for practice managers to draw on concepts of community development and structural analysis to understand the plight of children and families. Cheyne, O'Brien and Belgrave (2000:169) describe the structural approach:

“The emphasis is on the failings of the economic system to deliver adequate income – the emphasis is on the structures of society and the ways in which those structures create and sustain inequality and poverty. Support for structural accounts is seen in the disproportionate number of certain groups, for example, women, Maori and Pacific Island people living below the poverty line, however it is defined.”

Understanding the marginalisation issues of many vulnerable groups and their lack of resources or access to services in the community is critical for a macro picture analysis of child protection; for example, why Maori are so disproportionately represented in the CYF statistics. The social issues of housing, poverty, income support, health and

wellbeing are concepts that can provide greater understanding and promote social change. Being able to strategically plan for these possibilities and opportunities would ensure that systemic issues are addressed and/or community development facilitated.

The collective potential of practice managers needs to be harnessed in terms of leading practice and policy development on a national level

The positioning of practice managers throughout the country had returned CYF's focus to social work practice – rather than on administrative and fiscal management, and monitoring and compliance. This had added value to CYF's social work function.

More distance and/or time away from the direct social work role allows increased focus on the 'bigger picture'.

Interviewees commented that groups of practice managers needed to be brought together to develop 'best practice' and policies that would help ensure consistency. They stated there is a need for the practice manager group to be recognised nationally as practice leaders. Only 6 out of 25 (24%) respondents to the postal survey stated they had been involved in any National CYF working parties re policy or practice development and/or secondments.

We should be a group to be reckoned with. We are practice leaders in our own site - but as a group we're not, and we need to be. We need more practice workshops to get together to talk about practice.

We are not consulted or don't devise policies – being part of practice formulation would increase our buy-in and then we could sell it to staff. They need to utilise our knowledge and skills.

All the interviewees cited that improved links to the Chief Social Worker's Office was one of the ways implementation of the role could be further strengthened in the future.

Regular contact and meetings with practice managers across the country would increase the value of the role and acknowledge its place in the organisation. This would also allow time as a group to look at 'best practice'.

There were many comments recorded in the postal survey regarding the helpfulness of the regional forums for practice managers in terms of mutual support, consistency, sharing ideas and experiences, problem solving, liaison, giving and receiving feedback on common issues, developing role clarity and relationships, comparing what was happening in sites and regions, consolidating and affirming the role and reducing isolation.

Clearly the collective skills and knowledge of the group – the postal survey found that individual practice managers' average 16 years experience each in CYF – is not being used to its potential in the national context. The harnessing of the vision of this group and its strengths would have a significant impact on the development and consistency of practice across the country.

Management

The need for staff stability is critical

A key constraint to quality practice improvement was seen to be staff recruitment and retention. A fully staffed, competent and experienced office was seen to be the primary building block of good practice on site – and the aspiration of all those in the role. This issue was highlighted in all three research methodologies as an enormous challenge for CYF. The recruitment and retention of staff is centred within the management set of skills for the position – in particularly the human resource management domain.

We need to proactively plan on how to retain staff and increase levels of experience.

Retention of staff causes the most anxiety and it is constant.

The postal survey results show the recruitment and selection of staff as the eighth central function with 58% (15 out of 25) indicating that they saw this as a key task. Further to this, ongoing staffing issues – constant recruitment of staff, inexperienced staff and retention issues - was seen as the most significant challenge to the practice manager role – with 64% (16 out of 25) in the postal survey giving it the highest rating. In terms of factors that could increase the job satisfaction of practice managers two staffing matters featured in the top four responses. These were better staffing on site which rated second with 64% (16 out of 25) and improved staff recruitment and retention on site rated fourth with 52% (13 out of 25).

Similarly in the individual interviews, interviewees were clear and unanimous that one of the greatest risks facing the practice manager role was staffing. This included a number of issues – particularly, recruitment and retention issues, training and performance management.

Staff leaving creates staff vacancies, which means a lot of time spent on recruiting and interviewing... These are time-consuming tasks, which takes focus off our other duties.

One of the functions is to deal with human resource issues as they relate to practice – performance issues.

The majority of participants remarked on the fact that CYF has had difficulty recruiting and retaining staff in recent years. The findings show that this has caused a number of difficulties for the organisation in terms of:

- Time and resources to continually provide induction training for new staff.
- Inexperienced staff doing work beyond their professional ability.
- Time and resources to provide the required supervision – under the CYF professional supervision policy social workers with less than eighteen months experience must have weekly supervision.

- Inexperienced staff with heavy workloads means stress and anxiety is more prevalent. This can increase pressure on other staff – a systemic effect.
- More experienced staff often end up carrying the newer workers – while they are transitioning into their workloads.
- High staff turnover leads to lower staff morale.

Respondents emphasised how essential it was for CYF to recruit the best possible staff. The costs to the organisation in employing staff who are not safe practitioners can be significant – especially in regard to lost productivity, increased supervision, closer management and a possible reduction in staff morale.

