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Social workers' perspectives: How can children and young people who have had contact with both Care and Protection and Mental Health Services be supported to experience positive outcomes?

A thesis presented in partial fulfilment of the requirements for the degree of
Master of Social Work at Massey University, Manawatu, New Zealand

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Abstract

This thesis explored social workers' perspectives on how children and young people who have had contact with both care and protection and mental health services can be supported to experience positive outcomes. Through thematically analysing semi-structured interviews conducted with social workers, it examined the barriers to positive outcomes and the ways in which social workers are able to utilise practice approaches which can make a positive difference in the lives of children and young people. A particular focus was given to the ways that neoliberal beliefs shaped the policy environment that governed social work practice under the Fifth National-led Coalition Government between 2008 and 2017. The thesis found that, even in this environment, social workers were able to choose to practice according to social work approaches that make a difference; particularly strength-based practice, child centred practice, focusing on family, and collaboration.

The findings of this thesis imply that social workers can make a difference regardless of the policies that govern them. However, barriers and gaps in services cannot be overcome by social work practice alone and need attention from policy makers. In particular, effective intervention for complex trauma that takes into account the long developmental course that trauma related difficulties take and involves both clinical and family-based interventions needs to be prioritised by policy makers.

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Chapter 1 – Introduction

This thesis contributes to the body of knowledge regarding how children and young people who have had contact with both statutory care and protection and mental health services can be supported to experience positive outcomes. The needs of this population are often not met by services (Bellamy, Gopalan, & Traube, 2014; Chambers, 2014; DeJong, 2014; Golding, 2014; Klag et al., 2016; Murray, Tarren-Sweeney, & France, 2011; Staudt & Massengale, 2015; Stewart, Leschied, den Dunnen, Zalmanowitz, & Baiden, 2013; Tarren-Sweeney, 2010, 2013a, 2013b, 2014a, 2014b, 2016; Tarren-Sweeney & Vetere, 2014). Social workers have a unique perspective to offer in terms of how these children and young people can be supported to experience positive outcomes. Positive outcomes are an ongoing process (Fattore, Mason, & Watson, 2009; Moltu, Stefansen, Notnes, Skolberg, & Veseth, 2017) that focuses on an increase in positives rather than the absence of negatives (Lopez-Perez, Sanchez, & Gummerum, 2016; Moltu et al., 2017). Relationships are at the core of this process (Binder, Holgersen, & Nielson, 2010; Fattore et al., 2009; Lopez-Perez et al., 2016; Moltu et al., 2017), and it requires all people involved in supporting the child or young person working together (The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012). This thesis sought to understand the perspectives of social workers. It focused on the time when the Fifth National-led Coalition Government was in power, from 2008 – 2017. This was a qualitative, interpretivist study that utilised semi-structured interviews with registered social workers. Thematic analysis was used to develop the results.

This thesis therefore seeks to understand social workers' perspectives on the following question:

How can children and young people who have had contact with both Care and Protection (C&P) and Mental Health Services (MHS) be supported experience positive outcomes?

This chapter begins by outlining the researcher's rationale for studying this topic, and their personal position in relation to the topic. It outlines the design of the study and briefly explains why this design was chosen. It then gives a background to the topic, with a specific focus on

the C&P and MHS in New Zealand. Definitions of key terms used throughout the thesis are given, and finally the structure of the report is outlined.

Rationale

All children who have had involvement with the C&P system have experienced trauma in some way, and they are often referred to MHS in New Zealand (Bellamy et al., 2014; Chambers, 2014; Conn, Szilagyi, Jee, Blumkin, & Szilagyi, 2015; DeJong, 2014; Golding, 2014; Klag et al., 2016; Landsverk, Burns, Stambaugh, & Rolls Reutz, 2006; Munford & Sanders, 2015; Murray et al., 2011; Staudt & Massengale, 2015; Stewart et al., 2013; Tarren-Sweeney, 2010, 2013a, 2013b, 2014a, 2014b, 2016; Tarren-Sweeney & Vetere, 2014). These children are at risk of experiencing a lack of positive outcomes, which are defined by this thesis as an ongoing process of increasing positives with a focus on relationships and working together (Binder et al., 2010; Fattore et al., 2009; Lopez-Perez et al., 2016; Moltu et al., 2017; Office of the Children's Commissioner, 2015b, 2016; The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012). In 2017, New Zealand ranked 34th out of 41 developed countries in terms of child well-being (UNICEF Office of Research, 2017). This indicates that there is a problem with the way that services are addressing societal problems that impact on children.

Legislation in the sectors of C&P and MHS is always evolving, as is the political context. Across all political contexts and legislation changes, social workers have been supporting these children and young people to experience positive outcomes according to their professional values (Blumhardt, ADT Fourth World UK, & Gupta, 2017; Hyslop & Stanfield, 2017). Social workers have a unique perspective because their values guide them to work in partnership with the child or young person and their family, and this helps the social worker to understand their perspective (Beckett & Horner, 2016; Hatton, 2015; Hyslop, 2008, 2013; Lawler, 2013; Miley, O'Melia, & DuBois, 2017; Sanders, Munford, & Liebenberg, 2012; Rogers, 1951). This research therefore seeks to understand the perspectives of social workers on how children and young people who have had contact with both C&P and MHS can be supported to experience positive outcomes.

Personal Position

From the perspective of social constructionism, knowledge is created in social processes (Koro-Ljungberg, 2008). Social constructionism therefore views the researcher as part of the process rather than a neutral party (Koro-Ljungberg, 2008). The implication of this is that the perspective of the researcher will always influence the direction of interviews and the analysis of data, regardless of how carefully planned the research methodology is (Koro-Ljungberg, 2008; Reid, Greaves, & Kirby, 2017). It is therefore important to acknowledge from the outset the motivations and underlying beliefs of the researcher (Babbie, 2014).

My interest in this research topic grew while I was employed by Child and Adolescent Mental Health Services and then by Oranga Tamariki. I became concerned by patterns that I saw in the way that services were provided to children and young people who were in need of both services, as there appeared to be a lack of consensus among professionals as to who should work with them and what intervention should be provided. I noticed negative attitudes towards their parents, despite the fact that they had often experienced similar trauma to that which we were currently addressing for their children. I also noticed this negative attitude extending to the young people I was working with as they entered adolescence. There was a shift in language from speaking about them as vulnerable to speaking about them as dangerous to others, and a sense of blame that went with it in contrast to the compassion that was extended to them when they were younger. I began to question the way that C&P and MHS and community agencies in New Zealand work with these children and young people, and how this was influenced by societal beliefs. I became passionate about understanding what was already making a positive difference for these children and young people, and what else could be done.

Study Design

This is a qualitative, interpretivist study that seeks to understand the perspectives of social workers regarding the research question. This means that it focused on non-numerical data, and sought to understand diverse viewpoints (Babbie, 2016; Crotty, 1998). It is strongly rooted in

social constructionism, and therefore views knowledge as constructed through collective social processes (Crotty, 1998). For this reason, the methodology used was semi-structured interviews with eight social workers. Semi structured interviews allowed the researcher to engage with participants in a collaborative process of co-constructing knowledge (Gomm, 2008; Koro-Ljungberg, 2008). This study also drew from social work values, including having compassion for people, sharing power with research participants, and principles of bi-cultural practice. These values shaped the questions that I asked of participants, and the way that I went about engaging with them and asking questions (Rubin & Babbie, 2017). The data produced from these interviews was analysed using inductive thematic analysis. The raw data was organised into themes of what was common among the experiences and opinions of the people interviewed, and this was analysed to identify both obvious and underlying themes (Clarke & Braun, 2017; Gomm, 2008). Obvious themes were things that several social workers overtly spoke about, while underlying themes were ideas that were common across transcripts even if they were not voiced. This choice of data analysis method was therefore congruent with the purpose of the research, which was to understand the perspectives of social workers on the research question.

This thesis does not distinguish between C&P and MHS in terms of literature and findings unless specified. Instead it discusses the opinions and experiences of social workers across all services that work with these children and young people, and relates these to dominant social beliefs such as the neoliberal doxa that portrays people who struggle as being the cause of their own problems¹. This aligns with a social constructionist approach to research, as this thesis seeks to understand social workers perspectives and how these align with current societal beliefs rather than identifying specific problems and solutions for a particular service (Gubrium & Holstein, 2008).

¹ See literature review page 19

Background to the topic

In the past decade, attention has been paid to the unique mental health needs of children who are in care (see for example, Bellamy et al., 2014; Chambers, 2014; Golding, 2014; DeJong, 2014; Klag et al., 2016; Murray et al., 2011; Staudt & Massengale, 2015; Stewart et al., 2013; Tarren-Sweeney, 2010, 2013a, 2013b, 2014a, 2014b, 2016; Tarren-Sweeney & Vetere, 2014). Children who are in care have unique and complex needs that are not adequately recognised or treated by current MHS in Western countries, including New Zealand (Bellamy et al., 2014; Chambers, 2014; Golding, 2014; DeJong, 2014; Klag et al., 2016; Murray et al., 2011; Staudt & Massengale, 2015; Stewart et al., 2013; Tarren-Sweeney, 2010, 2013a, 2013b, 2014a, 2014b, 2016; Tarren-Sweeney & Vetere, 2014). There is a high rate of diagnosed mental illness among children in care in Western populations: slightly over half have clinical level mental illness, and another quarter have mental health difficulties that almost reach clinical criteria (Tarren-Sweeney, 2010, 2016). Children in care are three to four times more likely to have clinically significant mental illness than children in the general population (Klag et al., 2016). High rates of mental illness are also present in children and young people who come into contact with C&P services but do not go into care (Conn et al., 2015; Landsverk et al., 2006; Munford & Sanders, 2015; Staudt & Massengale, 2015; Stewart et al., 2013). This has serious implications for social work practice, and indicates that a focus on what brings about positive outcomes for this particular population is urgently needed.

Care and protection services

The following paragraphs provide a political context for C&P services in New Zealand, as this illustrates the current debate and controversy regarding how children and young people who come into contact with them can be supported to experience positive outcomes. Statutory care and protection services in New Zealand have had a turbulent history, and multiple reviews and reforms have failed to provide sustained positive outcomes for children and young people (Modernising Child, Youth and Family Panel, 2015). In 1970's and 1980's, the public became increasingly concerned regarding rates of child abuse (Hyslop, 2017a). At the same time, the

profession of social work began to focus on the impact that removing children from their families and communities was having on their well-being, and particularly on the historical context of colonisation and loss of language, land and collective identity for Māori whānau (Hyslop, 2017a). The Oranga Tamariki Act 1989 (then called the Children, Youth People and Their Families Act) set out principles for care and protection that focused on maintaining family connections (Hyslop, 2017a). However, over the next two decades, regular reviews continued to identify considerable problems in the care and protection system in New Zealand (Modernising Child, Youth and Family Expert Panel, 2015).

The Fifth National-led Coalition Government of 2008-2017 released several key policy documents concerning making changes to C&P services in New Zealand. These included the Green Paper for Vulnerable Children, which summarised the submissions of New Zealanders on how children can be better protected (The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012); the White Paper for Vulnerable Children, which established a programme of change for the way the Government approached C&P (The White Paper for Vulnerable Children, Volume 1, 2012); and the Modernising Child Youth and Family Expert Advisory Panel Final Report in 2015, which made recommendations for the restructure of C&P services in New Zealand with a focus on future practice being child-centred and trauma-informed (Atwool, 2018). The culmination of these documents was that in April 2017, the Department of Child, Youth and Family was replaced by the Ministry for Vulnerable Children (Oranga Tamariki). Oranga Tamariki was accompanied by the Oranga Tamariki Legislation Act 2017, which made changes to the Children, Young Persons and Their Families Act 1989 and renamed it the Oranga Tamariki Act 1989. In October 2017, the Sixth Labour-led Coalition Government removed the word “vulnerable” from the title of the Ministry, as it was criticised by children and young people, the United Nations, and the Children’s Commissioner (Satherly, 2017b). The future direction of C&P services in New Zealand has been envisaged as being child-centric and trauma-focused (Hyslop, 2017a).

At the same time as these changes have occurred, the number of children who are in need of care and protection in New Zealand has remained high. At the end of January 2018, a record high of 6100 children were in state care (Robson, 2018). In the year ending 30 June 2017, 158,900 notifications were received by Oranga Tamariki and its predecessor, Child Youth and Family (Ministry for Vulnerable Children, Oranga Tamariki, 2017). The well-being of children in New Zealand has continued to be a topic of considerable controversy and concern in recent months.

Child and adolescent mental health services

MHS in New Zealand have not undergone the high number of legislative changes that that C&P services have in the past decade. Between 1996 and 2012, mental health services in New Zealand were regularly reviewed by the Mental Health Commission, and annual reports were published (Disley, 2017). Since the Mental Health Commission was disestablished in 2012 by the Fifth National-led Coalition Government, there has been no formal review of mental health services (Elliott, 2016). The crowdfunded People's Mental Health Report in 2016 recommended an urgent increase in funding, fully independent oversight of the mental health system, an urgent independent inquiry, and a national education system regarding mental health (Elliott, 2016). The Sixth Labour-led Coalition Government commissioned an inquiry into mental health to be completed by October 2018, with a specific focus on equity of access to quality services (Kirk, 2018).

There is a high demand for MHS in New Zealand, and significant gaps in services have been identified (Elliot, 2016). In a study of 41 developed countries in 2017, New Zealand had the highest youth suicide rate (UNICEF Office of Research, 2017). In 2016, a record number of people accessed specialist mental health and addiction services in New Zealand (Ministry of Health, 2017). In recent years it has been increasingly difficult to access MHS (Elliott, 2016). This is particularly concerning given that children and young people who are in contact with C&P services have unique difficulties in accessing and remaining engaged in MHS even after a referral

has been made² (Appleby & Phillips, 2013; Cantos & Gries, 2010; Liebenberg, Ungar, & Ikeda, 2013; Schley, Yuen, Fletcher, & Radovini, 2012; Staudt & Massengale, 2015). The difficulty in accessing and remaining engaged in MHS has significant implications for how these children and young people can be supported to experience positive outcomes.

Definition of key terms

The following terms have been defined in order to ensure consistency in understanding throughout the thesis:

Care and protection (C&P) services refers to the work of the Ministry for Children (Oranga Tamariki), and its predecessor, Child Youth and Family.

Children and young people are defined as aged between 0 and 17 years. This is because legislation stating that Oranga Tamariki can hold custody for young people until their 18th birthday rather than their 17th had not yet been passed when the research was designed and Information Sheets dispersed. This legislation has since been passed (Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act, 2017).

“Children and young people who have had contact with both C&P and MHS” means that a child or young person has had at least one referral about them made to each service, even if these referrals were declined or given no further action.

Community services refers to any other social service that works to support people outside of the definitions of C&P and MHS set out above. This includes, but is not exclusive to, organisations who are contracted by C&P and MHS to provide support to children and young people and their families.

² See literature review, page 23

Family and whānau refer to people who are either biologically or legally related to the child or young person, or with whom they have a significant psychological attachment.

“In care” is a term used to indicate that a child or young person is in the custody of C&P services.

Mental health services (MHS) refers to secondary child and adolescent mental health services that are provided through District Health Boards.

Oranga Tamariki refers to the Ministry for Children, Oranga Tamariki. This is the government’s statutory C&P service in New Zealand. This service was previously known as Child, Youth and Family from 1999 until April 2017, and then as the Ministry for Vulnerable Children (Oranga Tamariki) until December 2017.

Positive outcomes is a term that is discussed throughout the literature review. In Chapter 3, a definition of positive outcomes is derived from a review of recent consultation with children and young people in New Zealand, and a review of literature regarding the views of children, young people and other relevant clients. According to this definition, positive outcomes are defined as an ongoing process that focuses on the presence of positives rather than the absence of negatives. At the core of positive outcomes is the importance of relationships. It also involves everyone involved in supporting the child or young person working together.³

Professional discretion refers to the ability of professionals to make decisions regarding how they interpret legislation and agency policies in their everyday work with children, young people and families. This definition is derived from the work of Michael Lipsky on Street Level Bureaucrats (Lipsky, 1969, 2010).⁴

³ See literature review, page 46

⁴ See literature review, page 40

Report of Concern refers to a formal notification being made to statutory C&P services (Oranga Tamariki) regarding the safety of a child or young person. This can be made by any person.

Client refers to any person who engages with C&P, MH or community services for either themselves or their children.

Social worker refers to any person in New Zealand whose job title is social worker. It also applies to any person whose employment in their current role is possible due to their social work qualification or registration.

Structure of report

The structure of this thesis is as follows:

Chapter one provides a foundation for the rest of the thesis. It presents the research question, study design, and rationale and background to the research.

Chapter two discusses literature relating to policy in New Zealand regarding how positive outcomes are defined. It explores neoliberal ideology, including the neoliberal doxa of blame, and how this has impacted on policy in the areas of care and protection and mental health.

Chapter three provides a focus on social work practice. It first discusses the focus on relationships that sets social work apart as a unique profession, and how social workers can use discretion to act according to their professional identity in a neoliberal environment. It then integrates literature that has consulted children and young people regarding how they define positive outcomes with recent literature regarding social work practice. This discussion focuses on specific ways that children and young people who have had contact with both C&P and MHS can be supported to experience positive outcomes.

Chapter four discusses the methodology and method that was used in this research project. This is a qualitative, interpretivist study that is rooted in social constructionism and social work values. This research uses semi-structured interviews to gather data, and thematic analysis to develop common themes and ideas.

Chapter five presents the results of this research. This is in the form of common themes that were developed from analysis of the semi-structured interview transcripts.

Chapter six is a discussion of the results of the research in light of literature. This discussion begins with a focus on the context within which social work is occurring in New Zealand and the impact of this on children and young people who have had contact with both C&P and MHS. It then proceeds to discuss how social workers can use professional discretion to use different approaches that support children and young people to experience positive outcomes. It ends with discussion regarding a particular area of service provision that needs to be considered by policy makers: effective intervention for trauma.

Chapter seven concludes the thesis. It presents the research findings and the implications of these for social work practice. It gives recommendations for how children and young people who have had contact with both C&P and MHS can be supported to experience positive outcomes.

Chapter summary

This thesis seeks to understand social workers' perspectives on how children and young people who have had contact with both C&P and MHS can be supported to experience positive outcomes. This chapter introduced and gave a background and rationale to the topic. It presented key terms, and outlined what each chapter will cover. The following chapter will begin the literature review by focusing on how policy in New Zealand has impacted on how outcomes are defined.

Chapter 2 - Policy and Outcomes

The question that this thesis seeks to address is: “How can children and young people who have had contact with both C&P and MHS be supported to experience positive outcomes?” The thesis focuses on the period of time that the Fifth National-led Coalition Government was in power, from 2008 – 2017. This chapter explores what literature says about how outcomes are evident in policy making in New Zealand in the areas of C&P and MHS. It begins by discussing the way that neoliberalism subtly exercises power by normalising the placing of blame on families who are struggling and the portrayal of their children as inherently vulnerable. It then explores the way that neoliberalism views individuals and their relationship with the government, and how this has led to an intensifying focus on organisations working according to narrow, government-defined outcome measures. The critiques of this are considered. Finally, the neoliberal version of social constructionism that was introduced by the Fifth National-led Coalition Government is discussed as it influenced the development of rigid outcome measures and the fragmentation of services.

The neoliberal doxa of blame

The values and beliefs of a society have a strong influence on the policy process. In turn, policy is a tool through which the values and beliefs of society are shaped (Keddell, 2016; Maidment & Beddoe, 2016; Schneider & Ingram, 2005). The following discussion addresses the political climate in New Zealand under the Fifth National-led Coalition Government of 2008 – 2017 and its interaction with dominant social beliefs that impact on children and young people who have had contact with both C&P and MHS.

Defining doxa

According to a social constructionist paradigm, “discourse” is defined as the key language that is used to construct meaning around a social issue (Marston, 2013; Miley, O'Melia, & DuBois, 2017). Through repetitive interactions that occur within society, some discourses emerge as dominant and hold power over what is seen as normal and acceptable in society (Miley et al., 2017). Dominant discourses that are widely accepted as normal are defined as doxa (Keddell, Stanfield,

& Hyslop, 2016). The dissemination of doxa throughout society is a key aspect of the nature of a neoliberal government. Neoliberalism views people as free citizens who cannot be controlled, so it seeks to instil certain norms, or doxa, in society subtly instead of through external coercion (Mik-Meyer & Viladsen, 2013). The media reinforces these discourses, and over time it prompts a cultural shift (Garrett, 2010; Keddell et al., 2016). This can help to promote a “good fit” between common beliefs in society and the government’s plans to restructure social policy (Hackell, 2013).

Control over social norms is otherwise known as hegemony (Garrett, 2010; Miley et al., 2017). Hegemony is seen in the spontaneous consent that the majority of the population gives to the dominant group, and the discipline that the dominant group is able to impose on those who do not conform to their social norms (Gramsci, 1971). Those who do not conform to the norms set out by the dominant group are constructed as “the other” by those in government, and either deserving of the government’s help through their innocence or undeserving because of their bad behaviour (Schneider & Ingram, 2005). The rest of society goes along with this because the idea that some people are inherently vulnerable or wrong has become socially acceptable. The indifference of the majority in society who accept these social norms is therefore what allows policies that align with the beliefs of the dominant group to come to pass (Gramsci, 1977).

The permeation of a doxa throughout society can be further understood through the concept of Lukes’ three faces of power. Lukes built on the ideas of Bachrach and Baratz (1962), who suggested that power can be expressed through policy makers either making a decision or deliberately choosing not to make a decision on a certain issue. Lukes (1974, 2015) suggested that policy makers can also express power in a third way through promoting certain ideas that eventually become normalised in society and influence the public’s opinion on political issues. This way of expressing power is less obvious than direct decision-making or non-decision-making, but it is very powerful because it enables the government to make decisions based on their own ideology with increased support and minimised opposition (Lukes, 2005). In the context of this research question, the Fifth National-led Coalition Government’s subtle promotion of certain beliefs regarding the responsibility of families is an unseen expression of power that allowed them to make policy decisions in the areas of C&P and MHS based on their own ideology.

The care and protection context

The main doxa promoted by neoliberalism in terms of C&P is that individuals are responsible for their own well-being, and therefore problems are a result of individuals making poor choices (Benedictis, 2012; Hackell, 2013, 2016; Jenson, 2012; Keddell, 2016; Keddell et al., 2016; Mik-Meyer & Viladsen, 2013; O'Brien, 2016; Sawyers, 2016). This doxa allowed the government to lay blame for child abuse and neglect on families without acknowledging the role that poverty and inequality play (Benedictis, 2012; Hackell, 2016; Keddell, 2016; Keddell et al., 2016). This doxa normalises the view that parents should be responsible for their own children, and that if they cannot keep them safe then they have failed and the government should “save” their children (de Haan, 2016; Hackell, 2016; Keddell, 2016). This has led to a shift in power from families to the government (Martin, 2016). In the 1980s – 1990s, parenting was viewed as something that everyone naturally struggles with, so support was easily accessible (de Haan, 2016). However, the current doxa assumes that all parents should be able to cope independently and then portrays those who do not as failures, and the policy implication of this is reduced social support for families (Atwool, 2011; de Haan, 2016; Keddell, 2016). O'Brien (2016) has suggested that the Fifth National-led Coalition Government's focus on “vulnerable children” is the 2017 version of “deserving and undeserving poor.” This not only constructs children in need of C&P and their families as “the other,” but also constructs a separation between “vulnerable” children who are innocent victims, and “bad” parents who abuse and neglect their children. A high percentage of children who have contact with C&P services will go on to have this contact in the future as parents (Fusco, 2015; Mertz & Anderson, 2017). This indicates that under a neoliberal doxa, individuals can transition from being labelled as “vulnerable” to “bad.”

The doxa of neoliberalism is very evident in current New Zealand policy. Neoliberalism values personal responsibility, promotes inequality as an incentive for paid work, and aims to reduce the role of the state in helping people (Stanley-Clarke, 2016). The Fifth National-led Coalition Government largely denied that social and economic inequalities played a role in increasing the likelihood of abuse and neglect of children and mental health problems (Hackell, 2016; Keddell et al., 2016). This is most evident in a previous Minister of Social Development, Paula Bennett,

stating at the beginning of the White Paper⁵ for Vulnerable Children (2012, p. 2) that “though I acknowledge the pressure that financial hardship puts on families, that is never an excuse to neglect, beat, or abuse children.” Hyslop (2013) points out that Bennett has confused explanation with justification. Critics of the neoliberal doxa of blame do not seek to use poverty as an excuse for abuse, but to gain a deeper understanding of the wider context of challenges families face that might lead to abuse being more likely (Hyslop, 2013). The White Paper for Vulnerable Children (2012) constructed parents as being to blame for child abuse and neglect, with a particular focus on parental pathology (Hackell, 2016; Hyslop, 2013). Keddell (2016) points out that the White Paper carefully distinguishes between “good” poor parents, and those who beat their children, therefore excluding poverty as part of the definition of what makes a child “vulnerable” and in need of government intervention.

The Modernising Child Youth and Family Panel echoed this doxa, as they identified the family environment as the cause of child vulnerability but then lacked strategies to support families (de Haan, 2016). They recommended giving a voice to the young people through the establishment of Youth Advisory Panels, but no similar voice was provided for the families of these young people (Blumhardt et al., 2017). This reflects the way that the neoliberal doxa imagines a separation between “vulnerable” children and their families. Since the Panel’s final report was released, additional funding was allocated by the Fifth National-led Coalition Government to services to help families in the 2017 Budget. For example, money was allocated to expand Family Start, a home-visiting based service for families of very young children (Tolley, 2017). This funding boost was welcomed by the Children’s Commissioner (Satherly, 2017a). However, simply funding one service to expand does not signify the ideological shift that critics of the neoliberal doxa want in order for families to be viewed with respect and the systemic impacts on their struggles acknowledged. In addition, macro-level interventions that would alleviate social suffering were not proposed by the Fifth National-led Coalition Government (Keddell, 2016).

⁵ This document set out the Fifth National-led Coalition Government’s philosophy and plan regarding vulnerable children in New Zealand.

The mental health context

In the case of mental health, the neoliberal doxa of blame is less evident but still present. It is widely accepted in New Zealand that mental illness can be experienced by any person at any time, and that addressing this is everybody's responsibility (Mental Health Commission, 2012). However, access to publically funded MHS can be difficult, and this will affect people on lower incomes more than those who can afford to access private services (Elliott, 2016). This reflects the neoliberal belief that service provision should be minimal in order to encourage self-reliance, and that all people should be able to engage in paid work (Stanley-Clarke, 2016). Access to MHS sometimes requires a referral from a General Practitioner, and this restricts access to those children and young people whose parents could not afford transport to attend appointments, and young people who are too old to be eligible for free appointments.

The neoliberal doxa promotes the view that people are responsible for their own well-being, and leads to increasingly rigid requirements and responsibilities for people involved in services (Liebenberg et al., 2013). This can make ongoing engagement with MHS difficult for children, young people and families who have significant stressors in their lives or who do not fit government-defined norms of responsible lifestyles. Often families who have involvement with C&P services have higher priorities than accessing MHS for their children, such as ensuring basic needs are met or resolving crisis situations, but their missed appointments can be interpreted by MHS as the family neglecting their child or purposefully disengaging from MHS (Staudt & Massengale, 2015). This can lead to further marginalisation of children as their mental health needs are left untreated (Liebenberg et al., 2013). For example, MHS in New Zealand tend to discharge clients abruptly if they do not turn up to appointments, so children who live in transient families or are being shifted between caregivers are disadvantaged as they might not receive the appointment letter (Cantos & Gries, 2010).

In addition, access to MHS for people who are struggling but do not meet clinical entry criteria can be very difficult, leaving them to wait until their condition worsens or is able to be framed by referrers in a way that meets criteria before they are eligible for publically funded help (Elliott, 2016). Literature points to the need for MHS to make specific efforts to engage hard-to-reach

youth, and the need for referrers to be supportive in this process (see for example: Appleby & Phillips, 2013; Schley et al., 2012). Although the provision of MHS appears to be universal, the lack of acknowledgement of systemic difficulties that some people face means that in reality, access is easier for people who have higher incomes. This has significant implications for children who are in need of C&P, as their families are more likely to face financial and other struggles that could act as barriers to MHS access.

Overall, it is clear that the doxa of neoliberalism is influencing current C&P policy. It normalises the practice of placing blame on families and reducing supports available to them while portraying their children as inherently vulnerable in comparison to other children. This doxa is also evident in policies concerning MHS, as service provision overlooks systemic difficulties that people face.

Neoliberal ideology and the policy process in New Zealand

The previous section discussed how neoliberal ideology influences the beliefs of New Zealand society. This section addresses neoliberalism's effect on the policy process in New Zealand. It begins by focusing on how neoliberalism views the nature of individuals, followed by how it frames the relationship between government and the people. This forms the foundation for a discussion of how neoliberal governments define and measure outcomes. The section finishes by exploring critiques of the neoliberal approach to defining outcomes.

The nature of individuals

The core value of neoliberal ideology is the promotion of individual freedom, autonomy and responsibility (Liebenberg et al., 2013; Sawyers, 2016; Stanley-Clarke, 2016). Neoliberals assert that individuals are driven by their own self-interest, and should be free to act on this and make decisions about their own lives (Stanley-Clarke, 2016). This reflects a belief in a rational policy making process, where self-interested, fully informed citizens make decisions based on what is best for them and participate equally in the policy making process (Kemshall, 2010). The individual's right to own property and possessions and trade these is a priority for neoliberalism, and therefore participation in paid work is highly valued (Stanley-Clarke, 2016). Individuals who

do not participate in paid work are viewed as morally inferior or corrupt, and are therefore treated in punitive ways in order to maintain social order (Hackell, 2016; Keddell, 2016; Parton, 2016). The social problems that people face are viewed as a result of individual poor choices, and should therefore be remedied through individual-level change (Hackell, 2016; Keddell, 2016; O'Brien, 2016; Parton, 2016). An example of this is the welfare reforms in 2013 that tightened eligibility criteria for receiving state support, and implemented tougher penalties for those who did not comply with requirements (Stanley-Clarke, 2016).

The relationship between the government and the people

As neoliberalism views individuals as self-interested and responsible for their own lives, it follows that the State's role in ensuring well-being and equality is minimalised. Neoliberalism states that government involvement in the market and people's personal lives limits growth and opportunities, and creates dependency (Stanley-Clarke, 2016). Neoliberalism values inequality as a way in which competition and growth can be increased, and therefore does not prioritise reducing this (Garrett, 2010; Stanley-Clarke, 2016). Instead, neoliberalism subscribes to the idea of the trickle-down effect, which states that all of society is benefited by the rich becoming richer and their wealth "trickling down" (Papadopoulos, 2017; Stanley-Clarke, 2016). The State's relationship with people is therefore one of facilitating conditions that encourage people to engage in paid work and make decisions about their own lives that align with neoliberal ideals of individual responsibility (Garrett, 2010; Stanley-Clarke, 2016).

As the State's role in improving well-being is minimal under a neoliberal government, a great proportion of State funding is allocated through contracts to non-government agencies, who are required to be accountable by achieving certain government-defined outcomes (Parton, 2016). It was expected that by July 2018, all services contracted by the Ministry of Social Development would be required to operate based on achieving outcome measures (Sawyers, 2016). In addition, statutory organisations such as Oranga Tamariki and DHB-based MHS are required to work towards government defined outcomes. This reflects the belief that the public has a right to be able to access information about how the government is holding agencies accountable for what they do (Heinrich, 2002; Moore & Brown, 2006). Individual clients are also required to

adhere to certain outcome measures, as increasing responsibility is placed on children, young people and their families to carry out certain tasks or activities that signify their compliance with government-defined recovery (Liebenberg et al., 2013).

Defining and measuring outcomes

The neoliberal emphasis on individual responsibility has led to the development of government-defined outcome measures in services provided or contracted by the State. This reflects a wider global trend, where governments in many Western countries are increasingly focusing on being able to prove that their policies are bringing about desired outcomes (Heinrich, 2002; Pollitt & Bouckaert, 2004). For example, the United Nations Committee on the Rights of the Child recommended that New Zealand improve data collection on outcomes for children in the C&P system (United Nations Committee on the Rights of the Child, 2016). Under this trend, outcomes are viewed as something that can be directly linked to the choices made by actors in the policy process (Hyslop, 2008; John, 2003; Meek, 2010). Measuring outcomes is therefore seen by neoliberals as an important part of evaluating policy, as it then informs the government's future decisions about how to spend money (Shaw & Eichbaum, 2008). This aligns with the neoliberal ideology of prioritising national economic security over other concerns such as felt experiences of marginalised people in society (Keddell, Stanfield, & Hyslop, 2016). In many Western countries where the party in power aligns itself with neoliberal ideology, the focus on using outcomes to measure effectiveness of government policies is intensifying (O'Brien, 2016; Pollitt & Bouckaert, 2004).

Alongside this growing trend in the political arena over the past three decades (Ben-Arieh & Goerge, 2006; Pollitt & Bouckaert, 2004), there has been considerable discussion in literature about the usefulness of measuring policy outcomes. Some authors emphasise the importance of defining what a good outcome is in order to inform both policy and practice (see for example, Binder et al., 2010; Carlier, et al., 2012; Lippman, et al., 2014; McDonell, 2006; Moltu et al., 2017). Lippman and colleagues (2014) assert that what gets measured in society is what gets valued. They go on to suggest that good measurement and well-defined outcomes can influence positive

policy development, including preventative work and early intervention for particular populations.

