Social Work Practice in the Early Years:

A Focus on Wellbeing

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

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2018

ABSTRACT

This thesis examined social worker's perspectives of effective social work practice in the early years of children's lives. Through analysing first-person accounts from social workers, this research project sought to gain an understanding of what practices social workers believe contribute to wellbeing and to good outcomes for families during the preschool years. This thesis also examined barriers to effective practice as identified by the participants.

In order to achieve this aim, 10 semi-structured interviews were carried out with social workers all of whom had worked in the profession for at least two years. These interviews were thematically analysed using a qualitative inductive approach.

The research found that the support relationship social workers build with families is crucial to ensuring good outcomes, as is working collaboratively with other agencies, and working to support families where structural and systemic issues create challenges for family life. Participants also described a number of factors that impeded their ability to achieve this effective practice, including expectations from agencies and funding bodies that limited the time they could spend with families, and a lack of support for enacting change at a structural level.

Findings from this research have implications for all social work service providers supporting families in the early years. The findings indicated that service providers have a responsibility to ensure that social workers have the time and skills to develop a strong supportive relationship with families. Furthermore, service providers working with families in the early years must consider how social workers are supported to: collaborate with other agencies; and to identify and work to change structural issues that impact on family life and compromise wellbeing. Further research and exploration is needed to determine the factors that contribute to effective practice including the best ways of supporting service providers and social workers to engage in interventions at the micro, meso, and macro levels and facilitate wellbeing for families in the early years.

ACKNOWLEDGEMENTS

This thesis is dedicated to all families and those who are working to support them.

Firstly, I want to acknowledge the social workers who participated in this study, generously giving up their time for the interview, and openly sharing their stories. Without you this thesis would not be possible. Thank you!

I would like to thank my supervisors Professor Robyn Munford and Professor Jackie Sanders for their patience, support, and advice. Thank you for guiding me through the process and encouraging me with the writing. Your input and knowledge of the topic area has been incredibly helpful. Your genuine desire to ensure families are supported to achieve wellbeing has, and will continue to, inspire me.

To my husband Sam, I could not have completed this thesis and my Masters without your support, encouragement, and understanding. At times you had more faith that I would finish this than I did. Thank you for believing in me and being my rock! Thanks also to my parents for the love of learning that you instilled in me. I wouldn't be where I am today without you!

Finally, thank you to the many incredible social workers that I have had the privilege to work alongside over the past decade. Your commitment to families and passion for the mahi constantly inspires me. I cannot name you all here, but you are my inspiration, and have been my supporters, listening ear, and encouragers along this journey.

Approval for this research was obtained from the Massey University Human Ethics Committee.

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CHAPTER 1: INTRODUCTION

"Often, the most valued form of support may indeed be the price of a loaf of bread or a lift to the hospital to see a sick child rather than a parenting programme! The intensification of an individualising neo-liberal discourse of welfare has served to obscure the social-structural difficulties that many vulnerable families endure… family support, delivered through time-limited and standardised programmes of parent education, is based on a reductive analysis of needs, conflating multiple vulnerabilities of social networks, environmental resources, parenting capacity and health and wellbeing to, simply, skills deficits" (Featherstone, Broadhurst & Holt, 2012, p. 625).

1.1 THE STUDY

This thesis seeks to contribute to the knowledge about what is effective social work practice with families in the early years. It examines social worker's first-hand accounts of working with families who have children aged zero to five years old (in this thesis referred to as 'the early years'). Social workers shared their perspectives regarding their interventions with families; what is effective in supporting good outcomes, and the barriers to achieving this.

This thesis asked the questions:

- What are social workers' perspective of effective practice with families in the early years and what factors do they consider contribute to positive outcomes?

- What are social workers' perspective of the barriers and challenges to effective practice with families in the early years?

For the purposes of this thesis the early years are defined as children aged from zero to five years old. Positive outcomes in this thesis refer to immediate, short term, and long term outcomes such as learning to parent, leaving an abusive relationship, having access to children, and/ or having children returned to a parent.

The thesis is informed by strengths-based approaches (Saleebey, 2013) and explores social workers' views of elements of their practice that they believe contribute to wellbeing for children and families in the early years. In doing so, this thesis seeks to develop an understanding of the lived experiences of social workers working in non-government agencies regarding how their experiences align with the current debates and issues of practice highlighted in the literature. In order to achieve this, social workers working with families who have children in the early years were interviewed.

1.2 RATIONALE AND BACKGROUND TO THE THESIS

Due to their age and reliance upon others for their everyday needs, children are extremely vulnerable to factors that can either benefit or hinder their growth, development, and wellbeing. Literature identifies key factors such as child poverty, maltreatment, race, personality, and parenting behaviour that are predictive of later life outcomes for children (Cassidy & Shaver, 2008; Coates, Del Pino Marchito & Vitoy, 2016; Gilbert et al., 2009; Grantham-McGregor et al., 2007; Moffitt et al., 2011). In the literature there is a focus on preventing or minimising factors such as child maltreatment and poverty because of the linked negative outcomes such as increased risk of: child mortality (Child Matters, 2016; Gilbert et al, 2009); drug and alcohol misuse, risky sexual behaviour, and obesity (Gilbert et al., 2009); adult disease (Danese, Pariante, Caspi, Taylor, & Poulton, 2007); developing a variety of mental health and psychiatric disorders (Danese et al., 2007; Gilbert et al., 2009; van der Werff et al., 2013; Weltz, Armeli, Ford, & Tennen, 2016); developing conduct disorder and anti-social personality symptoms (Caspi et al., 2002); and criminal behaviour (Caspi et al., 2002; Danese et al., 2007; Gilbert et al., 2009); along with a broad array of developmental difficulties (Bick & Nelson, 2016).

Unfortunately, although much is known about factors that contribute to poor outcomes for children, statistics highlight that many children continue to be treated poorly and live in substandard conditions. For example, over 200 million children under five years old are not achieving their developmental potential due to poverty (Grantham-McGregor et al., 2007). In the UK alone four million children, or 30%, were living in poverty in 2015 to 2016, growing up cold, hungry, and unable to join in activities with friends (CPAG, 2017). Similarly, statistics for the United States of America vary from 21% to 43% of children living in families with low or severely low incomes. New

Zealand's statistics are somewhat lower with 7%, or 80,000 children living in severe poverty (defined as low income households with material hardship), or 135,000 children (12%) living in households that go without seven or more things that they need (Duncanson et al., 2017).

Furthermore, child abuse statistics remain alarmingly high. For instance, in England 390,000 or 28% of children received support from children's services in 2016, and over 50,000 were identified as needing protection from abuse (NSPCC, 2017). New Zealand, unfortunately, has one of the highest rates of child abuse in the developed world per capita, and one of the worst rates of child death by maltreatment within the family (New Zealand Child Abuse, 2014). In 2017 the New Zealand child welfare agency, The Ministry for Vulnerable Children Oranga Tamariki (formerly Child, Youth and Family, referred to henceforth as Oranga Tamariki[1]), received nearly 160,000 reports of concern in relation to just under 60,000 children and young people (Ministry of Social Development, 2017). A child is admitted to hospital every second day with injuries arising from either assault, neglect, or maltreatment (Craig et al., 2012), and between seven and ten children on average are killed each year by someone who is supposed to be caring for them (Ministry of Social Development, n.d.-a). As can be seen from these statistics, despite New Zealand's relatively high "happiness" ranking on the world stage (Helliwell, Layard, & Sachs, 2017), wellbeing and happiness are not guaranteed for all children.

Of these children who are at risk of poor outcomes, there is a growing focus on the first years of life and the importance this plays in their development. Research from economists, neuroscientists, and psychologists has been brought together over the last few decades to create a focus on intervening in the early years.

In recent years, economic research has added significant weight to the focus on intervening in the early years given the potential return on investment. Heckman (2017) advocates for intervening in the early years based on the economic advantage to a society. His cost-benefit analysis of human capital had a major influence on directing

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[1] This thesis was being completed during a change of government from a National to a Labour led coalition. One of the early changes by the incoming government was to signal a change in shorthand name from MVCOT to Oranga Tamariki.

the focus to early childhood development (Gray, 2014). Heckman (2006) reports that early intervention can provide a positive return of 15-17% to the dollar. Other economists highlight the long term loss of human potential at a 20% deficit if intervention is not undertaken (Grantham-McGregor et al., 2007), or a cost of 29 billion pounds a year for the UK (End Child Poverty, 2016). Despite these claims, it is not always clear what 'intervention' looks like to create these positive returns. As such, it is left to those advocating for specific interventions to utilise this research in order to attract the attention of policy makers and those in charge of allocating scarce resources.

Psychological and neuroscientific research also make claims for the importance of intervening in the early years. For example, numerous tests of personality, self-control and attachment measured at ages as young as two and three years old have shown to be predictive of later life outcomes (Caspi, 2000; Caspi et al., 1997; Cassidy & Shaver, 2008; Moffitt et al., 2011; Moffitt & Caspi, 2001; Piquero, Moffitt, & Wright, 2007). A key theory discussed in relation to working with families in the early years is attachment theory (Bowlby, 1988), which provides an "evidence-based explanation for the relational dynamics and behavioural disorders of children and families" (Blome, Bennett, & Page, 2010, p. 428). The theory defines children's attachment to their caregiver as either secure, insecure, or disorganised (Bowlby, 1988; Brandon, Schofield, & Trinder, 1998), and although change is possible the type of attachment formed in the early years is believed to be much more difficult to shift later in life (Cassidy & Shaver, 2008; Powell, Cooper, Hoffman, & Marvin, 2014). Similarly, neurobiology highlights the early years as formative for brain development, including in-utero (Lefman & Combs-Orme, 2014; Shireman, 2015). Science has shown that poverty and child maltreatment significantly damages brain circuits which have lifelong effects on learning, behaviour, and mental and physical health (Bick & Nelson, 2016; Shonkoff, 2010).