Practice quality is often compromised

This research identified that practice managers perceived practice quality as being compromised by a number of factors:

- Fiscal constraints
- Compliance measures
- Staff recruitment and retention issues
- Performance issues
- Workloads and volume of work
- Relentless demand for services
- Unallocated cases
- Defensive practice
- Negative media exposure

All these factors fall under general management issues – how the site is managed and also how the organisation is managed. Practice managers wanted the ability to lead and manage practice, but in reality acknowledged that a number of general management tasks cut across this objective. Managing unallocated cases and workloads in the face of relentless demand for services was one of the major challenges. In the postal survey,

management of the unallocated cases rated sixth in terms of significant challenges to the role – 44% (11 out of 25) indicated this as a concern.

Participants spoke of the ongoing conflict between the social work practice quality and the pressure to save money. They stated that the emphasis always seemed to be on budget/money management – at the expense of practice and staff retention; that is, they did not believe that practice quality was viewed as the number one priority for CYF.

We need to get out of the compliance/monitoring role and have more time to focus on 'best practice'.

The relentless nature of the work and the workload – it is never manageable and it is hard to keep motivated. There is endless pressure to find the balance between staff care and client service – it is either social workers who are overloaded or children who are at risk. It is important to keep child safety as a priority.

The management model that supports a compliance and performance regime is that of 'managerialism', known also as Taylorism (cited in Coulshed and Mullender, 2001). It is not the intention of this research to discuss this approach in depth other than to point out that it has had a profound effect on CYF over the last ten to fifteen years. The result has been an over-managed culture that has placed value on efficiency, accountability, measurement of outputs and KPIs. Arguably, this has been at the expense of professional practice and client outcomes – resulting in a fragmented and fractured service.

The relationship with the SDU Manager is critical

All interviewees named the relationship with the SDU manager as a critical factor in the leadership and management of the site. This relationship was seen to be key but was described as both a strength and/or a risk. The understanding with and the support of the SDU manager was seen to either hinder or promote success. There was real concern

that there was a lack of role clarity and an overlap between the practice manager and the SDU manager roles. Participants commented that this role clarity could work both ways – that is, it could be very positive when roles were clear and complementary or very negative when the roles were confused. They further remarked that any interference or conflict in the two roles could be dangerous when this was not recognised. Thus clarity of implementation of the two key roles on site was seen to be pivotal in the success of the role.

Whether the SDU Manager supports the role - this can be a key thing in the success of the role.

Having clinical supervision from the SDU manager can create role clarity and this can have a flow on effect to your work with supervisors.

The postal survey identified that the most crucial factor contributing to the success of the role was the relationship with the SDU manager. This scored equally with competent and able staff on site with both rating 64% - 16 out of the 25 responses. Interestingly, as previously stated in the supervision section, only 52% (13 out of 25) of the responses in the postal survey recorded that their SDU Manager was supervising them. This is a requirement of the CYF Professional Supervision Policy (1997).

The literature related to relationships between key management personnel focuses on the ability to work co-operatively together as a team (Austin 1981, Patti 2000). Strengths based literature highlights the importance of utilising the strengths, abilities and competencies of individuals – extrapolating this to the concept of teams would imply using the collective strengths of those involved. It also discusses the need for a shared vision so that this can be effectively communicated to staff (Coulshed and Mullender, 2001:88). Morrison (2001) stresses that role clarity is another key aspect, which provides safety and guidance for workers.

Human resource issues impact on the practice manager role

The research participants highlighted a number of human resource issues, which impacted directly on their own role. In terms of affirmation from the organisation for the position, the participants felt largely undervalued in the role and they were clear their remuneration needed to be reviewed. There was discontent about the notion of always feeling like that were 'acting up' in the SDU manager role or 'acting down' in the supervisor role to cover absences or job vacancies. This left them less time to concentrate on their own role responsibilities – for example, health and safety responsibilities.

You are always acting as a supervisor...or acting caseworker...or acting manager.

Managing health and safety is a big part of the job description.

However, the focus group also highlighted the strengths that the role had in relation to human resource issues especially as an active support role in 'professional dangerousness' and other high-risk situations.

In terms of ongoing training and professional development, 68% (17 out of 25) of participants in the postal survey said these needs were only being partly met while a further 16% (4 out of 25) said their needs were not being met. Respondents from all three methodologies specified the need for professional development and ongoing training courses to assist them in the role and to further their own professional growth. The opportunity to attend seminars and conferences was seen as desirable combined with more regular practice manager national forums. Perhaps these training needs are summed up with the quote:

I need more development opportunities rather than actual training.

The organisational climate was not seen to be promoting professional development opportunities given the workload and reactive nature of the environment. Crisis work and 'fire-fighting' was seen to have priority over professional development and this also limited the ability to implement proactive practice strategies. Brown and Bourne (1996) emphasise the need for all social workers to have a developmental theme within a supervisory relationship – which illustrates the necessity to have an ongoing commitment to learning. Some respondents referred to the need for newly appointed practice managers to have some training for the position. The development of the role can be traced through the three phases – as appointees move through induction to connection to the integration of their skills to the new role.

Organisational context of CYF

The work environment is turbulent and needs to improve

Participants stressed the need for the work environment of CYF to improve and stabilise. It was perceived to be reactive, crisis driven and focused on fiscal and performance measures that had little to do with practice and outcomes for children, young people and families. They emphasised the concern that resourcing, staff recruitment and retention needed to stabilise.

Hawkins and Shohet's theory of the five different organisational cultures that exist in the helping professions (1989:134) appears relevant to the current environment of CYF.

They name these as:

1. The personal pathology culture
2. The bureaucratic culture
3. Watch-your-back-culture
4. Reactive/crisis driven culture.
5. The learning/developmental culture.