In accordance with these beliefs regarding the importance of measuring outcomes, the New Zealand Government sets outcomes that statutory and non-government organisations are required to be accountable to. In order to be consistent and able to be reported on, these outcomes must be pre-determined and then quantitatively measured across large populations of clients (Heinrich, 2002). This is in contrast to the more flexible and complex outcomes that practitioners and clients may decide to work towards through the course of their working relationship (Larkin, Felitti, & Anda, 2014). As the government holds the funding that the outcomes are attached to, it naturally follows that the outcomes they set align with the values of the government and reflect their priorities (Bovaird, 2014).

[Critiques of this approach](#)

Recent literature has heavily critiqued the increasing focus on government-defined outcomes in social services (Bovaird, 2014; Heinrich, 2002; Kohler, 2016; Larkin et al., 2014; McDonell, 2006; O'Brien, 2016). Critics point out that although measuring outcomes can be helpful in some ways, it also makes simplistic assumptions about complex lived experiences (Bovaird, 2014; Heinrich, 2002; McDonell, 2006; O'Brien, 2016). Each human is unique and we live in complex ecological systems, therefore any measureable outcome is certain to be an oversimplification of reality (Kohler, 2016). Neoliberalism's focus on individuals as rational, self-determined actors overlooks the complexities of peoples' experiences and the reasons they make the decisions they make. People who are experiencing complex and stressful situations are unlikely to respond in a rational and predictable way to incentives put in place by policy makers (Vaithianathan, et al., 2012). Furthermore, Larkin and colleagues (2014) point out that a focus only on observable outcomes neglects understanding the underlying needs of the person, which may be temporarily met by a behaviour that society does not recognise as a desirable outcome. For example, cultural interpretations of what constitutes a positive outcome need to be taken into account (Ungar, 2012b).

Critics of rigidly defined outcome measures point out that neglecting to take the complex interactions that exist in policy making into account limits the effectiveness of policy making (Meek, 2010; Stevens & Cox, 2008). In particular, social work literature has highlighted the detrimental impact of policy makers viewing practice and decision making in C&P as linear rather than acknowledging that the lives of children and young people are complex and positive outcomes are an ongoing process (Hyslop, 2008; Stevens & Cox, 2008; Stevens & Hassett, 2007). Taking these critiques into account leads people in policy-making positions to recognise that they do not have control over the system they are developing policy for, and leads to them attempting to understand in more depth the complexity of the system and how different factors within it interact to influence outcomes (Gerrits, 2010; Mason, 2009; Sanders et al., 2012; Warren, Franklin, & Streeter, 1998).

Critics of government-defined outcome measures also view change as constantly happening over time, in contrast to more rigid cause-and-effect models (Gerrits, 2010; Stevens & Cox, 2008; Warren et al., 1998). Problems are not viewed in isolation, as they are not resolved through direct actions but changed through a series of actions that could stem from any part of the complex system (Fukuyama, 2013). Rather than being viewed as separate actors, policy makers can be viewed as a part of this ever-changing system, and acknowledge that their perspectives and values also change over time (Gerrits, 2010). The way in which policies are carried out and the function that they serve in the system is therefore more important and relevant than fixed goals that measure actions (Hyslop, 2008; Litaker, Tomolo, Liberatore, Stange, & Aron, 2006).

Overall, the neoliberal view of individual responsibility and minimal State provision has led to an increasing focus on government-defined outcome measures in both statutory and non-government services. These outcome measures are different from those developed by practitioners and clients themselves, because they are designed to be able to be quantitatively measured across large populations and reported on. Critics point out that these outcomes neglect to take into account the complexities of lived experiences. These outcome measures often reflect the priorities and ideals of the people who set them, meaning that the ideals of policy makers are prioritised over those of practitioners and service-users themselves. The

following section discusses a particular approach of the Fifth National-led Coalition Government that led to an increase in focus on quantifiable outcome measures.

A social investment approach to policy making

Social investment is an approach to funding social services. This section discusses the concept of social investment and how the Fifth National-led Coalition Government adapted it to fit under their neoliberal agenda. It then goes on to outline how social investment is evident in New Zealand's current approaches to C&P and MHS policy areas, and how this has led to an increase in quantifiable outcome measures and fragmentation of services.

The emergence of social investment: New Zealand's neoliberal flavour

The underlying belief of the social investment approach is that government spending on social policies should be viewed as an investment in the future rather than a cost, and supporting a healthy and educated population should therefore be a priority (Destremau & Wilson, 2017; Morel, Palier, & Palme, 2012). This idea spread throughout Europe in the late 1990s, fuelled by critiques of increasing inequality under neoliberalism (Morel et al., 2012; O'Brien, 2016). Social investment acknowledges that the market might not provide enough for all people to be healthy, educated, active participants in society, and therefore the State should spend money on helping people gain resources such as income, education and healthcare (Jenson, 2012). This expenditure should eventually result in some kind of measurable improvement in people's lives in the future (Destremau & Wilson, 2017). Social investment relies on a collective understanding of community and a sense that spending on increasing the social inclusion of individuals impacts the whole of society (Jenson, 2012). Because of its focus on long term change, social investment also aims to reduce the intergenerational effects of poverty (Destremau & Wilson, 2017; Jenson, 2012).

During the time that the Fifth National-led Coalition Government was in power, it became evident that part of the population continued to struggle and that current strategies of dealing with this were not working (Destremau & Wilson, 2017). The Finance Minister, Bill English, began working with Treasury to implement a social investment approach to social spending in response to this problem, and this focus intensified when he became Prime Minister in 2016 (Destremau

& Wilson, 2017). Unlike many European governments who have implemented social investment, New Zealand did not prioritise redistributing wealth and increasing access to education (Demestrau & Wilson, 2017). Traditional social investment's centre of focus lies with all people in society, who are upheld as worthy of investing in (Jenson, 2012). New Zealand's neoliberal version of social investment's centre of focus is the funding for services, which should be efficient and focused on improving specific government-defined outcomes (Bennett, 2012; O'Brien, 2016). This has led to an actuarial approach where statistical measures are used to determine whether social policy investments are successful (O'Brien, 2016).

The approach to social investment that the Fifth National-led Coalition Government took is therefore quite different to the approach that emerged in Europe (Cullen, 2017; Hackell, 2016; Keddell et al., 2016; O'Brien, 2016). It retained the aspects of social investment that resonate with neoliberalism, such as the value of increasing individual responsibility and employment, but introduced value judgements regarding who should be able to access funding based on the neoliberal doxa of blame. It also had a strong focus on how this should reduce costs to the government in the long term.

While traditional social investment focuses on broad social inclusion, the Fifth National-led Coalition Government had notably defined narrow populations who they intend to invest in, such as "vulnerable children" (Hackell, 2016; O'Brien, 2016). Under this ideology, organisations that carry out the work of the State, such as C&P and MHS, were increasingly required to demonstrate through outcomes that the interventions they were funded to provide were effective based on these narrowly defined parameters (Gowers, Bailey-Rogers, Shore, & Levine, 2000; Sawyers, 2016). New Zealand's approach to social investment under Bill English also aimed to respond to the individualised needs of each person, and this required the collection of large amounts of data on the population groups who were being targeted by services (Demestrau & Wilson, 2017; Hanna, 2017). Critics of the Fifth National-led Coalition Government's approach to social investment have asserted that did not introduce anything new in terms of the actual interventions provided and underlying assumptions of the welfare system, but simply increased rigid outcome measures and fragmentation (Demestrau & Wilson, 2017; Hanna, 2017).

Targeting and quantitative outcome measures using social investment in care and protection

In New Zealand, C&P policy is set out by several key pieces of legislation: the Oranga Tamariki Act 1989; the Care of Children Act 2004; the Vulnerable Children's Act 2014; and the amendments to these Acts. The Oranga Tamariki Act is the result of an overhaul of the current C&P system, and it sets out a new operating model for New Zealand's C&P and Youth Justice Systems. The Act is clear that a social investment approach guides the new operating system of The Ministry for Children, Oranga Tamariki (Oranga Tamariki Act, 1989). It adds to the duties of the Chief Executive of Oranga Tamariki ensuring that services funded by the department develop a consistent way to evaluate whether the government is receiving a return on investment for these services (Oranga Tamariki Act, 1989).

According to O'Brien (2016), there has been extensive critique on the approach to social investment that the Fifth National-led Coalition Government has taken. Cullen and O'Brien (2017) assert that social investment has been pitched as a "big idea" that will change the way things are done, but suggest that in reality this is simply a way to redirect existing funding away from any notion of universal funding towards the recently defined target population of "vulnerable" children. Hanna (2017) points out that the introduction of social investment did nothing to challenge the underlying assumptions of the social welfare system, such as that it is the intervention that makes a difference rather than the individual's engagement in the process and with the professionals involved. In practice, this means that social investment in New Zealand has not truly introduced anything new and revolutionary, but rather has intensified a focus on being able to measure certain changes in certain peoples' lives based on outcome measures (Hanna, 2017).

The Fifth National-led Coalition Government's decision to target a certain population of children through labelling them as vulnerable had wide-reaching effects, and reflected that government's individualised, market-driven focus that neglects to take into account poverty and inequalities (O'Brien, 2016). The United Nations Committee on the Rights of the Child recommended in September 2016 that the New Zealand Government consider changing the name of the Ministry for Vulnerable Children and avoid categorising children as this can lead to increased

stigmatisation (United Nations Committee on the Rights of the Child, 2016). The Fifth-National-led Coalition Government decided to ignore this recommendation⁶. This labelling and targeting strengthens societal beliefs about the importance of individual responsibility and allows for those who “fail” to rise above vulnerability and achieve “good outcomes” to be blamed (O'Brien, 2016).

The Fifth National-led Coalition Government’s social investment approach had a strong focus on quantifying outcomes. These outcomes were government-defined, and disregarded the definitions of social services, service users and their communities (O'Brien, 2016; Sawyers, 2016). Certain “risk indicators” were developed from quantitative data that the government holds in order to assist identifying which children are likely to experience government-defined “poor outcomes” (Cullen & O'Brien, 2017; New Zealand Treasury, 2016). However, children who experience the “poor outcomes” are statistically more likely to not have the “risk factors”, meaning that the majority of the children who the Fifth National-led Coalition Government intended to target were missed by their method of targeting (Cullen & O'Brien, 2017; New Zealand Treasury, 2016). Furthermore, a third of the children who have the “risk factors” do not have the “poor outcomes,” meaning that in theory a great deal of the government’s targeting was stigmatising children who actually did not require state intervention from C&P services (Cullen & O'Brien, 2017; New Zealand Treasury, 2016).

The decision to only measure outcomes statistically for this particular population is questionable due to the complex nature of what constitutes improvement or success (Bellamy et al., 2014; Cullen & O'Brien, 2017; Fattore et al., 2009; Fukuyama, 2013; Hanna, 2017; Larkin et al., 2014; McDonell, 2006; Mik-Meyer & Viladsen, 2013; Moltu et al., 2017; Sawyers 2016; Tarren-Sweeney, 2014a). These measures do not provide any meaningful information about how improvements in outcomes can be achieved (O'Brien, 2016). In particular, they ignore the importance of relationships in peoples’ lives and how they can be supported to genuinely engage with the people who are providing services (Hanna, 2017). Therefore, Cullen and O'Brien (2017) argue that the Fifth National-led Coalition Government based its social investment funding decisions

⁶ The Sixth Labour-led Coalition Government changed the name to Ministry for Children, Oranga Tamariki in December 2017.

on inaccurate quantitative measures of something that is difficult to quantify in the first place. They also ignored other significant influences such as the development of relationships and genuine engagement (Hanna, 2017).

Data collection in mental health services

Before social investment was actively drawn on by the New Zealand Government, outcome measures were already featuring in MHS. For example, in 2005 the outcome data collection initiative MH-SMART was introduced in order to facilitate an outcomes-focused culture in MHS (Burdett, 2005). However, a shift from measuring outcomes to the strong focus on using them to ensure efficiency in funding occurred after the Fifth National-led Coalition Government came into power in 2008. *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017* provides direction for policies governing MHS. This document clearly stated the government's strong focus on "value for money" and relying on feedback through measureable outcomes (Ministry of Health, 2012, p. 5). Another key policy document that impacts how mental health services are provided and monitored in New Zealand is the *Blueprint II*. This document points out that outcomes are generally measured using the Key Performance Indicator (KPI) Framework (Mental Health Commission, 2012), which was developed as a quality and performance improvement tool with the intention of improving outcomes for service users (Key Performance Indicators, 2017). This indicates that MHS are operating under the belief that through measuring quantifiable outcomes, services will be able to be improved. It also implies a rational belief that professionals are able to in some way control the variables that contribute to outcomes (Webster & McNabb, 2016).

Fragmentation and barriers to collaboration

In addition to the problems attributed to social investment's focus on targeting and measuring outcomes quantitatively, social investment has led to fragmentation among social services and barriers to accessing them. Under New Zealand's social investment approach, funding tends to be shifted from services that cannot prove through outcome measures that they are effective, and therefore referrals into the community are compromised by the fact that funding contracts are frequently changing (Cullen, 2017; O'Brien, 2016). These concerns are particularly

problematic for children and young people who are involved with both C&P and MHS. They are vulnerable to having re-referrals as their needs are complex and usually not easily resolved through a short-term intervention (Munford & Sanders, 2015; Tarren-Sweeney, 2010). In addition, the conditions of C&P and MHS under a social investment approach with constant accountability on outcome measures and a lack of funding and resources can mean that social workers do not prioritise collaboration between services. This is detrimental considering the value of the interconnected relationships in peoples' lives (Hanna, 2017). This will be discussed in more detail in the following chapter⁷.

In summary, the social investment approach was applied by the Fifth National-led Coalition Government to C&P services in New Zealand, but in a way that differs from traditional social investment. There are extensive critiques in social work literature of this approach, the most predominant being that it labels certain children and families in a negative way and that it relies heavily on simplistic quantifiable data despite the complexity of the situations it is addressing. The social investment approach is also reflected in the way MHS are provided in New Zealand, with the introduction of KPIs and MH-SMART. Social investment has led to the fragmentation of services, meaning that children and young people with complex needs are less likely to receive timely and well-co-ordinated services. It has also placed a great deal of pressure on social workers and other professionals to achieve certain outcome measures, and has made it difficult for them to have time to prioritise improving collaboration between the fragmented services.

Chapter summary

This chapter explored how the concept of outcomes is evident in policy making in New Zealand in the areas of C&P and MHS under the Fifth National-led Coalition Government. It began by discussing how neoliberalism exercises power by disseminating certain beliefs about what is normal and what is wrong. In the New Zealand context, the dominant neoliberal doxa is that families who struggle to care for their children are to blame for their own problems and that their children are inherently vulnerable compared to other children. The government's role in reducing

⁷ See literature review, page 54

poverty is minimised, and the focus of social services is narrowed. This relates to neoliberalism's view of individuals as self-interested and autonomous and the role of the state as minimal. Under this framework for understanding society, neoliberalism in New Zealand has led to an intensifying focus on setting specific, government-defined outcome measures in social services. This approach has been heavily critiqued as failing to take into account the complexities of peoples' lived experiences and relying on quantitative data of something that cannot truly be quantified. This is particularly evident in the Fifth National-led Coalition Government's approach to social investment. While this chapter has focused on policy, the next chapter will focus on social work practice in this neoliberal environment.

Chapter 3 - Practice and Outcomes

The previous chapter identified that how policy-makers in a neoliberal environment, such as under the Fifth National-led Coalition Government in New Zealand, define positive outcomes leads to rigid outcome measures and fragmented services. This chapter delves into the unique profession of social work, and how social workers can use their discretion to act according to their professional identity even in a neoliberal environment. It discusses the importance of listening to clients and their families. Listening to children and young peoples' perspectives has been a recent focus of policy makers, but it has also been critiqued as being tokenistic. Finally, this chapter presents an integrated approach to how clients define positive outcomes and how this aligns with social work literature on how they can be worked towards.

A profession that focuses on relationships

The social work profession has a strong focus on relationships. This section explores the unique role of a social worker, and how this leads social workers to be in a position to define outcomes alongside the people they work with. It discusses the context of practicing social work within a neoliberal environment, such as under the Fifth National-led Coalition Government from 2008 - 2017. Despite the challenges that arise for social workers in this environment, they are able to use their professional discretion to choose to work in ways that align with their social work values.

Defining social work in the New Zealand context

Social workers are employed in diverse roles, but they are united by a unique set of professional values (Miley et al., 2017). The International Federation of Social Workers (IFSW) defines social work as being based on principles of social justice, human rights, collective responsibility and respect for diversities (International Federation of Social Workers, 2017). Social work is unique because its strong roots in human dignity, equality and social justice transform the way that people are treated (Gray & Webb, 2013; Miley et al., 2017). Social workers focus on bringing about positive change at both an individual and systemic level, and endeavour to do this by working alongside people and developing shared goals and visions for the future (Hunt, 2016;

Miley et al., 2017). They also value an holistic understanding of wellbeing, and work to take into account the wider context of a person's life (Adams, LeCroy, & Matto, 2009). A unique feature of the New Zealand social work practice context is the responsibility to uphold Te Tiriti o Waitangi⁸. The Aotearoa New Zealand Association of Social Workers Code of Ethics states that members are to understand tangata whenua⁹ perspectives; avoid imposing mono-cultural values and concepts on tangata whenua; and be actively anti-racist in their practice (Aotearoa New Zealand Association of Social Workers Code of Ethics, 2007). This requires social workers to actively build meaningful relationships with tangata whenua and to respect individuals, hapū¹⁰ and iwi¹¹ as partners in the process of seeking change.

Genuineness; respect; unconditional positive regard

The profession of social work puts a strong emphasis on the importance of the relationship between the social worker and the people they are working with (Beckett & Horner, 2016). This means that social work focuses on the process of how things are done rather than on simply achieving an end result (Webster & McNabb, 2016). According to Carl Rogers, who was influential in the field of social work, this relationship should be based on genuineness, unconditional positive regard, and respecting that each person in the relationship has a separate identity (Beckett & Horner, 2016; Rogers, 1951). Regardless of what situation the person or group they are working with is in or what they may have done, social workers are committed to viewing them positively and seeking to understand their perspective (Miley et al., 2017). Compassion is another core value of social work, and occurs when one person holds another in high regard using loving-kindness (Stickle, 2016).

It is clear in current social work literature that the relationship between the worker and client is key to defining positive outcomes (Beckett & Horner, 2016; Hyslop, 2008, 2013; Miley et al., 2017; Sanders et al., 2012). When clients are asked about their perception of social workers, the

⁸ Te Tiriti o Waitangi is the Te Reo Māori translation for The Treaty of Waitangi. This Treaty was signed between the British Crown and some Māori Chiefs in 1840.

⁹ Tangata whenua are Te Reo Māori words that mean people of the land. In the context of this discussion, the use of these words indicates that Māori people are the indigenous people of New Zealand. It is a term of respect.

¹⁰ Hapū is the Te Reo Māori word for large kinship group, or sub-tribe.

¹¹ Iwi is the Te Reo Māori word for tribe.

relationship-based nature of social work stands out as vitally important (Beckett & Horner, 2016). Social workers seek to come alongside the people they are working with and understand things from their point of view without passing judgement (Beckett & Horner, 2016; Hyslop, 2008, 2013). They build a collaborative relationship where goals and solutions are developed together in partnership (Hatton, 2015; Miley et al., 2017). As social workers value a holistic understanding of well-being, these goals often address needs and aspirations across different aspects of a person's life.

The social worker's relationship with a child or young person and their family is also of vital importance to attaining positive outcomes (Blaikie, 2012; de Haan, 2016; Dewhurst, Munford, & Sanders, 2017; Hyslop, 2008, 2016; Miley et al., 2017; Polkki, Vornanen, & Colliander, 2016; Sanders et al., 2012; Tarren-Sweeney, 2010). When social workers actively build relationships that help children and young people feel truly listened to, they are more likely to remain engaged with services (Dewhurst et al., 2017). If the social worker can develop this relationship into a partnership, it can be a powerful source of change through the shared experience of understanding difficulties and finding solutions (Miley et al., 2017). This process can take time, and long term engagement is key to truly working alongside children and young people who have experienced attachment and trauma difficulties (Tarren-Sweeney, 2010). This may be difficult for workers in organisations with a strong focus on measuring outcomes, where the worker-client relationship is often neglected (Lawler, 2013). It is also vital that the social worker builds a strong, positive relationship with the family wherever possible (Dewhurst, 2015). Family members are often the people who initially make contact with child and adolescent MHS (Appleby & Phillips, 2013). The way in which a social worker understands and comes alongside a family has been found to have an impact on the likelihood that a young person will engage with that service (Dewhurst, 2015). This process also takes time, and respectful, responsive interventions can increase the likelihood that families will trust workers enough to share with them everything that is going on in their lives.

Social work values clash with neoliberalism

The values of social workers are often not reflected by the policies that govern them (Mik-Meyer & Viladsen, 2013; Moore & Brown, 2006; Morley & Ablett, 2017). As employees of statutory social services or organisations contracted to the government, social workers are expected to carry out the outcome-driven goals of government regardless of how this aligns with their professional training (Liebenberg et al., 2013; Mik-Meyer & Viladsen, 2013; O'Brien, 2016). In particular, it has been noted by Sawyers (2016) that a social investment model of government funding forces social workers to focus on deficits to which they must respond, rather than on a strengths-based perspective of people's unique situations. Social workers are sometimes having to meet demands for efficiency that clash with the actual needs of their clients (Liebenberg et al., 2013). For example, social work places a strong emphasis on relationships, but this often does not align with managerial agendas that prioritise outcomes over processes (Ferguson I., 2013; Lawler, 2013). Social work also has a dual focus on a person and their environment, but the current neoliberal beliefs concerning personal responsibility require social workers to neglect wider circumstances (Hatton, 2015; O'Brien, 2016). This contrasts sharply with core social work values such as empowerment, and creates a conundrum where social workers have to find innovative ways to adhere to their core values and meet government expectations regarding outcomes.

Professional discretion

Another impact of increasing accountability to pre-determined outcomes is a decrease in professional autonomy (Ferguson, 2013). Professional autonomy is defined as the freedom to make decisions about how to respond to what people they are working with need and want (Ferguson, 2013). However, this freedom is being rapidly reduced as social work knowledge is increasingly disregarded by policy-makers (Fook, 2016; Hyslop, 2013; Papadopoulos, 2017). As the pressure builds for government officials and managers to justify that the social investments being made into services are bringing about particular outcomes, social workers are increasingly being required to practice in a way that is defined by managers and policy-makers who may or

may not have social work training and share their values (Agnew, 2015; Ferguson I., 2013; Lawler, 2013).

However, social workers do continue to have some discretion over their practice. This is illustrated by the concept of street-level bureaucracy, as coined by Michael Lipsky (1969). According to Lipsky (2010), a street-level bureaucrat is a person who works in a public service role, such as social work, who has discretion in the way they go about their work with citizens. Street-level bureaucrats often feel oppressed by the bureaucracy that they work under and the conflicting and ambiguous outcomes that they are expected to achieve (Hill & Varone, 2012; Lipsky, 2010). However, Lipsky asserts that they also have considerable discretion over the work that they do because there is so much in their role that cannot be controlled by government or organisational policies, and because of their front-line interactions with clients (Ellis, 2007; Evans & Harris, 2004; Hill & Varone, 2012; Hupe & Hill, 2007; Lipsky, 2010; Murphy & Skillen, 2015). In this way, street-level bureaucrats are policy-makers because they interpret the way in which policy will be acted on in real-life situations (Ellis, 2007; Evans & Harris, 2004; Hill & Varone, 2012; Hupe & Hill, 2007; Lipsky, 2010; Murphy & Skillen, 2015).

Street-level bureaucrats often work in an environment with high workloads, conflicting and ambiguous agency goals, and inadequate resources and time (Evans & Harris, 2004; Lipsky, 2010; Murphy & Skillen, 2015). They can sometimes respond to this environment in ways that bring harm to clients, such as developing stereotypical ways of responding to individuals in order to make sense of a chaotic world and in this way becoming prejudiced or racist (Hill & Varone, 2012). Lipsky asserts that the role and influence of an individual street-level bureaucrat, for better or for worse, should not be under-estimated (Alden, 2015; Lipsky, 2010). Tummers and Bekkers (2014) suggest that when street-level bureaucrats are aware of the discretion that they have in their practice, they are more likely to work towards carrying out policies and achieving outcomes because they believe that they can make a meaningful difference in people's lives.

There is currently discourse in social work literature in New Zealand regarding social work's role within a neoliberal environment. Some authors suggest that social workers have become drawn into neoliberal agendas and have moved so far away from the original purpose of social work

that they are even reinforcing the neoliberal doxa of blame on families and individuals (Morley & Ablett, 2017). This would be an example of street-level bureaucrats using their discretion in negative ways. There have been calls for social workers to act radically, to unite politically, to increase critical reflection on structural inequalities in society, to advocate more loudly for marginalised groups, and to even to bend agency policies if this is what it takes to make systemic level change (Blumhardt et al., 2017; Duarte, 2017; Morley & Ablett, 2017).

There is a shift towards using professional discretion to direct social workers towards things they can do in everyday practice to make positive changes in peoples' lives (Ferguson, 2013). Through social workers at all levels of organisations choosing to work in innovative ways that recognise the values of the profession, a tangible cultural shift could be experienced by the organisations that they work for (Blumhardt et al., 2017). This approach to social work takes into account the complexities of the environments within which social workers interact with people, and addresses how these actually materialise in people's lives as well as at a political level (Ferguson, 2013). It requires social workers to maintain a vision of how they would like society to be, but to not wait for political change to happen before they practice in transformative and innovative ways that will make a real impact in peoples' lives, however small that impact may be. Although social workers continue to work towards political change, they do not have to wait for it before they continue on their journey of improving their practice.

One way that social workers can use their professional discretion is the way in which they perceive clients. Social workers have the discretion to choose their perception of the people with whom they are working, despite the political environment sometimes portraying people negatively (Blumhardt et al., 2017). In the current political climate, social workers can choose to perceive families and children as inherently worthy of love and respect despite the neoliberal doxa that promotes families involved in C&P services as being "to blame" and their children as "vulnerable." Social work practice is unique because it finds hope in situations where everyone else has given up, and believes in people who the rest of society has passed judgement on.

This section has discussed how the profession of social work is unique in that it is based on building collaborative relationships with people who others in society might struggle to connect

with. It does this through the principles of empathy, unconditional positive regard, and respecting unique identities within the social work relationship (Beckett & Horner, 2016). Social workers who are working under a neoliberal government are often subject to organisational requirements that are determined by people with no social work training. These requirements sometimes clash with core social work values, but due to the nature of their work social workers are able to exercise discretion in the way they go about their work. This means that through practicing in innovative ways, social workers can be empowered to make a meaningful difference in people's lives.

Listening to clients

The previous section discussed the unique profession of social work, and how social workers can practice according to their professional values even in a neoliberal environment. One of the key values of social work practice is genuinely listening to clients and their families (Beckett & Horner, 2016). This section discusses recent literature on the importance of listening, and concerns regarding how consultation can sometimes take place in tokenistic ways that contrast with social work values.

Consultation and the voice of the people

Due to the global trend of governments measuring the effectiveness of their spending through outcomes, they often play a lead role in defining outcomes for certain populations (Bovaird, 2014). However, the act of defining outcomes gives power to the definer, or to the most dominant stakeholder (Bovaird, 2014). If the government is the one who sets the outcomes, their needs are prioritised over that of the population who they are measuring (O'Brien, 2016). For example, the Fifth National-led Coalition Government defined vulnerability as abuse and neglect, and consequently poverty reduction was not treated as a prioritised outcome (O'Brien, 2016). Keeping in mind that all actions of government impact on children and young people in some way, this has far-reaching implications on their lives. Under a government that focuses as heavily on outcomes as the Fifth National-led Coalition Government did, services will only be funded to the extent that they reflect the government's priorities (O'Brien, 2016). This can effectively

disempower the very people they are targeting through the services they are funding. There is consensus in literature that a way to overcome this challenge is to ask clients what “positive outcomes” means for them (Moltu et al., 2017; Topor, Borg, Girolamo, & Davidson, 2011).

However, service-user involvement has been critiqued as being tokenistic rather than a genuine endeavour to come alongside people in their struggles (Ferguson, 2013). It has been conceptualised as a way to strengthen the power of managers and policy-makers by increasing the knowledge available to them rather than actually empowering the people who are impacted by services (Cowden & Singh, 2007). The way in which these clients are recruited to be consulted has been critiqued by theorists such as Paulo Friere and Franz Fanon, who point out that the people who are most oppressed by systems are least likely to be able to identify what is oppressing them and what to do about it (Cowden & Singh, 2007). For example, most of the young people who made up the Youth Advisory Panel in New Zealand’s recent C&P policy reforms had already been involved in youth participation processes (Fitzmaurice, 2017).

The child’s voice

In recent years there has been an increasing focus on the importance of asking children their opinions on issues that impact on them (Fattore, Mason, & Watson, 2016). This reflects the ongoing trend of recognising children as active citizens who are capable of participating in decisions made concerning them (Blaikie, 2011; Fattore et al., 2016). New Zealand is a signatory to the United Nations Convention on the Rights of the Child (UNCROC), and therefore has an obligation to consult children about issues concerning them and give weight to their views (Blaikie, 2011; United Nations, 1990). Historically, adults’ views have been prioritised over children’s (Fattore et al., 2009). As a result, little is known about children’s views in terms of their own wellbeing (Fattore et al., 2009). Therefore, it is important that listening to children is not tokenistic and instead takes place within the context of reconsidering policy (Fattore et al., 2009). Developmental differences in viewpoints should be considered whenever listening to the views of children (Lopez-Perez et al., 2016). The Oranga Tamariki Act 1989 (then called the Children Young Persons and Their Families Act 1989) specified that the wishes of the child or young person should be given weight in decision making. The Oranga Tamariki Legislation Act 2017

strengthened the wording of this principle, stating that children and young people should be “encouraged and assisted” to participate in decision making.

In the past decade there has been an increase in qualitative research that asks services users themselves what “positive outcomes” means for them (Binder et al., 2010). Most of this research has involved adult participants, and very few studies have directly asked children how they perceive positive outcomes (Fattore et al., 2009; Moore, Evans, Brooks-Gunn, & Roth, 2001). Research involving adult participants who have had contact with C&P or MHS at some point in their lives can still be a useful source of background information; however, it is vital that this is constantly weighed against the little information that is available about what children think (Fattore et al., 2009; Moore et al., 2001). Children are people in their own right, and should be empowered to have their views listened to in a meaningful way (Fattore et al., 2016).

In recent years, efforts have been made in New Zealand to ask children and young people what they want from social services in order to inform social policy. This reflects the current discussion in New Zealand policy-making regarding being child-centred (Office of the Children's Commissioner, 2015a). The two main sources where this information is available are the Green Paper on Vulnerable Children 2012¹², and the Office of the Children's Commissioner in the form of their 2015 and 2016 State of Care Reports¹³. In the State of Care Reports, children who are in contact with C&P services were consulted. Statistically, more than half of these children and young people are likely to have clinical level mental illness (Tarren-Sweeney, 2016), therefore their views are the current best representation available of the views of the population that this thesis focuses on. In the Green Paper, the views of children and young people aged 13-24 were summarised together. In all three of these sources the children and young people were not asked how they define positive outcomes. However, their views on what they want from social services can be seen to reflect the ongoing processes that they hope to see happen in their lives.

It is vital that listening to children occurs according to their context and developmental stage, and that it continues to prioritise the well-being of the child. The paramountcy principle in section

¹² Discussion document that preceded a Children's Action Plan to reduce abuse and neglect in New Zealand

¹³ Annual summaries from monitoring of Child, Youth and Family's policies, practices and services

6 of the Oranga Tamariki Act 1989 states that the welfare and interests of the child or young person should be the first and paramount consideration when ensuring they are cared for and protected. This is therefore paramount to the principle in section 5 which states that consideration should be given to the wishes of the child or young person (Oranga Tamariki Act, 1989). This means that listening cannot be a simple process of hearing and then doing, but rather a genuine engagement in seeking to understand the views of the child and then weighing this against other sources of knowledge regarding what is in the child's best interests.

The recent consultations with children and young people in New Zealand can be seen to represent a positive step forward in terms of listening to their views (Fitzmaurice, 2017). However, in many ways they align with critiques of consultation under a neoliberal agenda. For example, despite extensive consultation with children and young people, the Fifth National-led Coalition Government still maintained its role of being the ones who defined what positive outcomes would mean under the new C&P operating model (O'Brien, 2016). Their neglect to consult thoroughly with families and front-line professionals on these legislation changes has been noted in literature (Martin, 2016). Therefore, this consultation is an example of the separation of power between clients, front-line professionals, and the people in power who get to determine outcomes (Cowden & Singh, 2007).