There is a growing debate about the validity of some research and the detriment that can be caused by such a strong focus on the early years. In particular, Bruer (1997, 1998, 1999a, 1999b) and Kagan (1998) discuss that brain-claims are old, based on animals, or studies with children who had an exceptionally negative start to life such as the Romanian orphans. Many authors challenge how relevant these claims are to the normal development of children (Bruer, 1997, 1998, 1999a, 1999b; Edwards, Gillies, &

Horsley, 2015; Kagan, 1998; Macvarish, Lee, & Lowe, 2015), particularly as recent research highlights the plasticity of the brain and its incredible resilience, rather than being rigid and fixed as once believed (Bruer, 1997, 1998, 1999a, 1999b; Kagan, 1998; Macvarish, Lee, & Lowe, 2014; Macvarish et al., 2015; Wastell & White, 2012). Some authors are concerned that the emphasis placed on the early years by this research leads to a focus on removing children from their parents in an attempt to protect them from irreversible damage (Featherstone, Morris & White, 2014; Lowe, Lee, & Macvarish, 2015; Macvarish et al., 2015; Wastell & White, 2012).

As can be seen, some of the research underpinning the focus on intervening in the early years is under scrutiny. That said, there is still ample research to highlight the importance of supporting families who have children aged zero to five years old, especially within a New Zealand context. Statistics have shown that children in New Zealand continue to need support from family, community, and the state to uphold their rights and ensure their wellbeing. The New Zealand context of supporting wellbeing for families and children in the early years will be explored in the following chapter.

1.3 CHAPTER OUTLINES

This chapter presented the research questions, outlined the rationale and background to the thesis, and presented an overview of the structure of the thesis.

Chapter two discusses the context for social work with families, both internationally and nationally. It also explores New Zealand's relevant policies, legislation, and service provision which provides a context for this study.

Chapter three examines the literature relating to the broader topic area. It provides a review of social work interventions and practice issues in the early years.

Chapter four presents the methodology and research design. The study utilised qualitative research methods. These are described in this chapter and the study participants are introduced.

Chapters five, six, and seven present the findings. Chapter five introduces the participants' organisations and their practice with families. It presents several positive

outcome stories that provide a context for the subsequent discussion. Chapter six examines social workers' perspectives on effective practice and good outcomes for families in the early years. Chapter seven presents the challenges social workers faced in achieving this effective practice.

Chapter eight brings together the discussion in chapters five to seven and explores the factors that contribute to effective practice, the challenges faced by social workers in their daily practice, and the barriers that disrupt the achievement of effective practice. The perspectives of social workers are examined with regard to the wider literature regarding social service delivery to families both internationally and in New Zealand.

Chapter nine is the conclusion chapter and summarises the key findings. It also explores the implications of the findings for policy and practice, and reflects on the research process, including a discussion on limitations and areas for further research.

1.4 CONCLUSION

This chapter introduced the research question and provided background information and a rationale for the thesis, highlighting the current debates regarding the welfare and wellbeing of vulnerable children, as well as the reason for the focus on the early years. The chapter concluded with an overview of the structure of the thesis. The next chapter explores the context for social work practice with families in the early years, both internationally and locally, including a brief overview of relevant legislation and service provision.

CHAPTER 2: THE CONTEXT OF SOCIAL WORK PRACTICE

2.1 INTRODUCTION

This chapter explores the context of service delivery for children in the early years within New Zealand. Specifically, it identifies how policies and culture influence service delivery in general and gives examples of how this has shaped practice within New Zealand. It then summarises key pieces of legislation that inform service delivery, outlines the key social work services in New Zealand, and identifies key principles articulated in legislation and policy concerning the provision of social work support in the early years.

2.2 THE INTERNATIONAL AND LOCAL CONTEXT OF SERVICE PROVISION

The international and local context shapes the delivery of social services. This section firstly highlights how the political and cultural climate shapes both service delivery and social work practice. Then the recent shift in New Zealand policies is discussed, along with a definition of neo-liberalism and managerialism and how these have impacted on the role of the state in governing the delivery of social services and interventions with families.

The focus of social work practice, and the services families receive, are shaped by history and are affected by changes in social and cultural values and policy. For example, social work has always held a dual role of working directly with individuals at a micro level and supporting change at a macro level (Gitterman, 2014; Hugman, 2009), though the profession tends to favour one approach over the other dependent on the political and cultural climate. Keddell (2014) describes how political positioning is intimately connected to the type of support offered to families. She states a 'left', or social democratic approach tends to favour universal services based on the assumption that the government has a role to play in promoting general wellbeing for all citizens, thus contributing to social cohesion and reducing a range of social ills. Whereas, "those to the right, [reflect] libertarian justice ideals, pursue a more residual approach aimed at providing a safety net for those most at risk, rejecting an assumption of state responsibility for social problems" (Butler & Drakeford, 2001 in Keddell, 2014, p. 70).

Shifting values in society can be seen most poignantly in the recent move to a neo-liberal state and managerialism which has influenced social work service provision in New Zealand. Historically, New Zealand was considered the birth place of the welfare state, which included providing an adequate network of social services (Atwool, 1999). However, from 1984 New Zealand embarked on a radical structural adjustment, aiming to address the budget deficit by introducing policies based on neo-liberal economic theory (Atwool, 1999). This theory values free market, free trade, individualism, and self-responsibility, and it resulted in the privatisation of major industries (Rogowski, 2012; see also Peet, 2012 for New Zealand context). Within a neo-liberal state managerialism flourished, which focuses on increasing efficiency, improving outputs, minimising costs, and maximising gains (Rogowski, 2015; Trevithick, 2014; Wilkinson & Pickett, 2009). Internationally, this approach has led to a reduction of state intervention with a focus on ensuring social work practice is efficient, moving away from needs-led services that are client-centred, to resource-led services that are system-centred (Ruch, Turney, & Ward, 2010).

In a New Zealand context, the shift to a neo-liberal state with the implementation of market principles has meant significant restructuring of the benefit and child welfare system (Keddell, Stanfield, & Hyslop, 2016). For example, there is now work-testing for the benefit, with 'social obligations', and financial sanctions for non-compliance or failed drug tests (Keddell, 2014), and pressure placed on sole-parents to return to work (Atwool, 1999). The premise of these approaches is that the issue is not poverty, but rather 'benefit dependency' and people's unwillingness to work (Keddell et al., 2016). Atwool (1999) highlights how restructuring and redundancies as a result of neo-liberal policies widened the gap between the 'haves' and the 'have nots' in New Zealand, with a substantial increase in the unemployment rate. She goes on to highlight the negative impact of the stresses of poverty and low income on family relationships, causing distress from which children cannot be protected. Although neo-liberals believe this approach is the best way to achieve wellbeing for individuals, many like Atwool (1999) and Keddell et al. (2016) would argue that it leads to increasing social and economic disparity which is associated negatively with wellbeing (Rogowski, 2012; Wilkinson & Pickett, 2009).

As for the child welfare system, recent legislation and decision making in New Zealand has similarly been impacted by these policy approaches. In 2011 in the Green Paper the government outlined a vision for promoting the wellbeing of New Zealand's most vulnerable children (Ministry of Social Development, 2011). It called for submissions which were collated and summarised as part of the final White Paper (Ministry of Social Development, 2012a) which outlined a plan for better outcomes for the most at-risk children (Ministry for Vulnerable Children Oranga Tamariki, 2012; Ministry of Social Development, 2012b). Keddell (2014) notes that initially, the impact of multiple adversities was discussed in the Green paper, encompassing a broad range of long term poor outcomes for children, including the impact of poverty on wellbeing. However, a much narrower focus was taken in the White Paper with an almost exclusive focus on children who have been, or are likely to be, abused or neglected, with little mention of other negative influences, most notably poverty. As Keddell et al. (2016) argue, "problems were narrowly constructed as outcomes of individual behaviour" (p. 2), ignoring ecological causes of abuse and harm. There were concerns that such a narrow view could lead to increased removal of children from parental care without efforts to reduce the stressors impacting on parents and on family life (Featherstone, Morris & White, 2014; Keddell, 2016).

Keddell (2014) discusses this wider move towards a neo-liberal agenda, emphasising individual failing at the expense of structural considerations. She highlights the predictive risk model (PRM) that was suggested in the White Paper to identify those who will go on to abuse their children as an example of this. She argues that the PRM puts forth an assumption that:

> "families are the sole genesis of child abuse… [and] hold[s] individuals accountable as they ascribe complex social problems to those of the individual… [ignoring wider context and inequalities]… Thus the responsibility of the state is narrowed to intervene on a small number of problematic families rather than promote general wellbeing or recognise the context-dependent or at least context-influenced nature of child abuse" (p. 77-78).