Participants of this research have described and related many of these above features to the CYF operating environment, perhaps resulting in a mixture of these cultures.

Hawkins and Shohet suggest that these cultures have a huge influence on social work, supervision and management practices.

A closer analysis of the data reveals a combination of these cultures evidenced as follows:

- The focus on KPIs and ‘traffic lights’ that equates to the bureaucratic culture.
- Defensive practice, ‘risk deficit’, media driven approach that fits into the ‘watch your back’ culture.
- The reactive, crisis orientated climate because of the demand for service issues which exactly matches with the ‘reactive /crisis driven’ culture identified in all three methodologies.
- The introduction of the practice manager role and training initiatives such as induction for new staff and clinical supervision are examples of the learning/developmental culture.

Although there is a blending of these characteristics in the current CYF climate, the dominant features of reactive and crisis driven work are presently outweighing the learning/developmental culture elements. There was hope and opportunity expressed by respondents for the future but they stressed the need for appropriate resourcing and a proactive vision for the whole organisation.

The role has strengthened professional practice – a systems paradigm

Overall, those in the role believed that the role has strengthened professional practice in CYF – the ability to concentrate on practice, without the distractions of finance, was seen as a major benefit. There was a belief that the role has promoted many practice strengths, which had effected both site improvements and systemic changes. There was also acknowledgement that the role could offer so much more to local site practice and to national practice development – if the environment was more proactive and resourcing was adequate. The challenges facing the role were largely about organisational context

and if these were dramatically improved there would be corresponding improvement in practice. The vision was for a learning/developmental environment that valued practice reflection, as described by Morrison (2001). The most significant challenge confronting the role was balancing client service with staff needs – as clearly illustrated in the following quote.

The risk is balancing staff and client needs – we have obligations to both groups – legally, morally and ethically... Child safety must come first but staff have to be supported... We are driven by workload volume... there is no recovery from high levels of notifications.

Practice managers were also clear that their own job satisfaction would also increase if the environment were to improve. They expressed reasonably high job satisfaction in the role but agreed that a better operating culture would facilitate even higher satisfaction. They also accepted responsibility to make the job better by being more proactive themselves – that they also had a role in making things happen.

I'm enjoying the role – it's a good job – it's a challenging job ...there are lots of opportunities but it's up to us to make it what we will and to keep extending ourselves – as long as we get the support to do it.

Practice managers unanimously supported a return to a practice-orientated environment - as opposed to one driven by fiscal and management concerns. They clearly espouse the emphasis being placed back on quality practice for children, young people and their families.

Summary

This chapter has drawn together the key themes of the findings and connected them to the relevant literature. A systems framework in combination with a strength based focus has been helpful in understanding the benefits and the challenges inherent in the role. The

organisational environment of CYF is highlighted as a critical factor in the way that the practice manager role can be executed - as it severely constrains the ideal role design and operation of the position.

The next chapter sets out the conclusions of the research.

Chapter 8

Conclusions

Practice managers are potentially very important and powerful change agents in the ecological social service system, especially the statutory system. They have the ability to affect change for children, young people and families in the way they facilitate, support and advocate for social work practice.

This research has sought to draw out and exemplify the ways that this role is being used, and potentially could be used. Inherent in this examination, are the strengths and the challenges that the role provokes.

Findings

The significant findings of this investigation are as follows:

- Statutory social work involving child protection and youth offending work is arguably at the sharpest end of practice. In terms of the practice manager role this means that the environment is about complexity, high risk and high anxiety. Leading practice and managing staff in this context is stressful and fraught with many tensions – some of these are philosophical and some of these are systemic organisational issues.
- The role continually juggles the twin concerns of client service and staff care – this dilemma provides practice managers with much apprehension. Child safety is the priority but the ability to deliver a quality service with such an inexperienced workforce is constantly challenged and compromised. A predominant ‘child rescue’ approach adopted by the organisation in recent years has left staff feeling vulnerable and defensive – however there is hope and promise in the future by

way of a strengths based approach to practice and an increased family support type focus.

- The nature of the organisational environment is one struggling to emerge from a 'managerial' operating system - towards one of a professional social work culture which values learning. The introduction of the role in 2000 was a courageous step by CYF to regain professionalism and promote 'best practice'. The design of the role is seen to be sound, although the expectations are perceived to be too wide by those in the role – so wide as to be almost unachievable in the current milieu.
- The job satisfaction of incumbents is reasonably high – the position has huge potential but at present is locked in a reactive, crisis driven paradigm from which there seems to be little escape. Unprecedented levels of demand for service and high workloads are creating a weakened level of functioning that is causing stress in the whole social service infrastructure. Practice managers long to be able to be more proactive, to lead practice development strategies, and to contribute to practice and policy development at the national level.
- The benefits of the role are numerous and systemic – it has provided an ethos in sites which values professional supervision and returned the focus back to children, young people and their families. It has created a platform for ongoing professional development for staff and given clearer case consultation and accountability. Competencies relating to casework, supervision and community liaison are now strengthened. Safer practices and systems, and better understandings of dangerous dynamics are now evident.
- The role itself needs more affirmation – participants felt largely undervalued by the organisation - with the issue of appropriate remuneration an ongoing issue. The critical relationship between the practice manager and SDU manager was highlighted, as this can significantly influence the way a site is managed and led.