Not all of the issues raised in consultation with children and young people made it on to the Fifth National-led Coalition Government's agenda in the new C&P legislation. For example, poverty was extensively raised as an issue in submissions to the Green Paper for Vulnerable Children in 2012, but poverty and inequality have been neglected in the new legislation (Hyslop, 2016; Keddell et al., 2016; O'Brien, 2016). One of the main themes in consultation with children and young people was the importance of their families (Office of the Children's Commissioner, 2015b; 2016; The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012), but the new legislation has been critiqued as neglecting to provide the support and recognition that families need (de Haan, 2016; Martin, 2016).

Overall, according to social work values, listening to clients needs to occur in a genuine and meaningful way rather than being a tokenistic process to satisfy outcome measures or to justify the government's decisions.

[An integrated approach to practice: The voice of the people and current literature](#)

Listening to the perspectives of clients and their families, including children and young people, is a core value of social work practice. This section outlines what recent research and consultation has revealed regarding how clients of C&P and MHS define positive outcomes for themselves. This was carried out through comparing recent research that asked clients of C&P and MHS and children and young people how they define positive outcomes with recent government consultation with children and young people in New Zealand. Three themes were identified: outcomes being viewed as an ongoing process, a focus on positive outcomes occurring alongside ongoing adversity, and the importance of relationships. Each of these is presented in an integrated approach that includes recent research on the views of clients, recent consultation with children and young people in New Zealand, and literature regarding social work practice that aligns with this definition. A fourth theme was identified when reviewing consultation with children and young people in New Zealand: the importance of collaboration. This theme is also presented in an integrated approach with literature.

[A process, not a goal to be reached](#)

The first significant idea evident in literature that consulted clients is that outcomes are defined as an ongoing process rather than an end-point to be reached (Fattore et al., 2009; Moltu et al., 2017). This reflects the dynamic nature of human growth and development. In studies where adult users of MHS were asked to define positive outcomes, a prominent theme was that positive outcomes were a living, ongoing process (Binder et al., 2010; Moltu et al., 2017). In research conducted by Fattore and colleagues (2016, 2009) children were found to view their wellbeing as manifesting in different relationships or emotions rather than being isolated into different domains. Translating children's perceptions of outcomes into definite, measureable units would cause some of the richness and complexity of their views to be lost (Fattore et al., 2009;

McDonell, 2006). In addition, outcomes for children take place within the context of ongoing development as they grow up (Moore et al., 2001). During discussions with both adults and children regarding positive outcomes, participants tended to speak about positive processes across a wide range of contexts in their lives and to interweave them together rather than separating them out as professional definitions often tend to do (Binder et al., 2010; Fattore et al., 2009; Moltu et al., 2017).

This definition of positive outcomes as an ongoing process was also evident in consultation with children and young people in New Zealand. This is reflected in both the Green Paper submissions and the State of Care Report 2016. Rather than stating definitive outcomes that they hope social services can help them to reach, children and young people focused on ongoing processes that they hoped would come out of social service involvement. They focused on the importance of being able to enjoy their childhoods across a range of contexts, including school, extra-curricular activities and within their communities. In addition, children and young people spoke about the importance of the government working to reduce inequality in society and ensuring that schools and families have the resources that they need (The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012).

A way of practicing social work that strongly aligns with this definition of positive outcomes is the social ecological approach. Current literature strongly supports the use of a holistic, systems or social ecological approach to working with children and young people and their families (see for example, Dallos & Dallos, 2014; Denny & Fleming, 2011; Gawith & Abrams, 2006; Jack, 2000; Klag, et al., 2016; Lipsitt & Demick, 2012; Munford & Sanders, 2015, 2016; Stewart et al., 2013; Tarren-Sweeney, 2010, 2014a, 2016;). A social ecological approach takes into account the complex interactions that shape individuals' and families' life experiences, including wider societal factors such as poverty (Jack, 2000; Ungar, 2012a). It focuses on the interactions between different elements as the most important factor in creating positive change, leading to interventions at a community and family level rather than simply focusing on an individual (Atwool, 2013; Jack, 2000; Ungar, 2012a).

A social ecological approach is particularly useful for working with children and young people who have had contact with both C&P and MHS for several reasons. Firstly, it aligns with how young people see themselves. Young people in the recent Pathways to Resilience study in New Zealand identified that they want to be viewed by services as a whole person rather than a list of problems, and that they want workers to try to understand the wider context of what is going on for them (Dewhurst, 2015; Dewhurst et al., 2017). Secondly, literature highlights how important it is to view families in the light of the wider context of factors that impact on them, such as poverty (Denny & Fleming, 2011; Gawith & Abrams, 2006; Hyslop, 2016, 2013; Tuohy, 2011). Evidence suggests that through providing supportive interventions at a family level, the well-being of children and young people is improved (Jack, 2000; Wekerle, Waechter, & Chung, 2012). Thirdly, it is widely acknowledged that children who are in need of C&P and MHS are particularly vulnerable to a wide range of contextual factors that impact on their well-being, and that positive change in their lives results from the whole picture being taken into account (DeJong, 2014; Klag, et al., 2016; Oswald, Heil, & Goldbeck, 2010; Tarren-Sweeney, 2014a, 2010). In literature concerning mental health services, it is acknowledged that a social paradigm is useful alongside other bodies of knowledge such as medicine (Priebe, 2016). Recent research in New Zealand indicates that young people who use multiple services are more likely to experience positive outcomes if an ecological approach to practice is used (Munford & Sanders, 2015).

There is discussion in literature regarding how the social ecological approach should be used in practice. A social ecological approach fits closely with social work's commitment to working at both an individual and environmental level, and being aware of societal forces that impact on people's lives (Adams et al, 2009; Ungar, 2002). Jack (2000) asserts that it should be the tool-kit from which social workers practice, meaning that in combination with other theories and models it should inform all social work practice. In terms of working with children and young people who have had contact with C&P and MHS in New Zealand, this may require social workers to go beyond what is expected of them in terms of meeting agency outcome measures because of the narrow focus of the outcome measures that they are accountable to.

The presence of positives

A second prominent idea in the literature is that clients tend to focus on the presence of positives, even in the context of ongoing symptomology (Lopez-Perez et al., 2016; Moltu et al., 2017). In contrast, when outcomes are defined by external stakeholders such as governments and researchers, they tend to focus more on the absence of negatives (Lippman et al., 2014). One study involving adult mental health clients found that participants rarely mentioned symptoms, and when they did it was usually in the context of discussing wider phenomena (Moltu et al., 2017). Moltu and colleagues (2017) note that their findings do not align with the study of Binder and colleagues (2010), where participants were found to speak about a reduction in symptoms and being able to manage them. However, the participants in this study also spoke a great deal about positive outcomes such as improved relationships, improved self-understanding and insight, and improved acceptance and value of self (Binder et al., 2010). Children in one study spoke about “negative” feelings such as sadness and anger being an essential part of wellbeing, as long as they are helped to navigate them by supportive relationships (Fattore et al., 2009). It is clear that based on literature, definitions of outcomes should include the absence of symptomology or learning to cope with symptoms in the context of wider interacting positive factors (Binder et al., 2010).

In recent consultation in New Zealand, a focus on the presence of positives in the context of ongoing difficulties was most evident by what the children and young people did not say rather than what they did. Nowhere in the Green Paper for Vulnerable Children or either of the State of Care reports was there evidence that the children and young people spoke about social services solving problems for them. Instead, they focused on the increase in the presence of positive factors in their lives. In both State of Care Reports, the summaries of the children and young people’s responses indicate that some of them assume they will still be in care in the long-term. This reflects the theme in literature of clients seeing positive outcomes as possible within the context of ongoing contextual difficulties.

This focus on positives can be illustrated through practice that focuses on building strengths. Evidence shows that using a strengths-based approach is very effective for increasing positive

outcomes for children and young people who have had contact with C&P and MHS (Atwool, 2006; Griffin, Martinovich, Gawron, & Lyons, 2009; Kisiel, Summersett-Ringgold, Weil, & McClelland, 2017; Munford & Sanders, 2015). Identifying strengths that are present in a child or young person and their environment during initial assessment by services can strongly influence treatment planning (Griffin, Martinovich, Gawron, & Lyons, 2009; Kisiel, Summersett-Ringgold, Weil, & McClelland, 2017; Ungar, 2015). Focusing on strengths can open the way for approaches that would usually not be considered under traditional mental health assessment and treatment (Griffin et al., 2009; Ungar, 2015). This is significant because traditional approaches to mental health assessment and treatment have been found to be less effective for children and young people in the C&P system (Klag et al., 2016; Tarren-Sweeney, 2016).

Identifying and using strengths when working with children and young people has been found to be more effective as the number of traumatic experiences increases (Griffin et al., 2009). Children and young people who have experienced multiple traumatic experiences are likely to initially have fewer identifiable strengths than others of their age, yet research shows that if a resilience approach is taken then their number of identifiable strengths increases over time (Kisiel et al., 2017). This is a significant consideration for practitioners who work with children and young people who have had contact with C&P and MHS.

[Relationships at the core](#)

A third significant idea that is evident in literature that consults with clients is viewing improvements in relationships as an indicator that things are going well (Binder et al., 2010; Fattore et al., 2009; Lopez-Perez et al., 2016; Moltu et al., 2017). In two studies where adult users of MHS were asked what “positive outcomes” meant for them, improvements in interpersonal relationships, including an increase in security and in reciprocity, were key themes (Binder et al., 2010; Moltu et al., 2017). In a study where children were asked what wellbeing means to them, significant relationships was an underlying medium through which wellbeing was experienced (Fattore et al., 2009). The findings regarding the importance of relationships in each of these studies were complex, as in each instance relationships were seen not only as an indicator of positive outcomes, but also as vital for bringing them about (Binder et al., 2010; Fattore et al.,

2009; Moltu et al., 2017). Children in the aforementioned study identified supportive relationships as an underlying medium within which the development of other kinds of wellbeing took place (Fattore et al., 2009). In addition, there is evidence to suggest that relationships have a consistent level of importance across different developmental stages. In a study into children's understandings of the concept of happiness undertaken in Spain, it was noted that there was no difference between children of different ages in terms of how much they valued relationships as related to happiness (Lopez-Perez et al., 2016).

The importance of relationships was by far the most prominent idea in recent consultation with children and young people. Children and young people were clear that being part of a loving and supportive family who are emotionally available and involved in various aspects of their lives is a core aspect of their wellbeing (The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012). They placed strong value on being respected and listened to, and having things communicated to them in a clear and timely way (Office of the Children's Commissioner, 2015b, 2016; The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012). The impact professionals such as social workers can have on their lives was identified as a key issue (Office of the Children's Commissioner, 2016). Children and young people also placed importance on being able to understand and maintain connections with their culture of origin (Office of the Children's Commissioner, 2016).

Literature supports the idea that relationships are vitally important in increasing positive outcomes for children and young people who have had contact with C&P and MHS (Atwool, 2013; Bagshaw, 2012; Denny & Fleming, 2011; Hyslop, 2016; Miley et al., 2017; Tarren-Sweeney, 2010, 2016). Having meaningful relationships with people in a stable family where they know they belong is crucial (Atwool, 2013; Bagshaw, 2012; Denny & Fleming, 2011; Office of the Children's Commissioner, 2016; Tarren-Sweeney, 2016). This is particularly relevant to C&P services, as growing up in care compromises a child's development (Tarren-Sweeney, 2016). Each time a child is moved to another family, their insecurity in how they view themselves in relation to others is likely to increase (Tarren-Sweeney, 2016). In an environment where safety is increasingly determined by predictive risk modelling and risk is avoided at all costs, it is important that the

long-term relationships and cultural connections of the child are also kept in mind as this is in the child's best interests (Dallos & Dallos, 2014). This can be achieved through the acknowledgement of social work practice wisdom and assessment skills in complex family situations (Hyslop, 2008).

The importance of relationships in defining positive outcomes also aligns with literature that focuses on increasing accessible supports for families. The challenges that families face in caring for their children are complex, and often there is little informal support available in the community for families (Cameron & Maginn, 2009; Polkki et al., 2016). It is therefore important that home-based supports are made available to families (Polkki et al., 2016). Further research is needed into how to make parenting assessments and supports accessible and effective for families who experience abuse and neglect (Allen, 2007; Conn et al., 2015; Tarren-Sweeney, 2016). This aligns with ecological systems theory, which sees difficulties as arising predominantly in the interactions between people rather than within individuals (McColgan, 2007). Family should therefore be involved in treatment of children and young people by mental health services (McColgan, 2007).

There are occasions when for the safety of the child or young person, a placement outside of their family of origin is necessary (Tarren-Sweeney, 2016). In these cases, it is important that the child is supported to develop healthy and strong attachments in the new family environment (Allen, 2007). Research shows that foster families have a significant role to play in helping children to recover from trauma (Conn et al., 2015). Foster families have the opportunity to help children and young people feel accepted, loved and like they belong no matter what (Munford & Sanders, 2016). However, the complex needs of a child who has been uplifted from their family can be very difficult to deal with, and surpass ordinary parenting challenges (Munford & Sanders, 2016; Murray, Tarren-Sweeney, & France, 2011; Tarren-Sweeney, 2016). Therefore it is in the child's best interests that supports be put in place for the foster family, and that their needs be recognised and validated (Allen, 2007; Munford & Sanders, 2016; Murray et al., 2011). Mental health services for children and young people in New Zealand have an acute-care focus, but children who have experienced trauma and abuse experience difficulties that have a long developmental course (Tarren-Sweeney, 2014b). It is important that mental health services are

funded that can give consistent, long-term support that can focus on building relationships and supporting the placement to be sustainable (Tarren-Sweeney, 2014b).

An underlying concept that also underpins social work practice with this population is complex trauma. This can help the social worker to make sense of the events and situations that disrupt a child's attachments to key people (Kisiel et al., 2017; Office of the Children's Commissioner, 2016). Trauma occurs when a person has experiences such as overwhelming threats, terror, a sense of helplessness and loss of control (Miley et al., 2017). Many children who enter the C&P system have had multiple traumatic experiences in their lives (Griffin et al., 2009; Tarren-Sweeney & Vetere, 2014). Complex trauma occurs when these experiences are repetitive, involve harm or abandonment by an adult in a caregiving role, and occur during important developmental stages such as early childhood or adolescence (Ford & Courtois, 2009). It interferes with the person's sense of self, and tends to lead to problems with self-regulation, self-worth and relationships (Ford & Courtois, 2009). Complex trauma can lead to behaviours that are not captured by traditional mental health diagnoses and can be misinterpreted by family members and health professionals and wrongly treated (Cohen, Scheid, & Gerson, 2014; DeJong, 2014; Golding, 2014; Tarren-Sweeney, 2010, 2013a, 2014a, 2014b).

Children who experience complex trauma are likely to experience a range of cognitive, emotional and relational problems into adulthood (Lawson & Quinn, 2013). By carefully assessing and understanding how trauma has impacted on a child, a practitioner is able to work with the child or young person and their family to plan more relevant and effective interventions (Kisiel et al., 2017). For example, building strengths has been proven in research to be effective when working with children and young people who have experienced multiple traumas (Kisiel et al., 2017). This can also help them in their communication with families and foster families to help them understand why the child or young person behaves in certain ways, as traumatic experiences have a strong correlation with risk-taking behaviour (Griffin et al., 2009).

Complex trauma occurs in the context of relationships, and healing and recovery must also occur in the context of relationships (Ford & Courtois, 2009). The paradox of this is that children and young people who have involvement with C&P have all likely had some kind of disruption to their

relationship with a parent or caregiver. It is therefore more difficult for these children and young people to engage in recovery from traumatic experiences than it is for other children (Perry & Szalavitz, 2006). Recent literature has highlighted that the systems and policies in New Zealand did not appear to recognise the unique and complex needs of children who had been uplifted from their families, and how their caregivers, whether whānau or foster families, needed ongoing support, including mental health or community services that address trauma (Munford & Sanders, 2016; Murray et al., 2011; Tarren-Sweeney, 2016).

Through empowering caring adults in a child's natural support network to strengthen their relationships with the child or young person, the child's likelihood of experiencing positive outcomes increases (Ludy-Dobson & Perry, 2010). One way that this can be implemented is through the Permanent Caregiver Support Service (PCSS), which was established in order to provide financial and other assistance to permanent caregivers (Oranga Tamariki Act, 1989). However, this service is only available to caregivers of children who were previously in the custody of Oranga Tamariki (Oranga Tamariki Act, 1989; Permanent Caregiver Support Service, 2018). Permanent caregivers through informal family arrangements or who take Parenting Orders under the Care of Children Act 2004 without Oranga Tamariki first holding a custody order are therefore not eligible for this service, despite the trauma that might have been experienced by the children and young people they are caring for. This is a significant gap in services. Overall, an understanding of complex trauma and the importance of relationships is clearly shown in literature to be extremely important when working to improve positive outcomes for children and young people who have had contact with C&P and MHS.

Working together

An additional idea that is evident from consultation with children and young people in New Zealand is the importance of collaboration between them, adults and agencies. This theme builds on the importance of relationships, but is more focused on having effective communication between all people involved, including the children and young people themselves. In the Green Paper for Vulnerable Children and the State of Care Reports, children and young people were clear that communication with adults regarding decisions about their lives is important to them.

In particular, children and young people said that they want to be listened to and have their views prioritised by adults who are making decisions about their lives (The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012). They also value having clear communication from adults about what may or will happen to them, and being able to trust that these adults know what they are talking about and will follow through on their promises (Office of the Children's Commissioner, 2015b; The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012). It is important that the specific things that children in New Zealand have identified as important to them are listened to, because being child-centred can look different in different cultures and contexts (Rasmusson, Hyvonen, Nygren, & Khoo, 2010).

In social work and clinical literature, collaboration is defined as all members of a team contributing to problem solving and decision making, and sharing responsibility for outcomes (Golding, 2014). Collaboration between the child or young person, other key people in their life, and professionals is widely accepted in literature as very important for bringing about positive outcomes (see for example, Dallos & Dallos, 2014; Golding, 2014; Klag, et al., 2016; Munford & Sanders, 2015; Sanders, Munford, & Ungar, 2015; Wolpert, 2007). Involving the child or young person in decision-making gives them a sense of personal agency, which means that they are a part of changing things rather than having professionals with limited information do things to or for them (Moltu et al., 2017). This recognises the fact that the child or young person is an expert concerning their own life, as they have the most information about themselves and have had uncountable successes in bringing about positive outcomes over the course of their lives. Involving the child or young person in decision-making recognises that they are “beings” not simply “becomings” (Fattore et al., 2016) and that they have ideas and perspectives that are worth listening to (Blaikie, 2012; Dewhurst, 2015; Office of the Children's Commissioner, 2015a; Stuttaford, 2007).

Research has demonstrated that when young people are empowered to share in decision-making processes, they are more likely to remain engaged with services and experience an increase in positive outcomes (Dewhurst et al., 2017; Munford & Sanders, 2015). It is important that children and young people are genuinely listened to, rather than consulted in a tokenistic way

(Fitzmaurice, 2017; Gale, 2007). Some ways that tokenistic involvement of children and young people can be avoided are through looking for ways that they can participate on their own terms and making sure that their views are not filtered by the adults involved to suit their agendas (Fitzmaurice, 2017). Child-centred practice involves the child being the focus of all activity and decision-making, and being listened to in a way that engages them at their stage of development (O'Reilly & Dolan, 2016).

There are also barriers to be overcome to effectively involve families in collaboration. In the field of mental health, the importance of family involvement was promoted by the Mental Health Commission (Mental Health Commission, 2009). A theme in recent policy changes to C&P services is a shift of power from families to professionals, as families are increasingly blamed for the problems they face (Martin, 2016). This also impacts the way that MHS are provided, as society moves towards focusing on the needs of the child with reduced acknowledgement of the role of the family. However, weakening the obligation to involve families is in direct contrast to evidence in literature that it is vital that families are involved in collaboration with the child or young person and professionals (Dewhurst, 2015; Staudt & Massengale, 2015). It is also ironic that legislation changes are involving families less, given that consultation with children and young people clearly indicated that their connections with their families are vitally important to them (Office of the Children's Commissioner, 2015b, 2016; The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012). This is a significant barrier to social workers engaging effectively with families. However, social workers still have discretion over how they interpret policy, and therefore have the ability to choose to work collaboratively with families (Ellis, 2007; Evans & Harris, 2004; Hill & Varone, 2012; Hupe & Hill, 2007; Murphy & Skillen, 2015). Some ways in which they can do this are through asking parents what they want from the process of being involved in services, regularly monitoring how they are perceiving the process, and asking about and addressing their concerns (Staudt & Massengale, 2015). As with children and young people, it is important that this collaboration is genuine rather than tokenistic (Blumhardt et al., 2017). Unfortunately, stressful caseloads often contribute to social workers having insufficient time to build and maintain relationships with families, and this needs to be taken into account when funding decisions are made by policy-makers (Blumhardt et al., 2017).

A key consideration for social workers in New Zealand is the importance of working collaboratively with whānau from a Māori perspective. A seminal policy document that presents the importance of this is Puao-te-ata-tu, the report of the Ministerial Advisory Committee on a Māori Perspective on the Department of Social Welfare in 1988. The report explained that the Māori child should be viewed as a member of their wider hapū¹⁴, and that the rights of hapū to care for and make decisions for the child should be upheld. Recent literature has described Puao-te-ata-tu as still relevant for social work practice in New Zealand, and as a benchmark that social services should aim for (Hollis-English, 2015). The report influenced new principles in child protection legislation that emphasised family decision-making (Connolly, de Haan, & Crawford, 2017).

However, concerns have been raised in recent years regarding changes to legislation that have weakened the rights of whānau to make decisions regarding their children. In particular, The Vulnerable Children's Act 2014 elevated the principle of the paramountcy of the child in the Oranga Tamariki Act 1989 to be above the principles relating to family decision-making, therefore transferring power from families to professionals (Martin, 2016). The original Children, Young People and Their Families (Oranga Tamariki) Bill changed section 5 of the Oranga Tamariki Act 1989¹⁵ from "family, whānau, hapū, iwi and family group *should* participate in the making of decisions affecting that child or young person" to "*can*" participate (Aotearoa New Zealand Association of Social Workers & Tangata Whenua Social Workers Association, 2017). Although this was changed back in the Children, Young Persons and Their Families (Oranga Tamariki) Legislation Act 2017, it is indicative of a decrease in the focus on family-led decision making in C&P in New Zealand.

In addition to collaboration with children, young people and their parents, collaboration between professionals is very important for bringing about positive outcomes for this population (Golding, 2014; Ritchie & Nixon, 2011). It has been recognised that social services, including C&P and MHS in New Zealand, are fragmented and that this has an impact on the people who use them

¹⁴ Hapū is the Te Reo Māori word for large kinship group, or sub-tribe

¹⁵ At the time that the Bill was written, the Oranga Tamariki Act 1989 was known as the Children Young Persons and Their Families Act 1989. The Bill changed the name of the Act.

(Munford & Sanders, 2015; New Zealand Productivity Commission, 2015). The fragmentation of services and lack of communication between agencies has been attributed to the social investment approach to structuring social services (Cullen, 2017). This can result in young people feeling like they are passed around between agencies without any actual intervention taking place (Munford & Sanders, 2015; Tarren-Sweeney, 2010). The New Zealand Productivity Commission (2015) identified in 2015 that social services are so fragmented that people using them are likely to struggle to co-ordinate their own services regardless of their capacity if their needs are complex. Children and young people who have had contact with both C&P and MHS are likely by definition to have complex needs, and therefore this applies to them and their families.

Many barriers to collaboration between agencies have been identified in literature. Professionals from separate agencies often have different priorities, ways of acting and communicating, value bases, theoretical assumptions, and even different primary clients within the family (Beckett & Horner, 2016; Golding, 2014). It should be expected that when professionals within fields of practice that have so much complexity and meaning experience the many differences listed, interpersonal issues can arise (Tarren-Sweeney, 2010). Improving relationships between staff in different agencies is therefore important, but is also a huge challenge (DeJong, 2014). Some ways in which these issues can be addressed is through social workers looking for opportunities to establish personal connectedness with people from different agencies, communicating about shared goals and values, and trying to understand the challenges and responsibilities that professionals in other agencies face (Tarren-Sweeney, 2010). This requires innovation and initiative by social workers.

Chapter summary

In conclusion, social work is a unique profession that places high value on partnering with people in meaningful relationships. Social workers seek to build connections with the people they work with and to partner together to define and work towards positive outcomes. There has recently been an increased focus in policy in New Zealand on listening to clients, and particularly children and young people. This chapter explored how clients have defined positive outcomes in recent

studies, and how this aligns with recent consultation with children and young people in New Zealand and with current literature regarding best practice with children and young people who have had contact with both C&P and MHS. The four predominant ideas across this integrated approach are that positive outcomes are a process rather than a goal to be reached, that positives are evident alongside adversity, that relationships are at the core of positive outcomes, and that collaboration is vital. These ideas from literature were knowledge from which this research project drew from. The methodology of the project will be discussed in the next chapter.

Chapter 4 – Methodology

The previous two chapters presented the literature review that preceded this research project. This chapter focuses on the theoretical paradigms, methodology and ethical considerations that have informed the research. This research project is situated within a social constructionist paradigm, and is strongly influenced by social work values. The first section of this chapter discusses how social constructionism emerged out of critiques of positivism, and why social constructionism has been chosen as the paradigm within which this research is situated. How social work values influence research is discussed, including the principles of partnership that will guide this research project. Qualitative research is discussed, and reasons for it being chosen in this research project are given. Following this, the research design is described. Finally, ethical considerations are discussed with reference to the Aotearoa New Zealand Association of Social Workers Code of Ethics.

Methodology

When embarking on a research project, it is vital to be clear about what theoretical paradigms the research will draw from. A theoretical paradigm is the underlying belief system and reasoning for why certain patterns emerge in the research (Babbie, 2013, 2014). This influences how the researcher chooses and carries out methods, and also how the data is analysed (Babbie, 2014; Crotty, 1998). Thoroughly discussing theoretical paradigms provides direction for the researcher and helps them to identify potential gaps, contradictions and ethical issues (Glesne, 2006). It also allows the processes of the research to be laid out for observers, thereby opening the project up for scrutiny and the opportunity to be taken seriously (Crotty, 1998).

The theoretical paradigm that this research project sits within is social constructionism. It also draws from social work values. This section will begin by describing positivism and its critiques, and how this has led to the emergence of social constructionism. It will then discuss how the theoretical paradigm of social constructionism has influenced how this research project has been carried out. Finally, this section will discuss social work values and how these have influenced this research project.

From Positivism to Social Constructionism

Positivism is a way of understanding what knowledge is and how it is generated (Braun & Clarke, 2013). The term positivism was coined by a French Philosopher, Auguste Comte, who believed that natural beliefs were going to be replaced by logical ideas that have been proven to be correct through science (Babbie, 2014; Crotty, 1998). Positivism represents a deep conviction that there is an objective reality that can be understood as true and correct through scientific observation (Babbie, 2014; Crotty, 1998). It denies the influence of values on the research process, and views the researcher as somehow distinct from the research (Lincoln, Lynham, & Guba, 2011). However, positivism has come under intense criticism when applied to the social sciences.

The basis of criticisms of positivism are aimed at the value that it places on scientific knowledge, and its assertion that scientific research can be used to accurately describe and predict an objective reality (Crotty, 1998). While many critics of positivism do not deny that there is an objective reality that exists separate to our understanding of it, they would argue that the meaning associated with this reality is constructed and interpreted in different ways by different people (Lincoln et al., 2011). As research is usually carried out by those with access to money and education, this means that the views of majority groups in society get portrayed as objective reality, instead of being acknowledged as one way of attributing meaning to certain objects and processes (Babbie, 2014). Therefore, a positivist paradigm assumes a simplistic view of society through the eyes of the powerful, and alternate paradigms have been developed in order to acknowledge the complexity and diversity in the ways that different aspects of society are experienced by people (Babbie, 2014). These paradigms that reject the notion of truth being objective are the underlying philosophies of the movement of post-modernism, which stresses the multiplicity of views of any situation (Pegues, 2007; English, 2003).

One significant paradigm that has emerged from these critiques of positivism is constructionism. Constructionism is the belief that all knowledge is constructed by humans in the process of their interactions between each other and with their environment (Crotty, 1998). Although reality exists, the meaning that it holds is not created or discovered, but constructed by people (Best, 2008; Crotty, 1998; Pfohl, 2008). Different people may interact with the same reality, and yet

construct meaning around it in very diverse and complex ways (Miley et al., 2017). Although the constructions are different, they are all valid, and there is often some commonality in how people construct meaning around a reality (Berger & Luckmann, 1966). This takes away arguments about what is the true or correct way to view something (Harris, 2008). It also provides a way for people to understand the impact that different constructions can have on the way society is structured, the way we communicate about certain issues, and the way decisions are made.

Social constructionism emphasises the influence of culture and interpersonal interactions on the process of constructing meaning. According to social constructionism, meaning is constructed through collective social processes (Crotty, 1998). Each person is born into a culture where things are constructed in certain ways, and this has an influence on how that person will experience and interpret the world around them (Crotty, 1998; Miley et al., 2017). This means that certain groups who hold more power over aspects of society such as politics, media and academia will influence the predominant constructions in that society. This form of power is called hegemony¹⁶, and using social constructionism as a research paradigm can enhance our understanding of it (Miley et al., 2017).

When a certain social construction is repeatedly communicated in interactions throughout society (such as through the media, politics and academia), it becomes a doxa (Miley et al., 2017) as discussed in the literature review¹⁷. This allows dominant groups to define certain situations, experiences or people as “social problems” (Michailakis & Schirmer, 2014). Social constructionism does not deny that problems actually exist, but it does increase understanding about the processes that leads to them being defined as problems and how this may be perceived differently by different people in society (Gubrium & Holstein, 2008). Sometimes certain constructions can become so entrenched that societies see them as “real,” when in fact they are simply one way that a situation is interpreted (Schneider & Ingram, 2008). An example that is relevant to this thesis is the concept of “vulnerable children.” This concept became so entrenched in the Fifth National-led Coalition Government’s social construction of social issues that they even named the Ministry for Vulnerable Children after it. Social constructionism reminds us that the

¹⁶ See literature review, page 20

¹⁷ See literature review, page 19

children in contact with this Ministry are not inherently vulnerable, and other children are not inherently invulnerable. They have simply been socially constructed under these labels by processes of interaction in society, particularly through the policy making process.

This is one of many examples of how social constructionism helps us to understand the policy-making process. When policy makers give reasons for making certain policies or ignoring certain issues, they are socially constructing the issue (Schneider & Ingram, 2008). Policy does tend to reflect the dominant social constructions of certain issues at the time, but it can also be a powerful force through which new social constructions are developed and promoted (Schneider & Ingram, 2008). Constructing target groups such as “vulnerable children” and their “bad parents” allows policy makers to justify funding decisions that reflect their ideology (Schneider & Ingram, 2008). Schneider and Ingram (2008) suggest that target populations who are socially constructed as dependant, such as “vulnerable” children, tend to be the subject of policies that sound meaningful but do not actually eventuate in a great deal of change at the front line. Meanwhile, target populations who are blamed for problems, such as the parents of “vulnerable” children, get treated punitively (Schneider & Ingram, 2008).

The application of social constructionism to understand policy has been influential in this research project. The population that this thesis seeks to understand more about is children and young people who have had contact with both C&P and MHS. These children and young people, their families and the issues they face have all been socially constructed in certain ways by the dominant group in society, as was evident in the literature review. This thesis seeks to understand the way that social workers socially construct these children and young people, their families and the issues they face. This is important because of the strong relational component of social work, and the influence that social workers can have in children and young peoples’ lives. This thesis acknowledges that social workers are subject to government policies on practice while also being privy to conversations with children and young people and their families who may be missed by government consultations. Therefore it aims to use social workers in order to gain insight into the differences between how the government socially constructs these children, young people and their families, and how they construct themselves and the issues they face.

A Social Work Approach to Research

In addition to constructionism, social work values have had a strong influence over the methodology of this research project. According to Rubin and Babbie (2017), the main reason that social workers decide to carry out research is compassion for people who they work with. This compassion shapes the questions that social workers seek to answer through research, and the way in which they go about it (Rubin & Babbie, 2017). In the case of this research project, compassion for children and young people who have had contact with both C&P and MHS has led to the research question being asked. This compassion caused concern regarding the negative ways that these children, young people and their families are portrayed by the dominant doxa in society. It therefore influenced the decision to use methodology that seeks to understand alternative social constructions.

There are many ways in which social constructionism and social work values are highly compatible. Social work research tends to address social problems, often assuming from the outset that those problems exist (Michailakis & Schirmer, 2014). However, social work also has a strong commitment to acknowledging strengths and challenging static negative perceptions of people and situations (Miley et al., 2017; Sawyers, 2016). Social constructionism therefore holds considerable value for social work research because it allows for the researcher to ask how a situation is constructed in different ways by different people who interact with it, rather than making assumptions about “problems” (Michailakis & Schirmer, 2014). Social work research, like social constructionism, values different ways of knowing (D'Cruz & Jones, 2004; Miley et al., 2017). It therefore aligns with social constructionism’s focus on seeking to understand the unique worldviews of participants (D'Cruz & Jones, 2004). In addition, both social constructionism and social work challenge ideologies that assume that a Western view of how knowledge is generated is superior (Deweese, 2001).

However, it would be simplistic to say that social work values fit within a constructivist paradigm. Social work values can also align well with other paradigms depending on the research question that is being explored (Rubin & Babbie, 2017). In addition, they each have a different focus. A

constructivist paradigm is concerned primarily with how knowledge is viewed, whereas social work values are concerned primarily with how people are treated.