This is particularly concerning given the statistics of poverty in New Zealand (see chapter one), as well as the statistics that place children of some cultures at greater risk of poverty and poor outcomes than those of other cultures. For example, a discussion by

Brodowski and Rudisill (2016) highlights concerning risks for African-American children who are facing greater disadvantage and poverty than white American children, thus increasing their risk of neglect. They argue this based on prior research that has shown neglect to be strongly associated with poverty. In New Zealand, Māori are also over-represented for child poverty, maltreatment, and involvement with the child protection system (New Zealand Child Abuse, 2014; Lupton & Nixon, 1999 in Holland, 2004; Keddell, 2014). According to one report this is due to high rates of need and disadvantage (Ministry of Social Development, 2015). Given these concerning statistics, several researchers call for intervention that recognise the social injustice and offer culturally appropriate services that include the social, cultural, and historic contexts (Coates et al., 2016; Lefman & Combs-Orme, 2014; Miller & Esenstad, 2015; Ministry of Social Development, 2015; Shireman, 2015; Spratt et al., 2015). However, it appears the current political climate favours an individualistic approach, overlooking contextual issues.

This discussion has examined the context in which social services are being delivered to families in New Zealand. It highlighted some of the complexities confronted by social workers when supporting families in the early years. In particular, it explored how neo-liberal policies and a focus on individual factors, favours targeted interventions which overlook the impact of structural issues and inequalities. Such approaches minimise the role structural issues play in the overall wellbeing of children and families. Next, the relevant legislation that governs New Zealand's service delivery to families will be examined.

2.3 LEGISLATION AND SOCIAL SERVICE DELIVERY

In this section key legislation that informs service delivery to families who have children aged zero to five years will be examined alongside the related service provision. First, statutory child welfare will be explored, including the Oranga Tamariki Act (1989), the Vulnerable Children Act (2014), and statutory child welfare services provided by Oranga Tamariki. Then services provided by non-government organisations (NGOs) are discussed and a final section examines the role of education services in providing support to families in the early years.

2.3a Statutory child welfare

The Oranga Tamariki Act (1989) legislates the provision of child welfare services (s. 13-149), the function of the Family Court (s. 150-207), and youth justice services (s. 208-320). This Act prioritises child welfare, provides a framework for services to protect children from harm, and details what constitutes abuse and neglect. The principle of paramountcy is core to this document, highlighting the importance of child-centred practice. This means that the child or young person: is of first and paramount consideration; is protected from harm and has their rights upheld; wherever practicable will remain with, or return to, their family, whānau, hapū, or iwi; and if this is not practicable they are provided with a family like setting where they are able to develop a sense of belonging, and are involved in the decision making about their care.

Oranga Tamariki is the statutory provider of child welfare services in New Zealand and is guided by the Oranga Tamariki Act (1989). It has five core service areas: prevention, intensive intervention, care support, youth justice, and transition support (Ministry of Social Development, n.d.-b). Oranga Tamariki become involved with a child or young person when a report of concern is made by someone about a child's wellbeing, or when there is an incident or emergency where the police have been involved (Oranga Tamariki Ministry for Vulnerable Children, n.d.-a). A social worker will carry out an assessment to determine what the situation is, whether Oranga Tamariki will become involved, and if so the level of involvement.

When there are very serious concerns for a child, the Family Court can determine if a child is in need of care and protection, the type of custody required, and the level of support needed, as legislated under the Care of Children Act (2004). The next layer of support are the Children's Teams which were developed in response to the White and Green Papers (Ministry for Vulnerable Children Oranga Tamariki, 2012; Ministry of Social Development, 2011; Ministry of Social Development, 2012a, 2012b). These teams focus on working collaboratively across agencies to address issues before they become serious to ensure wellbeing for children. This is not a new service, but rather provides a different approach where agencies such as Oranga Tamariki and NGOs work together, share information, and create one plan for each child (Ministry for Vulnerable Children Oranga Tamariki, n.d.). When there are serious health and wellbeing concerns

for a child this can be taken to a Family Group Conference which is a formal meeting for family and professionals to discuss concerns and together establish a plan.

Finally, Partnered Response is considered to be a lower end involvement where families are connected to NGOs that are funded to provide services to families in the community (Oranga Tamariki Ministry for Vulnerable Children, n.d.-a). This discussion is a summary of the services provided by Oranga Tamariki, and the following section will discuss NGOs in more detail.

2.3b Non-government organisations

NGOs that focus on working with children and families in the community secure funds for this work from a range of places. These NGOs can work both preventatively or provide a high level of intervention depending on the issues and needs of the family and the type of services they are contracted to provide. Oranga Tamariki funds a range of NGO services including school holiday programmes, social workers in Schools, early intervention services such as Family Start, and supporting teen fathers among other services (Oranga Tamariki Ministry for Vulnerable Children, n.d.-b, n.d.-c). There are other government bodies who similarly fund services to families in the community such as the Ministry of Health (n.d.) and District Health Boards. NGO's also access various foundations and grants, along with donations to gain needed resources to provide services such as: the Open Home Foundation which supports families in the community to care for their children and manage in difficult times, whilst also providing a range of respite and foster care for when parental care is not sufficient; and Iosis who provide a range of supports to families including community based social work and a residential programme for mothers and children who need additional support.

2.3c Education

When discussing the New Zealand context for services provided to families in the early years it is also important to note the role of education for children, and the support this provides to families, particularly in enabling parents to return to the workforce. The Education Act (1989) includes a section on early childhood education and care (s. 308-319) which is voluntary for children under the age of six, and stipulates requirements for providers as well as funding provisions. The aim of early childhood education is to

help children attain educational achievement to the best of their potential and promote the development of other helpful life skills such as resilience, confidence, social skills, and cultural knowledge (Education Act, 1989). The New Zealand government fully subsidises 20 hours of early childhood education for children aged between three and five (Ministry of Education, n.d.), with additional subsidies provided through Work and Income for children under five for families who have low to middle-income (Ministry of Social Development, n.d.-c).

2.4 CONCLUSION

This chapter discussed the current context within which services are delivered to families in the early years in New Zealand. It provided an overview of the relevant policies and legislation and how these shape the services that are provided to families. The next chapter explores the literature on social workers' views of effective practice with families in the early years.

CHAPTER 3: A REVIEW OF EFFECTIVE PRACTICE AND ASSOCIATED CHALLENGES

3.1 INTRODUCTION

This chapter explores the relevant research regarding effective practice in the early years and the associated challenges to this practice. Firstly, the importance of the service-user relationship and the specific behaviours that can support this are explored. This includes a discussion of strengths-based approaches and the importance of time in terms of enabling families to achieve change. Then, the role of culture in parenting is discussed, along with how social workers can engage appropriately with families of varying cultures through cultural competence and humility. This is shown to be important in supporting good outcomes. Next, there is a discussion on the importance of meeting material needs for families given the impact of these on family life. The literature also highlights the need to work collaboratively and in partnership with other services to ensure good outcomes for children and families. The ability of social workers to offer a range of intervention modalities is identified in the literature and several examples are given of specific types of interventions that promote good outcomes when working with children and their parents. Finally, the challenges and barriers to applying these identified effective practices are discussed.

3.2 THE IMPORTANCE OF THE SERVICE-USER RELATIONSHIP

A social worker's ability to build a strong and supportive relationship with families is seen to be crucial to good practice when supporting families in the early years. According to Connolly, White, and Satka (2017), "it could be argued that the service user relationship represents the foundation upon which any subsequent intervention will flourish" (p. 315). Similarly, Ruch et al. (2010, p. 16) state that social work practice:

> [requires] of the worker the ability to stay with people in distress or turmoil and continue to provide a mixture of personal support and pragmatic guidance, largely through the medium of a reliable, engaged, and constructive relationship. Such relationships are at the heart of good practice.

They go on to suggest that practice goes wrong when this relationship is not in place, becomes distorted, or the social worker is overloaded and unable to engage in the relationship.

Other international literature and studies similarly highlight the importance of building a good relationship through trust, empathy, and partnering with families, with a focus on the social worker to foster and support this (Brandon et al., 1998; Bowlby, 1988; Cassidy & Shaver, 2008; Connolly et al., 2017; Dawson & Berry, 2002; de Boer & Coady, 2007; Featherstone, Morris, & White, 2014; Featherstone, White, & Morris, 2014; Fuller, Paceley, & Schreiber, 2015; Harms & Connelly, 2016; Holland, 2004; Ruch et al., 2010; Trevithick, 2014). As Hyslop (2012) states, social workers are not only delivering a service, they 'are' the service.

Building a strong relationship between the social worker and families is a pervasive theme across the literature and research. It is within the context of a positive relationship that change can occur for families (Munford et al., 1998), and this ultimately improves the wellbeing of the children. Many studies have detailed the specific factors that contribute to creating strong relationships between workers and service-users. Researchers have identified the elements that support the development of this relationship:

- Partnering with families and having a shared goal (Dawson & Berry, 2002; Devaney & Dolan, 2017; Mason, 2012)
- Trust and honesty (Mason, 2012; Munford et al., 1998)
- Patience (Munford, Sanders, & Maden, 2011)
- Respectful communication (Dawson & Berry, 2002; Devaney & Dolan, 2017; Mason, 2012; Trevithick, 2014)
- Creating a space where the family feels safe (Mason, 2012; Munford et al., 2011)
- Showing empathy (Barnard & Bain, 2015; Dawson & Berry, 2002; Devaney, 2017)
- The family feeling understood and not judged (Barnard & Bain, 2015; Devaney, 2017; Trevithick, 2014)
- The worker is available and reliable (Mason, 2012; Roberts, 2017)
- Listening to and understanding parents' needs (Barnard & Bain, 2015; Devaney & Dolan, 2017)
- Holding an 'unconditional positive regard' for families (Munford et al., 1998)

Other key things that have been considered at an agency level that assist in building positive relationships are:

- Workers being supported to provide practical resources to families (Mason, 2012; Roberts, 2017).
- Careful consideration of matching the worker to the family (Munford et al., 1998)
- Good reflective practice and supervision, especially in navigating the tension of building the helping relationship while keeping healthy boundaries (Munford et al., 1998; Devaney & Dolan, 2017)

As can be seen, the relationship is of utmost importance, without which it is unlikely children will receive effective support and beneficial long term gains. Barnard and Bain (2015) point out that the voluntary system of support relies to a significant degree on the willingness of parents to engage with services in order for children to receive effective help. Their study highlighted parent resistance to support, and showed that utilising skills from motivational interviewing such as the relational aspects mentioned above (listening, empathy and a non-judgemental stance) helped to bring down barriers and create a cooperative working relationship. This is important because as Ruch et al. (2010) discuss, a lack in this relationship "[reduces] the amount and type of knowledge that is drawn on to inform critical decisions" (p. 25-26). As a result, children and families may not receive the services and support they require.