- The major factor affecting the organisation was perceived to be staffing issues – particularly recruitment and retention – and it is essential that the workforce stabilises and improves. Practice managers spend a considerable amount of time engaged in these tasks but they see the employment of quality staff as a critical factor to a site’s competence and capability.
- The mirroring effect is evident through the layers of the organisation. This can be a positive and strengthening process, or it can be detrimental – that is, mirroring dysfunction. The theory of strengths based practice is relevant here - strengths based social work practice aims to develop resilience in children and young people and safe parenting capability in families. This is paralleled in strengths based supervision of social workers by the building of professional practice capability. This is mirrored yet again in strengths based management and leadership by the building of organisational capability.
- Practice managers see themselves as leaders in the social service system and this is about creating sound and robust child protection systems in local communities. A systems approach leads us to understand that if these relationships do not exist, or are fragile, the system will be fractured and unsafe. Alternatively, good working relationships create safety both for the child and the professional. However, sometimes it is not quite as simple as that. Alistair Mant (1997:52) likens complex systems to a metaphor of a bike and a frog. His point is that a change to a system must be viewed from the perspective of how it will affect the entire system – with care needed to ensure the integrity of the whole system is not weakened. The child protection system is possibly like the frog - the way systems interact and the effects they have on each other can be unintended and unpredictable. Practice managers appear acutely aware of the systemic influences impacting on the fragile child protection network and expressed the need for increased stability to this system.

Limitations

The scope of this research has been limited by confining the interpretation and analysis of the practice manager role to those employed in the position. Therefore, the views presented in this study are solely from the stance of those in the role and their perspectives on whether the role has strengthened professional practice. This may be perceived as subjective and biased. Unfortunately, the research was not able to gather 360-degree feedback of the role by others – either inside CYF or outside the organisation. These views would have been extremely valuable and interesting, but they were beyond the scope of this piece of work.

Summary

In summary, the role of practice manager has strengthened professional practice in CYF – there has been a refocusing of the work back to:

- ‘Best practice’ child protection and youth offending,
- The organisation into a professional social work agency,
- Supervision and support for supervisors,
- Practice leadership for staff,
- Positive outcomes for children, young people and their families.

The role has also had a number of challenges and these are primarily about work environment issues – particularly, around staffing and resourcing. There are a number of dilemmas and tensions that exist:

- Compliance and quantity versus quality practice development

- Financial constraints versus ‘best practice’
- Efficiency versus effectiveness
- Staff care versus client service
- Risks and deficits versus strengths and opportunities
- Management versus leadership
- Focus on operations at the expense of strategic direction
- Role clarity with the SDU manager

The challenge for both practice managers and CYF is not to see the above as competing dichotomies but to reframe them and combine them into a balanced approach to quality statutory practice.

The national group of practice managers is comprised of highly experienced, competent workers that have a wealth of experience and skills. The group is a potent force with numerous and varied strengths. These strengths will be multiplied if they are collectively channelled and they have the potential to unleash a powerful practice emphasis that will improve the outcomes for the children, young people and families. It is up to both practice managers and the organisation to ensure that this is achieved.

Recommendations

It is recommended:

1. That the Chief Social Worker’s Office assists in the co-ordination of the practice manager group to unlock their leadership and practice development potential. This process would also give practice managers a national voice to advocate for their sites and ‘best practice’ statutory work with children, young people and their families. It is imperative that the Chief Social Worker retains the pivotal role in championing practice development and that practice managers are linked into this vision.

2. That further research is conducted into how the practice manager role is perceived by other positions in the organisation, that is, 360-degree feedback would be helpful in providing feedback as to how the role could be improved. Feedback from supervisors and social workers (direct recipients) about supervision, practice leadership and case consultation provided by practice managers would be especially valuable.
3. That there is further clarification about the practice manager role. The job description should be reviewed to accurately and realistically reflect the tasks and responsibilities of the role. This exercise might include a forum involving a cross section of practice managers to appraise and define the role. This should also focus on clarifying the role differences with the SDU Manager, given the number of references by participants to possible role overlap between these two positions.
4. That the practice manager role is given the necessary operational supports and resources to implement the role more effectively – to move from the reactive crisis paradigm to one of proactive ‘best practice’ and strategic planning. This would involve staff stability and less turbulence in the work environment. Practice managers also have a key role in advocating for these improved practice conditions both in their sites and across the organisation.
5. That practice managers collectively advocate for better supervision, training and professional development opportunities for themselves - to keep up-to-date with practice trends.
6. That further policy and practice development work is undertaken by CYF to explore the adoption of strengths based practice across the organisation. Ideally supervision, leadership and management systems would also be aligned to strengths based principles. References to this approach evoked hope in several participants in terms of creating better outcomes for children, young people and families, and also for staff morale and professional capability.

Appendix One



Job description

Title:	Practice Manager
Location:	
Accountable to:	Service Delivery Unit Manager
Accountable for:	Supervisor(s) (Social Work)
Personnel delegations:	As specified in Instrument of Delegation
Financial delegations:	Nil

Background

1. The Department

The Department of Child, Youth and Family Services (Child, Youth and Family) exists to advance the wellbeing of families, and the wellbeing of children and young people as members of families, whanau, hapu, iwi and family groups. Its strategic vision is

“Safe children and young people in strong families and responsive communities”
free from abuse
free from neglect
free from offending

The Department is committed to the Principles of the Treaty of Waitangi, both through its social work practice in ensuring that Maori children are safe and can flourish in their communities', and through funding services provided by Iwi and Maori Social Services where these are the most appropriate for children, young people, and their whanau and hapu.