A cornerstone of social work values is the importance of sharing power with clients. This is foundational to building a collaborative partnership with people, and walking towards change with them rather than imposing change on them (Bishop, 1996). The value of sharing power is very relevant to this research project. As a social worker who has worked with children and young people who have had contact with both C&P and MHS, I identify as an insider in this research project. This places me in a unique position to partner with other social workers to generate knowledge through semi-structured interviews, as I have insight into the language we use and the kinds of questions that are most relevant. However, I also hold power as the person who has access to all of the interview data and the responsibility to draw it all together to identify themes and discuss them. Therefore, it is vital that I maintain an awareness of the boundaries of my role and share power by giving voice to the perceptions of the participants rather than searching for my own preconceived ideas in the results.

One tool that helped me to do this was the interview schedule, as it meant each interview was standardised to a certain extent. I tried within each interview to pick up on times when a participant was passionate about a particular topic and ask further prompting questions about this before returning to the interview schedule. In this way, the participants' passion for different aspects of the research question were prioritised in the data rather than things that I am passionate about. Pursuing opportunities to find out more about certain aspects of the research question is a key element of semi-structured interviewing, and the interview schedule acts as a guide for the researcher to return to (McCracken, 1988). Once I had coded the transcripts and identified themes, I checked them back against each of the seven interview transcripts to ensure that the total group of themes reflected what each of the seven participants spoke about as fairly as possible. Although this decision making remains subjective, it was one way that I could do my best to ensure I am sharing power with the participants. In this way, my social work value of sharing power impacted on the way that I went about the data collection and analysis process.

Another cornerstone value of social work is the importance of practicing bi-culturally. This research upholds The Treaty of Waitangi as the founding document of New Zealand, and therefore recognises the importance of partnering with Māori to celebrate and uphold Māori taonga¹⁸ and tikanga¹⁹. This means that the things that tangata whenua²⁰ value as treasures and the way that they do things is respected. In this research project one participant identified when she first contacted me that she is a bi-cultural practitioner. At the beginning of her interview, I asked her specifically what practicing bi-culturally means for her rather than making assumptions.

Growing up in New Zealand and completing my social work education here has given me the opportunity to reflect on how respect for Māori as tangata whenua impacts on my personal values and the way I relate to people. This reflection has led me to place strong value on recognising the diversity in the ways that all people see and experience the world, and the way that we communicate. This impacted on my research methodology. Mason Durie (2011) discusses four principles for learning from different perspectives and partnering with indigenous peoples: mutual respect, shared benefits, human dignity and discovery. I believe that these principles can be applied to partnering with any research participant, because they are based on core social work values of respect and partnership. Each of these principles has been drawn from in this research project, as discussed below.

Mutual respect acknowledges that the world view of each person or cultural group is valid, and that each knowledge system needs to be acknowledged (Durie, 2011). This aligns closely with social constructionism's emphasis on diverse constructions of reality all being valid forms of knowledge (Patton, 2002a). This research project seeks to give voice to diverse perspectives without privileging the constructions of the majority, which have been identified by this thesis as the neoliberal doxa of blaming those who struggle.

¹⁸ Taonga is a Te Reo Māori word that means treasure

¹⁹ Tikanga is a Te Reo Māori word that means custom or practice

²⁰ Tangata whenua are Te Reo Māori words that mean people of the land. In the context of this discussion, the use of these words indicates that Māori people are the indigenous people of New Zealand. It is a term of respect.

The principle of shared benefits regards all participants as active rather than passive, and considers how participation will impact their community in both the short and the long term (Durie, 2011). As all participants in this research project are members of a professional body, Aotearoa New Zealand Association of Social Workers, they will possibly be interested in the discussion and findings of this research project as part of their ongoing professional development. Therefore, they will each be given the option of being emailed the completed thesis. The aim of this project is to contribute to the wider body of knowledge concerning what supports positive outcomes for children and young people who have had contact with both C&P and MHS, so although it will not directly benefit the participants, it will benefit the children and young people who they work with and care about.

The principle of human dignity means that personal integrity and cultural identity should be honoured and upheld (Durie, 2011). This principle is most relevant to the interview process, and the way in which the researcher relates to the participants. Under social constructionism, interviews are viewed as a partnership where knowledge is co-created by the researcher and participant (Koro-Ljungberg, 2008). In this research project, I approached interviews with this value on human dignity and partnership in mind.

Finally, the principle of discovery focuses on the importance of exploration and invention (Durie, 2011). The importance of creativity in social work practice is one of the key findings of the literature review in this thesis, as social workers maintain a certain level of discretion over how they practice. As a result, the research questions enquire as to how the social worker and others involved have worked to make a difference in the lives of children and young people who have had contact with both C&P and MHS. They do not make assumptions that the social worker will practice in certain ways, but instead acknowledge that due to the diversity of ways in which children, young people, their families and the situations they face are constructed, practice could take many forms.

Qualitative research

The previous section discussed the theoretical perspective of this research. Once a theoretical perspective has been decided on, the researcher needs to decide whether they will use

quantitative or qualitative methodology. Quantitative research focuses on numerical data, whereas qualitative research focuses on non-numerical data (Babbie, 2016). Both forms of research are useful, and choosing between the two depends on which one will best answer the research question (Patton, 2002b). This research project seeks to understand social workers' perceptions on how we can support positive outcomes for children and young people who have had contact with both C&P and MHS. Qualitative research will be more useful in this project because of the researcher's intention to seek to understand diverse viewpoints (Crotty, 1998).

Qualitative research increases our understanding about underlying patterns and meaning (Miles & Huberman, 1994). It generates rich information about multiple, complex views of a certain research question (Babbie, 2016; Glesne, 2006). Therefore, a qualitative researcher can never quite be sure about where their research will take them and what they might discover (Glesne, 2006). This complexity and uncertainty is evident in this research project as the perceptions of social workers in New Zealand regarding this population does not appear to have been studied before.

Research design

This qualitative research project is situated within a social constructionist paradigm, and draws from the principles of social work. It is interpretive, which means that it looks for culturally derived interpretations of social situations (Crotty, 1998). It is also inductive, which means that analysis starts from the raw data rather than being shaped by existing theory (Braun & Clarke, 2013). While all research is ultimately shaped by the viewpoint and epistemology of the researcher, inductive research makes a conscious effort to use the raw data as a starting point rather than theory (Braun & Clarke, 2013).

The following section focuses on the research methods that were used in order to answer the question: "How can children and young people who have had contact with both C&P and MHS be supported to experience positive outcomes?" This project was carried out through semi-structured interviews with eight members of Aotearoa New Zealand Association of Social Workers. The data was analysed using thematic analysis. In this section, all aspects of the

research design will be discussed: sample, how participants were recruited, how semi-structured interviews were carried out and why, and how the data was analysed.

Sample

The sample used in this research was eight qualified social workers who are members of Aotearoa New Zealand Association of Social Workers (ANZASW). This sample size is typical of qualitative research, which tends to use smaller sample sizes than quantitative research (Gomm, 2008). This sample size will allow for depth of data and complexity and diversity of viewpoints to be explored during interviews and data analysis (Babbie, 2014). It is appropriate for the scope of a Master level research project. It also gave space and time for the researcher to make connections with the participants and co-construct knowledge and meaning with them (Bishop, 1996; Patton, 2002a), rather than simply processing large amounts of data. Co-construction is the concept of creating knowledge together through the process of conversation (Bishop, 1996; Gomm, 2008; Koro-Ljungberg, 2008). This sample is not expected to be representative of the population of social workers in New Zealand, but rather an opportunity to partner with some social workers to understand their views in depth.

Participant recruitment

Participants have been recruited through ANZASW. A letter of invitation to participate in research was sent out by ANZASW (see Appendix 1). The first eight people to respond who met the selection criteria were selected. The selection criteria were:

- Be a current member of Aotearoa New Zealand Association of Social Workers
- Has worked in the past five years in a social work role with children (0-17) who have contact with both Care and Protection and Mental Health Services. The child must have been the primary client, rather than another family member.
- Be fluent in English

The first criteria was chosen because I was aware that ANZASW has a database of members and regularly advertises for research participants in order to support social workers in their quest to be part of generating knowledge.

The second criteria was set to ensure that I was only interviewing people who have recent experience in the field. This is particularly important as I was hoping to gather knowledge in the form of practice wisdom, and experience is necessary in order for this to develop (Mitchell, 2011). I specified that the child must be the primary client because the Interview Schedule asks specifically about what the social worker believes the perception of the child is, and they might not have this insight if they were only working with the family. Social workers who work with children and young people, on the other hand, tend to have a working relationship with their families as well due to the family's role in caring for the child (Kisiel et al., 2017). Therefore social workers who primarily work with the child would likely be able to reflect on the perception of the family members.

The third criteria was for practical reasons, as the advertisement went country-wide and so it would have made it more difficult to arrange interviews if I had to organise translators as well as transport and venues.

Initially, nine people responded to the advertisement through ANZASW. All nine met the eligibility criteria. One participant pulled out before any interviews had taken place due to personal reasons and a high workload meaning she did not have time to participate. She was replaced by the ninth respondent.

Of the remaining eight participants, seven arrived at their interviews and agreed to have their transcripts used in the results of this research. One participant called ten minutes before the interview was due to start to say that she had changed her mind. She said that she felt unsafe taking part in the research as she was concerned her employer could find out that she had participated and what she said. I explained the two ethics approval processes that I had gone through, including measures put in place to protect the confidentiality of participants. She decided that she still felt unsafe, and did not proceed with the interview. This raises concern regarding the inclusion of social work voices in policy-level decision making regarding children

and young people who have had contact with C&P and MHS. This is a vital issue because of the valuable practice wisdom and specialised knowledge that social workers have regarding these children, young people and their families.

The remaining seven participants were employed by a range of organisations including Oranga Tamariki; Child and Adolescent Mental Health Services; and community organisations. They worked in a variety of locations around New Zealand.

Semi-structured interviews

Semi-structured interviews were used in this research project. Semi-structured interviews are typical of qualitative research, because they produce rich and complex data that is guided by the research question (Glesne, 2006). Essentially, a semi-structured interview is an interaction between the researcher and the participant where the researcher has a general idea of what questions they will ask, but moves flexibly through the discussion with the participant rather than following a direct script (Babbie, 2013). The aim of this interaction is to facilitate conversation where the participant speaks about their views of the research question, guided by the interview schedule (Glesne, 2006). Probes are impromptu questions that are used to encourage the participant to elaborate on a topic (Glesne, 2006).

Semi-structured interviewing is a method that aligns with both social constructionism and a social work approach to research. Semi-structured interviews allow for the researcher to engage in a collaborative process of co-constructing knowledge with the participant (Gomm, 2008; Koro-Ljungberg, 2008). This partnership reflects both social constructionism's and social work's approach to valuing diverse views, and partnering with the participant rather than creating a distinct "us" and "them" divide between researcher and participant. Rather than expecting a researcher to aim towards objectivity, which is viewed as impossible by social constructionism and a social work approach to research, semi-structured interviews allow for the researcher to acknowledge that they are part of the meaning making process (Koro-Ljungberg, 2008). The researcher and participant enter into a process of knowledge production together in a collective sense (Gomm, 2008; Koro-Ljungberg, 2008).

Although the semi-structured interview is essentially an interpersonal process based on collaboratively constructed meaning, it is important that the researcher also carefully conducts the interviews in such a way that the data produced is reliable and comparable (Bernard, 2013). The researcher must have a clear outline of research questions in order to guide progression of conversation through the interview that stays on topic (Babbie, 2013). This can be developed in the form of an interview schedule (see Appendix 2). It is important that assumptions are not made about how people will respond to the research questions, as this would go against the core principles of both social constructionism and social work (Babbie, 2013). However, the general structure of each interview needs to be similar and participants treated in a similar manner, because otherwise the results could speak more of the views of the researcher than of the participants (Gomm, 2008).

I decided to carry out all eight interviews (seven after one participant withdrew) in person. This was due to my commitment to partnering with the participants to co-construct knowledge through listening to their stories and viewpoints. As all of the participants were strangers to me and we only had one interview during which to discuss the research question, I felt it was important that I maximise the opportunity for us to make a connection and engage in a meaningful conversation in person. The interviews took place in a range of locations and venues around the country. I negotiated these venues with each participant, trying to meet in a neutral place where they felt comfortable. At the beginning of each interview I briefly explained my reasons for carrying out the research in order to locate myself, so that we could build a working relationship from where we each stood. The positioning of the researcher is influential over the knowledge that is produced (Reid et al., 2017), so I felt it was important to share briefly with the participants what my social work experience has been and why I was conducting this research. I used the Interview Schedule (see Appendix 2) as a guide for each interview, and ensured each participant had a copy of it that they could refer to when I sent them a copy of their transcript.

Data analysis

Inductive thematic analysis was used to analyse the data. Thematic analysis is a method for identifying and analysing patterns of meaning in qualitative research that can be used across a

range of theoretical frameworks (Clarke & Braun, 2017). It provides a method for the researcher to organise data into themes of what is common among the experiences and opinions of people interviewed, and allows for both obvious and underlying patterns of meaning to be reported on (Clarke & Braun, 2017; Gomm, 2008). This then informs the researcher's analytical understanding of the themes in the data set, and their understanding of collective experiences and shared or diverse social constructions (Clarke & Braun, 2017).

Inductive thematic analysis can be differentiated from other forms of thematic analysis by its commitment to use the raw data as its starting point rather than being explicitly guided by theory (Braun & Clarke, 2013). When using thematic analysis, the researcher seeks to familiarise themselves thoroughly with the data (Clarke & Braun, 2017). They notice themes and patterns that are underpinned by a shared idea or concept (Clarke & Braun, 2017). They then decide from these patterns which initial codes to organise their data by (Braun & Clarke, 2012). Codes are the smallest unit of analysis, and provide the building blocks for larger themes of meaning across the data (Clarke & Braun, 2017). Once the data is coded, themes can be developed and revised (Braun & Clarke, 2012). This guides the researcher's discussion of the findings of the research.

In this research project, I began by identifying codes in each interview transcript. Twenty six codes were identified. After a long time spent reflecting, I used these codes to develop four themes that were underlying the data: defining positive outcomes, attaining positive outcomes, the social work role, and barriers to positive outcomes. I compared the themes against each of the seven transcripts to see if they fairly reflected what the participants were saying, rather than simply reflecting the views of one or two participants. I decided that the themes were a fair reflection of all seven transcripts. I then returned to my literature review and methodology and focused on how these themes aligned with the overall purpose of the research. These themes are presented in the next chapter of this thesis.

There are both benefits and limitations to using thematic analysis to analyse data. One main benefit is that it is a very flexible method, and allows for the research question to evolve throughout the process (Clarke & Braun, 2017). This aligns well with the spirit of social constructionism and social work, as it acknowledges participants as co-constructors of

knowledge that may be very different to the direction the researcher had anticipated the research project might go in.

Thematic analysis has been criticised as showing more about the researcher than the participant, as they get to be the one to analyse the data and decide on themes (Gomm, 2008). However, the theoretical paradigms influencing this research project acknowledge the involvement of the researcher not as problematic but as part of the core research process as a co-constructor of knowledge. A semi-structured interview is a relational event where knowledge is co-constructed (Gemignani, 2014; Keenan, 2012), and therefore my own views were shaped and influenced through the course of the interviews as I listened to the practice wisdom of other social workers. This research acknowledges the researcher as an active part of the process of generating knowledge, rather than a passive collector of knowledge (Gemignani, 2014). Therefore, analysing the data and deciding on themes is acknowledged as part of my role rather than being a weakness in the research.

Ethical considerations

Because of the subjective nature of qualitative research and its use of human participation, it is vital that it meet the highest ethical standards (Braun & Clarke, 2013). The profession of social work is very concerned with ethics because of the value it places on human rights and dignity and social justice (Rubin & Babbie, 2016). Ethics refers to the researcher's relationships with participants, academic communities and the wider world and their conduct within these relationships (Braun & Clarke, 2013). It is important that acting in an ethical manner is an attitude that permeates the entire research process, and that the researcher is constantly reflective of their own values and attitudes (Braun & Clarke, 2013; Reid et al., 2017; Rubin & Babbie, 2016). A key way in which ethical research can be guided is through adherence to the principles found in ethical codes (Braun & Clarke, 2013; Petrovic, 2017).

In the New Zealand context, the Aotearoa New Zealand Association of Social Workers (ANZASW) Code of Ethics contains standards for how members should conduct themselves when engaging in social research. This is relevant to me as I am a member of ANZASW, and am committed to upholding the Code of Ethics. The standards in this Code establish that the researcher should

submit their research proposal to an ethics committee; that they should obtain informed consent from participants; that participants should be protected from harm, discomfort and danger; and that information should be accurately reported on (Aotearoa New Zealand Association of Social Workers, 2007). Each of these will be addressed in the following discussion.

Ethics approval process

Ethics approval for this research project was given by Massey University Human Ethics Committee: Human Ethics Southern A Committee at their meeting held on 21/06/2017 (see Appendix 3). As part of this process, the Committee advised that I seek consultation regarding how cultural issues that arise will be reported on. I sought consultation with Whānau Pukenga²¹ regarding this issue. Whānau Pukenga recommended that I look up Kaupapa²² Māori Research and Māori Centred Theory in order to guide me with recording data that contains cultural implications.

As I read about Kaupapa Māori research, I found that its underlying principles resonated strongly with my values as a social worker and with the aims of this research project. In particular, I was intrigued by the importance that Kaupapa Māori research places on the connections between the researcher and the participants, and between all of the participants. As a social worker interviewing social workers from an organisation that we are all members of (ANZASW), I feel that this concept of connectedness and joint purpose is relevant to my research. This led me to further examine my values as a social worker and how they relate to carrying out research. During this reflection, I came across Mason Durie's principles for doing research with indigenous peoples, as discussed under the "Methodology" section above²³. These values impacted on how I recorded and communicated data, as it meant that I recognised that I am a co-constructor of knowledge along with the participants rather than having an "us" and "them" mentality. I returned the original transcripts to the participants to ensure that what they meant to say is what came through, and took into account feedback that two participants gave me. One participant

²¹ This is a group of Māori Academics within the School of Social Work at Massey University.

²² Kaupapa is a Te Reo Māori word which means a way of doing things according to a particular worldview. So Kaupapa Māori means to act based on a Māori worldview.

²³ See methodology, page 66

pointed out that she felt the wording of a certain part of her transcript did not portray what she was really trying to say, and we negotiated together how to reword this as it was something I intended to use in my results section. This is an example of working alongside the participants to articulate practice wisdom together.

At the time of the fieldwork, I was an employee of Oranga Tamariki, therefore I informed the Ministry for Vulnerable Children Research Co-ordinator of my research and was asked to complete an additional ethics process. I was granted ethical approval by Oranga Tamariki on 21/8/2017 (see Appendix 4).

Informed consent

Obtaining informed consent from participants is one of the key tasks in carrying out ethical research (Braun & Clarke, 2013). This means that participants should be given all information necessary for them to make intelligent decisions about their participation in the research (Glesne, 2006). In this research, the information sheet (see Appendix 5) that was sent out by ANZASW to members inviting them to participate in the research explained the purpose of the research, how it would be carried out, and how participants would be involved. This was then explained verbally at the beginning of each interview, and the participants signed consent before the interview took place. The participants were made aware that they could withdraw from the research at any time. They were told how the data would be stored and how the information would be analysed and used.

Confidentiality

Protecting the privacy of participants is a key principle of ethical social research (Babbie, 2014). Each participant in this research was given a pseudonym, and all identifiable information such as location or organisation was changed. The audio recordings, signed consent forms and transcripts were stored in locked files on the researcher's laptop. All of the researcher's copies of this information will be destroyed once the thesis has been completed.

Storage and collection of data

All interviews were audio recorded using both a Dictaphone and the researcher's personal phone, and the participants had the option to have the original recordings returned to them. Each interview was transcribed, and the transcripts and sound recordings were stored in a locked file on the researcher's laptop. The original recordings on the Dictaphone and the phone were deleted once they had been transferred to the laptop. The researcher's copies of audio files were destroyed once transcription was completed, and the transcripts will also be destroyed once the thesis is complete.

Protection from harm

When preparing for this research, it was identified that there was risk of emotional harm to the participants if they found it difficult to speak about cases that had impacted on them personally. In order to minimise this risk and to manage it if it did occur, I maintained an attitude of empathy throughout the interviews and sensitivity to the potential difficulty of discussing some cases. I ensured that each participant knew they could change their mind or stop the interview at any time. If a participant had become upset during the process of the interview, I would have encouraged them to use their own supervision as a source of support.

Limitations

A limitation of this research is the small sample size of eight social workers, which became seven after one person felt too unsafe to speak about her organisation. This sample size was not enough to make clear generalisations about the views of social workers around New Zealand. However, as the purpose of the research project was to understand the diverse perspectives of social workers rather than come to conclusions about the views of all social workers, this sample size was sufficient.

A second limitation related to this small sample size is that the findings of this research cannot be generalised across the whole population of children in New Zealand who have had contact with C&P and MHS. This means that although the findings are useful for understanding common

trends, they cannot be seen to represent the diverse experiences of children, young people and families across New Zealand.

Chapter summary

This chapter has outlined the theoretical paradigms, methodology and ethical considerations that have influenced this research project. This qualitative research is situated within a social constructionist paradigm, and draws from the principles of a social work approach to research. It utilises semi-structured interviews with seven social workers, recruited through ANZASW. The information from these interviews was analysed using thematic analysis. Ethical considerations are of high importance in any social research, and have permeated the entire research process. The following chapter will present the results of the research.

Chapter 5 - Results

The purpose of this research was to investigate the perspectives of social workers regarding how children and young people who have had contact with both C&P and MHS can be supported to experience positive outcomes. This chapter presents the results of the seven semi-structured interviews that were carried out. As mentioned in the previous chapter, the following four themes were identified: defining positive outcomes; attaining positive outcomes; the social work role; and barriers to positive outcomes. These themes provide the framework for the presentation of the participants' responses.

Participants

Seven participants took part in this research project:

Lucy has been working as a social worker for over thirty years. She has experience working in statutory social work and in health.

Alex has been working as a social worker for over fifteen years. She has experience working in statutory social work, in the community, and internationally.

Haley has been working as a social worker in the community for five years.

Mel has been working as a social worker for over ten years. She has experience working in health and justice.

Rose has been working as a social worker for twenty years. She has experience working in statutory social work, justice, health, the community and internationally.

Ellie has been working as a social worker in the community for ten years.

Marie has been working as a social worker for over fifteen years. She has experience working in health, justice and the community.

Defining positive outcomes

In each interview, participants were asked how they define positive outcomes for children and young people who have had contact with both C&P and MHS. Their answers focused on safety and wellbeing, collaboration, and the child or young person forming meaningful relationships.

Participants spoke about safety and having a sense of belonging, as illustrated by Ellie, *“I’d make sure that every child had a warm, amazing home with a loving parent in some form”* (Ellie). The participants were clear that although physical safety was vital, it was not sufficient to be considered a positive outcome in isolation. Rose pointed out that there were times when an organisation she worked for viewed safety alone as a positive outcome, but this contrasted with her wider focus on the health and wellbeing of the child: *“The kid’s safe....We’ve done our statutory duty... [whereas] a good outcome for me is that the health and wellbeing needs of the child are being met. It’s a difference”* (Rose).

Four participants identified that everyone involved in supporting the young person working together was a positive outcome. Alex commented that *“a positive outcome for one of those clients would be...collaboration between the people working with them”* (Alex).

Meaningful relationships were also identified as a positive outcome. Alex stated: *“That would be a positive outcome for me, if they had a healthy relationship with one person”* (Alex). All seven participants talked about positive outcomes in terms of positive changes in the family environment or strengthened connections with family members. Mel identified a positive outcome for a boy she worked with as being that *“he moved back to...live with his Nana”* (Mel). Rose described returning children or young people home to their family as *“the best outcome”* (Rose).

Participants identified that children and young people who they had worked with also saw strengthened family connections as a positive outcome. Mel explained that *“that’s what they keep telling me all the time. ‘I just want to go home to Mum and Dad’”* (Mel).

Participants were united in stating that children and young people should have been given a voice in defining positive outcomes. Rose and Haley talked about how being able to be part of decision making about their lives was considered a positive outcome by many children and young people. Rose reflected that for *“the kids that I’ve spoken to in different programmes and different areas that I’ve worked in, [a positive outcome is] being listened to”* (Rose).

Alex and Marie pointed out that some children and young people had not had many positive life experiences or role modelling. These children and young people struggled to identify what a positive outcome might look like, and tended to focus on meeting their immediate needs. Marie gave an example suggesting that *“from a child’s perspective ... a positive outcome for them might be that there’s not so much fighting in the family”* (Marie).

According to the participants, families also struggled to imagine or articulate what a positive outcome might have looked like. Alex suggested that *“I think it would probably be quite difficult for [families] to imagine the same kind of positive outcomes for their children as we would”* (Alex). Participants discussed the importance of taking into account how family members define positive outcomes. Lucy pointed out that *“the family have already been trying to work with the problem that you’ve now been given, and [we need] to actually respect that”* (Lucy). Several participants used positive, generalised statements such as Rose’s assertion that *“I haven’t seen any parent that doesn’t truly want the best for their child”* (Rose).

Marie pointed out that families’ definitions of positive outcomes varied depending on *“where families are coming from”* (Marie) in terms of their perspective. She was one of several participants who talked about family members defining positive outcomes in terms of behaviour change. Mel said that parents wanted *“the kids to be good”* but also *“contact with their kids”* (Mel). Alex observed that many families saw C&P services *“going away as a major positive outcome”* (Alex).

Mel and Marie explained that the way outcomes are defined by agencies sometimes took a different focus to social workers and the people they worked with. Mel asserted that outcomes set by people *“at the high level”* were sometimes *“a little removed from reality;”* for example, *“there’s a big focus on [kids stopping smoking]. And I’m like, ‘what’s that got to*

do with these kids on P?” (Mel). Marie pointed out that *“a government agency certainly has a different agenda,”* and elaborated to say that this mainly focused on *“tick-box things”* (Marie) like discharging clients. She described social workers as *“working inventively”* (Marie) around those set outcomes.

The results of this research indicate that the way that children, young people and their families defined positive outcomes differed according to their life experiences. According to the participants, defining positive outcomes as strengthened family connections was common among children and young people, families and social workers. The next section addresses the ways in which the participants identified that positive outcomes can be attained.

Attaining positive outcomes

This theme presents the participants’ perspectives on how children and young people who have had contact with both C&P and MHS can be supported to experience positive outcomes. The theme is presented in the form of four sub-themes: maintaining family connections; early intervention for trauma; being child-centred; and collaboration.

Maintaining family connections

The importance of maintaining family connections was an overwhelming theme across all seven interviews. Lucy pointed out that *“when you think about a kid’s lifetime, the family is still going to be there in some form or another. And so that connection with family is really critical”* (Lucy). Alex had a similar perspective: *“They’re always going to be a part of that family...To leave those people in the world without a family connection is not a positive outcome. It’s an abusive outcome”* (Alex).

The participants pointed out that disruption to the family unit caused significant trauma for children, particularly when that disruption was an uplift. Rose stated that *“Being pulled from your family, being ripped apart...that is traumatic”* (Rose). She explained the impact this could have on a child’s sense of identity, because *“kids often think that they’re the reason they’re being removed”* (Rose). The participants spoke about the need for work to be done with families so that children could remain living safely with family members. Lucy explained that:

Taking a child and putting them in a placement...doesn't always keep them safe. In fact they can actually end up being re-abused. So, if we can keep them within the family environment, now that requires really good safety planning (Lucy).

She and Haley both spoke about the importance of involving family members as partners with professionals in the safety planning process. Haley posed the question, *"How can you put a safety plan in if you don't even know what the bigger half is? The bigger half is the parent"* (Haley).

Participants acknowledged that sometimes it was not in the best interests of the child to remain with their closest family members. The participants highly valued placing children with extended whānau. Marie stated that *"the best that you can hope for is that child is placed with family members that love them"* (Marie). This was framed by Rose as a way in which multiple family connections were more likely to be maintained: *"Those kids, all through their lives growing up, got to meet each other...It was like a normal whānau arrangement. That could have been a very different story. So that's probably one of my biggest successes"* (Rose).

The participants were clear that families acted in multiple ways to support their children to experience positive outcomes. Marie spoke about a young person whose life was impacted by *"her mother making the right decision for her children"* (Marie) and leaving her husband who was in denial about his alcohol problem and abuse of the children. The young person's mental health improved significantly, and she was able to make positive plans for the future. Alex told a story of success about a grandmother who *"quit her job"* (Alex) to care for her grandson and his siblings. She believed that this changed his life for the better because if he had been placed in care *"the writing would have been on the wall for that boy"* (Alex). In Alex's experience a permanent placement with foster parents was unlikely to last. Ellie spoke about a mother who *"certainly contributed...she would encourage activities for [her son], and she would make herself available so that she could transport him to whatever he needed"* (Ellie).

Rose and Alex spoke about the unique needs of extended whānau who have had children placed with them. They were clear that supporting these whānau members was key to supporting positive outcomes for children and young people. Rose stated that:

When we send our children from care and protection into caregiver situations, or from the fat to the fire, to a whānau who are not well-informed or well-supported, those needs of the child are not going to be met (Rose).

Alex told the story of a grandmother who was told by Oranga Tamariki “you need to go and get custody” (Alex) of her grandchildren who were in need of care and protection. She said that it “absolutely met grounds for a family group conference referral and for supports to be put in place, but that didn’t happen. We just closed” (Alex). She reflected that “we don’t support whānau caregivers when they come back and say ‘it’s hard’” (Alex). She drew a connection from this to the principles of the Oranga Tamariki Act 1989, saying that:

There’s the principle that children belong with their family and families...have the right to make decisions and have children in their care but backing up that principle is that the Department will support that family to do that. We’ve... [forgotten] the principle that says, actually we must support them (Alex).

Overall, the results of these seven semi-structured interviews with social workers clearly showed the overwhelming significance of enduring family relationships and the ways in which family members supported their children to experience positive outcomes.

Early intervention for trauma

The participants spoke about the trauma that children and young people who have had contact with C&P and MHS experienced, and the importance of this being addressed quickly after it was identified. Mel identified that “complex trauma” (Mel) is one of the defining factors that makes the needs of children and young people who have involvement with both C&P and MHS unique. She added that this is “not easily treated” (Mel). Marie and Rose spoke about this in depth. They identified that if trauma was left unaddressed, it naturally led to behavioural and emotional issues later in life. “If the children are exposed to violence, of course their behaviours will look like

they're all over the place, but as I say, it's quite a normal reaction under the circumstances" (Marie).

Rose challenged the way that C&P and MHS addressed trauma, suggesting that it was identified but not acted on at the time:

When I look back at all those reports... there's been a complex trauma in this child's life, but I don't see where any interventions have occurred... So when they get to adolescence, that complex trauma, that post-traumatic stress disorder, whatever is emerging from that child, is coming out in that child's adolescence because it was unmet down here (Rose).

Mel also pointed out that *"trauma is a huge risk factor for mental health,"* but that often it is not addressed by MHS as it *"depends on how ready your service feels to be able to offer that"* (Mel). She critiqued MHS as not working with children and young people who have experienced complex trauma when services are *"stretched"* (Mel).

Rose compared the experiences of children who were in need of care and protection to adults who experienced trauma. She suggested that children and young people should have been given the same level of immediate therapeutic input that adults had access to:

A fundamental problem with child protection and mental health is the lack of continuity of care ...a woman who is raped gets victim support straight away. She gets that therapeutic support right away that she needs. To help her move through her trauma. But for a child who has been physically abused who comes into care I don't see the same supports (Rose).

She suggested that addressing trauma when it occurred could have prevented children and young people from having to access mental health services later in life:

But it's been a rhetoric through his life. None of his trauma, none of his abuse ever had any significant value in terms of recovery. And I think that's quite a common element in a lot of our young people that are fronting up to mental health services as an adult (Rose).

Rose expressed concern that children and young people were often treated punitively when their behaviour as a result of complex trauma was misinterpreted as acting out:

When a child's presenting behaviour is anti-social at five or at fifteen, there seems to be this punitive approach to deal with it...So, again, they're assaulted twice. First by the person who was deemed to care for them, and then again by the system (Rose).

Marie and Rose clearly communicated that early intervention for trauma was a vital way that people could support this cohort of children and young people to experience positive outcomes. They expressed that when early intervention for trauma was not in place, this led to the children being labelled in negative ways when they reached adolescence. Other participants also spoke about the importance of children and young people being able to access timely therapeutic input when they were having emotional and behavioural problems.

Being child-centred

The participants were united in their belief that keeping the child at the centre of assessment and intervention was extremely important in supporting positive outcomes. Several participants spoke about providing a safe place for the child or young person to express their views. Rose spoke about the importance of this being done very carefully in order to prevent the process itself being a further trauma:

When these kids are unpacking stuff...they're actually reliving their trauma...You have to be really, really careful. Giving kids a voice is one thing, but supporting them to have the voice probably needs to be in there as well (Rose).