A strengths-based approach is also a critical element of a relational approach which will be discussed next.

3.2a Strengths-based approaches

There is wide international recognition of the importance of utilising strengths-based approaches in social work practice with families (Devaney & Dolan, 2017; Dolan & Frost, 2017; Featherstone, White, & Morris, 2014; Munford et al., 1996; Munford et al., 2011; Noble, 2000; Oliver & Charles, 2015; Paquin, 2006; Sanders & Munford, 2010). Strengths-based approaches, in a very broad sense, recognise that every individual has the innate potential and capacity to overcome challenges even in the most stressful and vulnerable circumstances (Hammond, 2010). These approaches recognise that everyone has strengths and capabilities (Featherstone, Morris, & White, 2014; Noble, 2000;

Oliver & Charles, 2015; Paquin, 2006); and embody hope and a belief that humans can change (Cadell et al., 2005; Noble, 2000; Walsh & Canavan, 2014). Individuals are viewed as unique and given respect and dignity (Saleebey, 2013).

From an early years perspective, strengths approaches identify the potential of parents, believing that they have an extraordinary capacity for nurture, care and protection, and that if offered appropriate support are able to care safely for their children (Holt & Kelly, 2016; Rogowski, 2015). This shift away from a deficit perspective encourages professionals to resist defining parents and families by their problems, risk factors, and limits (Saleebey, 2013; Harper Browne, 2016), and from blaming parents for their situation (Paquin, 2006). Research shows this approach is being adopted by social workers within child welfare (Oliver & Charles, 2015; Toros, 2014), and agencies are encouraged to train and support staff in specific models based on this approach (Oliver, 2012; Oliver & Charles, 2015).

Time is also a very prominent concept in the studies explored above and has been shown to be pivotal to both the relationship that a professional is able to build with the family, and the change that a family is able to make.

3.2b The importance of time

In general, more time is associated with more positive change for families. A study by Devaney and Dolan (2017) highlighted the debate regarding offering time-limited services to families, focusing on specific issues and expecting change within this timeframe, versus providing a longer term gradual approach in supporting families. Findings from this study "suggested that the possibilities for change are strengthened when there is an enduring commitment to the family" (p. 15). Similarly, in a study on family support services, Munford et al. (1996) showed that for parent-child relationship issues, which made up the majority of issues that families sought help for, longer interventions were more likely to achieve positive changes. The reason for this is that often problems are chronic, intergenerational, and difficult to resolve and therefore need support over a longer period of time (Roberts, 2017). However, it is interesting to note that there were some concerns from social workers in a study by Roberts (2017) that longer involvement could cause families to become dependent on services.

As can be seen from this discussion, building a strong and supportive practitioner-user relationship is key to effective practice with families; workers need to be able to take the time to develop this relationship. Another area where social workers need skills to engage with families is when considering how to develop responsive practice that respects the culture of families.

3.3 THE ROLE OF CULTURE

The adoption of respectful and responsive practice that recognises the values and meaning of systems of families is identified in the literature as playing an important role in supporting good outcomes for families in the early years, and thus needs to be taken account of in service delivery. Culturally appropriate practice links with the previous section as it assists to develop the support relationship, yet because of the significance afforded it in the literature it is discussed separately here.

Culture is important when discussing work with families given that parenting is a cultural act (Harper Browne, Castro & Lucier, 2016). Culture has a major influence on parent's beliefs, values, definitions, expectations, and practices (Harper Browne et al., 2016). Therefore, "authentic and effective engagement with parents… requires a consideration of culture beyond an awareness of a family's unique dress, diet, and dance, to an understanding and appreciation of differences in values, significant historical influences, and belief systems" (Harper Browne et al., 2016, p. 44).

Cultural competence and humility are essential in building and sustaining mutually respectful relationships with parents and families (Harper Browne et al., 2016). "Cultural competence refers to the process of acquiring the knowledge and skills needed to interact effectively with diverse cultural groups" (Harper Browne et al., 2016, p. 45). It is learning about and respecting other people's culturally based goals, values, beliefs, behaviours, and practices (Harper Browne, 2016). Literature shows that having some understanding of other's cultures can assist to build the support relationship and engagement with a family (Campinha-Bacote, 2002; Durie, 2017; Ling, Martin, & Ow, 2014; Tsuruda & Shepherd, 2016). In a New Zealand context, this may mean a social worker would learn about Māori tikanga, understanding and using some Māori greetings, and possibly utilise a Māori model of practice such as Te Whare Tapa Whā (Durie, 2017). Given the multi-cultural environment in New Zealand, it would also

mean learning about other cultures that are represented in the client group of an agency. Whatever cultural background a family may have, it is important that they be acknowledged and supported in a manner that is appropriate to them and their values (May, 2001).

Cultural competence alone is not enough, this ought to be coupled with cultural humility and self-awareness to ensure anti-discriminatory practice. Only holding an awareness of culture could, in some instances, lead to stereotyping or assumptions that may at best impede the support relationship, or worse cause further harm to a family. As Harper Browne et al. (2016) state, "cultural humility is grounded in the acknowledgment that there are limitations in acquiring knowledge about diverse cultural groups because it is impossible to know everything about another culture; individuals may be judging others based on their own ethnocentric perceptions; and individuals may have unconscious negative beliefs about other cultures that can influence their work with and the perception and treatment of children and parents" (p. 46-47).

Therefore, social workers must have cultural humility (not assume that they know) and self-awareness. Self-awareness can be developed through a process of critical reflection where cultural biases, attitudes, beliefs, or values a social worker holds that influence their understanding of other cultures, or adversely affect the way they engage with families from different cultural backgrounds, are identified and addressed (Harper Browne, 2016; Maidment, 2016). To do this, social workers must be able to integrate and translate knowledge into their attitudes and practice (Lum, 2011). For instance, in a New Zealand context social workers must recognise the significance of historical relationships between Māori and non-Māori, appreciate the importance of narratives, and become familiar with the concepts associated with Māori wellbeing (Durie, 2011), whilst also being mindful of and challenging their own biases and perceptions.

Every family has its own culture which impacts on the way in which they interact with and view the world and the people around them. Therefore, effective practice requires social workers to engage in a culturally appropriate manner, by having cultural competence alongside cultural humility and self-awareness. The following section focuses on material circumstances.

3.4 MATERIAL CIRCUMSTANCES

To support good outcomes for families, social workers must see them within the broader context of their lives and the daily challenges they face that prevent them from achieving health and wellbeing, as so poignantly stated by Sanders and Munford (2010, p. 8):

> We are constantly reminded of the importance of understanding the impact that contextual factors have on the helping relationship and the capacity of families to change. A contextualised approach to family work provides a valuable framework where responsive and reflective services for families can be delivered… The helping relationship cannot be seen in isolation from the broader influences (such as culture, changes in economic circumstances and other structural realignments) that may determine the nature and quality of family life. Family work that recognises the impact of these wider factors on the nature and course of the helping relationship is likely to be highly effective in achieving positive outcomes.

Families face many challenges that impact on their ability to achieve good outcomes for their children, most notably material circumstances such as the quality of housing they can afford, and finances to ensure basic needs are met. For example, many children internationally and in New Zealand are living in poverty which is associated with a number of negative life outcomes (as discussed in chapter one). A study by Munford et al. (1996, 1998) showed that poverty was acknowledged as having far reaching effects on families, including how parents functioned. For example, an analysis in this study "revealed that the presence of *financial difficulties* as an *associated problem* where referral was for *parent/child relationship problems* resulted in negative outcomes for families more often than was the case for other combinations of *referral* and *associated problems*" (Munford et al., 1996, p. 26-27). Understandably, living in poverty provokes stress, and those living in poverty experience significantly higher physical and mental health problems (Ghate & Hazel, 2002 in Holland, 2004). Furthermore, a number of authors highlight the connection between poverty and child maltreatment, and suggest that addressing poverty could ameliorate a major stressor for families and reduce child maltreatment (Spratt et al., 2015; Escaravage, 2014; Casillas Fauchier, Derkash, & Garrido, 2016).

Meeting the immediate material needs of families therefore is crucial as it ensures physical needs are met and stressors are reduced which means parents are supported to be present to their children. Literature highlights the importance of meeting immediate needs such as food, income, transport and so on to improve the impoverished circumstances of a family (Dawson & Berry, 2002; Dolan & Frost, 2017). Devaney (2017) highlights that parenting is not a 'neutral fact', as material and social conditions impact on the ability to parent effectively. Dolan and Frost (2017) note that if these impoverished circumstances are not addressed "natural human qualities of interpersonal warmth, cohesiveness, and respect [are] reduced or blocked" (p. 63). This was shown in a study by Munford et al. (1998) where they found that parents may have the skills, ability, and knowledge to parent their children well, but are nonetheless struggling to parent due to stressors. As such, they coined the term "unavailable to parent". In the study, they identified the wider context, particularly when parents are struggling to survive, as a key issue causing parents to become "unavailable to parent". A focus on resolving material issues can assist parents to become available to utilise the skills they already have and be present to meet the needs of their children.