2. Departmental Priorities

The Department put in place during 2001 a long term plan called **New Directions** to escalate improvement in the quality of our performance. The goal of New Directions is to create confidence in Child, Youth and Family and improve outcomes for children, young people and their families. The broad approach set out in *New Directions* is for Child, Youth and Family to:

- Join and build alliances with communities to achieve better outcomes;
- Become a joined-up agency that is outcomes-focused, strengths-based and client-centred;

- Take a regional approach to delivery of services.

The *New Directions* strategies supporting these goals are:

- Delivering immediate practice performance improvement;
- Strengthening the professional workforce;
- Collaborating with communities through;
- Improving organisational design;
- Building leadership capability;

Purpose of position

To be responsible for leading the development and promotion of professional social work practice that delivers positive outcomes for children, young people and their families. To provide professional supervision to Social Work Supervisors, while also ensuring that all social work staff receive professional supervision and have professional development plans relevant to their position.

To ensure that social work practice is in accordance with the requirements of the Children, Young Persons, and Their Families Act 1989 and other relevant legislation, policy and identified best practice.

Environment

The operating environment of the Department of Child, Youth and Family Services promotes excellent standards of service delivery that ensure staff and client safety. Its activities, particularly relating to child abuse and neglect investigations and placements, excite public interest especially when something goes wrong. The Practice Manager needs to focus on the development of excellent standards of service delivery in order to reduce to a minimum any avoidable critical issues.

Key Accountabilities

The Practice Manager will be accountable for the following key areas:

Continuously Improving Performance in Social Work Practice (through)

- Working with a team of Supervisors, Social Workers and other staff to improve professional performance aimed at protecting and promoting the well-being of children, managing young offenders and/or ensuring care and security for children in the care or custody of the Department
- Working in close association with the Service Delivery Unit Manager, Supervisors and Quality Analysts to ensure that performance targets are met
- Ensuring that practice policy is promoted, enhanced and adhered to
- Managing the professional service performance of the Service Delivery Unit
- Working in close association with the Service Delivery Unit Manager to ensure that the best possible services are delivered within the available budget.

Provide Leadership and Guidance to Social Work Professionals (through)

- Adherence to the Professional Supervision Policy, providing supervision to Social Work Supervisors and ensuring that all professional staff receive professional supervision
- Ensuring that all professional staff have professional development plans
- Providing advice on professional and practice issues for the Department and other Child and Family sector organisations where appropriate
- Identifying 'best practice' and introducing those practices to the Service Delivery Unit
- Providing professional practice advice
- Assisting in giving effect to bicultural principles.

Health and Safety are Maintained by Working with the Service Delivery Unit Manager (through)**By working in collaboration with the Service Delivery Unit Manager:**

- Ensure all hazards pertaining to his or her staff and their work site have been identified and controlled in accordance with the Health and Safety in Employment Act 1992
- Comply with the Health and Safety in Employment Act 1992 and the Department's Health and Safety policies and guidelines to ensure staff are provided with appropriate information, training and supervision when performing tasks which have been identified as hazardous; and

As an individual, by:

- Ensuring that he or she complies with health and safety legislation, policies and guidelines and does not jeopardise the safety of others by his or her actions.

Other Activities

- any other appropriate activities that fall within the purpose of the position stated at the beginning of this job description.

Functional relationships

- Youth Justice / Care and Protection Co-ordinators
- Community Liaison Social Workers
- other Service Delivery Unit Managers
- National Office Service Delivery Managers
- National Manager, Residential and Care Giver Services
- National Operations Manager, Residences
- Managers, Residences

- Quality Analysts
- Chief Social Worker
- Legal Services
- Human Resource Training Units
- Human Resource Consultant/s.

Appointee specification

Qualification

Essential

A Level B Qualification in Social Work

A current, clean drivers licence

Desirable

A qualification or study toward a qualification in the following fields is highly desirable:

- Management
- Human Resource Management

Knowledge and Experience

Essential (able to demonstrate)

- achievement in managing professional staff
- experience in, and demonstrated ability to empower others to achieve
- a successful record in the delivery of statutory social work services to a high standard
- a strong generic social work background at a senior level
- an appreciation and acceptance of new technology, along with the ability to pass on this appreciation to others
- a sound knowledge and proven ability to apply the Children, Young Persons, and Their Families Act 1989, Guardianship Act 1968, Privacy Act 1992, and Official Information Act 1981
- credibility with professional staff.

Highly Desirable (able to demonstrate)

- familiarity with, and an understanding of the Public Finance Act 1989, State Sector Act 1988, and Employment Relations Act 2000
- experience in, and demonstrated ability to involve staff in change management processes
- a sound knowledge of the Department's computerised social work (casework) recording system.

Skills

- Social Work supervision
- well developed teamwork skills
- planning ability, including project planning skills
- well developed verbal communication skills
- a high standard of written communication ability
- ability to extract, assemble, manage, interpret and evaluate data across the human resource, financial and social work delivery performance areas
- highly developed organisation skills
- computer literacy, including competence in the use of Microsoft Word for Windows and Excel.