She described the role of a social worker in listening to a child or young person as being “not just about giving them a voice, it's about helping them to heal” (Rose). Mel also pointed out that children and young people could be “re-traumatised by having to tell their story over and over” (Mel). Lucy spoke about the role of adults in listening carefully to children and young people:

The children that we work with are very distressed...I see our role as adults to analyse that distress, look at the issues, and put in place plans, so actually hearing what the child wants, but also being able to moderate that (Lucy).

Mel pointed out that this listening role needed to be underpinned by valuing “*autonomy. And respect...because when they’re in these situations they don’t have a lot of choice over what happens*” (Mel). The participants all spoke at length about how they acted this out in their relationships with children and young people. Ellie spoke about the importance of “*meeting with them one on one...that’s how they are able to voice how they are feeling*” (Ellie).

Lucy spoke about how an important element of being child-centred was “*giving weight and importance to the child’s voice...evidencing to the child that you have listened to them. So they actually see some change, because of what they’ve said...and that they’re important. That what they think is important*” (Lucy). She clarified that this required adults to act in the child’s best interests, even if this contrasted with what the child or young person had said. She described explaining to one girl that:

Yes, I do need to listen to you, absolutely. But I’m also an adult, and I’ve got to keep you safe. So some of the things you might tell me that you need to do, I’m going to say to you that I think that’s dangerous (Lucy).

The participants were clear that being child-centred was an important element of bringing about positive outcomes for these children and young people. They defined this as providing a safe place for the young person to express themselves, giving weight to their opinion, evidencing to them that adults were acting on what they think, and being able to give on-going support and make decisions in their best interests.

Collaboration

The participants in this study were clear that collaboration was one way that children and young people who have had contact with both C&P and MHS could be supported to experience positive outcomes. Alex identified this as “*the first step*” (Alex) to positive outcomes. Haley observed that this increased in importance when children have complex needs.

The participants defined collaboration as *“working together. On the same page....dependent on each other”* (Haley). Lucy described it as *“a marriage”* between services, or *“singing from the same song sheet”* (Lucy). Several participants carefully distinguished between collaboration and simply information sharing. The key difference they identified was the nature of the relationship between professionals. *“That can be informing, or it can be collaborative...one is telling people what to do, and one is actually having a relationship with them where you mutually agree on what’s going on”* (Mel). Haley described collaboration as *“meaningful relationships”* (Haley) between professionals. She was one of several participants who spoke about the importance of professionals in different organisations *“respecting each other”* (Lucy).

Lucy and Marie pointed out that one way that collaboration supported positive outcomes was that it allowed professionals to challenge or question each other in a positive way. *“If you’ve got a good enough working relationship, you can actually say to your colleague, “hey, you know? I don’t quite agree with what’s been happening here. Is there another way around it?”* (Lucy).

Mel and Rose both spoke about collaboration and respect making a difference in the way professionals spoke to the children and young people about each other. They discussed how this could impact the child’s relationship with that professional. Mel gave an example:

Kids will say, “oh, my social worker’s not visiting me.” It’s much better for me to give the social worker a call and say, “hi, they’ve been saying this.” And the social worker might say, “actually, I’ve been in twice this week. It sounds like they’re needing lots of support.” Whereas maybe somebody else might not call and just be like, “oh, they’re useless” (Mel).

The participants spoke about specific ways that they collaborated with other professionals. Haley and Mel both prioritised meeting in person to discuss a case. According to Mel, *“talking face to face is best. Talking on the phone is second best. Doing by email is third best”* (Mel). Several participants spoke about community meetings that they went to regularly, and ways that they ensured attending these contributed to positive outcomes for the children and young people. Haley discussed being selective with which meetings she attended so that she made the best use

of her time: *"You bring in the key people. You don't have to be meeting with everybody....I won't go to all meetings. I go, 'so before I come, can you tell me why I'm going to be there?'"* (Haley).

Collaboration was a strong theme across all interviews in this study. The participants were clear in their definition of what an effective collaborative process looked like, and the way that this could support positive outcomes for children and young people. They expressed a strong conviction that this process rested on respectful relationships between professionals, and that this required taking the time to see each other face-to-face in purposeful ways. The following section delves further into specific aspects of the social work role that participants identified support positive outcomes.

The social work role

This theme presents the participants' perspectives on the unique role of social workers in supporting children and young people who have had contact with both C&P and MHS to experience positive outcomes. Three sub-themes that have been identified are: establishing and maintaining the relationship; focusing on strengths; and cultural competence.

Establishing and maintaining the relationship

A key aspect of the role of a social worker that participants identified was establishing and maintaining a relationship with the child or young person and their family. Alex described this as part of the unique skillset of social workers: *"We connect with families"* (Alex). Several participants spoke specifically about the importance of building a relationship with the family, because as Marie stated, *"a child is the product of their environment"* (Marie).

The participants spoke about strategies that they used to build relationships with children, young people and their families. They talked about how this took time. For example, Haley pointed out that *"you've got to build the relationship, and sometimes it takes more than just one visit"* (Haley).

One aspect of relationship building that the participants spoke extensively about was the importance of *"[showing] respect"* (Alex) and *"being really transparent"* (Mel). They described the ways they would do this. Alex talked about *"getting back to people, even if it's to tell them*

that you don't know anything" (Alex), and Marie pointed out the importance of *"having a really clear communication style"* (Marie).

The participants also spoke about the importance of being non-judgemental. Marie explained that *"we all know what it feels like to be judged. So being really sensitive and affirming, and just validating the good stuff they're doing"* (Marie). Alex pointed out that sometimes this was a vital role because the other people involved may be passing judgements: *"I never...judged her. I never lectured her. I just tried to make myself in lieu of anyone else the person who would offer her some unconditional support"* (Alex).

Alex spoke about using humour and humility in building relationships with young people. *"I would make a joke at my own expense or say something really stupid...lots of humility"* (Alex). Mel also explained that this helped with relationship building because it *"[personalised the process] a little bit"* (Mel).

Rose, Haley and Ellie acknowledged that often children, young people and their families felt nervous when having to speak to professionals. They spoke about strategies that they used to help them feel safe. Rose gave the example that *"kids crawl under the desk, so you crawl under there with them. You have to get down to their level. And you have to get out of your comfort zone and into theirs. It's not the other way around"* (Rose). She talked about using similar strategies with families, for example, *"we will go to that person, and we'll sit in their whare²⁴ and it might have a chair, or...a mattress"* (Rose). Marie also spoke about meeting young people at McDonalds or cafes *"because I feel it puts us more on a mutual footing and it's not a threatening environment"* (Marie).

Haley and Ellie also spoke about ways that they help a child to feel comfortable when they first met them. Haley said that *"I present my office to them...'so this is my home, but you're always welcome here'...and then sometimes when they're talking, depending on their age, I give them blocks [etc]"* (Haley). They were clear that this began with starting from where the child or young

²⁴ Whare is a Te Reo Māori word that means house.

person was at. Ellie suggested that *“you have to find that connection...picking up on what they’re passionate about and doing some work around that”* (Ellie).

Mel spoke about the importance of persevering with the working relationship in some situations, even when it became difficult. *“Even when you turn up and they say they don’t want to see you, you just keep turning up the next time”* (Mel). She identified that this was sometimes not congruent with the views of people in management level positions her organisation. She spoke about deliberately choosing to *“[have] some flexibility...to keep a file open for a few weeks”* (Mel) in order to engage young people.

Lucy, Rose and Alex identified that often families felt intimidated by professionals, and that this was something that social workers needed to maintain an awareness of. Lucy explained that in the context of care and protection,

It doesn’t matter that...you really want to engage and you’re a nice person and you’ve got all this professional knowledge. The way adult family members who have had negative experiences feel when they see you is, “you can take my child away so I better do what you tell me. Or don’t tell you anything that I think will make you take my child away” (Lucy).

Alex pointed out the importance of social workers using the power that they have *“discreetly and appropriately.”* She pointed out that if they don’t, families can feel *“intimidate[d]”* and *“fearful”* (Alex).

All seven participants were clear that a key part of a social worker’s role was establishing a meaningful, supportive relationship with children, young people and their families. They spoke openly about the strategies that they used to work around the challenges that came with this.

Focusing on strengths

All seven participants spoke passionately about the importance of focusing on strengths in the lives of children, young people and their families. Marie described this as *“the only way that you can actually make any changes”* (Marie). Rose explained that *“I know the deficits exist, because otherwise I wouldn’t be involved. But my main focus is always on, ‘how do I have a positive impact on that person’s life?’”* (Rose).

The participants spoke about focusing on strengths in terms of an underlying attitude that guided their practice and their interactions with the children, young people and their families. Mel framed this as being *“about your expectations of a young person. So I go in expecting it to go well, but also if they do anything great, I just praise the heck out of it”* (Mel). Ellie talked about how being strength-based influenced the activities she did with children: *“I’m very much a believer in looking at their strengths...I do some amazing activities with them around that. Just so that they know that they can be an expert or they rock at something”* (Ellie).

Throughout the interviews, strength-based practice was often discussed in the context of acknowledging ongoing difficulties that families were facing, and the judgement that they felt from others in society. Ellie and Marie pointed out that sometimes family members themselves could have a negative focus on the child, and that social workers needed to be mindful that *“we’re not joining with the parents so that they can blame the child”* (Marie). Haley spoke about family members struggling to see their own strengths *“because they see [what they are doing for the child] as nothing”* (Haley). She spoke about her role in encouraging family members who are in this situation: *“you identify [the strengths] for her, and start getting them to look at it”* (Haley).

Marie, Mel, Alex and Rose spoke about times when they had heard professionals speak negatively about people they were working with. Mel spoke about professionals labelling a child as *“this really naughty boy”* (Mel). She described how she and her team worked to understand the underlying reasons behind young peoples’ behaviour. Rose heard a colleague call a client a *“hoe-bag”* (Rose), and observed that this kind of labelling came from a lack of understanding and empathy. Marie expressed disappointment over hearing *“a social worker blaming the young person for their situation”* (Marie). Alex explained the impact that this negative outlook could have on a child:

I hear my colleagues talking to young people. And they’re lecturing them, and they’re saying the same things that all the adults are saying, and then going, “I hate that young person.

She never listens to me and she's always running away." I think, "Well, because you're horrible to her" (Alex).

Lucy, Alex and Rose all discussed the impact that negative perceptions of wider society can have on children, young people and their families. Rose stated that *"we tend to demonise the vulnerable"* (Rose). Lucy observed that *"there's no understanding of what leads people to get into that, like they're kind of going along on a level which is good enough, and then something happens...and they sink down here, and they just can't get up again"* (Lucy). Alex suggested that the wider society needed to *"get away from the idea that parents don't deserve their children, therefore children shouldn't live with them...And be more compassionate to parents who are struggling"* (Alex).

The participants clearly communicated that social workers played a unique role in seeing strengths in the midst of adversity, and challenging the negative perceptions that are held throughout society. Rose spoke about several instances when she has advocated for families and pointed out their strengths in the midst of judgement from others. She spoke about a young mother who *"[fronted] up at mental health services because ... she thought she was going to kill her baby. That's a strength. Not a weakness!...You actually build on that"* (Rose). Haley spoke about playing this same role in the lives of young people: *"they might draw things like someone shooting another person...well, that's negative. But the thing is, the drawing...they have a skill. And it's grabbing that skill"* (Haley).

Marie and Ellie both acknowledged that it was difficult to identify strengths in families who were continually making choices that harmed their child. Marie reflected that this was particularly difficult when *"it's not actually in this child's best interests to be around [them], because [they're] so abusive, emotionally"* (Marie). Marie talked about using empathy to understand the underlying strengths behind behaviours: *"But then, of course, I could see that [the mother] was coming from a place of real hurt and pain ...everyone comes from their own life histories"* (Marie).

The social workers in this research acknowledged the negative perceptions of these children, young people and their families that were held by many people in society. They identified specific ways that social workers could identify and build on strengths, such as using empathy to seek out the underlying strengths behind difficult behaviours.

Taking into account the wider environment

All seven participants spoke throughout their interviews about the role of social workers in carrying out thorough assessments that take into account the wider context rather than compartmentalising the young person and the problems they are facing. Five of the participants directly identified taking into account the wider context when asked what has been influential in the development of their approach to practice. Marie explained that she does this because *“I firmly believe that a child is a product of their environment”* (Marie). Haley identified a number of ecological models and tools that she uses in order to complete this comprehensive assessment, including *“Te Whare Tapa Wha²⁵....the Three Houses²⁶....[and] genogram”* (Haley).

Alex identified taking into account the child or young person’s wider environment in her assessment as *“integrated into my practice....it’s just kind of happening”* (Alex). She described the *“ability to make an assessment using the social work framework”* as *“the key to success...social workers know how to bring...services together”* (Alex).

Rose observed that taking into account the wider environment is an important aspect of a Māori worldview. She pointed out that *“in a Māori world view you don’t isolate that problem. It’s part of the components that make up that person. They are all interconnected”* (Rose).

Throughout all seven interviews, assessments that take into account the wider context were clearly identified as key to supporting these children and young people to experience positive outcomes. This theme indicates that the social workers in this study viewed children, young people and their families as part of a wider inter-connected web of relationships.

²⁵ Te Whare Tapa Wha is a Te Reo Māori model that takes a holistic approach to understanding well-being.

²⁶ The Three Houses is a model that is used by C&P social workers to help children express their strengths, worries and dreams concerning their living situation.

Cultural competence

Rose, Lucy, Mel, Haley and Alex mentioned cultural competence as being an important part of the role of a social worker in bringing about positive outcomes. The participants spoke mostly in terms of bi-culturalism, although Lucy did mention the importance of working with other cultures and religions, such as the increasing Muslim community in New Zealand.

Mel identified cultural competence as important in terms of supporting children and young peoples' sense of belonging "because *"90% of my kids are Māori...very few of them are connected with their Māori culture"* (Mel). In one of her stories of success, she defined the positive outcome as *"increasing [the young person's] cultural identity"* because *"she was really interested in her Māori culture, so we got a Māori mentor to help her"* (Mel).

Haley spoke about the importance of *"being aware of the culture"* of the family and *"adjusting"* (Haley) to it in order to build a relationship. Rose identified the difference that bi-cultural practice makes to the process of building relationships with family: *"In a Māori worldview, we wouldn't say, 'come into the clinic.' We would go to the...whare"* (Rose). She spoke about being understanding of the family's unique world-view, and being willing to alter practice decisions accordingly if it was in the best interests of the child. For example, she spoke about a time she advocated for children to be supplied with feather down pillows for their journey to a whānau placement because the matriarch of that family believed it would enable them to be *"cleansed of the trauma"* (Rose).

Lucy described the emphasis that a Māori worldview placed on whānau, as *"they're really clear around, you know, you belong to the whānau"* (Lucy). Rose also spoke about this, and described how this impacted on social work practice. She explained that *"from a bi-cultural perspective"* it was really important to focus on *"whakapapa²⁷ and look at relationships within that and do a whakawhanaungatanga²⁸"* (Rose). Rose talked about her experience working as part of a Rōpū²⁹, and how they had a *"clear focus on whānau"* (Rose). She explained that according to her *"bi-*

²⁷ Whakapapa is a Te Reo Māori word that means genealogy or family connections.

²⁸ Whakawhanaungatanga is a Te Reo Māori word that refers to the process of building relationships together.

²⁹ Rōpū is a Te Reo Māori word that means a group of people with a common focus. In the context of this discussion, it refers to a group of Māori practitioners within a social work organisation.

cultural ethos,” “wherever we can, we need to work towards placing these children back with family” (Rose).

Rose spoke passionately about the difference between a bi-cultural and Western approach to how problems were framed, and observed that *“I think Western models, they tend to isolate the problem and treat it. Where in a Māori world view you don’t isolate that problem. It’s part of the components that make up that person. They are all interconnected”* (Rose). Rose explained that she has been *“accused as a Māori practitioner of being colluding...that I’m not really identifying the problems. That I’m washing over the issues”* (Rose). She explained that sometimes other practitioners had not been supportive of her strong focus on strengths in the context of adversity. She has *“learnt to actually manage”* these accusations through using *“lots of supervision”* (Rose). Mel also spoke about the importance of focusing on strengths in bi-cultural practice:

Mason Durie was talking about this...he’s talking about Māori and saying that these people come in with just, like, files of “bad, bad, bad, bad, bad,” and we already know that. And we can’t do anything with it. And so when we look at the possibilities, what they are good at, and how to use that to move forward, that’s a much more helpful approach (Mel).

Cultural competence was therefore closely related to the sub-theme of maintaining family relationships as a way to attain positive outcomes, and also to the sub-themes of the social work role in establishing and maintaining the relationship and focusing on strengths.

Barriers to positive outcomes

This section discusses barriers to social workers carrying out their role. The participants identified these as being a lack of resources, lack of time, and systems not being responsive to young people with complex needs. These barriers were discussed by participants from C&P and MHS and community agencies.

Lucy stated that *“the thing that has the most impact on our ability to meet the needs of these kids is lack of resources”* (Lucy). Marie agreed with this, and explained that this leads to *“an increasing pressure to move people through the service a lot quicker”* (Marie). She observed that this occurred because *“services are being cut back all the time”* (Marie). She gave the example that

“we’ve...lost staff in the last couple of years that have not been replaced...and yet we’re told that we have to work more supportively with young people and families and work a lot smarter and better with them” (Marie).

Lucy pointed out that lack of resources was a barrier to collaboration because:

When you’re really busy and have lack of resourcing...it is much easier to work in silos...we don’t [officially] use lack of resources, but it’s some of the reason for triaging...if there are other agencies involved then we’ll leave it with them (Lucy).

Mel expressed frustration with the impact that this had on children and young people who had complex needs.

I know that [child and adolescent] MHS routinely declines kids because they have Oranga Tamariki involvement, and I think that’s criminal. Because you are denying a health service to a kid that needs it...[There should not be] an exclusion criteria for either Oranga Tamariki or mental health to not be involved just because the other one is (Mel).

Mel also spoke about how policies that state that young people would be discharged if they did not attend appointments neglected to take into account complexity and real-life experiences:

You need to be much more assertive with these kids and follow them up, and not just close if they don’t turn up twice, and not put the blame on the kid for not turning up when there’s all sorts of other reasons why they’re not being there, and don’t write in the notes that they are, what’s the word, what do they say, “resistant to treatment” (Mel).

Six participants spoke about the impact that overwhelming caseloads had on social workers’ ability to be responsive and prioritise things such as collaboration and carrying out thorough assessments. Ellie stated that having a *“smaller caseload...would make a big difference. I think that I could certainly be more available [for collaboration]”* (Ellie).

Alex, Lucy and Marie spoke about how when social workers were lacking time, they could lack *“depth of understanding”* (Alex) of evidence-based interventions and how to use them. Lucy

explained that *“when you’re busy and you’re dealing with crisis after crisis, research seems to be something that just sits over here”* (Lucy). Marie suggested that the managerial focus on measuring specific activities influenced the choices that social workers made regarding how to spend their limited time: *“[We need] more regular meetings...[but] I guess from a managerial point of view, the focus that they have is on statistics, and face-to-face appointments. So something’s got to give”* (Marie).

Rose pointed out that social workers lacking time and resources impacted on the child or young person and their family’s perspective of the service and relationship with the social worker. *“[Clients] go, ‘oh, [Oranga Tamariki] are useless.’...‘well, actually the systems that don’t support her are useless’...Mental health is exactly the same...they’re under-resourced”* (Rose).

Mel discussed how often Key Performance Indicators that dictated how social workers spent their time and resources were designed based on the majority of children and young people, and this was a barrier to children and young people with complex needs receiving a responsive service:

I think the policy is made in general for general kids, and these aren’t general kids. These are really vulnerable, socially deprived, complex kids, and that’s not who people have in mind when they’re making strategic direction (Mel).

She stated that when services were governed according to an *“economic model...about throughputs and flow and things, [this] probably doesn’t take into account much diversity”* (Mel). In her opinion, the result of this was that *“kids fall through the gap”* (Mel).

Mel was one of several participants who identified that when time and resources were lacking, work with families was one of the things that was neglected: *“What our service doesn’t do unfortunately is family work”* (Mel). Alex also stated that there is *“resistance at every angle to ongoing working with families. The assessment team say ‘Oh, we can’t take any more referrals.’... The caseloads are too high”* (Alex).

Marie clearly stated that more time and resources needed to be put into *“early intervention”* (Marie). Rose also spoke about this, stating that *“if I could pinpoint anything where money*

should go, it's around targeted intervention for trauma with children who have been removed. At a very early age" (Rose).

Marie pointed out that social workers had been speaking out about these issues for a long time, and suggested that *"the people in government power that make the policies actually need to consult more with us...And not just lip-service, but actually real consultation and taking on board what we bring up" (Marie).*

The participants clearly described feeling the impact of underfunding when working with these children and young people, and went on to discuss the impact that this has on their ability to support positive outcomes. Participants spoke about how they believed underfunding reduced accessibility and the capacity of services to meet the needs of the children and young people who they were engaged in working with.

Chapter summary

This chapter has presented the results of a qualitative research study that sought to understand the perspectives of social workers on how children and young people who have had contact with both C&P and MHS can be supported to experience positive outcomes. Seven semi-structured interviews were analysed using thematic analysis, and four main themes were developed. These are: defining positive outcomes, attaining positive outcomes, the social work role, and barriers to positive outcomes. The strongest sub-theme of this research across all seven interviews was the importance of maintaining family connections. Another common feature across the interviews was the importance of genuine relationships; with the child or young person in order to truly listen to them; with the family in order to partner with them and build on their strengths; and with other professionals in order to work together collaboratively. There was a clear consensus between participants that a lack of resources in C&P and MHS and community organisations is impacting on many social workers' ability to carry out their roles. According to the participants, one way that children and young people who have had contact with both C&P and MHS are being particularly impacted by this lack of resourcing is in the lack of early intervention that is available after they have experienced trauma, and the difficulty for children and young people who have complex needs to access services due to rigid criteria and outcome

measures. The following chapter will discuss how these results align with the literature review, and how this can influence social work practice in New Zealand moving forwards.

Chapter 6 – Social work discretion in a neoliberal environment

The previous chapter presented the findings of this research. This chapter proceeds to discuss the research question in light of an integration of the results and the literature review. The question that this thesis sought to explore is: How can children and young people who have had contact with both C&P and MHS be supported to experience positive outcomes? The thesis focused on the period of time that the Fifth National-led Coalition Government was in power, from 2008 – 2017. This research was situated within the social constructionist paradigm, and sought to understand the views of social workers on this question. This chapter discusses the meaning and implications of the findings. It begins with a discussion of the context within which social work practice took place at the time of this research, including the neoliberal doxa of blame and rigid outcome measures. It then goes on to discuss the response of the social work profession to this environment. Social workers have a unique identity according to their professional values, and are able to use discretion to make decisions regarding their practice. Four approaches to social work practice that support children and young people to experience positive outcomes are presented. These are: strengths-based practice, child-centred practice, focusing on family, and collaboration. Although social workers can make a considerable difference through their use of discretion, some gaps in services need to be considered by policy makers. The final section of this chapter presents a gap in services that particularly impacts children and young people who have had contact with C&P and MHS: effective intervention for trauma.

The Context of Social Work Practice

The first section of this chapter discusses the context within which social work occurred in New Zealand at the time that data was gathered. The findings of this study highlighted the negative influence that the neoliberal doxa of blame³⁰ had on social work practice. The findings of this study also showed the negative impact of the rigid outcome measures that were typical under a neoliberal environment that utilised social investment. The findings of this study were consistent with recent literature regarding the political environment in New Zealand under the Fifth National-led Coalition Government and the negative impact of this on families who struggled (see

³⁰ See literature review, page 19

for example: Hackell, 2013, 2016; Keddell, 2016; Keddell et al., 2016; O'Brien, 2016; Sawyers, 2016). This section discusses how this environment produced barriers to experiencing positive outcomes for children and young people who have had contact with both C&P and MHS.

Neoliberal doxa

As was discussed in the literature review, the political environment within which social work was occurring between 2008 and 2017 in New Zealand was the neoliberal doxa of blame³¹. This was the idea promoted by the Fifth National-led Coalition Government that individuals were responsible for their own well-being, and therefore problems were a result of individuals making poor choices (Benedictis, 2012; Hackell, 2013, 2016; Jenson, 2012; Keddell, 2016; Keddell et al., 2016; Mik-Meyer & Viladsen, 2013; O'Brien, 2016; Sawyers, 2016). The result has been that families were blamed by the media, politicians and others in their communities when they faced difficulties, without wider contextual problems such as poverty and inequality being taken into account (Benedictis, 2012; Hackell, 2016; Keddell, 2016; Keddell et al., 2016). The social workers in this study were clear that these negative views regarding families who struggled were prominent in their communities. Rose observed the judgement that is commonly placed on people who are homeless, commenting that “we tend to demonise the vulnerable” (Rose). She observed that the potential negative choices these people could have made that led to their homelessness were focused on by others, rather than the strengths they were showing in coping despite being homeless. As Rose noted, the view that people were to blame for their problems became common throughout society in recent years under a neoliberal government.

Lukes (1974, 2015) explained that through promoting ideas that align with their ideology, political parties can slowly influence the normalised views of society. This is a very subtle yet influential form of power through which governments can make decisions based on their own ideology with minimal opposition (Lukes, 2015). Recent literature points out that the neoliberal doxa of blame influenced the way that families were portrayed in policy documents (Hackell, 2016; Hyslop, 2013; Keddell, 2016). This then filtered through to policy decisions such

³¹ See literature review, page 19

as the provision of services. An example is that the White Paper for Vulnerable Children excluded poverty as being part of what defined a child as “vulnerable,” and its recommendations focused on changing policy regarding identifying and sharing information about abuse and neglect rather than supporting families or alleviating poverty (Keddell, 2016). This is reflected in Lucy’s statement that “the thing that has the most impact on our ability to meet the needs of these kids is lack of resources.” If policy documents had focused on the wider factors impacting families, as is indicated by literature (Denny & Fleming, 2011; Gawith & Abrams, 2006; Hyslop, 2016, 2013; Tuohy, 2011), then funding would likely have been directed towards these concerns.

As the neoliberal doxa assumed that families should be able to cope independently and portrayed those who did not as failures, there was a noticeable lack of resources accessible for families who struggled to raise their children (Atwool, 2011; de Haan, 2016; Keddell, 2016). The social workers in this study observed that often family work was neglected as it was not prioritised by already over-loaded and under-funded services. In addition, the social workers recognised that families who struggled financially found attending appointments difficult, and then were blamed by professionals for not engaging with services. This resonated strongly with literature, which pointed out that many services did not take into account the complexity of situations families might have been in and the unique difficulties they may have faced in accessing services (Cantos & Gries, 2010; Staudt & Massengale, 2015). The neoliberal doxa portrayed these difficulties as being a result of poor choices, and therefore saw no reason to make allowances for them in the structuring and provision of services.

The neoliberal doxa of blame was a significant barrier to children and young people who have had contact with both C&P and MHS experiencing positive outcomes. Both literature and the results of this study clearly showed that the neoliberal doxa has impacted on wider societal views and normalised placing judgement on those who struggle with problems such as poverty. In addition, through influencing the views of people in decision-making positions, it has impacted the provision of and access to services. Neoliberalism has also impacted on children and young people who are in need of C&P and MHS in terms of how outcomes were defined, as will be discussed in the following section.

The way outcomes are defined

The results of this study indicate that the way that outcomes are defined at a political and managerial level impacts on children and young people experiencing positive outcomes. Under neoliberal ideology, an emphasis on personal responsibility and the fragmentation of social services has led to an increase in rigid, government-defined outcomes measures (Hyslop, 2008; John, 2003; Meek, 2010; Shaw & Eichbaum, 2008). This has been heavily critiqued in literature as making simplistic assumptions about complex lived experiences (Bovaird, 2014; Heinrich, 2002; Kohler, 2016; Larkin et al., 2014; McDonell, 2006; O'Brien, 2016). Rigid, government defined outcome measures were very evident in the Fifth National-led Coalition Government's implementation of their version of social investment³² (Cullen, 2017; O'Brien, 2016). Social investment used government-defined outcomes to measure the effectiveness of services, and shift funding from services that could not prove according to these measures that they were effective (O'Brien, 2016). Marie explained that when rigid definitions of outcomes were set by people in policy or management positions, important activities such as collaboration were often not taken into account as being valuable, and were therefore not prioritised in the outcome measures that held professionals to account. Mel described outcome measures defined by people in managerial positions as being removed from reality; for example, "there's a big focus on [kids stopping smoking]. And I'm like, 'what's that got to do with these kids on P?'" (Mel). This was in contrast to the social work goal of actually meeting the very complex and individualised needs of people who were using the services.

Cullen (2017) observed that definitions of outcomes under the Fifth National-led Coalition Government's approach to social investment impacted on the ability of children, young people and families to access services. The New Zealand Productivity Commission (2015) that social services were so fragmented that people with complex needs were likely to struggle to coordinate their own services regardless of their capacity. The result of this was that funding contracts were frequently changing, impacting on referrals in the community and the ability of agencies to form long lasting relationships (Cullen; 2017; O'Brien, 2016). Similarly, in this study,

³² See literature review, page 29

Mel commented that when services are based on economic models that prioritise throughputs, diversity is overlooked. She observed that children and young people who are in need of both C&P and MHS tended to fall through the gaps in this environment, as their needs did not fit standardised outcome measures. Therefore, rigidly defined outcome measures based on the norm of the population meant that children and young people who had complex needs would not meet entry criteria or achieve the changes required by outcome measures to justify them staying in the service.

The results of this study are therefore congruent with recent literature that highlights the negative impacts of outcome measures that did not take into account complexity (see for example: Bovaird, 2014; Cullen, 2017; Heinrich, 2002; Kohler, 2016; Larkin et al., 2014; McDonnell, 2006; O'Brien, 2016). These findings showed the reality of how these rigid outcome measures impacted on the real lives of children and young people who have had contact with both C&P and MHS through reducing access to services and making them less responsive to their actual needs.

The new political environment

The social work context discussed in this section is relevant to the Fifth National-led Coalition Government. Shortly following the completion of the semi-structured interviews in this study, the Sixth Labour-led Coalition Government was elected. The Sixth Labour-led Coalition Government has committed itself to help low- and middle-income families with children, to reduce child poverty, and to redistribute wealth fairly (Adern, 2017; Sepuloni & Martin, 2017). Prime Minister Adern has acknowledged that it is understandable for families to struggle to provide for their children (Adern, 2017). This is in direct contrast to the critiques in literature of the Fifth National-led Coalition Government's promotion of the doxa that families who struggle have failed in some way (see for example: Hackell, 2013, 2016; Keddell, 2016; Keddell et al., 2016; O'Brien, 2016; Sawyers, 2016). It is therefore likely that the political context within which social work practice is taking place, the way that outcomes are defined, and the nature of organisational constraints may begin to change. However, as is discussed by Lukes (1974, 2005), hegemony shifts slowly. The ideas promoted by neoliberalism will have long-lasting effects on New Zealand

society, despite governmental change. Therefore, for the purposes of this research project, the social work response to neoliberalism will continue to be discussed.

Social Work Response

This section explores the response of the profession of social work to the neoliberal context in which social work services in New Zealand are delivered. First, this section will discuss the professional identity of social work. This research project highlighted social work discretion as a vital part of supporting positive outcomes, because it facilitates social workers to practice in ways that were consistent with the values of the profession even when this did not align with the government of the day and societal beliefs. This section then goes on to discuss four specific aspects of social work practice that utilised social work discretion: viewing people in terms of their strengths, being child centred, focusing on family, and collaboration. Each of these four aspects of social work practice were identified in the findings as specific ways that children and young people who have had contact with C&P and MHS could be supported to experience positive outcomes.

Professional identity and the use of discretion

Social work is a unique profession that is united by a set of professional values. The following paragraphs discuss the concepts of professional identity and discretion. This sets the scene for the discussion of four approaches to social work practice that follows.

The concept of social workers having discretion over practice decisions and the way that they interpret policy is prominent in literature (see for example: Ellis, 2007; Evans & Harris, 2004; Hill & Varone, 2012; Hupe & Hill, 2007; Murphy & Skillen, 2015). This is evident in Michael Lipsky's definition of public servants, including social workers, as Street Level Bureaucrats (SLB) (Lipsky, 1969). Lipsky (1969) defined a SLB as someone who was able to have some level of independence in their decision-making, and therefore a significant impact on the lives of clients. Tummers and Bekkers (2014) suggest that when street-level bureaucrats are aware of the discretion that they have in their practice, they are more likely to work towards carrying out policies and achieving outcomes because they believe that they can make a meaningful difference in people's lives.

SLBs who use their discretion to make decisions regarding their work must draw from a belief system that directs how these decisions are made. Social workers are united by a strong professional identity that consists of a set of values that they can draw from in order to make these decisions (Miley et al., 2017). The professional identity of social workers is based on principles of social justice, human rights, collective responsibility and respect for diversities (International Federation of Social Workers, 2017). Social workers prioritise relationships with the people they are working with, and genuineness, unconditional positive regard and respect (Beckett & Horner, 2016; Rogers, 1951).