It can clearly be seen that social workers need to understand the context of a family's life in order to provide effective practice. The literature identifies that Bronfenbrenner's (2000) ecological theory provides a sound approach to understanding the role of contextual factors on family life (Devaney, 2017; Munford et al., 1996, 1998). This theory locates an individual within their family, genetics and biopsychological characteristics (micro level), as well as within their broader society (meso level), and the political environmental and historical context (macro level) (Bronfenbrenner, 1986, 2000). An ecological approach recognises that unmet fundamental needs often get in the way of effective parenting (Sanders & Munford, 2010). Therefore, meeting the material needs of families is of utmost importance if long-term behavioural change is to be achieved (Dawson & Berry, 2002) Theories such as Bronfenbrenner's (2000) ensure that these broader influences are included in the assessment and support provided to families. Another key element of effective social work practice identified in the literature is working collaboratively and in partnership with other agencies and services.

3.5 WORKING COLLABORATIVELY

Collaboration and working in partnership with families and other professionals are key elements of effective practice. Studies have shown that to support families holistically, there needs to be partnership and collaboration between agencies (Beecham & Sinclair, 2007; Chamberland, Lacharité, Clément, & Lessard, 2014), especially as parents face many challenges, such as mental illness, substance abuse, domestic violence, and food insecurity (Harper Browne & Shapiro, 2016). Given the complexity of these challenges, it is unlikely that any one service is able to provide the full range of support required.

However, as a study by Brandon, Dodsworth, and Rumball (2005) showed, agencies may not collaborate. These researchers analysed 20 serious case reviews of child deaths which identified that professionals often either had expertise about the child and child's development and social context, or expertise about the parenting that the child received and factors impacting on the parent or caregiver's ability to offer safe nurture or care. A concerning finding was that more often than not, professions had expertise in one or other area but not both, and this knowledge and experience was rarely brought together in a systematic fashion from these interconnecting groups to ensure a rigorous assessment to protect the child. This study identified tension and a lack of trust in professional relationships, and highlighted the importance of a lead professional to piece together the information and coordinate expert knowledge. Similarly, Holland's (2004) review of inquiry panels concluded that there was a lack of co-ordination of information from different agencies involved with a family. These studies show the importance of professionals collaborating to support best outcomes for families with children in the early years.

Next, the literature regarding a range of modes of interventions and support is considered in terms of its role in providing effective practice when supporting families in the early years.

3.6 OFFERING A RANGE OF INTERVENTION MODALITIES

This section considers a range of intervention modalities identified in the literature that have been found to be effective, particularly when used in combination. Utilising a range of modalities ensures that the style of engagement is most appropriate to the individual family and their needs. For example, one study showed that the greater the

number of intervention strategies utilised, including both therapeutic and practical, the more frequently families achieved their goals (Munford et al., 1998). Similarly, a number of studies highlighted the need to provide services that clients find relevant and helpful, focusing on the family's and child's needs, rather than the family fitting the agency's agenda; such approaches help to maintain positive changes for families (Dawson & Berry, 2002; Devaney & Dolan, 2017; Dolan & Frost, 2017; Munford et al., 1996, 1998; Munford et al., 2011).

The reason it is important to provide such a broad range of interventions is that a family's needs will vary according to their specific circumstances and there are numerous factors and stressors that can impact on a family, both intra-familial and external. External factors influence both family life and the type of support available to a family when they are in crisis. This includes, but is not limited to, material circumstances (as discussed earlier), social inequalities, racism (Harper Browne, 2016), and other structural factors such as social, political, economic, and other policies which shape the world in which a family functions (Sanders & Munford, 2010). Intra-familial factors that impact on family wellbeing include poor mental health, physical illness, isolation, addiction, and family breakdown – all of which can detract from the ability of children and parents to respond to, and cope with, difficulties (Devaney, 2017). Working from a holistic approach, utilising theories such as Bronfenbrenner's (2000), ensures internal and external factors are considered when assessing and providing support to a family. Providing a range of modalities and support to families regarding external factors has been discussed above in the sections on material circumstances and working collaboratively, therefore this section will focus on the range of modalities highlighted in the literature to support families at the intra-familial level.

The literature contains numerous references to effective practices when working with parents and children and much of this research encourages multiple modes of intervention which include: supporting both the parent and child, increasing parental resilience and capacity, engaging in an age appropriate manner with children, increasing the parent's knowledge of developmental stages and modelling parenting skills, and encouraging the positive development of the parent-child attachment.

When working to ensure wellbeing for families, it is important to focus on the parents' as well as the child's needs. Despite the acknowledged primary focus on the child, family support veterans discuss the importance of partnering with families, and believe that working with children in isolation is less effective (Devaney & Dolan, 2017). This is because the role of the parent or caregiver continues to surface in research as a key factor regarding children's wellbeing and their development (Bick & Nelson, 2016; Chamberland et al., 2014; Jungert et al., 2015; Shonkoff, 2010). Although, at times parents may be a source of harm to their children, they are also often the best chance for the child's optimum development (Brandon et al., 1998). Therefore, achieving a balance between protecting children and supporting families is a critical issue (Dolan & Frost, 2017). However, research shows that this is not always easy in practice, given agency constraints social workers may have focused on either the parent or the child's needs at the expense of the other (Holland, 2004).

Given the crucial role parent's play in a child's wellbeing, supporting the development of parental resilience is an important intervention to be considered. A parent's capacity to be present to their child is not just dependent on external factors but can be supported through developing parental resilience. Harper Browne (2016) showed that parental resilience (the ability to manage and function well in the face of stressors, challenges, and adversity) is one of five key protective factors for preventing child abuse and neglect. They identify that parental resilience is developed when parents have supportive relationships and social environments. Dawson and Berry (2002) similarly highlight the importance of helping families to build and maintain support networks outside of professional working relationships. Therefore, connecting families to wider informal networks of support is an important modality to consider when supporting families in the early years.

This focus on the parents should be balanced by ensuring that children are included in the assessment and intervention process. For example, Holland (2004) discusses engaging directly with children in age appropriate ways. When children are too young to engage verbally, a social worker can utilise their knowledge of child development to determine if there are areas in which a child requires further support (Brandon et al., 1998; Holland, 2004). A range of modalities in these instances may include: conversations with a parent in which their knowledge of child development is increased

or modelling parenting skills to a parent, both of which have been shown to be protective factors against child abuse (Harper Browne, 2016), and associated with good outcomes for families (Dawson & Berry, 2002); other intervention could include referrals to appropriate services to ensure that a child is receiving the care they need, particularly if there are areas in which they are not meeting their developmental milestones.

Another modality that is identified as a key to effective assessment and support of families is encouraging the parent-child attachment (Holland, 2004). Attachment theory is a central concept in social work practice with children "because it is most often in the area of children's close family relationships that we see the origins of emotional and behavioural problems" (Brandon et al., 1998, p. 40). Harper Browne and Shapiro (2016, p. 3) discuss the importance of supporting social and emotional competence of children by providing an environment and experiences that enable the child to form a close and secure adult relationship in which they can regulate and express their emotions. Attachment theory offers a way to assess and provide support to parents to create such an environment (Cassidy & Shaver, 2008). However, it is important to note some concerns in the literature. The prominence of attachment theory in policy and practice means it can be used to form powerful arguments about a child's needs and/or a parent's capacity, though this may be done using a flawed or narrow evidence base (Holland, 2004). For example, 35 percent of children in the USA do not have a secure attachment, however this is not necessarily a reason to remove all of them from their families (Berk, 2002; Holland, 2004). Therefore, practitioners must be mindful of how they use attachment theory in work with families.

As can be seen from this discussion, social workers need to have an array of skills, knowledge, and abilities in their "tool-kit" to provide families with various modes of intervention, as it is this variety of support that is associated with good outcomes. This section has focused mostly on work with children and their parents, as earlier sections have covered the various types of intervention and support that is required in collaborating with other services to ensure a family's needs are met. Next, some of the challenges and barriers to effective practice are explored.

3.7 CHALLENGES AND BARRIERS

This section discusses the challenges to effective practice in the early years. Two challenges will be discussed. Firstly, the difficulty of maintaining a strong service-user relationship will be discussed. Then, the challenges associated with maintaining a balanced approach to providing interventions at both the individual and structural levels will be explored.

3.7a Neo-liberalism, managerialism and the service-user relationship

Although the importance of the service-user relationship is well documented, there is a growing concern in the literature that it is being undermined by neo-liberalism and managerialism which prioritise efficiency, accountability, and administrative tasks at the expense of face-to-face time with service users (Rogowski, 2015; Trevithick, 2014). Others agree that neo-liberalism and managerialism have resulted in social workers spending less time in direct contact with families and more on system driven tasks (Featherstone, Morris, & White, 2014; Krohn, 2015). Hingley-Jones and Ruch (2016) similarly believe that financial policies have had an impact on relationship-based approaches to practice. They argue that office-based computer work takes a greater proportion of time than face-to-face encounters with families due to greater demands for financial accountability, performance indicators, tighter budgets, audits, and outcome-driven performance. Practitioners' fear of not being up-to-date on computer records can, according to Ruch et al. (2010), directly impact on service-users and potentially compromise the relationship.