Attributes and Abilities

The following personal attributes are essential for entry to this position:

- **Knowledge** – a broad knowledge and understanding of key principles and supporting knowledge base of social work practice.
- **Self-reliance** – a belief in one's own capability and the ability to operate successfully in an environment of relative autonomy.
- **Initiative** – a bias for action and doing things proactively, and an ability to anticipate situations, to create opportunities and/or avoid problems.
- **Directness** – the ability and willingness to clearly set expectations and openly and directly confront any deviation.
- **Developing Others** – the ability to create an environment that:
 - pursues continuous improvement
 - encourages initiative and individual responsibility
 - provides specific behavioural and performance feedback
 - encourages others to develop their own abilities.

- **Team Leadership** – the ability to lead others by fair and equitable use of formal power and through exhibiting positive behaviour, and the ability to generate enthusiasm and commitment from others.
- **Analytical Thinking** – the ability to understand a situation by breaking it into smaller pieces, to be systematic, to trace cause and effect implications, and to set priorities.
- **Conceptual Thinking** – the ability to identify patterns or connections between situations; identify key or underlying issues in complex situations and resolve these by using creative, conceptual and inductive reasoning.
- **Information Seeking** – a capacity to employ research techniques, to probe beneath obvious facts, and to uncover issues or problems before making decisions.
- **Continuous Improvement Orientation** – the ability to critically examine systems, processes and information in order to identify better ways of doing things and, most critically, to incorporate these improvements into day to day functions.
- **Organisational Awareness** – an ability to identify and use structures and procedures within the organisation.
- **Team Work and Co-operation** – a commitment to work co-operatively as part of a team, and the ability to be flexible in a changing work environment.
- **Engaging Others** – the ability to build and maintain professional relationships with internal managers and staff, and with networks of external individuals and agencies.
- **Commitment to Working for Bi-cultural Service** – a demonstrated commitment and ability to work appropriately with Nga Iwi.
- **Achievement Orientation** – a drive to achieve a standard of excellence, including commitment to continually improve performance, and an ability to sustain effort over time in the face of obstacles toward reaching a goal.
- **Client Service Orientation** – an ability to meet the needs of others and focus on identifying and meeting client needs.
- **Negotiation Skills** – the ability to confer with others in order to reach a compromise or agreement.

Children, Young Persons, and Their Families Act 1989

Knowledge about the Children, Young Persons, and Their Families Act 1989 (especially the Objects, General Principles, Duties of the Chief Executive, and the Youth Justice provisions) and be committed to the attainment of the objects of the legislation.

General

- an effective manager of resources, systems and time

- prepared to extend and maintain practice skills and knowledge through regular training;
and
- energetic, motivated and able to work flexible hours.

Personal commitment

Demonstrated evidence of commitment to the following is required:

- The Department of Child, Youth and Family Services' vision, mission and goals.
- Treaty of Waitangi, Puaotē-Ata-tu and Te Punga.
- Working with clients and colleagues in a culturally sensitive and appropriate manner.
- Equal employment opportunities, including a knowledge of and commitment to the Department's policies on Lali, Gatherings, and Pathways.

Certification

Ken Rand
General Manager, Service Delivery

Date:/...../.....

Appendix Two

Interview Guide for the Focus Group

What do you see as the strengths and benefits of the role of practice manager in NZ Child, Youth and Family?

What do you see as the central functions of the role?

In reality, what percentage of time is spent performing each of these functions?

What factors contribute to the success or effectiveness of the role?

What factors make it difficult to achieve the functions of the role or hinder its effectiveness?

What do you see as the challenges of the role?

What do you consider to be the significant risks to the role?

What do you think is needed to improve the implementation of the role?

Appendix Three

Interview Guide for the Individual Interviews

1. What do you see as the central functions of the role in priority order? Are these functions consistent with the job description?
2. In reality, what percentage of time per week do you spend performing each of these functions? (pie chart)
3. In an ideal situation, what would this look like?
4. The role has been in place for over three years - what value/benefits/strengths has the role added to your site? To the organization?
5. Do you think it has achieved what was intended?
6. What accomplishments has the role had for the protection and well-being of children?
7. What are the key factors that contribute to the success or effectiveness of the role?
8. What factors make it difficult to achieve the functions of the role or hinder its effectiveness?
9. What keeps you in the role when things are difficult?
10. What do you see as the challenges of the role?
11. What do you consider to be the significant risks to the role?
12. What do you think is needed to improve the implementation of the role or how can the role be further strengthened? (the miracle question in strengths based work)
13. Are there any changes you would make to the role?
14. How do you rate your job satisfaction being in the role? (1 being very unsatisfied to 10 being extremely satisfied)
15. Any other comments?



Appendix Four

10 October 2003

To all practice managers

**Strengthening Professional Practice - the Role of Practice Managers in
New Zealand Child, Youth and Family**



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and Social Work

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This year I am working on the above M.S.W. thesis research project - examining the role of the practice manager in CYF from the perspective of those employed in the role. The enclosed questionnaire is the third part of this research project. Earlier this year, I facilitated a focus group of practice managers in order to clarify the issues, strengths and challenges of the role. This was followed by individual interviews with five practice managers.

I now want to canvass **the views of all practice managers** by inviting you to complete this questionnaire. It will take about 15-20 minutes to complete – the majority of it is circling various options – although there is opportunity for you to make comments if you wish to. The questionnaire is anonymous and confidential; participation is voluntary.