The values of social workers are often not reflected by the policies that govern them, and therefore social workers use their professional discretion to draw from their professional identity (Mik-Meyer & Viladsen, 2013; Moore & Brown, 2006; Morley & Ablett, 2017). Several of the participants described themselves as acting according to their professional identity even if this required them to work around agency policies or do things that went beyond their job description. For example, Mel talked about taking time and being creative in engaging young people who have complex backgrounds, rather than simply closing the file if they do not immediately engage. She was clear that this was a way that she could support children and young people to experience positive outcomes. Rose spoke about choosing to focus on strengths within a whānau even when other professionals accused her of colluding with them. To her, this was a way that she could use her professional discretion to focus on whānau and on whakawhanaungatanga³³ as vitally important, even when others around her tended to compartmentalise problems and to blame whānau. Haley spoke about choosing to communicate with other social workers face to face or on the phone wherever possible, even though this is not a requirement, because it aligned with her beliefs regarding relationships with other professionals. These examples are important because they align with literature suggesting that social workers need not wait for political change before they make changes to their practice (Ferguson, H., 2013). The profession of social work is guided by principles and beliefs that endure regardless of the policies of the government and the beliefs of society (Hyslop & Stanfield, 2017).

³³ Whakawhanaungatanga is a Te Reo Māori word that refers to the process of building relationships together.

The professional discretion evident in this study means that despite the political context containing barriers and constraints, as discussed in the previous section, social workers can choose to practice in ways that support children and young people to experience positive outcomes. This study identified four approaches to social work practice that support children and young people to experience positive outcomes: strength-based practice, child centred practice, focusing on family, and collaboration. This section now goes on to discuss how through each of these, social workers could support children and young people who have had contact with both C&P and MHS to experience positive outcomes.

Strength-based practice

It was clear in both the literature review and results of this research that a core value of social work is viewing people with unconditional positive regard, despite the ongoing adversity in their lives. Treating people with unconditional positive regard, respect and genuineness are founding principles of the profession (Beckett & Horner, 2016; Rogers, 1951). These principles surpass all circumstances, and mean that social workers are committed to viewing people positively and seeking to understand their perspective regardless of what situation they are in or what they have done (Miley et al., 2017). In the results of this research, all seven participants spoke passionately about the importance of focusing on people's strengths despite the ongoing adversity in their lives. This aligned with the values of clients, as in recent studies they were found to focus on positives in their definitions of outcomes even in the context of ongoing difficulties (see for example: Binder et al., 2010; Fattore et al., 2009; Lopez-Perez et al., 2016; Moltu et al., 2017).

The participants clearly articulated that focusing on the strengths of children, young people and their families had a positive impact on the lives of the children and young people. Literature resonated strongly with this view (see for example: Atwool, 2006; Griffin et al., 2009; Kisiel et al., 2017). Evidence has shown a strength-based approach to be more effective as the number of traumatic experiences increases (Griffin et al., 2009). Children and young people who have experienced multiple traumatic experiences are likely to initially have fewer identifiable strengths than others of their age, yet research shows that a strengths-based

approach increases these strengths over time (Kisiel et al., 2017). According to literature and the results of this study, by focusing on the strengths of a child or young person and their family, a social worker can increase the possibility of the child or young person experiencing positive outcomes.

The participants acknowledged that focusing on strengths contrasted with the dominant views of society. They identified that society tended to portray people who struggled as being to blame for their own problems. The participants explained that they valued having compassion for people who struggled, and seeking to understand what might have influenced the children, young people and families to make particular choices. Recent literature has discussed how social work discretion can be applied to the way that social workers choose to perceive the people they work with (Blumhardt et al., 2017). This could be seen in the participants looking for strengths even in parents who abused their children, or in young people who had a negative reputation amongst other professionals. Marie spoke about using empathy in order to understand how the parents' own experiences of trauma have impacted on their ability to parent, regardless of their desire to have the best for their children. This allowed her to have compassion for the parents and to view them in terms of their strengths, rather than passing judgement as was typical under the neoliberal doxa of blame.

This focus on strengths also aligned with the unique role of social workers in taking into account the wider environment of a child or young person's life. Resilience research has indicated that environments impact on resilience to a greater extent than individual factors (Ungar, 2012a). Therefore, an important element of strengths-based practice is taking into account the strengths that exist in the child or young person's family and wider environment. The social workers in this study all spoke about the importance of taking into account the wider context rather than compartmentalising and only focusing on problems. Alex identified this ability of social workers as the "key to success" (Alex). Recent research in New Zealand indicates that young people who use multiple services are more likely to experience positive outcomes if an ecological approach to practice is used (Munford & Sanders, 2015). Overall, it is clear that focusing on strengths needs to include looking at the child or young person and their family's whole environment rather than seeing specific difficulties and strengths in isolation.

The participants in this study were able to focus on strengths despite the wider political context of blaming people, due to their positions as SLB. Their descriptions of times when they focused on strengths centred on face-to-face interactions with clients and other professionals. Ellie spoke about doing activities with children to help them find their strengths, and Mel spoke about having the expectation that young people would do well and then praising them when they did. The frontline interaction that SLB have with clients, and their ability to have discretion over these interactions, is a defining characteristic of street level bureaucracy (Evans & Harris, 2004; Lipsky, 1969, 2010). However, using professional discretion in order to focus on strengths must also take into account the wider environment of the child or young person and their family. This something that social workers must be continually mindful of. The nature of hegemony means that conformity to ideas such as the neoliberal doxa of blame can quietly and subtly become normalised (Lukes, 2010; Oak, 2016). It is therefore vital that social workers maintain a deep connection to the core values of the profession, and critically analyse how these interact with the normalised views in society (Morley & Ablett, 2017). Through doing this, social workers can be purposeful in their interactions with clients in order to act according to their values.

Child centred practice

A second approach to social work practice that supports children and young people to experience positive outcomes is child-centred practice. The concept of child-centred practice can carry different meanings in different contexts and cultures, and emphasise different aspects of practice (Rasmusson et al., 2010). The social workers in this study characterised child-centred practice as focusing on listening to the voice of the child, while taking into account context and developmental stage. This aligned with O'Reilly and Dolan's (2016) definition of child-centred practice as the child being the focus of all activity and decision-making, and being listened to in a way that engaged them at their stage of development. Although recent legislation changes have promoted listening to children and young people, the processes and context within which this occurs have not been recognised in legislation and the way services are structured. Social workers in this study used their discretion in order to build safe relationships with children and young people and listen to them in their context.

There has recently been an increased focus on the “voice of the child” in decision making in the field of care and protection. This reflects the ongoing trend of recognising children as active citizens who are capable of participating in decisions made concerning them (Blaikie, 2011; Fattore et al., 2016). Recent legislative changes require social workers to have an increased focus on the perspectives of children and young people. The Oranga Tamariki Act 1989 originally specified that the wishes of the child or young person should be given weight in decision making. The Oranga Tamariki Legislation Act 2017 strengthened the wording of this principle, stating that children and young people should be “encouraged and assisted” to participate in decision making. Although a similar shift has not occurred in the field of mental health, meaningful partnership with clients has been widely accepted in the field of mental health since the 1990’s (Gawith & Abrams, 2006).

The shift in C&P legislation stemmed from the growing conviction in literature that children are “beings,” not simply “becomings” (Fattore et al., 2016), and that they have ideas and perspectives worth listening to (Blaikie, 2012; Dewhurst, 2015; Office of the Children's Commissioner, 2015a; Stuttford, 2007). Research has demonstrated that involving young people in decision-making processes led to them being more likely to remain engaged with services and experience an increase in positive outcomes (Dewhurst et al., 2017; Munford & Sanders, 2015). In this study, Lucy explained that she would provide evidence to children and young people that something had changed as a result of what they had said. In this way, she supported children and young people to experience positive outcomes that they had defined for themselves. The participants in this study were united in their belief that children and young people should be listened to and involved in the decision making process.

Another reason for the recent increase in focus on the voice of the child is that it fits with the increasing focus within neoliberal states on “service-user involvement” (Ferguson, 2013). This is carried out in order to empower managers and policy makers to evidence that they are achieving certain outcomes (Lawler & Bilson, 2010). The implication of this approach is that listening to children was prioritised in part for the purpose of managerial agendas and meeting outcomes. This was in direct contrast to the reasons that social workers prioritised listening to children, and means that the outcome of children being listened to has been promoted while the processes

that are required in order to do so have been overlooked. Genuinely listening to children and young people involves working to ensure they can participate in decision-making on their own terms rather than just having their voice filtered by adults to serve adult agendas (Fitzmaurice, 2017).

In the perspective of the social workers in this study, child centred practice required a close working relationship with the child or young person. Literature was clear that the working relationship between a social worker and client had a strong influence on outcomes (see for example, Blaikie, 2012; de Haan, 2016; Dewhurst et al., 2017; Hyslop, 2008, 2016; Miley et al., 2017; Polkki et al., 2016; Sanders et al., 2012; Tarren-Sweeney, 2010). The social workers in this study talked about a range of strategies that they used in order to build this relationship, including humour, humility, showing respect, being transparent, and being non-judgemental. They also spoke about the importance of this relationship being safe for the child or young person, and how they built this sense of safety through being transparent about confidentiality and speaking in ways that helped the child or young person feel comfortable. The participants reflected that acting in this way helped to build trust. They linked this to their stories of success, where children and young people have experienced positive outcomes.

The process of building trust can take a long time, particularly when working with children and young people who had experienced attachment and trauma difficulties (Tarren-Sweeney, 2010). However, under neoliberalism, outcomes that were measurable by management were seen as more important than the subtle processes engaged in along the journey of providing services, such as relationship building (Lawler & Bilson, 2010; Webster & McNabb, 2016). This was evident in the definition of outcome measures and subsequently the way services were structured (Lawler, 2013). The participants in this study reflected that sometimes the outcome measures they worked under did not prioritise relationship building. The strong focus that the social workers in this study had on building relationships indicated the use of professional discretion to build relationships regardless of the managerial and political environment, congruent with the writings of Michael Lipsky on SLB (1969, 2010).

Another aspect of child centred practice that was overlooked in recent legislation changes was listening in context. One important element of genuine listening was that children and young people should be listened to and communicated with in a way that acknowledged their developmental level (Lopez-Perez et al., 2016). The participants in this study described themselves as playing a strong role in explaining to the child or young person what adults were doing in a way the child could understand, and then listening to the child's response to this and ensuring their views were heard by the adults involved. Lucy pointed out that while policy states that children's voices should be heard, it does not explore how this will be done and this is therefore the responsibility of social workers to interpret using their professional discretion. She expressed concern that this had been conveyed vaguely to children she had worked with by other professionals. She spoke about the importance of recognising the context that the child is coming from, as it was often from a place of distress and the child may have said they wanted things that were unsafe. She explained that she was transparent with children that listening to them did not mean that everything they wanted would happen, because adults needed to make decisions to keep them safe. This reflects the paramountcy principle in section 6 of the Oranga Tamariki Act 1989, which states that the welfare and interests of the child or young person should be the first and paramount consideration when ensuring they are cared for and protected. This is therefore paramount to the principle in section 5 which states that consideration should be given to the wishes of the child or young person (Oranga Tamariki Act, 1989). The participants acknowledged that genuinely listening to children and young people while also keeping their well-being as paramount could be a difficult balance to manage. Interpreting how this policy would be carried out in reality was an ongoing task for social workers, and this reflected their position as SLB and capacity to use professional discretion.

Child-centred practice was therefore another way that social workers could support children and young people to experience positive outcomes. It was vital that this was done in a way that was safe, genuine and meaningful. It needed to take into account the child or young person's developmental stage and past experiences of trauma. Although recent legislation changes reflected the neoliberal environment's focus on outcomes, they also gave increased opportunity

for social workers to use their discretion to genuinely listen to children and young people. This is a key example of social workers using their discretion as SLB to interpret policy.

Focusing on family and whānau

Both literature and the social workers in this study recognised the importance that the people they worked with placed on family connections. Actively contributing to maintaining these connections was one way that social workers could support children and young people who had contact with C&P and MHS to experience positive outcomes. Social work discretion was needed in order to maintain this focus due to the neoliberal doxa of blame that portrayed families as negative and therefore minimised the role of family members (Blumhardt et al., 2017), as was discussed earlier in this chapter.

The results of the study indicated that support for families from social services was lacking. Services could often be difficult to access, and did not take into account the complexity of the issues that families faced (Cameron & Maginn, 2009; Polkki et al., 2016). High caseloads were getting in the way of social workers having the time to build and maintain strong working relationships with families (Blumhardt et al., 2017). The participants in this study agreed that when time and resources were lacking, work with families was one of the things that was neglected. According to participants, the implication of this was that often children and young people who would have benefitted significantly from family-focused interventions were not given them, and were therefore less likely to experience positive outcomes.

Literature strongly asserted that being part of a stable family and having a sense of belonging is vitally important for all children and young people (Atwool, 2013; Bagshaw, 2012; Denny & Fleming, 2011; Tarren-Sweeney, 2016). This was evident in recent consultation with children and young people in New Zealand, where they described their connections with their families as vitally important to them (Office of the Children's Commissioner, 2015b, 2016; The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012). Family members have been identified as playing a large role in supporting children and young people to engage with MHS (Appleby & Phillips, 2013; Dewhurst, 2015). The social workers in this study highlighted that family will always be a part of a child or young person's life, long after C&P and MHS have

discharged them. They spoke extensively about children and young people wanting to build or maintain relationships with family members, and defining this as a positive outcome for themselves. In a political environment where standardised outcome measures were used extensively, this could have been promoted through involving family connections in definitions of positive outcomes. It could also have been achieved through an increase in funding to organisations that work to support families in order to normalise the concept that families need help (de Haan, 2016).

Family connections are particularly important in bi-cultural practice. A Māori worldview places high significance on connections across different generations in terms of a person's sense of identity (Munford & Sanders, 2011). The participants in this study identified that in a Māori worldview, children belong to the family, and therefore effort had to be made to place them within their whānau group³⁴. This preference for Māori children to be placed with their whānau, hapū or iwi was set out clearly in Puao-te-ata-tu³⁵. Puao-te-ata-tu is still upheld as an important document that social services in New Zealand should strive for today (Hollis-English, 2015). Positive outcomes can be defined differently for different people, and it is important that a mono-cultural perspective of positive outcomes is not used when working with people from diverse experiences (Sawyers, 2016). It is therefore important that social workers recognise the particular significance of family connections as a positive outcome for Māori children and young people. In this study, Rose explained that sometimes making these whānau connections could take extra effort on the part of the social worker beyond what was minimally required of them. This is therefore another area where social workers could use their professional discretion.

The social workers in this study also spoke extensively about the active role that family members played in supporting children and young people to experience positive outcomes. As explained in the results chapter³⁶, these included making good decisions, leaving their employment in order to care for grandchildren, and making themselves available to transport children to positive

³⁴ See results, page 95

³⁵ The report of the Ministerial Advisory Committee on a Māori Perspective on the Department of Social Welfare in 1988

³⁶ See results, page 83

activities. Some of their stories included a great deal of sacrifice made on the part of the family members, and the participants spoke highly of the change that this made in the lives of children and young people. They also spoke about the importance of involving family members in the safety planning process for issues relating to both care and protection and mental health. It is therefore clear that in this study, families were identified as not only an important source of connection and belonging, but also as active participants in the process of helping young people to heal. This is congruent with the findings of a study by Dewhurst (2015), which found that the involvement that family had with services positively impacted on young peoples' level of engagement with those services.

In a neoliberal environment where families are blamed for the problems of their children and young people, social workers need to make a conscious choice to recognise the positive roles that family members could play (Blumhardt et al., 2017). The participants in this study spoke about times when they advocated for families and pointed out their strengths, even during ongoing judgement from others. They described taking the time to meet with family where the family felt comfortable, such as in their home; listening to them and respecting that they were already playing a vital role in the child or young person's life. They acknowledged that sometimes family members could do or say things that were harmful to their child, and that sometimes it was not safe for the child to have contact with them. The participants tended to go on to talk about the strategies they used to view the family member with compassion and understanding rather than judgement and how they used this to support the child or young person to experience positive outcomes. In this way, the social workers used their professional discretion to work towards positive outcomes as defined by the children and young people themselves. They recognised the importance that the children and young people placed on family connections and family members' contributions to the process, and focused on this in their practice even if the standardised outcome measures of their agency did not.

The participants pointed out that a significant gap in services was support for whānau caregivers. This has significant implications for children and young people, as support increases the likelihood of the placement being successful (Allen, 2007; Munford & Sanders, 2016; Murray et al., 2011). This is particularly important because of the detrimental impact that changing

placements had on children and young people (Tarren-Sweeney, 2016). In this study, Rose described children who were placed in whānau placements that were “not well-informed or well-supported” as being sent “from the fat to the fire.” Recent literature has highlighted that systems and policies in New Zealand do not appear to recognise the unique and complex needs of children who had been uplifted from their families, and how their caregivers, whether whānau or foster families, needed on-going support, including mental health or community services that address trauma (Munford & Sanders, 2016; Murray et al., 2011; Tarren-Sweeney, 2016). This can be attributed to the neoliberal doxa portraying problems as simply stemming from poor decision-making without acknowledging the role of systemic factors such as poverty and complex family difficulties (Hackell, 2016; Keddell, 2016; O’Brien, 2016; Parton, 2016). As a result, the C&P system has relied on simplistic solutions such as moving a child to a safe place but without acknowledging the on-going complexities of the situation and the whānau’s need for on-going support.

The Oranga Tamariki Legislation Act (2017) established the Permanent Caregiver Support Service in order to provide financial and other assistance to permanent caregivers. However, the definition of permanent caregiver under this Act means that only caregivers who had children placed with them through Oranga Tamariki are eligible for support (Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act, 2017; Permanent Caregiver Support Service, 2018). This means that family members who take parenting orders under the Care of Children Act 2004 without Oranga Tamariki holding custody of the child prior are not eligible for any help from the Permanent Caregiver Support Service. Whānau members who informally take on the care of children and young people are also not eligible for support. This is a significant gap in services, as was identified by Alex in this study. She pointed out that when whānau caregivers come back asking for help after being encouraged to take parenting orders, the help is not available for them. This study indicates that this is one area that needs further consideration from policy-makers.

Family played a vital role in supporting children and young people to experience positive outcomes, both through providing a sense of belonging and through playing an active role in helping them. Focusing on family connections required ongoing social work discretion as it

contrasted with the political and social beliefs that blamed families who struggled instead of valuing them and showing compassion.

Collaboration

Collaboration was another way that social workers could support children and young people to experience positive outcomes (see for example, Dallos & Dallos, 2014; Golding, 2014; Klag, et al., 2016; Munford & Sanders, 2015; Sanders et al., 2015; Wolpert, 2007). Collaboration has been defined as all members of a team contributing to problem solving and decision making, and sharing responsibility for outcomes (Golding, 2014). The participants in this study clearly defined collaboration as a relationship rather than just simply information sharing. They spoke about the importance of meeting face-to-face wherever possible and taking time to build relationships with other professionals in their field. They differentiated between simple information sharing, and engaging in meaningful conversations as part of an ongoing process of working together. The contributions of these participants are aligned with the findings of Tarren-Sweeney (2010) which highlighted the importance of establishing relationships with other professionals, communicating shared goals and values, and trying to understand each other's challenges and responsibilities. Additionally, this finding reflects the Aotearoa New Zealand Association of Social Workers Code of Ethics and the Social Work Registration Board Code of Conduct. Both of these documents state that members should relate to colleagues with openness, courtesy and honesty (Aotearoa New Zealand Association of Social Workers, 2007; Social Work Registration Board, 2016). Collaboration as a relationship is therefore part of the professional identity of social workers.

Collaboration has a significant impact on the lives of the children and young people (Golding, 2014; Ritchie & Nixon, 2011). Children and young people spoke about this in consultation with the Fifth National-led Coalition Government, stating that collaboration should be done for the purpose of ensuring safety and improving the ability of agencies to work together (The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012). The participants in this study spoke at length about the advantages to the child or young person of agencies around them working together. Lucy pointed out that if professionals had a good enough working relationship, they could challenge one another on things they disagree about and work together to find

different ways of doing things. Other participants reflected that collaboration and understanding allow professionals to speak highly of one another to children, young people and family members, therefore supporting the client's relationship with all of the professionals involved.

The results of this study were also clear that organisational constraints were getting in the way of collaboration taking place. Tarren-Sweeney (2010) states that it is understandable that there could be interpersonal issues when professionals from different perspectives and agendas came together. In this study organisational constraints caused difficulties that exasperated and went beyond interpersonal issues. C&P and MHS and the organisations who they contracted to were fragmented due to tight outcome measures and frequent funding changes (Cullen; 2017; Munford & Sanders, 2015; New Zealand Productivity Commission, 2015; O'Brien, 2016). This fragmentation was a barrier to long term professional relationships being established and maintained. Despite these difficulties, the participants spoke about ways that they worked to actively prioritise collaboration in the form of meaningful relationships with other professionals in their daily work. For example, Mel and Haley made it their usual practice to ring other professionals directly. They made a conscious decision to not speak badly about them to others. Haley was purposeful about the meetings she attended, so that she could make it to the meetings that were most important. As in the previous approaches to social work discussed in this chapter, these everyday decisions were ways in which social workers could support children and young people to experience positive outcomes despite organisational constraints.

Participants in this study discussed how they used their discretion to approach working with children and young people in a way that supported positive outcomes, regardless of the political and organisational environment they were working in. They were able to do this because of their professional social work identity, which stemmed from shared values and principles. However, the way that organisations are funded and outcomes are measured continued to have an impact on children and young people in contact with C&P and MHS. The following section discusses one significant gap in services that has an impact on this population of children and young people: effective intervention for trauma.

A therapeutic response to complex trauma

A key finding in this research is the need for effective intervention for children and young people who have experienced complex trauma in order to support them to experience positive outcomes. Complex trauma occurs when someone has exposure to severe stressors that are regular and prolonged, involve harm by caregivers or other responsible adults, and occur at developmentally vulnerable points in that person's life such as early childhood or adolescence (Ford & Courtois, 2009). It interferes with the person's sense of self, and tends to lead to problems with self-regulation, self-worth and relationships (Ford & Courtois, 2009). It is therefore vital that children and young people who experience complex trauma are given effective treatment and support (Tarren-Sweeney, 2010). However, treatment for complex trauma has been identified as a significant gap in services in New Zealand (Tarren-Sweeney, 2014b). This section discusses the reason for this gap and the implications that it has for the lives of children and young people.

Effective intervention for complex trauma is a significant gap in services in New Zealand. The mental health difficulties of children who have experienced trauma and abuse run a long developmental course, but according to Tarren-Sweeney (2014b), mental health services in New Zealand have an acute-care focus that does not effectively meet the needs of this population. The results of this study support Tarren-Sweeney's (2014b) finding. Rose explained that in her view, "a fundamental problem with child protection and mental health was the lack of continuity of care." She pointed out that adults who experienced trauma, such as rape victims, were given access to therapeutic support right away, but "for a child who has been physically abused who comes into care I don't see the same supports." She was clear that this was especially significant given what evidence shows about the trauma of being uplifted. Literature was clear that trauma was best treated with early intervention that could be sustained in the form of long-term support (Cohen et al., 2014; Tarren-Sweeney, 2014b).

This gap in services had an impact on children and young people and their experience of positive outcomes. The participants explained that although children and young people who have been exposed to violence can appear to have problematic behaviour, it was a normal reaction to their

circumstances. In their experience, if left untreated, these behaviours often become very concerning during adolescence. This was congruent with the findings of Allen (2007), who explored the ways that children developed strategies to get the love and care they needed based on their prior experiences. Initially these strategies may have been effective in their environment, but as they grew older or their living situation changed, these strategies tended to be seen as maladaptive and disruptive (Allen, 2007). At this point, the adolescents tended to be treated as though they were deliberately acting out or being disruptive, as their behaviour did not fit with the norms of society. In Rose's opinion, being treated punitively for behaviour that stems from complex trauma was like "being assaulted twice. First by the person who was deemed to care for them, and then again by the system" (Rose). She explained that this led to problems in adulthood, and that "[unresolved trauma is] quite a common element in a lot of our young people that are fronting up to mental health services as an adult" (Rose). Children who are exposed to complex trauma are likely to experience a range of cognitive, emotional and relational problems into adulthood (Lawson & Quinn, 2013). Therefore it is vital that the long term impacts of complex trauma are recognised and responded to in a way that acknowledges the trauma rather than simply punishing maladaptive coping strategies as "bad behaviour."

One reason for this gap was that children and young people who have experienced complex trauma were more likely to have difficulty accessing services than other people. Elliott (2016) acknowledges that access to mental health services can be difficult, and that this particularly affects people on lower incomes and who experience complex difficulties and trauma to a greater extent than other people in society. For example, families who had involvement with C&P services often have more urgent priorities than accessing MHS for their children, such as ensuring basic needs are met or resolving crisis situations (Staudt & Massengale, 2015). This is not recognised in a neoliberal worldview that saw people as rational actors and ignored complexity (Kemshall, 2010). In this culture of blaming families rather than being sensitive to their situation, missed appointments are often misinterpreted as the family neglecting the child or purposefully disengaging from services (Staudt & Massengale, 2015). Mel discussed the disadvantage that this placed on children and young people with complex needs, as services tended to "close if they don't turn up twice, and...put the blame on the kid for not turning up when there's all sorts of

other reasons why they're not being there, and...write in the notes that they are...'resistant to treatment'" (Mel). Her frustration is supported by Cantos and Gries (2010), who explain that MHS in New Zealand tend to discharge clients abruptly if they do not turn up to appointments, so children who lived in transient families or were being shifted between caregivers were disadvantaged as they might not have received the appointment letter.

Mel also expressed frustration with C&P or MHS declining a referral because the other service was involved, stating that this was denying a health service to a child. Lucy observed that this often occurred because of a lack of resources. This meant that sometimes children and young people who were in need of support from both C&P and MHS were not receiving both services because of organisational constraints influencing decisions regarding the acceptance or denial of referrals. It was also likely that referrals were declined by MHS because the child or young person's presenting behaviour did not meet criteria, as complex trauma often led to behaviours that were not captured by traditional mental health diagnoses (Cohen et al., 2014; DeJong, 2014; Golding, 2014; Tarren-Sweeney, 2010, 2013a, 2014a, 2014b). The implication of this was that children who had experienced complex trauma were less able to access MHS that met their needs than the rest of the population, meaning they were less likely to experience positive outcomes.

The findings of this study indicate that it is important that funding for effective intervention for complex trauma be increased. Rose and Marie directly stated that they believed this was where funding needed to be directed in order for this population of children and young people to experience positive outcomes. The findings also indicate that it would be beneficial for services who work with children and young people from complex family situations to be flexible in terms of engagement. In order for children and young people with complex needs to experience positive outcomes, it is important that MHS and referrers work together to make extra efforts to engage them (Appleby & Phillips, 2013). As Mel explained, services "need to be much more assertive with these kids and follow them up." Taking time to engage in strong therapeutic relationships with young people who have a history of disengaging with services has been demonstrated by Schley and colleagues (2012) to support positive outcomes.

Complex trauma occurs in the context of relationships, and healing and recovery must also occur in the context of relationships (Ford & Courtois, 2009). Alex defined positive outcomes for these children and young people as having a meaningful relationship with someone. The paradox of this is that most children and young people who have involvement with C&P have had some kind of disruption to their relationship with a parent or caregiver. It is therefore more difficult for these children and young people to engage in relationships that support recovery from traumatic experiences than it is for other children (Perry & Szalavitz, 2006). This is why family work and support and training for foster parents and whānau caregivers is so vital (Perry & Szalavitz, 2006). Through empowering caring adults in a child's natural support network to strengthen their relationships with the child or young person, the child's likelihood of experiencing positive outcomes increases (Ludy-Dobson & Perry, 2010).

The findings of this study demonstrate that children and young people who experienced trauma are lacking access to effective treatment in New Zealand. In accordance with previous research, this study confirms that this was a result of behaviour that stems from trauma being misinterpreted and not meeting service criteria (Cohen et al., 2014; DeJong, 2014; Golding, 2014; Tarren-Sweeney, 2010, 2013a, 2014a, 2014b), of outcome measures being defined rigidly rather than taking into account complexity (Cantos and Gries, 2010; Kemshall, 2010; Staudt & Massengale, 2015), and of services being less accessible for children and young people with complex needs (Appleby & Phillips, 2013; Elliott, 2016). This study indicates the need for increased funding into effective interventions for trauma, including training and support for families and caregivers, and increased flexibility when working to engage with children and young people with complex backgrounds.

Chapter summary

In conclusion, social workers are already doing many things that support children and young people to experience positive outcomes. The neoliberal doxa of blame and organisational constraints form barriers to children and young people who have been in contact with C&P and MHS experiencing positive outcomes. Despite this, the participants in this study used discretion to act according to their professional identity as social workers. In a political environment that

blamed children, young people and families for their struggles, social workers could choose to view them in terms of their strengths. They listened to children and young people genuinely, meaningfully and in the context of the child's current situation. They focused on family connections and the vital support that families bring to their children and young people, regardless of mistakes the family might have made. They chose to take the time to build meaningful relationships with other professionals. In these ways, social workers were able to support children and young people to experience positive outcomes. However, there were also some significant gaps in funding and services that could not be filled by professional discretion alone. The two main gaps identified by this study were support for whānau placements and effective treatment for children and young people who have experienced trauma. These are vital considerations for policy makers. The following chapter presents the conclusions of this research.

Chapter 7 - Conclusion

Social workers provide a unique perspective regarding how children and young people who have had contact with C&P and MHS can be supported to experience positive outcomes. The perspective of social workers contrasts with recent dominant societal beliefs regarding families who struggle (Blumhardt et al., 2017; Morley & Ablett, 2017). They provide a fresh perspective on ways that changes could be made to current services. This chapter concludes the research. It addresses the key findings of this study, and identifies limitations. It concludes by making recommendations based on the findings.

Study design

This research project sought to understand social workers' perspectives of how children and young people who have had contact with both C&P and MHS can be supported to experience positive outcomes. It focused on the time that the Fifth National-led Coalition Government was in power, from 2008 – 2017. It was a qualitative, interpretivist study that was strongly rooted in social constructionism, and therefore viewed knowledge as constructed through collective social processes (Crotty, 1998). For this reason, the method involved semi-structured interviews with eight social workers. Semi structured interviews allowed the researcher to engage with the participants in a collaborative process of co-constructing knowledge (Gomm, 2008; Koro-Ljungberg, 2008). This study also drew from social work values, including having compassion for people, sharing power with research participants, and principles of bi-cultural practice. These values shaped the questions asked of participants, and the way that the researcher engaged with the participants and asked the questions (Rubin & Babbie, 2017). The data produced from these interviews was analysed thematically. The raw data was organised into themes of what was common among the experiences and opinions of the people interviewed, and this was analysed to identify both obvious and underlying themes (Clarke & Braun, 2017; Gomm, 2008). This choice of data analysis method was congruent with the purpose of the research, which was to understand the perspectives of social workers on the research question.

Key findings

This section presents the key findings of this research project. These findings were developed from the results of the research in light of the literature review. All of these findings directly address how children and young people who have had contact with C&P and MHS can be supported to experience positive outcomes. The first finding is that rigid outcome measures have a negative impact on the lives of children and young people who have had contact with C&P and MHS. Secondly, social workers can support this population to experience positive outcomes through using their discretion to focus on strengths in the children and young people and their families. Thirdly, family connections are valuable, both in terms of a sense of belonging and in terms of the contribution that family members make to supporting children and young people. Fourthly, this population can be supported to experience positive outcomes through being genuinely and meaningfully listened to in their context. The fifth finding is that collaboration in the form of meaningful relationships between professionals supports children and young people to experience positive outcomes. Finally, more effective intervention for complex trauma is needed in order to support this population to experience outcomes. Each of these findings will now be discussed.

The negative impact of rigid outcome measures

This study found that rigid outcome measures had a negative impact on the lives of children and young people who have been in contact with C&P and MHS. Under the neoliberal ideology and social investment approach of the Fifth National-led Coalition Government, there was an increased focus on the government getting a return on their investment into services and on personal responsibility of service users (Hyslop, 2008; John, 2003; Meek, 2010; Shaw & Eichbaum, 2008). As a result, both statutory and contracted non-government organisations have been increasingly required to adhere to rigid, government-defined outcome measures (Hyslop, 2008; John, 2003; Meek, 2010; Shaw & Eichbaum, 2008). Services have become increasingly fragmented (New Zealand Productivity Commission, 2015), as funding was shifted from organisations that could not prove their usefulness according to these outcome measures and collaboration was not prioritised (O'Brien, 2016). This impacted on the ability of organisations to

build enduring collaborative relationships, and on families who try to navigate their way through these organisations (Cullen, 2017; New Zealand Productivity Commission, 2015; O'Brien, 2016).

Rigid outcome measures do not take into account the diverse experiences that children and young people who have had contact with C&P and MHS have, or reflect their own definitions of their needs (Meek, 2010; Stevens & Cox, 2008). They tend to reflect the values and goals of people in policy-making positions, rather than those of the people who are in need of the service (Bovaird, 2014). Social workers in this study noticed that these children and young people often fell through the gaps between services, not meeting criteria or being able to meet the ongoing requirements of using the service. Vital aspects of supporting them to experience positive outcomes, including taking time to build relationships, strengthening whānau connections, and collaborating between agencies were not prioritised or acknowledged in outcome measures (Lawler & Bilson, 2010; Webster & McNabb, 2016). Under neoliberal ideology, staffing and resources reflected rigid outcome measures rather than the actual time and resources needed to build relationships with children, young people, their families and other professionals, and this impacted on the ability of social workers to carry out meaningful work. These rigid outcome measures are therefore a significant barrier to this population of children and young people experiencing positive outcomes.