A reduced focus on direct contact with services users is concerning as research shows that being able to build a positive relationship and trust is at the heart of social work practice, without which positive change is unlikely to occur (Rogowski, 2015; Ruch et al., 2010; Trevithick, 2014). Despite these concerns, the studies reviewed showed that building a strong relationship is still a priority and focus for practitioners in the early years (Devaney & Dolan, 2017; Mason, 2012; Roberts, 2017; Munford et al., 1996, 1998; Munford et al., 2011). Given the significance of the service-user relationship it is pertinent to this research to explore what role it has in the minds of practitioners, and whether fears that the challenges of administrative and computer-based tasks are reducing a relationship-based approach are founded.

Another challenge for social workers is holding the tension between an individual and a structural approach to their work.

3.7b The tension: Individual and structural approaches

Given the origins of the social work profession and the current socio-political context (as discussed in chapter two) it is unsurprising that there is a growing discourse regarding the tension between individual and structural approaches to social work. Ideally a both-and approach for holding this creative tension is espoused by authors (Burck & Cooper, 2007; Hingley-Jones & Ruch, 2016) and professional bodies alike. Both the International Federation of Social Work (2014) and the Aotearoa New Zealand Association of Social Work (2013) Code of Ethics highlight this dual focus of the profession: to help individuals, and to engage in social change at structural levels. Burck and Cooper (2007) argue that it is important to hold the tension between these views as it helps professionals avoid polarising thinking. For example, a solely psychodynamic view could be considered too internal, pathologising, or be construed as understanding without action. While only holding a systemic view may be too external, superficial, idealistic, or be seen as taking action without having understanding. Utilising both approaches brings balance - a depth of understanding, and action to support systemic changes.

Despite this idealised approach of both-and, researchers have argued that the current socio-political climate tends to favour a psychodynamic approach. Keddell (2014) and Keddell et al. (2016) discuss that a neo-liberal agenda focuses on individual responsibility and individual failing, which leads to a further emphasis on psychological explanations for human problems without taking into account their social genesis. In this context, struggling families are viewed as making poor choices, which they could change if they wanted to (Hingley-Jones & Ruch, 2016). Such a perspective minimises or dismisses the societal impact of poverty, inequality, gender, and race (Edwards et al., 2015; Macvarish et al., 2015; Dolan & Frost, 2017). This is a fundamental shift away from the view that it takes a 'village' to raise a child, to a narrow view of child-rearing that is dependent on the individual parent and their acquisition of specific skills and abilities (Macvarish et al., 2015). Within the early years practice, authors are concerned that parents are seen as solely responsible for themselves and their children (Atwool,

1999; Dolan & Frost, 2017), and can easily be blamed or demonised for negative outcomes for their children (Gray, 2014; Specht & Courtney, 1994).

It could be argued that the social work profession is currently swayed more toward an individual approach at the cost of the structural. One study found that the majority of social workers stated they only work at micro level interventions (Whitaker & Arrington, 2008). Similarly, other studies of those working with families in the early years highlighted that although professionals have an awareness of the impact of broader contextual factors, they showed a tendency to favour a psychodynamic approach (Devaney & Dolan, 2017; Mason, 2012; Roberts, 2017; Munford et al., 1996, 1998; Munford et al., 2011). In all of these studies practitioners were described as working directly with families, providing support and advocacy taking into account the structural context, though no description is given of action taken that would help transform a community or affect policy and structural issues. Although this contradicts fears that social workers are losing their ability to understand the importance of societal issues and structural forces (Kam, 2014), it seems that acknowledging structural issues does not necessarily extend to, or equate with, taking action. This could be seen as justifying Rogowski's (2012, 2015) lament of the decline of social work fighting social injustice at a macro level.

This begs the question, why are social workers not taking action? Rodriguez, Ostrow, and Kemp (2017) claim that social workers are 'reticient' to engage with social problems beyond individual-level intervention. Although the studies mentioned above show the social workers' focus on individual-level intervention, it is important to explore other studies regarding this 'reticence' to gain a greater understanding of the complexities of the dual foci of the profession. Further research shows that social workers often do not have the knowledge or capacity to address structural issues in their work (Darroch, 2017; Koeske, Lichtenwalter, & Koeske, 2005; McLaughlin, Gray, & Wilson, 2015; Ross, 2011), often are in a situation where they are unable to envisage what structural change could look like (Arthur, Collins, McMahon & Marshall, 2009; Baines, 2010), and this is compounded as they are not supported by their agency to work at this structural level (Darroch, 2017). This is particularly pertinent to the challenges social workers face as services become more targeted at the individual, therefore not supporting or encouraging social workers to take social action.

Furthermore, there is concern internationally that a neo-liberal approach has led to a focus on working with the individual, targeting service provision, and sidelining key social issues that impact on the wellbeing of children and families, such as poverty (Keddell, 2014). Not only have neo-liberal policies and values been associated with blaming families for their failings and a reduced focus on alleviating poverty (Edwards et al., 2015; Macvarish et al., 2014, 2015), these policies are linked to increased structural issues affecting families which create cycles of disadvantage (Hyslop, 2012; O'Brien, 2014; Sanders & Munford, 2010; Wilkinson & Pickett, 2009). Keddell (2014) highlights that targeted intervention at the family level will not address macro issues contributing to poor outcomes for children. Other research confirms this, arguing for a need for policy measures to reduce child poverty (Grantham-McGregor et al., 2007; Oshio, Sano, & Kobayashi, 2010), and that poverty is complex and requires intervention from community and government to enact change (Shireman, 2015; Wilkinson & Jeram, 2016). However, despite the impact that socio-economic disadvantage has on parenting capacity, the targeted intervention from government, policy makers, and early years practitioners is more often focused on tackling parents' individual failings rather than the overarching issue of poverty and disadvantage (Featherstone et al., 2012).

This discussion highlights a significant challenge for social workers, particularly when considering how they hold a both-and approach to the dual foci of the profession within the socio-political context of the day, and constraints of the service they work within. Research shows the need for action at a structural and policy level alongside work with individual families, yet the studies explored and critics of the field identify that although social workers acknowledge the impact of structural issues, this does not equate with acting to change the structures of society. The work done by social workers with individual families should not be underestimated. However, as Rodriguez et al. (2017) state, "intervention at the individual level is only sustainable when there is simultaneous intervention at the meso and macro levels" (p. 147).

3.8 CONCLUSION

This chapter has explored the literature on effective interventions in the early years and the challenges associated with this. It has highlighted the importance of the service-user relationship. It has identified the importance of cultural competence and humility when

working with families. It also identified that social workers provide a broad array of interventions, including support with material circumstances, facilitating connections to other services, and direct work with parents and their children to support families to manage life stressors using a range of intervention modalities. Focusing on the needs of the child alongside that of the family and wider context can be challenging; however, in doing so the welfare needs of children in the early years are responded to and met (Devaney, 2017). The next chapter sets out the methodology and methods for this qualitative study.

CHAPTER 4: RESEARCH METHODOLOGY AND METHODS

4.1 INTRODUCTION

This chapter explains the research methodology and methods used in this study. The study sought to explore:

- What are social workers' perspective of effective practice with families in the early years and what factors do they consider contribute to positive outcomes?

- What are social workers' perspective of the barriers and challenges to effective practice with families in the early years?

The chapter begins with a discussion of the underpinning methodology of this research and the reasons this approach was chosen. Following this, the methods are detailed including a discussion of ethical protocols, recruitment, data collection and analysis, and reflections on the research process. Lastly, the participants involved in this study are introduced.

4.2 QUALITATIVE METHODOLOGY

This section presents the study's overarching methodology and theoretical framework. A qualitative approach was chosen for this study as it enables the researcher to seek out deeper meanings and go beyond summarising findings (Chyi, Ozturk, & Zhang, 2014; Punch, 2006). Qualitative research can be defined as "a form of social inquiry that tends to adopt a flexible and data-driven research design, to use relatively unstructured data, to emphasize the essential role of subjectivity in the research process, to study a small number of naturally occurring cases in detail, and to use verbal rather than statistical forms of analysis" (Hammersley, 2013, p. 12).

This research sought to understand social workers' perspectives of which practices are effective in supporting families to achieve good outcomes and their views on the barriers to such practice. This fits well with Hammersley's (2013) definition of qualitative research whereby researchers are "frequently concerned with discovering which factors tend to produce some outcome, or what the typical consequences of some

event or type of action are" (p. 14). Ten social workers were interviewed for this study which provided the ability to "compare one or more cases in order to try to assess which of several factors involved seem to play the crucial role in the sort of social processes being investigated" (Hammersley, 2013, p. 14).

As social workers are "on the coal-face" providing support to families, it is important to hear their stories and first-hand accounts of what factors contribute to effective practice. This focus aligns with a qualitative approach that allows for an emic perspective, one that places the emphasis on understanding the social world from the point of view of the participants (Bryman, 2016). In qualitative research, the 'voices' of participants are at the heart of the study (Eisner, 1991; Patton, 2002). The descriptive experiences of study participants give meaning and allow for in-depth analysis.

This study utilised an exploratory approach as this "seeks to find out how people get along in the setting under question, what meanings they give to their actions, and what issues concern them" (Engel & Schutt, 2017, p. 100). Within this exploratory framework, the literature review helped to identify themes that then set limits and boundaries around the questions that were asked in the interviews (Coughlan, Cronin, & Ryan, 2007b). Overall, this approach was chosen with the aim that it would help to explore, describe (Engel & Schutt, 2017), and develop a greater understanding (Bryman, 2016) of social workers' perspectives of practice that contribute to good outcomes for children and families.