The questionnaire aims to collect some basic demographic information – this is to build a profile about those employed in the role. The rest of the questionnaire and the makeup of the responses have been designed from the material that emerged from the focus group and the individual interviews. The purpose of the questionnaire is to elicit your views about the significant issues, strengths and challenges of the role and/or for you to add comments and suggestions of your own.

Your completion and return of the questionnaire implies your consent to participate in the research project. Participants will be able to access the completed thesis from the Massey Library and the Ministry of Social Policy Information Centre. On completion of the research, I hope to be able to provide a summary of the report findings in an article for *Social Work Now*, the practice journal of Child, Youth and Family.

This project has been reviewed and approved by the Massey University Human Ethics Committee, PN Protocol NO 03/15. If you have any concerns about the conduct of this research, please contact Professor Sylvia V Rumball, Chair, Massey University Campus Human Ethics Committee: Palmerston North, telephone 06 350 5249, email S.V.Rumball@massey.ac.nz.

I would appreciate it if you could return the questionnaire by 31 October 2003. To protect your confidentiality please post it to my Massey supervisor, Mary Ann Baskerville, in the envelope provided.

Thank you. If there are any queries please phone me on 73-136.

Jo Field
Practice manager
Tauranga

Questionnaire for Practice Managers

Section A – Demographic information

Instructions: Please circle the relevant number/s

1. Age:

2. Gender:

Please circle:

1. Female
2. Male

3. Ethnicity:

Please circle:

1. NZ Maori
2. Pakeha/Europeon descent
3. Pacific Islander
4. Other...please specify.....

4. Educational qualifications:

Please circle all qualifications gained:

1. Certificate in Social Work
2. B.A. or equivalent (not social work)
3. Diploma in Social Work
4. Bachelor of Social Work
5. M.A (Applied) in Social Work
6. Masters in Social Work
7. Diploma in Social Service Supervision
8. Other – please specify.....

If you are currently doing any further study, please specify.....

5. How long have you been employed by Child, Youth and Family?

Please specify in years.....

6. How long have you been in the position of practice manager?

Please circle:

1. Currently only acting in the role
2. Less than one year
3. 1-2 years
4. 2-3 years
5. Over 3 years

7. What was your position immediately before becoming practice manager?

Please circle:

- 1. Social worker
- 2. Supervisor
- 3. FGC Co-ordinator
- 4. Practice consultant
- 5. Quality analyst
- 6. Other CYF position
- 7. Not previously employed by CYF – please specify.....

8. How many years of experience do you have as a frontline social worker and supervisor in CYF?

Please specify in years:

.....years as a Social worker

.....years as a Supervisor

9. What other agencies have you worked in - in a social work role - and for how long?

Please circle and specify the years in the space provided:

- 1.years - Hospital/health
- 2.years - Justice Dept/Courts/Corrections
- 3.years - Iwi/Maori organization
- 4.years - Voluntary agency
- 5.years - Other – please specify
- 6. Not applicable

Section B – Responsibilities of the Position

10. How many supervisors do you currently supervise?

11. How many social workers/others do you supervise?

Please specify.....

12. Do you have a job description for your present position?

Please circle:

- 1. Yes
- 2. No
- 3. Not sure – please explain.....

13. How accurately do you think that this job description reflects your duties and responsibilities as a practice manager? (Please circle on this scale where 0 - is totally inaccurate to 10 - being totally accurate)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

14. Please circle what you consider to be the central functions of the role of practice manager?

1. Supervision of supervisors
2. Practice leadership in the site – promoting and supporting best practice
3. Following up practice improvements identified in PQA results
4. Case consultations/case conferences/case reviews – esp. high risk or complex
5. Community liaison/networking, interagency forums
6. Responding to Ministerials, verbal or written complaints
7. Training site social work staff
8. Dealing with crises/situations on site – “fire-fighting”
9. Administrative matters – emails, etc
10. Ensuring practice on site complies with policy and legislation
11. Managing the unallocated list/intake queue
12. Managing or resolving case transfers
13. Monitoring traffic lights - KPIs
14. Staff recruitment and selection
15. Promoting the professional development of social work staff
16. Keeping up-to-date with practice issues and trends – reading, courses etc
17. Managing the Performance Development System
18. Addressing poor performance, misconduct, HR issues.
19. Managing the site/regional care management plan
20. Managing dangerous situations and/or critical incidents
21. Acting up for the SDU manager
22. Covering for supervisors in their absence
23. Health and safety co-ordination
24. Dealing with financial plans or funding issues

15. Which three responsibilities listed in question 14 take up the most of your time as a practice manager?

Please indicate the numbers from Question 14:

Takes the most time Number.....

Takes the second most time Number.....

Takes the third most time Number.....

16. Please indicate what you consider to be the three most important responsibilities of the practice manager role - from Question 14.

Please indicate the numbers from Question 14:

Most important Number.....

Second most important Number.....

Third most important.....Number.....

17. Ideally, what functions/responsibilities from Question 14 would you prefer to be focussing on?

Please indicate the numbers from Question 13 and/or make any other suggestions:

.....

.....

.....

.....