[The discretion to see strengths](#)

Social workers in this study had discretion over the way that they viewed their clients, and they used it to view people in terms of their strengths. Social workers are part of a group of professionals who were coined by Michael Lipsky as Street Level Bureaucrats (SLB) (Lipsky, 1969). According to Lipsky and others who have built on his work, SLB can have discretion over the decisions they make because their frontline interactions with people are all unique and unable to be completely regulated (Ellis, 2007; Evans & Harris, 2004; Hill & Varone, 2012; Hupe & Hill, 2007; Lipsky, 1969; Murphy & Skillen, 2015). This professional discretion can influence the way that policy is interpreted at a ground level, and can have a significant impact on people's lives (Ellis, 2007; Evans & Harris, 2004; Hill & Varone, 2012; Hupe & Hill, 2007; Lipsky, 1969; Murphy

& Skillen, 2015). In particular, social workers can use this discretion regarding the way they view their clients and the clients' families (Blumhardt et al., 2017).

The neoliberal doxa under the Fifth National-led Coalition Government implicitly placed blame on families and portrayed them as “bad” if they struggled to take care of their children (Benedictis, 2012; de Haan, 2016; Hackell, 2016; Keddell, 2016; Keddell et al., 2016). Although the participants in this study worked in a political environment where this view was accepted as normal, they did not accept this view or use it in their engagement with families. Instead, the social workers in this study used their professional discretion to view the families they engaged with in terms of their strengths. They made the choice to encourage them and to advocate for them. This is related to the core social work values of unconditional positive regard and compassion (Beckett & Horner, 2016; Rogers, 1951). This is significant because a strength based approach has been found to be more effective as the number of traumatic experiences a child or young person has had increases (Griffin et al., 2009). Using discretion to focus on strengths is therefore a powerful way that social workers can support children and young people who have had contact with both C&P and MHS to experience positive outcomes. Tummers and Bekkers (2014) suggest that when street-level bureaucrats are aware of the discretion that they have in their practice, they are more likely to work towards carrying out policies and achieving outcomes because they believe that they can make a meaningful difference in people's lives. Therefore it is very important that social workers are aware of the discretion that they have and how they can use it according to their professional values.

The value of family connections

Families play a vital role in the lives of children and young people through giving them a sense of belonging, through making decisions related to their well-being, and through offering a variety of different supports (Atwool, 2013; Bagshaw, 2012; Denny & Fleming, 2011; Office of the Children's Commissioner, 2015b, 2016; Tarren-Sweeney, 2016; The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012). Families in contact with C&P and MHS tend to be blamed for their children's difficulties under the neoliberal doxa (Benedictis, 2012; Hackell, 2013, 2016; Jenson, 2012; Keddell, 2016; Keddell et al., 2016; Mik-Meyer & Viladsen, 2013;

O'Brien, 2016; Sawyers, 2016), and yet the importance of these relationships in terms of connections and as a source of support remained. In this study, the connection and sense of belonging and identity that families provided for children and young people was of extremely high importance. This was acknowledged by children and young people in recent consultation (Office of the Children's Commissioner, 2015b, 2016; The Green Paper for Vulnerable Children: Complete Summary of Submissions, 2012), and therefore promoting family connections was a way that social workers could demonstrate a child-centred approach to practice. The social workers in this study acknowledged that family connections would exist long after C&P and child and adolescent MHS were no longer involved, and that it needed to be recognised in the decisions that were made for children and young people.

Families also played a key role in decision making and in providing a range of supports for their young people. The important role of family in making decisions regarding their children and young people has been recognised in policy and literature in New Zealand (Martin, 2016; Ministerial Advisory Committee on a Māori Perspective, 1988). The importance of the role of family had been under-estimated under the neoliberal doxa, as family work had not been prioritised by overwhelmed and under-resourced social services (de Haan, 2016). This made it difficult for social workers to spend adequate time with families building rapport and providing support. However, the social workers in this study recognised the importance of the contribution that family made to children and young people, and used their discretion to prioritise this through building strong relationships with family members. Through building a relationship with family members and including them as important decision makers and sources of support for children and young people, social workers could support the children and young people to experience an increase in positive outcomes.

Foster families and permanent caregivers also made a significant contribution to the lives of children and young people who had contact with both C&P and MHS. A significant finding of this study is that permanent caregivers who are caring for children and young people who have never been in the custody of Oranga Tamariki are not eligible for support from the new Permanent Caregiver Support Service. This affects many whānau caregivers who have taken permanent parenting orders for children without Oranga Tamariki first having custody. Increasing access to

this service for these whānau caregivers would support the children and young people in their care to experience positive outcomes.

Genuine, meaningful listening in context

Children and young people needed to be listened to in ways that were genuine and meaningful, and that took into context the wider context of their lives (Blaikie, 2012; Fitzmaurice, 2017; Lopez-Perez et al., 2016; Office of the Children's Commissioner, 2015a). Research has demonstrated that involving young people in decision-making processes leads to them being more likely to remain engaged with services and experience an increase in positive outcomes (Dewhurst et al., 2017; Munford & Sanders, 2015). Although partnership with clients has been widely accepted in the field of mental health since the 1990's (Gawith & Abrams, 2006), there has recently been an increased focus on listening to children in the field of C&P. This is evident in the increased emphasis on listening to children and young people and sharing decision making with them in the latest C&P legislation changes in New Zealand (Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act, 2017). However, these legislation changes have occurred in a neoliberal environment where one of the greatest motivators for listening to children is justifying decisions made by managers and policy makers (Lawler & Bilson, 2010). This has been critiqued as risking using the views of children and young people in a tokenistic way (Ferguson, 2013).

In their role as SLB, social workers can use their professional discretion to decide how these policies will be carried out on the front-line (Ellis, 2007; Evans & Harris, 2004; Hill & Varone, 2012; Hupe & Hill, 2007; Murphy & Skillen, 2015). The social workers in this study were clear that this listening role set out in policy takes place in the form of safe and trusting relationships. Through these relationships, the social workers could play an important role in listening to the child, taking in account their current distress, and giving weight and importance to the child's voice in decision making. Often the children and young people who the social workers engaged with struggled to imagine or articulate what a good outcome might have looked like. They lived within a wider context of their family and environment, and this needed to be taken into account alongside their current developmental stage (Lopez-Perez et al., 2016). One way that the social workers could

prove to the child that they were being listened to was to evidence to them that change was happening as a result of what they had said. Therefore, through building relationships where they could listen to children in genuine and meaningful ways while taking into account context and developmental stage, social workers could support children and young people to experience positive outcomes.

Collaboration as meaningful relationships

Collaboration between professionals took place through meaningful relationships that empowered them to work together on the same page. This went beyond information sharing, and required professionals to communicate about shared goals and to work to understand one another's point of view (Tarren-Sweeney, 2010). In New Zealand, C&P and MHS and the organisations who they contracted to were fragmented due to tight outcome measures and frequent funding changes (Cullen; 2017; Munford & Sanders, 2015; New Zealand Productivity Commission, 2015; O'Brien, 2016). This fragmentation was a barrier to long term professional relationships being established and maintained. Organisational constraints such as high caseloads also impacted on the social workers' ability to take the time to build and maintain meaningful relationships with other professionals. However, literature indicates that collaboration has a significant positive impact on the lives of children and young people (Golding, 2014; Ritchie & Nixon, 2011). When social workers could collaborate well, the impact on the child's life was that they experienced a higher level of consistency, that the professionals they worked with could speak more highly of one another, and that professionals could challenge one another more effectively regarding ways to improve the treatment plan. Social workers used their professional discretion to collaborate in the form of building meaningful relationships, and in this way supported children and young people to experience positive outcomes.

Therapeutic response to complex trauma

Organisational constraints lead to children and young people not being able to access effective intervention for complex trauma (Tarren-Sweeney, 2014b). One reason for this is that referral pathways were not well established. According to social workers in this study, despite the trauma of being uplifted, many children who were placed in care were not referred to therapeutic

supports, and their foster parents or whānau caregivers were not given the tools and training needed to support them. This was particularly important due to the role of meaningful relationships with caring adults in helping children and young people who have experienced complex trauma to heal (Ford & Courtois, 2009; Ludy-Dobson & Perry, 2010; Perry & Szalavitz, 2006). Another reason for this gap was that strict entry criteria meant that children and young people who had experienced complex trauma often did not meet the criteria, and were not eligible for MHS (Cohen et al., 2014; DeJong, 2014; Golding, 2014; Tarren-Sweeney, 2010, 2013a, 2014a, 2014b). If they were eligible, they often faced barriers to engaging with services that are specific to children and young people who have complex family situations (Cantos & Gries, 2010; Elliot, 2016; Staudt & Massengale, 2015). Even if they were able to engage with services, the long term support that they required was often not funded due to the current services being structured based on economic models that value flow and through-put (Cullen, 2017; Cohen et al., 2014; O'Brien, 2016; Tarren-Sweeney, 2014b). The social workers experience was that social services, including C&P and MHS, were not set up well to meet the unique needs of this population of children and young people in terms of a therapeutic response to complex trauma.

Strengths and limitations

The interpretivist methods used in this study to obtain information regarding the knowledge and experience of the participants were well suited to the subject and purpose of the research. The recruitment and unreserved cooperation of the participants is a positive reflection on the overall design and implementation of the research. Most of the participants displayed a high level of interest and a strong sense of purpose that is evident in many of their responses.

A limitation of this research is the small sample size of eight social workers, which became seven after one person felt too unsafe to speak about her organisation. This sample size was not enough to make clear generalisations about the views of social workers around New Zealand. However, as the purpose of the research project was to understand the diverse perspectives of social workers rather than come to conclusions about the views of all social workers, this sample size was sufficient.

A second limitation related to this small sample size is that the findings of this research cannot be generalised across the whole population of children in New Zealand who have had contact with C&P and MHS. This means that although the findings are useful for understanding common trends, they cannot be seen to represent the diverse experiences of children, young people and families across New Zealand.

A third limitation is that this research did not differentiate between the different roles and places of employment of the social workers who were interviewed. This was done in order to protect the confidentiality of the social workers, as it was a small sample size. However, understanding the different perspectives of social workers who work in C&P, MHS and community organisations could be helpful in terms of understanding the specific culture of each organisation. It could also indicate more specific areas of strength and vulnerability in each of the services in supporting children and young people to experience positive outcomes. This could be a possibility for future research.

Recommendations

The following recommendations are based on the findings of this study.

Recommendations pertaining to individual social workers:

1. That individual social workers work to maintain an awareness of their professional identity and the discretion that they have in their work with children, young people and their families, and the impact that this discretion can have on the real life outcomes of the people who they work with.
2. That social workers consider how they can use this discretion to genuinely listen to children and young people in context.
3. The importance of family both as a source of connection and as active participants in decision-making and supporting positive outcomes needs to continue to be upheld by social workers through engagement with them and advocacy for them.

Recommendations pertaining to the way services are funded and structured:

4. Outcome measures in social services, including C&P and MHS, should be restructured so that they are less rigid and place higher priority on staff having time to build meaningful relationships with children and young people, their families, and other professionals. Additional funding should be targeted towards increasing staffing and resources in order to increase time for professionals to focus on meaningful activities, including collaboration, that are important but not urgent.
5. Organisations that work with children and young people from complex family situations should reconsider their policies regarding accepting and declining referrals. This is particularly relevant to MHS, as they do not require families to engage like C&P services do. Specific strategies could be developed for use with children, young people and families who are likely to struggle to attend appointments or to feel intimidated by social services. Some examples of strategies that could be used are:
 - Ensuring that services use texting and emails to communicate with people instead of relying completely on letters and phone calls.
 - Allowing more than the usual allocated missed appointments before closing a case if the family is known to struggle to engage with services.
 - Collaborating with other people involved in the child or young person's life to support them to attend appointments. For example, asking a professional they do trust to bring them to the appointment.
 - Having some flexibility in seeing adolescents without their guardian so long as contact is made with that person. This could involve acknowledging and involving other significant people in the adolescent's life, such as grandparents, siblings, or aunts and uncles.
 - Having some flexibility in where the appointment could be, such as seeing the child at school, home or a place they feel comfortable in the community.
6. Specific referral pathways should be established for children and young people in contact with C&P services so that they can access effective, evidence-based intervention for complex trauma that is available early, is flexible in terms of engagement, and can remain involved for the long-term if needed. This could be within Oranga Tamariki itself, or a

partnership with MHS, or contracted to NGOs. A high level of additional funding towards training and resourcing for these services would be required, as this research has identified effective treatment for complex trauma as a significant gap in services for children and young people in New Zealand. Funding should also be targeted towards training and support for caring adults such as family members and foster parents, as healing from complex trauma happens in the context of meaningful relationships.

7. Increased consultation with family members of children who have had contact with both C&P and MHS should take place in research and policy documents in order to enable their voice to be heard.
8. The entry criteria for the Permanent Caregiver Support Service should be changed so that caregivers of children and young people who were never in the custody of Oranga Tamariki are also eligible for support. This would encompass whānau caregivers who take parenting orders under the Care of Children Act 2004 at the advice of Oranga Tamariki in order to keep children and young people safe.

Chapter summary

This research has sought to understand social workers' perspectives on how children and young people who have had contact with both C&P and MHS can be supported to experience positive outcomes. It was situated in a social constructionist paradigm, and was strongly influenced by social work values. The findings of this research demonstrate the importance of social workers using discretion in the way that they perceive their clients and the families and whānau of their clients. Despite the negative portrayal of families under the neoliberal doxa of blame, the social workers in this study continued to choose to view the people they engaged with in terms of their strengths. This study also highlighted the importance of family connections, of listening to the child's voice meaningfully and genuinely and in their context, of meaningful relationships between professionals, and of increasing the accessibility and provision of a therapeutic response to complex trauma. It is clear that increased funding and a restructuring of rigid outcome measures is indicated by this study. Regardless of whether this eventuates, social workers should

still continue to use their discretion to work alongside children, young people and their families in meaningful partnerships that hold them in unconditional positive regard.

“May we see in the hands of the oppressors our own hands, and in the faces of the oppressed our own faces. We are made of the same dust, and we cry the same salty tears.”

– Shane Claiborne, The irresistible revolution: Living as an ordinary radical

References

- Adams, K. B., LeCroy, C. W., & Matto, H. C. (2009). Limitations of evidence-based practice for social work education: unpacking the complexity. *Journal of Social Work Education, 45*(2), 165-186.
- Adern, J. (2017, December 14). Delivering greater fairness with prosperity. Wellington: New Zealand Government.
- Agnew, R. (2015). Reflections on the new Scottish innovative child protection system. *Aotearoa New Zealand Social Work, 27*(3), 4-13.
- Allen, J. (2007). Interventions for foster carers and adoptive parents of children who have experienced abuse and trauma. In P. Vostanis (Ed.), *Mental health interventions and services for vulnerable children and young people* (pp. 83-98). London: Jessica Kingsley Publishers.
- Aotearoa New Zealand Association of Social Workers. (2007). *Aotearoa New Zealand Association of Social Workers Code of Ethics*. Aotearoa New Zealand Association of Social Workers.
- Aotearoa New Zealand Association of Social Workers and Tangata Whenua Social Workers Association. (2017). *Submission on Children, Young Persons and Their Families (Oranga Tamariki) Legislation Bill to the Social Services Select Committee*. Christchurch: Aotearoa New Zealand Association of Social Workers and Tangata Whenua Social Workers Association.
- Appleby, J., & Phillips, D. (2013). Enhancing engagement in CAMHS. *Aotearoa New Zealand Social Work, 25*(1), 24-34.
- Atwool, N. (2006). Attachment and resilience: Implications for children in care. *Child Care in Practice, 12*(4), 315-330.
- Atwool, N. (2011). Child abuse and neglect in New Zealand. *Children, 78*, 10-11.
- Atwool, N. (2013). Community development: A theoretical framework for New Zealand. *Children, 83*, 11-16.

- Atwool, N. (2018). Challenges of operationalising trauma-informed practice in child protection services in New Zealand. *Child & Family Social Work*, 1-8.
- Babbie, E. (2013). *Social research counts*. Belmont: Wadsworth, Cengage Learning.
- Babbie, E. (2014). *The basics of social research* (7th ed.). Boston: Cengage Learning.
- Babbie, E. R. (2016). *The practice of social research* (14th ed.). Boston: Cengage Learning.
- Bachrach, P., & Baratz, M. S. (1962). Two faces of power. *American Political Science Review*, 56(4), 947-952.
- Bagshaw, S. (2012). Breaking down barriers and supporting our young people to flourish: Making best practice standard in youth health. *Children*, 82, 29-31.
- Beckett, C., & Horner, N. (2016). *Essential theory for social work practice* (2nd ed.). London: SAGE Publications Ltd.
- Beddoe, L., & Keddell, E. (2016). Informed outrage: Tackling shame and stigma in poverty education in social work. *Ethics and Social Welfare*, 10(2), 149-162.
- Bellamy, J., Gopalan, G., & Traube, D. (2014). The benefits of outpatient mental health services for children in long-term foster care. In M. Tarren-Sweeney, & A. Vetere (Eds.), *Mental health services for vulnerable children and young people: Supporting children who are, or have been, in foster care* (pp. 21-36). Abingdon: Routledge.
- Ben-Arieh, A., & Goerge, R. M. (2006). Measuring and monitoring children's well-being: The policy process. In A. Ben-Arieh, & R. M. Goerge (Eds.), *Indicators of children's well-being: Understanding their role, usage and policy influence* (pp. 21-31). Springer.
- Benedictis, S. D. (2012). 'Feral' parents: Austerity parenting under neoliberalism. *Studies in the Maternal*, 4(2).
- Bennett, P. (2012). *Investing in services for outcomes*. Wellington: New Zealand Government.
- Berger, P. L., & Luckmann, T. (1966). *The social construction of reality: A treatise in the sociology of knowledge*. Maryland: Penguin Books Ltd.

- Bernard, H. R. (2013). *Social research methods: Qualitative and quantitative approaches* (2nd ed.). Thousand Oaks: SAGE Publications, Inc.
- Best, J. (2008). Historical development and defining issues of constructionist inquiry. In J. A. Holstein, & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 41-64). New York: The Guilford Press.
- Binder, P.-E., Holgersen, H., & Nielson, G. H. (2010). What is a "good outcome" in psychotherapy? A qualitative exploration of former patient's point of view. *Psychotherapy Research*, 20(3), 285-294.
- Bishop, R. (1996). *Whakawhānaungatanga: Collaborative research stories*. Palmerston North: The Dunmore Press Ltd.
- Blaikie, R. (2011). Children's voices: shaping the future, by hearing them in the present. *Children*, 78, 28-29.
- Blaikie, R. (2012). It's about relationships..."Ask me" - a key component to making best practice, standard practice in health care for young people. *Children*, 82, 33-36.
- Blumhardt, H., ADT Fourth World UK, & Gupta, A. (2017). Radical practice in a risk adverse environment: Learning from ATD Fourth World UK. *Aotearoa New Zealand Social Work*, 29(2), 19-33.
- Bovaird, T. (2014). Attributing outcomes to social policy interventions: 'Gold standard' or 'fool's gold' in public policy and management? *Social Policy & Administration*, 48(1), 1-3.
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (Vol. 2, pp. 57-71). Washington DC: American Psychological Association.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London: SAGE Publications Ltd.

- Cameron, R. (., & Maginn, C. (2009). *Achieving positive outcomes for children in care*. London: SAGE Publications.
- Cantos, A. L., & Gries, L. T. (2010). Therapy outcome with children in foster care: A longitudinal study. *Child and Adolescent Social Work Journal*, 27, 133-149.
- Carlier, I. V., Meuldijk, D., Van Vliet, I. M., Van Fenema , E., Van der Wee, N. J., & Zitman, F. G. (2012). Routine outcome monitoring and feedback on physical or mental health status: Evidence and theory. *Journal of Evaluation in Clinical Practice*, 104-110.
- Chambers, M. (2014). Ten years later: The experience of a CAMHS service for children in care. In M. Tarren-Sweeney, & A. Vetere (Eds.), *Mental health services for vulnerable children and young people: Supporting children who are, or have been, in foster care* (pp. 141-160). Abingdon: Routledge.
- Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act*. (2017). Retrieved from <http://www.legislation.govt.nz/act/public/2017/0031/latest/whole.html#DLM7287302>
- Clark, H., & Mahary, S. (2001). *Pathways to opportunity: From social welfare to social development*. Wellington: New Zealand Government.
- Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology*, 12(3), 297-298.
- Cohen, J. A., Scheid, J., & Gerson, R. (2014). Transforming trajectories for traumatised children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53(1), 9-13.
- Conn, A.-M., Szilagyi, M. A., Jee, S. H., Blumkin, A. K., & Szilagyi, P. G. (2015). Mental health outcomes among child welfare investigated children: In-home versus out-of-home care. *Children and Youth Services Review*, 57, 106-111.
- Connolly, M., de Haan, I., & Crawford, J. (2017). Focus on stability: A cohort of young children in statutory care in Aotearoa New Zealand. *International Social Work*, 60(1), 111-125.

- Cowden, S., & Singh, G. (2007). The 'user': Friend, foe or fetish? A critical exploration of user involvement in health and social care. *Critical Social Policy*, 27(1), 5-23.
- Crotty, M. (1998). *The foundations of social research: MEaning and perspective in the research process*. Crows Nest: Allen & Unwin.
- Cullen, M. (2017). *The menace of the social investment approach!* Auckland: New Zealand Fabian Society.
- Cullen, M., & O'Brien, M. (2017). *The menace of the social investment approach!* Auckland: New Zealand Fabian Society.
- Dallos, R., & Dallos, A. (2014). Using an attachment narrative approach with families where the children are looked after or adopted. In M. Tarren-Sweeney, & A. Vetere (Eds.), *Mental health services for vulnerable children and young people: Supporting children who are, or have been, in foster care* (pp. 119-137). Abingdon: Routledge.
- Daly, G. (1999). Ideology and its paradoxes: Dimensions of fantasy and enjoyment. *Journal of Political Ideologies*, 4(2), 219-238.
- D'Cruz, H., & Jones, M. (2004). *Social work research: Ethical and political contexts*. London: SAGE Publications Ltd.
- de Haan, I. (2016). Supporting transition to parenthood in Aotearoa New Zealand. *Aotearoa New Zealand Social Work*, 28(3), 4-14.
- DeJong, M. (2014). Some reflections on the use of psychiatric diagnosis in the looked after or 'in care' child population. In M. Tarren-Sweeney, & A. Vetere (Eds.), *Mental health services for vulnerable children and young people: Supporting children who are, or have been, in foster care* (pp. 180-193). Abingdon: Routledge.
- Denny, S., & Fleming, T. (2011). Youth health in New Zealand. *Children*, 78, 17-18.

- Destremau, K., & Wilson, P. (2017). Defining social investment, Kiwi-style. In J. Boston & D. Gills (Eds.), *Social investment in a New Zealand policy experiment* (pp. 35-73). Wellington, Bridget Williams Books Ltd.
- Deweese, M. (2001). Building cultural competence for work with diverse families. *Journal of Ethnic & Cultural Diversity in Social Work, 9*, 33-51.
- Dewhurst, K. (2015). *Making a claim for services: Supporting vulnerable young people's engagement with services*. Palmerston North: Massey University.
- Dewhurst, K., Munford, R., & Sanders, J. (2017). Making a claim for services: Supporting young people's engagement with services. *Aotearoa New Zealand Social Work, 29*(1), 4-15.
- Disley, B. (2017, September 2017). What the first person to lead the Mental Health Commission says about fixing the system. (J. McAllen, Interviewer) The Wireless. Retrieved from <http://thewireless.co.nz/articles/what-the-first-woman-to-lead-the-mental-health-commission-says-about-fixing-the-system>
- Duarte, F. (2017). Reshaping political ideology in social work: A critical perspective. *Aotearoa New Zealand Social Work, 29*(2), 34-44.
- Durie, M. (2011). Indigenous partnerships: The Academy as a site for enduring relationships and the transmission of old and new knowledge. In *Nga tini whetu: Navigating Māori futures* (pp. 85-98). Wellington: Huia Publishers.
- Elliott, M. (2016). *People's mental health report: A crowd-funded, crowdsourced story-based report*. Wellington: ActionStation Aotearoa.
- Ellis, K. (2007). Direct payments and social work practice: The significance of "street-level bureaucracy" in determining eligibility. *British Journal of Social Work, 37*, 405-422.
- English, F. W. (2003). *The postmodern challenge to the theory and practice of educational administration*. Springfield: Charles C. Thomas. Publisher, Ltd.
- Evans, T., & Harris, J. (2004). Street-level bureaucracy, social work and the (exaggerated) death of discretion. *British Journal of Social Work, 34*, 871-895.

- Fattore, T., Mason, J., & Watson, E. (2009). When children are asked about their wellbeing: Towards a framework for guiding policy. *Child Indicators Research*, 2(1), 57-77.
- Fattore, T., Mason, J., & Watson, E. (2016). *Children's understandings of well-being: Towards a child standpoint*. Springer Science+Business Media B.V.
- Ferguson, H. (2013). Critical best practice. In M. Gray, & S. A. Webb (Eds.), *The new politics of social work* (pp. 116-127). Hampshire: Palgrave Macmillan.
- Ferguson, I. (2013). Social workerd as agents of change. In M. Gray, & S. A. Webb (Eds.), *The new politics of social work* (pp. 195-208). Hampshire: Palgrave Macmillan.
- Fitzmaurice, L. (2017). Children's voices in system reform: A case study on children and young people's participation within the modernisation of Child, Youth and Family. *Aotearoa New Zealand Social Work*, 29(1), 41-52.
- Ford, J. D., & Courtois, C. A. (2009). Defining and understanding complex trauma and complex traumatic stress disorders. In C. A. Courtois, & J. D. Ford (Eds.), *Treating complex stress disorders: An evidence-based guide* (pp. 13-30). New York: The Guilford Press.
- Fukuyama, F. (2013). Commentary: What is governance? *Governance: An International Journal of Policy, Administration, and Insititutions*, 26(3), 347-368.
- Fusco, R. A. (2015). Second generation mothers in the chld welfare system: Factors that predict engagement. *Child and Adolescent Social Work Journal*, 32, 545-554.
- Gale, F. (2007). Tackling the stigma of mental health in vulnerable children and young people. In P. Vostanis (Ed.), *Mental health interventions and services for vulnerable children and young people* (pp. 58-81). London: Jessica Kingsley Publishers.
- Garrett, P. M. (2010). Examining the 'conservative revolution': Neoliberalism and social work education. *Social Work Education*, 29(4), 340-355.
- Gawith, L., & Abrams, P. (2006). Long journey to recovery for Kiwi consumers: Recent developments in mental health policy and practice in New Zealand. *Australian Psychologist*, 41(2), 140-148.

- Gemignani, M. (2014). Memory, remembering and oblivion in active narrative interviewing. *Qualitative Inquiry*, 20(2), 127-135.
- Gerrits, L. (2010). Public Decision-Making as Coevolution. *Emergence: Complexity & Organisation*, 12(1), 19-28.
- Glesne, C. (2006). *Becoming qualitative researchers: An introduction* (5th ed.). Boston: Pearson.
- Golding, K. S. (2014). Multi-agency and specialist working to meet the mental health needs of children in care and adopted. In M. Tarren-Sweeney, & A. Vetere (Eds.), *Mental health services for vulnerable children and young people: Supporting children who are, or have been, in foster care* (pp. 161-179). Abingdon: Routledge.
- Gomm, R. (2008). *Social research methodology: A critical introduction* (2nd ed.). Hampshire: Palgrave Macmillan.
- Gowers, S., Bailey-Rogers, S. J., Shore, A., & Levine, W. (2000). The Health of the Nation Outcome Scales for Child & Adolescent Mental Health (HoNOSCA). *Child Psychology and Psychiatry Review*, 5(2), 50-56.
- Gramsci, A. (1971). *Selections from the prison notebooks of Antonio Gramsci*. (Q. Hoare, & G. Nowell Smith, Eds.) London: Lawrence & Wishart.
- Gramsci, A. (1977). Indifference. In Q. Hoare (Ed.), *Selections from political writings 1910-1920* (pp. 17-18). London: Lawrence and Wishart.
- Gray, M., & Webb, S. A. (2013). Towards a 'new politics' of social work. In M. Gray, & S. A. Webb (Eds.), *The New Politics of Social Work* (pp. 3-20). Hampshire: Palgrave Macmillan.
- Griffin, G., Martinovich, Z., Gawron, T., & Lyons, J. S. (2009). Strengths moderate the impact of trauma on risk behaviours in child welfare. *Residential Treatment for Children & Youth*, 26, 105-118.
- Gubrium, J. F., & Holstein, J. A. (2008). The constructionist mosaic. In J. A. Holstein, & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 3-11). New York: The Guilford Press.

- Hackell, M. (2013). Taxpayer citizenship and neoliberal hegemony in New Zealand. *Journal of Political Ideologies*, 18(2), 129-149.
- Hackell, M. (2016). Managing anxiety: Neoliberal moeds of citizen subjectivity, fantasy and child abuse in New Zealand. *Citizenship Studies*, 20(6-7), 867-882.
- Hanna, D. (2017). Exposing and challenging the underlying assumptions of social investment. In J. Boston & D. Gills (Eds.), *Social investment in a New Zealand policy experiment* (pp. 407-416). Wellington, Bridget Williams Books Ltd.
- Harris, S. R. (2008). Constructionism in sociology. In J. A. Holstein, & J. F. Gubrium (Eds.), *Handbook of social constructionism* (pp. 231-247). New York: The Guilford Press.
- Hatton, K. (2015). *New directions in social work practice* (2nd ed.). London: SAGE Publications Ltd.
- Heinrich, C. J. (2002). Outcomes-based performance management in the public sector: Implications for government accountability and effectiveness. *Public Administration Review*, 62(6), 712-725.
- Hill, M. J., & Varone, F. (2012). *The public policy process* (6th ed.). Taylor and Francis.
- Hollis-English, A. (2015). Puao-te-ata-tu: Informing Māori social work since 1986. *Aotearoa New Zealand Social Work*, 24(3&4), 41-48.
- Hunt, S. (2016). The social work professionalisation project before the 1990s in Aotearoa New Zealand: The dream. *Aotearoa New Zealand Social Work*, 28(3), 15-25.
- Hupe, P., & Hill, M. (2007). Street-level bureaucracy and public accountability. *Public Administration*, 85(2), 279-299.
- Hyslop, I. (2008). Child protection policy and practice: A relationship lost in translation. *Social Policy Journal of New Zealand*(34), 62-72.

- Hyslop, I. (2013). The White Paper for Vulnerable Children and the Munroe Review of Child Protection in England: A comparative critique. *Aotearoa New Zealand Social Work*, 25(4), 4-14.
- Hyslop, I. (2017a). Child protection in New Zealand: A history of the future. *British Journal of Social Work*, 47, 1800-1817.
- Hyslop, I. K. (2016). Where to social work in a brave new neoliberal Aotearoa? *Aotearoa New Zealand Social Work*, 28(1), 5-12.
- Hyslop, I., & Stanfield, D. (2017). New horizons and strong foundations. *Aotearoa New Zealand Social Work*, 29(4), 1-4.
- International Federation of Social Workers. (2017). *Global definition of social work*. Retrieved from International Federation of Social Workers: <http://ifsw.org/get-involved/global-definition-of-social-work/>
- Jack, G. (2000). Ecological influences on parenting and child development. *British Journal of Social Work*, 30, 703-720.
- Jenson, J. (2012). Redesigning citizenship regimes after neoliberalism: Moving towards social investment. In N. Morel, B. Palier, & J. Palme (Eds.), *Towards a social investment welfare state? Ideas, policies and challenges* (pp. 61-87). Bristol: The Policy Press.
- John, P. (2003). Is there life after policy streams, advocacy, coalitions, and punctuations: Using evolutionary theory to explain policy change? *The Policy Studies Journal*, 31(4), 481-498.
- Keddell, E. (2015). The ethics of predictive risk modelling in the Aotearoa/New Zealand child welfare context: Child abuse prevention or neoliberal tool? *Critical Social Policy*, 35(1), 69-88.
- Keddell, E. (2016). Child protection reform and welfare reform in Aotearoa New Zealand: Two sides of the same coin? In J. Maidment, & L. Beddoe (Eds.), *Social policy for social work and human services in New Zealand: Diverse perspectives* (pp. 237-254). Christchurch: Canterbury University Press.