Social work skills align with the skills required for qualitative research. As Barusch, Gringeri, and George (2011) note, "relationship and communication skills are vital for the collection and interpretation of qualitative data" (p. 17). In my practice I have developed relational and communication skills which I utilised in this research, such as techniques for developing rapport with participants and for listening deeply to the stories shared by the participants.

Qualitative research is judged by whether it is: credible, transferable, dependable, and confirmable (Coughlan, Cronin, & Ryan, 2007a, 2007b). In the methods section next I outline the process I followed and justifications for decisions made.

4.3 METHODS

This section presents the methods undertaken in this study, including a discussion of the ethical protocols followed, how participants were recruited, and a detailed description of the data collection and analysis process.

4.3a Ethical protocols

Ethical approval was sought from the Massey University Human Ethics Committee (MUHEC) prior to commencing the research. Gaining ethics approval helps to ensure integrity and responsibility towards participants (O'Leary, 2014). A low risk ethics approval was granted (see Appendix A). A number of ethical considerations were taken into account in setting up this study. Decisions on ethical matters were informed by other research of this kind and by the requirements of the MUHEC (Massey University, 2015).

Participation in this study was voluntary. The participants' rights were protected in a number of ways. For example, as a way of minimising any coercion I did not contact potential participants directly (for further descriptions regarding participant recruitment see the following section). Hard copies of all data and participant information were kept in a locked cabinet in my home and all electronic information was stored on a password protected drive. All participants' information, both hard and soft copy, will be destroyed one year after the completion of this thesis, as agreed with research supervisors. I transcribed all the interviews myself to minimise access from outside sources to the participants' information. Participants chose, or were given, a pseudonym which is used when they are referred to in the final thesis and any identifying information was removed or changed to ensure confidentiality.

Participants were informed that they were able to withdraw from the research at any point up until the thesis was in its final draft, which no participant chose to do. It was not envisioned that any harm would come to participants or myself from the interviews for this study. However, there was a possibility that either party may experience some emotional distress. This was discussed at the beginning of interviews with participants and I ensured them that I would stop the recording if this was the case. I encouraged participants to seek support from their own supervisor should they experience any emotional distress. No participant reported any emotional distress as a result of their

participation in this research. No conflict of interest was identified in regards to this study. Participants did not receive any compensation for participating in the study.

I was mindful of, and discussed in research supervision, how to ensure social and cultural sensitivity in conducting interviews and portraying the voice of participants in writing up the research. Participants were made aware that they could access the full thesis via the Massey University Library.

4.3b Recruitment

Ten social workers were recruited to participate in this study. I contacted eleven social service agencies in the Auckland area who had a particular focus on supporting families with children aged zero to five years old. Nine responded and I spoke with representatives from these agencies, often a manager, and discussed the research verbally and emailed a copy of the Information Sheet (see Appendix B). Five agencies were not in a position to have their social workers participate in the research at that time or did not feel that their service, or social workers, met the criteria for the study. Four agencies consented both verbally and in writing for social workers in their organisation to take part in the research. I sent an email to the agency that was then forwarded to their social workers, or read out and discussed at a meeting.

Initially, recruiting participants proved difficult. The onus was on social workers who were interested in participating in the study to contact me. Three social workers contacted me from the first agency, of whom only one was eligible to participate. I reassessed this strategy and instead, I asked agencies if they could check who was interested in participating in the study and pass on the social worker's details to me on a sign-up sheet (see Appendix C) so that I could make contact directly. This removed an obstacle for participants in their busy days and helped to reach the desired number of participants.

In discussion with my research supervisors, I also removed an initial criterion that participants must be registered with the Social Work Registration Board given that this is not yet a requirement in New Zealand. This meant that participants who met the rest of the criteria, but were not registered for various reasons, were able to be a part of the research. Thus, the criteria for participants to be involved in this study were:

- holds a relevant social work qualification and have at least two years' experience working as a social worker **and**

- resides in New Zealand **and**

- currently works with families who have children aged zero to five

- **or** previously worked with families who have children aged zero to five (for at least two years) and had left that place of employment within the last five years

Only social workers in agencies working in Auckland were invited to participate to minimise cost and travel time for the researcher. The limit set on locality was not an issue given the small scale nature of the research.

I contacted potential participants, discussed the research, ensured they met the criteria to participate, and emailed a copy of the Information Sheet for them to read. This included information about the purpose and proposed uses of the research to ensure that participants were able to give informed consent for involvement. Once participants consented to the research an interview time was set up, and at the beginning of this I went through the Information Sheet again with each participant and gave them the chance to ask questions or gain further clarity about the study. Participants then signed the Consent Form (see Appendix D) stating that they had read and understood the Information Sheet.

I stopped recruiting once the sample size of ten participants had been reached. Interviews were used to collect data for this study, which is discussed next.

4.3c Data collection

Data was collected through in-depth individual semi-structured interviews. Each interview lasted between 60-90 minutes. Interviews were scheduled for a time and location that was suitable for the participant. Interview locations included: meeting rooms at a participant's workplace and cafés.

Interviews were semi-structured which allowed for flexibility and allowed space for participants to share what they viewed as relevant, whilst giving the researcher the ability to ask new questions thus providing space for rich and detailed answers from participants (Bryman, 2016; Coughlan et al., 2007b; Hammersley, 2013). The

interviews provided a depth of understanding and knowledge of social workers' perspectives of effective practice with families in the early years.

An initial interview guide was created with a list of questions. I did a pilot run with a social worker to test how the questions flowed, and a number of changes were made. Initially the interview questions were very broad and not specific or relevant to the themes emerging in the literature review. I was concerned about making the questions 'leading' as this is one of the challenges of qualitative interviews (O'Leary, 2014), and discussed this with my research supervisors. Following their suggestions I was able to frame the questions in a way that identified the themes raised in the literature but were also open-ended in order to ensure that there were opportunities for participants to explore wide-ranging issues and present their perspectives on practice in the early years (Coughlan et al., 2007b). For example, 'Research with other social workers has highlighted key areas that help to create positive change for families and better well-being for children, can you comment on this?'

When I had re-worked the questions I then practiced these with another social worker. This was helpful as I realised I had too many questions to get through in the timeframe and needed to narrow these down further. I did this by checking back with the literature and my research questions. I removed questions that I was interested in knowing about but that did not link back to the literature or my research question. This ensured that the questions were all linked to the core focus of this study – on what social worker's viewed as effective practice and the barriers to this. This iterative process was very helpful in creating the final Interview Guide (see Appendix E). This was provided to participants prior to their interview.

The practice runs with the Interview Guide allowed me to gain confidence in interviewing and using the audio recorder. The practice interviews also provided me an opportunity to listen to the recording and detect any biases or expectations I had so that these could be mediated in subsequent interviews (Bryman, 2016). I continued to utilise the process of writing in a reflective journal pre and post the pilot runs. This helped to identify what I thought might come out of the research so that I could then put aside my thoughts and really listen to what participants shared in their interviews (Rountree & Laing, 1996). For example, initially after reading the literature I wondered if social

workers may inadvertently use the focus on the early years (and research regarding the importance of intervening early) to act in risk-averse ways. However, the responses from these preliminary interviews showed that social workers were very thoughtful about the impact of their beliefs on parents. This learning helped me listen to and explore participants' experiences without judgement and remain consistent in the method of interviewing across participants (O'Leary, 2014).

Despite this work on the interview questions I made a slight adjustment after the first three interviews. One of the final questions asked about general interventions or approaches that social workers believed contributed to good outcomes for children, with a follow up question asking for a specific example. I found that the answers I received were very broad. So I tried asking for a specific story of a good outcome for a child first, and then asked questions to clarify what the social worker believed they did to create or support this outcome. I found these responses were more grounded rather than theoretical, and chose to continue asking it in this way.

Also, as I gained confidence I felt less tied to the format of the Interview Guide and able to jump between the questions depending on what the social worker was discussing. This was helpful as each participant answered questions in their own way and often this flowed into other questions that may not have been sequentially next. The semi-structured approach to the interview allowed me to shift between the questions in this way rather than needing to follow the order I had initially set for them.

I collected data both in written and audio form. Interviews were audio recorded, along with brief written notes which I made after each interview on my overall reflections and visual clues to help remind me of anything important (Bryman, 2016). The interviews were then transcribed and analysed, which is discussed next.

4.3d Data analysis

I conducted all the transcribing of the interviews which allowed for familiarity with the data (Braun & Clarke, 2006). Although there are no standardised processes for transcribing, valuable insights and mechanisms from Bird (2005) were utilised such as: a way of coding pauses, intonation, changes in volume of voice; notes from post-interview regarding body language; my key thoughts and reflections; and a transcription

key so that all of this could be easily understood. I also included my reflections on possible meanings behind non-verbal behaviour, such as whether a pause was to give emphasis, or just for the participant to gather their thoughts (Bird, 2005).

In qualitative studies, inductive approaches utilising thematic analysis are commonly used for the analysis of data (Bogdan & Biklen, 1982; Braun & Clarke, 2006; Patton, 2002; Ryan & Bernard, 2003). In an inductive approach, researchers must be open to novel and new ideas about relationships between things as theories are induced, or generated, directly out of the data collected. Beginning with precise observations, these are then translated into general patterns, this analysis can then generate theories or reveal patterns of meaningful insights (Patton, 2002). Thematic analysis focuses on identifying and describing both implicit and explicit ideas within the data, and is useful in capturing the complexities of meaning within a textual data set (Guest, MacQueen, & Namey, 2012).