18. What factors currently prevent you from doing the ideal?

Please circle the relevant factor/s:

1. Time
2. Staffing – recruitment/retention issues
3. Resourcing – please specify.....
4. Other priorities/work demands – please specify.....
5. Crises/fire-fighting/reactive work
6. Acting or covering supervisor role/s in the office
7. Lack of role clarity with SDU manager and supervisors
8. Don't have the required skills or knowledge
9. Environment within the office – specify.....
10. Environment within the organization – specify.....
11. Lack of support from SDU manager
12. Other (please specify).....

19. Which of the following are the 5 most crucial factors that contribute to the effectiveness or success of the practice manager role?

(The factors listed below were identified by a focus group of practice managers and/or individual interviews with practice managers)

Please circle five factors:

1. Role clarity with SDU manager
2. Being able to focus on practice - not having financial responsibility
3. Role clarity with supervisors
4. Competent and able staff on site
5. Positive staff morale on site
6. Access to good training for all staff
7. Regular, competent, clinical supervision for self
8. Clear, workable systems/processes in the site
9. The work environment – not being reactive and crisis driven
10. Competent leadership and management from National Office
11. Good support from the Chief Social Worker’s Office
12. Clear vision of the Dept’s role shared by all parts of the organization
13. Clear leadership and vision in the site
14. Other (please specify).....

20. Which of the following do you consider to be the 5 most significant challenges in the role of practice manager?

(The factors listed below were identified by a focus group of practice managers and/or individual interviews with practice managers)

Please circle three:

1. Balancing client needs and staff needs
2. Balancing needs of social work staff and management
3. Being able to work proactively
4. Ongoing staffing issues – constant recruitment of staff, inexperienced staff, retention issues
5. Addressing worker performance and/or practice issues
6. Unallocated cases – coping with the high volume of notifications
7. Funding for clients – financial pressures
8. Getting children out of care
9. Dealing with dangerous situations
10. Finding appropriate placements for children/yps
11. Role clarity with the SDU manager
12. Constantly having to act for SDU manager or act for supervisors
13. Lack of preparation or training for the practice manager role
14. Lack of support for the practice manager role
15. Working collaboratively with other agencies
16. Other – please specify.....

Section C: Professional Training and Development

21. Please specify your training needs as a practice manager.....

.....
.....
.....
.....

22. Are these training needs being met?

Please circle:

- 1. Yes
- 2. No
- 3. Partly – explain.....

23. How could these be better met?

.....
.....

24. What courses and/or development have you done as a practice manager?

Please circle:

- 1. Clinical supervision course
- 2. Management development programme
- 3. CYF managers/supervisors workshops
- 4. Overseas conference/s
- 5. Further tertiary study
Is/was this study funded by CYF?.....
- 6. Other (please specify).....

25. Overall how helpful have these been to the role? (Circle on the scale with 0 – being very unhelpful to 10 - being extremely helpful)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

26. Have you been involved in any national CYF working parties developing practice policy and/or been seconded to any other positions while you have been in the practice manager role?

Please circle:

- 1. Yes
- 2. No

27. If so, did you consider these to be helpful to your professional development?
Please circle:

1. Yes
2. No
3. Partly - please explain.....
4. Not applicable

28. Do you receive (individual) professional supervision as per the CYF Supervision policy?
Please circle:

1. Yes
2. Not at all
3. Partly - please explain.....

29. Who provides this (individual) professional supervision?
Please circle:

1. SDU manager
2. Regional manager
3. External supervisor
4. Other – please specify.....
5. Do not receive professional supervision

30. How helpful is this supervision to you? (Please circle on a scale with 0 - being extremely unhelpful to 10 - being extremely helpful)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

31. Do you have any of the following types of supervision?
Please circle:

1. Group supervision
2. Peer supervision
3. Cultural supervision
4. Professional mentoring

31. Do you have regular meetings with other practice managers in your region?
Please circle:

1. Yes
2. No

32. Do you find these meetings helpful?
Please circle:

1. Yes....please comment.....
2. No....please comment.....
3. Uncertain - please explain.....

33. How would you rate your current job satisfaction in the practice manager role? (Please circle on a scale with 0 - being extremely unsatisfied to 10 - being extremely satisfied)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

34. Please circle the 5 factors which you think would make the practice manager role more satisfying?

Please circle five:

1. More time to be proactive in practice matters
2. Better resourcing/funding for clients
3. Better staffing levels on site
4. Improved staff recruitment and retention
5. Better salary and/or benefits for the practice manager role
6. Support/funding for further study
7. Better recognition/acknowledgement/affirmation for the value of the role
8. Less workload
9. Clearer job description
10. Better role clarity with SDU manager
11. Regular supervision as per the Supervision Policy
12. More professional development opportunities
13. Being funded to attend overseas conferences
14. Practice sabbaticals
15. More involvement in working parties
16. More secondment opportunities to other positions
17. More opportunities to be involved in national policy and practice development
18. Closer links with the Chief Social Worker's office
19. Better work environment within the organization
20. Other (please specify).....

35. Do you think that the role of practice manager has strengthened professional practice in CYF?

Please circle:

1. Yes
2. No
3. Partly...please comment.....

36. Other comments:

Do you have you any other comments you would like to make about the role of practice manager?

Do you have any other suggestions for change to the role of practice manager?

Please use the back of this page if required.

Thank you for completing this questionnaire. In order to protect your confidentiality please send it to my Massey supervisor, Mary Ann Baskerville, in the envelope provided.

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