- Keddell, E., Stanfield, D., & Hyslop, I. (2016). Editorial: The social work voice - doxa and dissent in neoliberal times. *Aotearoa New Zealand Social Work*, 28(2), 1-6.
- Keenan, M. (2012). The politics of telling: Beyond similarity and difference in the interview relationship. In K. Love (Ed.), *Studies in qualitative methodology: Ethics in social research* (Vol. 12, pp. 91-109). Bingley: Emerald Group Publishing Limited.
- Kemshall, H. (2010). Risk rationalities in contemporary social work policy and practice. *British Journal of Social Work*, 40, 1247-1262.
- Kirk, S. (2018, January 23). *Mental health review to look at services and equity of access - Govt*. Retrieved from Stuff: <https://www.stuff.co.nz/national/politics/100798711/mental-health-review-to-look-at-services-and-equity-of-access--govt>
- Kisiel, C., Summersett-Ringgold, F., Weil, L. E., & McClelland, G. (2017). Understanding strengths in relation to complex trauma and mental health symptoms within child welfare. *Journal of Child and Family Studies*, 26, 437-451.
- Klag, S., Fox, T., Martin, G., Eadie, K., Bergh, W., Keegan, F., . . . Raeburn, N. (2016). Evolve Therapeutic Services: A 5-year outcome study of children and young people in out-of-home care with complex and extreme behavioural and mental health problems. *Children and Youth Services Review*, 69, 268-274.
- Kohler, L. (2016). Monitoring children's health and well-being by indicators and index: Apples and oranges or fruit salad? *Child: Care, health and development*, 42(6), 798-808.
- Koro-Ljungberg, M. (2008). A social constructionist framing of the research interview. In J. A. Holstein, & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 429-444). New York: The Guilford Press.
- Landsverk, J. A., Burns, B. J., Stambough, L. F., & Rolls Reutz, J. A. (2006). *Mental health care for children and adolescents in foster care: Review of research literature*. Seattle, WA: Casey Family Programs.

- Larkin, H., Felitti, V. J., & Anda, R. F. (2014). Social work and Adverse Childhood Experiences research: Implications for practice and health policy. *Social Work in Public Health*, 1-16.
- Lawler, J. (2013). Critical management. In M. Gray, & S. A. Webb (Eds.), *The new politics of social work* (pp. 98-115). Hampshire: Palgrave Macmillan.
- Lawler, J., & Bilson, A. (2010). *Social work management and leadership: Managing complexity with creativity*. London: Routledge.
- Lawson, D. M., & Quinn, J. (2013). Complex trauma in children and adolescents: Evidence-based practice in clinical settings. *Journal of Clinical Psychology*, 69(5), 497-509.
- Leighton, S. (2007). Ethical issues in working therapeutically with vulnerable children. In P. Vostanis (Ed.), *Mental health interventions and services for vulnerable children and young people* (pp. 44-57). London: Jessica Kingsley Publishers.
- Liebenberg, L., Ungar, M., & Ikeda, J. (2013). Neoliberalism and responsibilisation in the discourse of social service workers. *British Journal of Social Work*, 1-16.
- Liebman, J., & Sellman, A. (2013). *Social impact bonds: A guide for state and local governments*. Harvard Kennedy School.
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed., pp. 97-128). Thousand Oaks: SAGE Publications, Inc.
- Lippman, L. H., Moore, K. A., Guzman, L., Ryberg, R., McIntosh, H., Ramos, M. F., . . . Kuhfeld, M. (2014). *Flourishing children: Defining and testing indicators of positive development*. Springer.
- Lipsitt, L. P., & Demick, J. (2012). Theory and measurement of resilience: Views from development. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 43-52). Springer Science+Business Media.
- Lipsky, M. (1969). Toward a theory of Street-Level Bureaucracy. *Institute for Research on Poverty* (pp. 48-69). Wisconsin: University of Wisconsin-Madison.

- Lipsky, M. (2010). *Street-level bureaucracy: Dilemmas of the individual in public services*. New York: Russell Sage Foundation.
- Litaker, D., Tomolo, A., Liberatore, V., Stange, K. C., & Aron, D. (2006). Using complexity theory to build interventions that improve health care delivery in primary care. *Journal of General Internal Medicine*, 21, S30-S34.
- Little, T. H. (2006). Increasing the impact of indicators among legislative policy makers. In A. Ben-Arieh, & R. M. Goerge (Eds.), *Indicators of child well-being* (pp. 131-140). Springer.
- Lopez-Perez, B., Sanchez, J., & Gummerum, M. (2016). Children's and adolescent's conceptions of happiness. *Journal of Happiness Studies*, 17.
- Ludy-Dobson, C. R., & Perry, B. D. (2010). The role of healthy relational interactions in buffering the impact of childhood trauma. In *Working with children to heal interpersonal trauma: The power of play* (pp. 26-43). The Guilford Press.
- Lukes, S. (1974). *Power: A radical view*. London: Macmillan.
- Lukes, S. (2005). *Power: A radical view* (2nd ed.). Hampshire: Palgrave Macmillan.
- Lunt, N. (2009). The rise of a 'social development' agenda in New Zealand. *International Journal of Social Welfare*, 18, 3-12.
- Maidment, J., & Beddoe, L. (2016). Social policy, social work and social change. In J. Maidment, & L. Beddoe (Eds.), *Social policy for social work and human services in Aotearoa New Zealand: Diverse perspectives* (pp. 21-33). Christchurch: Canterbury University Press.
- Marston, G. (2013). Critical discourse analysis. In M. Gray, & S. A. Webb (Eds.), *The new politics of social work* (pp. 128-142). Hampshire: Palgrave Macmillan.
- Martin, S. (2016). Shifting power relations in New Zealand child welfare policy: The process and implications of the 2014 amendment to s13 of the CYP&tF Act. *Aotearoa New Zealand Social Work*, 28(2), 40-50.

- Mason, M. (2009). Making educational development and change sustainable: Insights from complexity theory. *International Journal of Educational Development*, 29, 117-124.
- McColgan, M. (2007). Working systematically with vulnerable children and their parents or carers. In P. Vostanis (Ed.), *Mental health interventions and services for vulnerable children and young people* (pp. 121-131). London: Jessica Kingsley Publishers.
- McCracken, G. (1988). *The long interview*. Newbury Park: SAGE Publications Ltd.
- McDonell, J. R. (2006). Indicator measurement in comprehensive community initiatives. In A. Ben-Arieh, & R. M. Goerge (Eds.), *Indicators of children's well-being: Understanding their role, usage and policy influence* (pp. 33-44). Springer.
- McGeorge, P. (2012). The life cycle, achievements and transformation of the New Zealand Mental Health Commission: Opportunities and risks. *Mental Health Review Journal*, 17(4), 187-198.
- Meek, J. W. (2010). Complexity theory for public administration and policy. *Emergence: Complexity and Organisation*, 12(1), 1-4.
- Mental Health Commission. (2009). *Family inclusion in mental health and addiction services for children and young people*. Wellington: Mental Health Commission.
- Mental Health Commission. (2012). *Blueprint II: Improving mental health and wellbeing for all New Zealanders*. Wellington: Mental Health Commission.
- Mertz, M., & Anderson, S. H. (2017). The hidden cost of foster-care: New evidence on the inter-generational transmission of foster care experiences. *British Journal of Social Work*, 47, 1377-1393.
- Michailakis, D., & Schirmer, W. (2014). Social work and social problems: A contribution from systems theory and constructionism. *International Journal of Social Welfare*, 23, 431-442.
- Mik-Meyer, N., & Viladsen, K. (2013). *Power and welfare: Understanding citizen's encounters with state welfare*. Abingdon: Routledge.

- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks: SAGE Publications, Inc.
- Miley, K. K., O'Melia, M. W., & DuBois, B. L. (2017). *Generalist social work practice: An empowering approach* (8th ed.). Pearson Education Inc.
- Ministry for Vulnerable Children, Oranga Tamariki. (2017). *Briefing to the incoming Minister*. Wellington: Ministry for Vulnerable Children, Oranga Tamariki.
- Ministry of Health. (2012). *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017*. Wellington: Ministry of Health.
- Ministry of Health. (2017). *Office of the Director of Mental Health Annual Report 2016*. Wellington: Ministry of Health.
- Mitchell, P. F. (2011). Evidence-based practice in real-world services for young people with complex needs: New opportunities suggested by recent implementation science. *Children and Youth Services Review*, 33(2), 207-216.
- Modernising Child, Youth and Family Expert Panel. (2015). *Expert Panel Final Report: Investing in New Zealand's Children and Their Families*. Wellington: Ministry of Social Development.
- Moltu, C., Stefansen, J., Notnes, J. C., Skolberg, A., & Veseth, M. (2017). What are "good outcomes" in public mental health settings? A qualitative exploration of clients' and therapists' experiences. *International Journal of Mental Health Systems*, 11(12).
- Moore, K. A., & Brown, B. (2006). Preparing indicators for policymakers and advocates. In A. Ben-Arieh, & R. M. Goerge (Eds.), *Indicators of children's well-being* (pp. 93-104). Springer.
- Moore, K. A., Evans, V. J., Brooks-Gunn, J., & Roth, J. (2001). What are good child outcomes? In A. Thornton (Ed.), *The well-being of children and families: Research and data needs* (pp. 59-83). The University of Michigan.
- Morel, N., Palier, B., & Palme, J. (2012). Beyond the welfare state as we knew it? In N. Morel, B. Palier, & J. Palme (Eds.), *Towards a social investment welfare state? Ideas, policies and challenges* (pp. 1-31). Bristol: The Policy Press.

- Morgan, K. J. (2012). Promoting social investment through work-family policies: Which nations do it and why? In N. Morel, B. Palier, & J. Palme (Eds.), *Towards a social investment welfare state? Ideas, policies and challenges* (pp. 153-180). Bristol: The Policy Press.
- Morley, C., & Ablett, P. (2017). Rising wealth and income inequality: A radical social work critique and response. *Aotearoa New Zealand Social Work*, 29(2), 6-18.
- Munford, R., & Sanders, J. (2011). Embracing the diversity of practice: Indigenous knowledge and mainstream social work practice. *Journal of Social Work Practice*, 25(1), 63-77.
- Munford, R., & Sanders, J. (2015). Components of effective social work practice in mental health for young people who are users of multiple services. *Social Work in Mental Health*, 13, 415-438.
- Munford, R., & Sanders, J. (2016). Foster parents: An enduring presence for vulnerable youth. *Adoption & Fostering*, 40(3), 264-278.
- Murphy, M., & Skillen, P. (2015). The politics of time on the frontline: Street level bureaucracy, professional judgement, and public accountability. *International Journal of Public Administration*, 38(9), 632-641.
- Murray, L., Tarren-Sweeney, M., & France, K. (2011). Foster carer perceptions of support and training in the context of high burden of care. *Child and Family Social Work*, 16, 149-158.
- New Zealand Productivity Commission. (2015). *Cut to the chase: More effective social services*. Wellington: New Zealand Productivity Commission.
- New Zealand Treasury. (2016). *Characteristics of children at risk*. Treasury infographic. . Wellington: Author. Retrieved from <http://www.treasury.govt.nz/statesector/socialinvestment/data>
- Oak, E. (2016). A minority report for social work? The Predictive Risk Model (PRM) and Tuituia Assessment Framework in addressing the needs of New Zealand's vulnerable children. *The British Journal of Social Work*, 46(5), 1208-1223.

- O'Brien, M. (2016). The triplets: Investments in outcomes for the vulnerable - reshaping social services for (some) New Zealand children. *Aotearoa New Zealand Social Work*, 28(2), 9-21.
- Office of the Children's Commissioner. (2015a). *Being child-centered: Elevating children's interests in the work of your organisation*. Wellington: Office of the Children's Commissioner.
- Office of the Children's Commissioner. (2015b). *State of Care 2015: What we learnt from monitoring Child, Youth and Family*. Wellington: Office of the Children's Commissioner.
- Office of the Children's Commissioner. (2016). *State of Care 2016: What we learnt from monitoring Child, Youth and Family*. Wellington: Office of the Children's Commissioner.
- Oranga Tamariki Act* . (1989). Retrieved from New Zealand Legislation: <http://www.legislation.govt.nz/act/public/1989/0024/121.0/DLM147088.html>
- O'Reilly, L., & Dolan, P. (2016). The voice of the child in social work assessments: Age-appropriate communication with children. *British Journal of Social Work*, 46, 1191-1207.
- Oswald, S. H., Heil, K., & Goldbeck, L. (2010). History of maltreatment and mental health problems in foster children: A review of the literature. *Journal of Pediatric Psychology*, 35(5), 462-472.
- Papadopoulos, A. (2017). The renaissance will not be televised. *Aotearoa New Zealand Social Work*, 29(2), 45-55.
- Parton, N. (2016). An "authoritarian neoliberal" approach to child welfare and protection? *Aotearoa New Zealand Social Work*, 28(2), 7-8.
- Patton, M. Q. (2002a). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks: SAGE Publications, Inc.
- Patton, M. Q. (2002b). Two decades of developments in qualitative inquiry. *Qualitative Social Work*, 1(3), 261-283.

- Pegues, H. (2007). Of paradigm wars: Constructivism, objectivism, and postmodern stratagem. *The Educational Forum*, 71(4), 316-330.
- Permanent Caregiver Support Service. (2018). *Who is eligible?* Retrieved from Permanent Caregiver Support Service: <http://www.pcass.org.nz/who-is-eligible/>
- Perry, B., & Szalavitz, M. (2006). *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook*. Philadelphia: Basic Books.
- Petrovic, R. (2017). Ethical credibility of scientists in social research. *Research in pedagogy*, 7(1), 98-105.
- Pfohl, S. (2008). The reality of social constructions. In J. A. Holstein, & J. F. Gubrium (Eds.), *Handbook of social constructionism* (pp. 645-668). New York: The Guilford Press.
- Polkki, P., Vornanen, R., & Colliander, R. (2016). Critical factors of intensive family work connected with positive outcomes for child welfare clients. *European Journal of Social Work*, 19(3-4), 500-518.
- Pollitt, C., & Bouckaert, G. (2004). *Public management reform: A comparative analysis* (2nd ed.). Oxford: Oxford University Press.
- Priebe, S. (2016). A social paradigm in psychiatry - Themes and perspectives. *Epidemiology and Psychiatric Sciences*, 25, 521-527.
- Rasmusson, B., Hyvonen, U., Nygren, L., & Khoo, E. (2010). Child-centred social work practice: Three unique meanings in the context of looking after children and the assessment framework in Australia, Canada and Sweden. *Children and Youth Services Review*, 32(3), 452-459.
- Reid, C., Greaves, L., & Kirby, S. (2017). *Experience, research, social change: Critical methods* (3rd ed.). North York: University of Toronto Press.
- Ritchie, M., & Nixon, P. (2011). Strong partnerships to protect children. *Children*, 78, 30-31.

- Robson, S. (2018, April 3). *Record number of children in state care - more than 6000*. Retrieved from Radio New Zealand: <https://www.radionz.co.nz/news/national/353938/record-number-of-children-in-state-care-more-than-6000>
- Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications and theory*. London: Constable and Company Limited.
- Rogowski, S. (2011). Managers, managerialism and social work with children and families: The deformation of a profession? *Practice*, 23(3), 157-167.
- Rubin, A., & Babbie, E. (2016). *Essential research methods for social work* (4th ed.). Boston: Cengage Learning.
- Rubin, A., & Babbie, E. R. (2017). *Research methods for social work* (9th ed.). Boston: Cengage Learning.
- Sabatier, P. A. (2007). The need for better theories. In P. A. Sabatier (Ed.), *Theories of the policy process* (2nd ed., pp. 3-17). Westview Press.
- Sanders, J., Munford, R., & Liebenberg, L. (2012). Young people, their families and social supports: Understanding resilience with complexity theory. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 233-243). Springer Science+Business Media.
- Satherly, D. (2017a, May 4). *Children's Commissioner backs Family Start boost*. Retrieved from Newshub: <http://www.newshub.co.nz/home/politics/2017/05/children-s-commissioner-backs-family-start-boost.html>
- Satherly, D. (2017b, October 27). *Ministry for Vulnerable Children name change welcomed*. Retrieved from Newshub: <http://www.newshub.co.nz/home/politics/2017/10/ministry-for-vulnerable-children-name-change-welcomed.html>
- Sawyers, L. (2016). Finally accountable? Social work and the Community Investment Strategy. *Aotearoa New Zealand Social Work*, 28(2), 32-39.

- Schley, C., Yuen, K., Fletcher, K., & Radovini, A. (2012). Does engagement with an intensive outreach service predict better treatment outcomes in 'high risk' youth? *Early Intervention in Psychiatry*, 6, 176-184.
- Schneider, A. L., & Ingram, H. (2008). Social constructions in the study of public policy. In J. A. Holstein, & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 189-211). New York: The Guilford Press.
- Schneider, A. L., & Ingram, H. M. (2005). Introduction. In A. L. Schneider, & H. M. Ingram (Eds.), *Deserving and Entitled: Social constructions and public policy* (pp. 1-28). Albany: State University of New York Press.
- Sepuloni, C., & Martin, T. (2017, December 14). Children and families gain under Government's policies. Wellington: New Zealand Government.
- Shaw, R., & Eichbaum, C. (2008). *Public policy in New Zealand* (2nd ed.). Rosedale: Pearson Education New Zealand.
- Social Work Registration Board. (2016). *Social Work Registration Board Code of Conduct*. Social Work Registration Board.
- Stanley-Clarke, N. (2016). Key ideologies: The theories of social policy. In J. Maidment, & L. Beddoe (Eds.), *Social policy for social work and human services in Aotearoa New Zealand* (pp. 48-63). Christchurch: Canterbury University Press.
- Staudt, M., & Massengale, K. (2015). Parents involved with child welfare: Their perceptions of mental health services. *Social Work in Mental Health*, 13, 336-348.
- Stevens, I., & Cox, P. (2008). Complexity theory: Developing new understandings of child protection in field settings and in residential child care. *British Journal of Social Work*, 38, 1320-1336.
- Stevens, I., & Hassett, P. (2007). Applying complexity theory to risk in child protection practice. *Childhood*, 14(1), 128-144.

- Stewart, S. L., Leschied, A., den Dunnen, W., Zalmanowitz, S., & Baiden, P. (2013). Treating mental health disorders for children in child welfare care: Evaluating the outcome literature. *Child Youth Care Forum, 42*, 131-154.
- Stickle, M. (2016). The expression of compassion in social work practice. *Journal of religion and spirituality in social work practice, 35*(1-2), 120-131.
- Stoker, G., & Gains, F. (2011). Special advisors and the transmission of ideas from the policy primeval soup. *The Policy Press, 39*(4), 485-498.
- Stuttaford, M. (2007). Vulnerable children's rights to services. In P. Vostanis (Ed.), *Mental health interventions and services for vulnerable children and young people* (pp. 32-43). London: Jessica Kingsley Publishers.
- Tarren-Sweeney, M. (2010). It's time to rethink mental health services for children in care, and those adopted from care. *Clinical Child Psychology and Psychiatry, 15*(4), 613-626.
- Tarren-Sweeney, M. (2013a). An investigation of complex attachment-and trauma-related symptomology among children in foster and kinship care. *Child Psychiatry Human Development, 44*, 727-741.
- Tarren-Sweeney, M. (2013b). Setting the bar higher: What information do we need to establish the effectiveness of mental health interventions for children with complex attachment- and trauma- related difficulties? *Clinical Child Psychology and Psychiatry, 18*(1), 3-6.
- Tarren-Sweeney, M. (2014a). Our twenty-first century quest: Locating effective mental health interventions for children and young people in care, and those adopted from care. In M. Tarren-Sweeney, & A. Vetere (Eds.), *Mental health services for vulnerable children and young people: Supporting children who are, or have been, in foster care* (pp. 37-58). Abingdon: Routledge.
- Tarren-Sweeney, M. (2014b). Principles for the design of mental health services for children and young people in care, and those adopted from care. In M. Tarren-Sweeney, & A. Vetere

- (Eds.), *Mental health services for vulnerable children and young people: Supporting children who are, or have been, in foster care* (pp. 210-224). Abingdon: Routledge.
- Tarren-Sweeney, M. (2016). The developmental case for adopting children from care. *Clinical Child Psychology and Psychiatry*, 21(4), 497-505.
- Tarren-Sweeney, M., & Vetere, A. (2014). Establishing the need for mental health services for children and young people in care, and those who are subsequently adopted. In M. Tarren-Sweeney, & A. Vetere (Eds.), *Mental health services for vulnerable children and young people: Supporting children who are, or have been, in foster care* (pp. 3-20). Abingdon: Routledge.
- (2012). *The Green Paper for Vulnerable Children: Complete Summary of Submissions*. Wellington: Ministry of Social Development, New Zealand.
- The Ministerial Advisory Committee on a Māori Perspective. (1988). *Puao-te-ata-tu*. Wellington: The Ministerial Advisory Committee on a Māori Perspective.
- (2012). *The White Paper for Vulnerable Children, Volume 1*. Wellington: Ministry of Social Development.
- (2012). *The White Paper for Vulnerable Children, Volume 2*. Wellington: Ministry of Social Development.
- Tolley, A. (2017, May 25). *\$434.1 million to support young people in care*. Retrieved from 2017 Budget: <https://www.budget.govt.nz/budget/2017/releases/r32-tolley-434-1m-to-support-young-people-in-care.htm>
- Topor, A., Borg, M., Girolamo, D., & Davidson, L. (2011). Not just an individual journey: Social aspects of recovery. *International Journal of Social Psychiatry*, 57(1), 90-99.
- Trevithick, P. (2014). Humanising managerialism: Reclaiming emotional reasoning, intuition, the relationship, and knowledge and skills in social work. *Journal of Social Work Practice*, 28(3), 287-311.

- Tummers, L., & Bekkers, V. (2014). Policy implementation, street level bureaucracy, and the importance of discretion. *Public Management Review*, 16(4), 527-547.
- Tuohy, P. (2011). Universal and targeted services for children. *Children*, 78, 32-34.
- Ungar, M. (2002). A deeper, more ecological social work practice. *Social Service Review*, 480-497.
- Ungar, M. (2012a). Introduction to the volume. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 1-12). Springer Science+Business Media.
- Ungar, M. (2012b). Social ecologies and their contribution to resilience. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 13-31). Springer Science+Business Media.
- Ungar, M. (2015). Practitioner review: Diagnosing childhood resilience - a systemic approach to the diagnosis of adaption in adverse social and physical ecologies. *Journal of Child Psychology and Psychiatry*, 56(1), 4-17.
- UNICEF Office of Research. (2017). Building the future: Children and the sustainable development goals in rich countries. *Innocenti Report Card 14*. Florence: UNICEF Office of Research - Innocenti.
- United Nations. (1990, September 2). *Convention on the Rights of the Child*. Retrieved from United Nations: Human Rights: Office of the High Commissioner: <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
- United Nations Committee on the Rights of the Child. (2016). *Concluding observations on the fifth periodic report of New Zealand*. United Nations Committee on the Rights of the Child.
- Vaithianathan, R., Maloney, T., Jiang, N., De Haan, I., Dale, C., Putnam-Horstein, E., & Dare, T. (2012). *Vulnerable children: Can administrative data be used to identify children at risk of adverse outcomes?* Auckland: Centre for Applied Research in Economics, Department of Economics, University of Auckland.
- Vulnerable Children's Act, No. 40.* (2014). Retrieved from <http://www.legislation.govt.nz/act/public/2014/0040/latest/whole.html#DLM5501626>

- Warren, K., Franklin, C., & Streeter, C. L. (1998). New directions in systems theory: Chaos and complexity. *Social Work, 43*(4), 357-372.
- Webster, M., & McNabb, D. (2016). New public management and information communication technology: Organisational influences on frontline child protection practice. *Aotearoa New Zealand Social Work, 28*(2), 51-63.
- Wekerle, C., Waechter, R., & Chung, R. (2012). Contexts of vulnerability and resilience: Childhood maltreatment, cognitive functioning and close relationships. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 187-198). Springer Science+Business Media.
- Wolpert, M. (2007). Developing a policy framework for vulnerable children with mental health needs: Challenges and possibilities. In P. Vostanis (Ed.), *Mental health interventions and services for vulnerable children and young people* (pp. 22-31). London: Jessica Kinglsey Publishers.

Appendix 1: Letter of invitation to participate in research



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COLLEGE OF HEALTH
TE KURA HAUORA TANGATA

Invitation to participate in research regarding positive outcomes for children

Kia Ora,

My name is Jessica Mounter, and I am currently completing a Master of Social Work at Massey University. As part of this, I am completing a research project that asks the question:

“How can children who are in contact with both Care & Protection Services and Mental Health Services be supported to experience positive outcomes?”

This study seeks to understand the perspectives of social workers. The intention is that this will then contribute to the wider body of social work knowledge on supporting this particular population of children.

I am seeking to interview eight current members of ANZASW who have worked in the last 5 years with children who have contact with both Care & Protection and Mental Health Services.

This research will take place under the supervision of Nicky Stanley-Clarke and Michael Dale.

Please see the Information Sheet attached and contact me if you would like to participate (contact details for myself and my supervisors are included).

Nga Mihi,

Jessica Mounter

Appendix 2: Interview Schedule



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Social Workers' perspectives: Supporting positive outcomes for children who are in contact with both Care and Protection and Mental Health Services

INTERVIEW SCHEDULE

These questions all focus on children aged 0-17 who have had involvement with both Care and Protection Services and Mental Health Services. Please think of the children you have worked with who have been in this situation, and keep them in mind when answering all of the questions.

Your Experience

I want to start by asking you a few questions about yourself and your social work career.

1. How long have you been working as a social worker?
2. Where do you work at the moment?
3. What does your role there involve?
4. Can you tell me about other roles you have had as a social worker?
5. What has been most influential for you in developing your own approach to social work practice?
(role models, theoretical frameworks, life experiences)

Defining Positive Outcomes

As you know, this research focuses on positive outcomes for children in contact with C&P and MHS. I want to ask you a few questions about what this means to you.

6. How would you define positive outcomes for children who have contact with C&P and MHS?
7. How did you develop this definition?
(conversations with others, observations, theoretical frameworks, research you have read)
8. How does this align (or not align) with how the organization you work for would define positive outcomes?
(including policies governing the organization)
9. How do you think this would align with how the children themselves would define positive outcomes?
10. What about their families?
11. In your opinion, what is unique about what "positive outcomes" means for this population?
(how are their experiences and needs different to those of other children?)



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Stories of Success

Now I would like to move on to asking you questions about your own examples of seeing these children experience positive outcomes.

12. Tell me about a time when you saw a child experience these positive outcomes

Do you have any other examples you would like to share?

13. How did you measure these outcomes?

(How was the organization involved? How was the family and child involved? Other professionals?)

14. What did people do that brought these outcomes about?

(you, the child, their family, other community members, other professionals)

15. What more do you think could have been done in each of these situations?

Questions based on literature review themes

I would now like to ask you some more specific questions about what influenced positive outcomes in each of these situations.

Social Ecology

16. How did you take into account the wider context when working with these children?
(e.g. outside of mental health diagnosis if working in mental health, outside of care and protection concerns if working in care and protection, or other relevant criteria for other organizations)

Resilience

17. How did you focus on building strengths in the context of ongoing adversity?

Relationships

18. What steps did you take to develop your working relationship with the child and their family?

Collaboration

19. What collaboration occurred between your agency and others who were involved?

How did this impact on positive outcomes for this child?

How could things have gone better in terms of collaboration?

20. How did you ensure the child's voice was heard when making decisions?

Policy

21. What policies and legislation are you aware of that currently govern your practice?



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22. How do you feel that these policies impact on your capacity in your role as a social worker to support these children and young people to experience positive outcomes?

Hope for the Future

Finally, I have a couple of questions for you about what you think should happen for this population of children in New Zealand moving forwards.

23. What do you think the profession of social work needs to focus on going forwards in order to support these children to experience positive outcomes?
24. Outside of the social work profession, what do you think needs to change in wider contexts in order to support these children to experience positive outcomes?

Appendix 3: Massey University ethics approval



Date: 21 June 2017

Dear Jessica Mouter

Re: Ethics Notification - **SOA 17/22 - Social workers' perspectives: Supporting positive outcomes for children who are in contact with both Care & Protection and Mental Health Services in New Zealand**

Thank you for the above application that was considered by the Massey University Human Ethics

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

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

Yours sincerely



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

Research Ethics Office, Research and Enterprise

Massey University, Private Bag 11 222, Palmerston North, 4442, New Zealand T 06 350 5573; 06 350 5575 F 06 355 7973

E humanethics@massey.ac.nz W <http://humanethics.massey.ac.nz>

Appendix 4: Oranga Tamariki ethics approval



21 August 2017

School of Social Work
College of Health
Massey University
NEW ZEALAND

Tēnā koe Jessica,

LETTER OF RESEARCH APPROVAL

"Social Workers' perspectives: Supporting positive outcomes for children who are in contact with both Care and Protection and Mental Health Services"

Thank you for submitting your research access application to the Ministry for Vulnerable Children, Oranga Tamariki Research Access Committee (RAC).

I am pleased to inform you that your research access application for "Social Workers' perspectives: Supporting positive outcomes for children who are in contact with both Care and Protection and Mental Health Services" has been given full approval.

The RAC asks that you complete and return the Deed of Confidentiality as you may interview Oranga Tamariki social workers. The RAC also asks that you provide a final copy of your research to the Ministry upon completion.

As you will be approaching social workers through the Aotearoa New Zealand Association of Social Workers and Oranga Tamariki will have no direct role in supporting the research there are no additional conditions or requirements. Your research must maintain fidelity with your RAC application and the Massey University Human Ethics approval. Please notify us if there are significant changes.

Please also note that the RAC remains a shared Ministry of Social Development / Ministry for Vulnerable Children, Oranga Tamariki service for the time being.

Should you have any concerns or questions about the research approval, or for other research related matters, please continue to contact the RAC's Research Access Coordinator.

Good luck with your research.

Nāku noa, nā,

Dr James McIlraith

Research Access Coordinator (Acting)
Senior Analyst | Research and Evaluation

Appendix 5: Information sheet



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Social Workers' perspectives: Supporting positive outcomes for children who are in contact with both Care and Protection and Mental Health Services

INFORMATION SHEET

About the researcher

Kia Ora, my name is Jessica Mounter and I graduated with a Bachelor of Social Work from Massey University in 2012. I have spent the majority of my social work career working for Child, Adolescent and Family Mental Health Services in Southland. I am currently studying towards a Master of Social Work through Massey University, and am interested in the question:

How can children who are in contact with both Care and Protection and Mental Health Services be supported to experience positive outcomes?

I am interested in understanding the perspectives of other social workers on this question, so I am carrying out a qualitative study that involves semi-structured interviews with social workers.

What are the aims of the research?

The overall aim of this research is to contribute to the wider body of social work knowledge on improving positive outcomes for children; and in particular, children who have contact with both care and protection and mental health services.

This contribution will be made through seeking to understand the perspective of social workers who work with the population of children in focus. Social workers hold unique practice knowledge and experience alongside strong values of empathy, respect and empowerment, and therefore have a vital contribution to make to society's understanding of this issue.

Therefore, this is a qualitative study in which semi-structured interviews with social workers are used to gather information on the research question.

Who will this involve?

Participants for this study will be recruited via advertisement through the Aotearoa New Zealand Association of Social Workers. If you are interested in participating, please contact the researcher through the contact details listed below.

Selection criteria:

- Current member of Aotearoa New Zealand Association of Social Workers
- Has worked in the past five years in a social work role with children (0-17) who have contact with both Care and Protection and Mental Health Services. The child must have been the primary client, rather than another family member.
- Be fluent in English
- The first 8 applicants who respond and who meet selection criteria will be selected.

This study aims to interview 8 social workers from anywhere in New Zealand. 8 participants will enable the study to gather a range of data, while still being manageable for a Master-level research project.

What does participation involve?

The interviews are semi-structured, and are based on a set of questions to guide discussion about the research question. The questions are aimed at giving voice to the participant's experiences of working



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with the children in focus, and their opinions on how we can best support those children to have positive outcomes.

Where possible, interviews will take place at a neutral venue where the participant feels comfortable to meet. It may be necessary for some interviews to take place via Skype, depending on geographical location. This will be negotiated between the researcher and the participant.

The interview will take approximately 2 – 2 ½ hours to complete. This allows half an hour to prepare for the interview, between 1-1½ hours for the interview, and half an hour to review the transcript.

Each interview will be recorded (sound only). Participants will be emailed an attachment with their full transcript following the interview, as well as a summary of the findings. Participants will have the option of receiving the final report electronically via email.

How will the information shared in the interview be used?

The data will be analyzed using thematic analysis. This will then be presented and discussed in the form of a Master's thesis.

The data will be stored in a password-protected file on the researcher's laptop.

Confidentiality will be maintained at all times. Names of participants will be changed, and aliases will also be given to any people in cases that are discussed (it is expected that their names will not be given during the interview, as this would breach confidentiality). Where necessary, other identifiable features of stories about cases will be changed in order to protect the privacy of the participant and the families they have worked with. In addition, the location of each interview will not be given in the study.

Upon completion of the research, original recordings will be returned to participants on request. Otherwise, they will be destroyed after the research has been examined and a final grade accepted. The data stored electronically will be deleted by the researcher once the report has been graded.

Participant's Rights

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

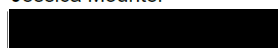
- decline to answer any particular question;
- withdraw from the study (specify timeframe);
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access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

Project Contacts

Please feel free to contact the researcher or her supervisors if you have any questions about this project:

Researcher

Jessica Munter



Supervisor

Dr Nicky Stanley-Clarke
n.stanley-clarke@massey.ac.nz
06 356 9099 extn 83515

Supervisor

Dr Michael Dale
m.p.dale@massey.ac.nz
06 356 9099 ext 83522



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Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 17/22. If you have any concerns about the conduct of this research, please contact Dr Lesley Batten, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 356 9099 x 85094, email humanethicsoutha@massey.ac.nz.