I utilised a two stage process in the analysis process. Firstly, I was open to what emerged as themes from the data, utilising an inductive approach (Braun & Clarke, 2006; Hammersley, 2013). Then I went back to the literature to identify key ideas and I then returned to the dataset and emerging categories to see if these were present in this study. This process is discussed in more detail now.

Once the interviews were transcribed and I had a final dataset I spent time reading and re-reading the interviews and took additional notes to supplement the ones taken at the time of the interview. I then coded the dataset line-by-line, taking time to reflect and identify themes and concepts (Rountree & Laing, 1996) and wrote up these codes in a separate Word document. As I added codes I also included quotes, comments and a general sense of what participants were saying. After coding three interviews I had an extensive list of codes. From this point there were only a few new codes added to the list. In total 46 codes were generated. Some of the concepts and themes identified included: advocacy, feeling acknowledged and heard, relationships, availability of social worker, and needs-led model (see Appendix F for the original list of codes).

The next phase of thematic analysis involved moving from the particular to the general, further refining identified codes and themes into conceptual categories. As noted by

Braun & Clarke (2006), conceptual categories must be specific, clearly defined, and reflective of the overall story the dataset tells. I attempted a number of different ways to achieve this level of conceptualisation, and found mapping out the grouped codes and remapping while always going back to the dataset helped me to conceptualise what was coming through from the participants. I did this by printing out the Word document with all of the codes and linking quotes and references. In this way I was able to visually move the codes around to group, ungroup, and regroup as needed. This recursive process moving between the raw data and initial codes allowed me to explore relationships and connection between the themes and determine which were similar and could be grouped together as emerging categories (Braun & Clarke, 2006). For instance, normalisation, listening and responding, and non-judgemental could be grouped together as an approach that is taken by participants to build helping relationships with families.

Using this approach, I identified six categories. I reworked the Word document listing out the identified categories which were: relationship, child focus, support, administrative tasks, cultural aspects, and time. These categories were open-ended and flexible. The categories did not form a mutually exclusive set at this point, nor were they discreet and well-defined as some overlapped with others (Braun & Clarke, 2006; Hammersley, 2013). Although all 46 initial codes fit within at least one of the categories listed, some could be included in more than one category (Hammersley, 2013). For instance, one participant discussed the importance of the relationship with a family so that difficult conversations can be had about child safety - "every time you have to have a courageous conversation about something or you have to confront [a parent] about something, you need the strength of that relationship to be able to carry those conversations". This quote was put under both 'relationship' and 'child focus'.

Across these categories, themes emerged and had "a meaningful essence that runs through the data" (Morse, 2008, p. 727). It was important that each theme was distinct from the other themes, and that the data within each theme was coherent (Boyatzis, 1998; Braun & Clarke, 2006). The first clear theme that came through was the central importance of developing the support relationship, and how this underpins all the work that social workers do with families in the early years. It was interesting to see how this theme ran through so many, almost all, of the categories. The two other clear themes

that came through at this time had to do with collaborating and working in partnership with other agencies and families; and supporting families at a structural or systemic level.

In order to test the themes of the support relationship, collaboration, and structural issues, I re-read the data to ascertain that these were all strong themes throughout the narratives. Findings from this study confirmed some of what was found in the literature, and at other points it revealed a different perspective; for example, fears about the state of the social work profession. Some participants had a different view.

The findings from this research were then written up and discussed in the context of what is already known in the literature. In the process of writing up the findings, it made sense to separate what social workers believed to be effective practice from the barriers to this effective practice for the sake of clarity and simplicity. Thus, the categories mentioned earlier were separated out, and some are represented in both the chapter on effective practice and again in the chapter on the challenges to this.

While I was reflecting on the identified themes prior to writing up the discussion, I noticed that these represented the varying levels of intervention espoused by Bronfenbrenner (2000): micro, meso and macro level. After looking back through the data, I felt that this representation of the themes reflected the nature of interventions that social workers described as effective practice and the barriers to this. Thus, the use of thematic analysis helped to give a rich description of the entire data and an overall sense of key themes (Braun & Clarke, 2006).

When writing up the final report, I sought consent from participants for the inclusion of any direct quotes. I found this process of selecting and organising the data for representation (Rountree & Laing, 1996) time consuming but enjoyable. Further reflections on this process are discussed next.

4.4 REFLECTIONS ON THE RESEARCH PROCESS

During the process of interviewing, transcribing and analysing the data I wanted to be very mindful and respectful of the social workers who had chosen to participate. I felt very privileged that they would share their stories with me. In many cases it felt like

they were handing over a taonga (precious gift) for me to represent in my research. I became aware that this was not just a process of doing research well to pass my Master's Degree, but that the participants had allowed me into their stories and entrusted me with them. As such, I really wanted to ensure that I captured the true essence, meaning, and intent of their reflections and remain faithful to their "voice" (Bird, 2005; Marshall & Rossman, 2016; O'Leary, 2014).

To do so, I was aware of the need to take account of my own subjectivities and bias, as well as acknowledge the subjective nature of the research as it is based on social workers' own opinions and views. In my research I attempted to hold true to what people were saying by being mindful that I am not a "neutral observer" (Walliman, 2005). As noted by Hammersley (2013), all research is shaped by researcher motivations and preconceptions. In my research I utilised a reflective journal in the form of an epoche to help highlight bias and preconceptions (Rountree & Laing, 1996). For example, in my journaling I realised that I had an expectation that my findings would be similar to what was found in the literature review. Being aware of this meant that I was careful not to discount participants' views that didn't line up with the literature and my preconceptions. I also engaged in research supervision as a reflective process and as a means of minimising any impact of my bias and values on the interpretation of results (May, 2001; Walliman, 2005). The next section introduces some brief demographic information about the social workers interviewed.

4.5 SAMPLE CHARACTERISTICS

The social workers interviewed in this study were from four different non-government agencies based in Auckland. Of these 10 social workers, two identified as Māori, one as Tongan, one as Samoan, one as Indian, and the remaining five as New Zealand European. All participants were female, their ages varied, and their practice experience ranged from almost three years through to 28 years. This meant that the participants had a total of 108 years of social work experience. The majority of those interviewed were employed as social workers, with three employed in senior social work roles such as Senior Practitioner and Practice Leader. All of the participants worked in roles where the child was the client. For nine of these social workers that child was aged zero to five years old. The other social worker recently worked for an organisation that fit this criterion, although she was not working with this age group in her current social work

role. The interview with this person focused on her prior experience in working with the target age group.

4.6 CONCLUSION

This chapter presented the methodological framework that guided this qualitative study and outlined the research methods. It described the ethical considerations, the recruitment and data collection processes, and the data analysis and interpretation procedures used. It also described the sample characteristics.

The next three chapters present the findings, the combined perspectives of the social workers regarding effective practice with families in the early years and the barriers to this.

CHAPTER 5: SOCIAL WORK PRACTICE IN THE EARLY YEARS

5.1 INTRODUCTION

This is the first of three chapters that present the findings from this study. This chapter sets the scene for the following chapters and introduces the participants' organisations and their practice. In doing this, it presents the participants' stories of positive outcomes for children and families. These stories are representative of the experiences of participants in this study and the complexities that the families they work with face in the early years. Chapter six examines what participants consider effective practice with families in the early years. Chapter seven then explores the challenges to effective practice. In order to ensure confidentiality and protect participants, pseudonyms have been used and identifying details removed[2].

5.2 PARTICIPANTS AND EARLY YEARS ORGANISATIONS

5.2a Criteria for involvement

To understand the findings of this research it is important to clarify the criteria for inclusion in the study. All of the participants worked in organisations that provide services to families who have children aged zero to five years old. Referrals could be made to these organisations in the first year of a child's life, or during the third trimester of a woman's pregnancy. Referrals came from a range of professionals such as Oranga Tamariki, the Police, healthcare services, Plunket nurses, and midwives. Families were also able to self-refer though this was not as common. Practice focused on improving children's wellbeing by supporting families with a range of issues, such as health, education, relationships, family circumstances, environment, and safety. The criteria for the organisations to be involved with a family, were broad and encompassed a range of issues and needs:

> It's working with families where there's… a risk of things not going well for that child. Whether that's for health reasons, or concerns around child abuse and neglect, or mental health issues for the parents, or just challenges with knowing

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[2] When discussing how many participants shared a view I use the following terms: if it was only "one" participant or "all" participants, then this was stated; two or three participants is referred to as "a few"; four to six participants as "some"; and seven to nine participants as "many" or "most".

how to raise children… Drugs and alcohol is another big one, [and] domestic violence (Sarah).

Referral criteria were broad, but included high-need factors that are linked to poor life outcomes for children such as care and protection issues, childhood history of abuse for the parents, mental health issues, relationship problems, and financial difficulties. Involvement with these agencies was voluntary.

5.2b Scope of the role

The scope of the role for these social workers was quite broad and included the possibility of long term involvement (as outlined in the next section). The majority of participants conducted home visits either weekly or bi-weekly and this frequency of contact was a core aspect of their work.

Rasela highlighted this: "Our motto is to care for the wellbeing of the children, just to ensure their wellbeing and health and education; that it's all in place and it's taken care of". Similarly, other participants discussed the importance of promoting the child's development, safety, minimising harm and risk, and preventing poor outcomes and future issues that might undermine the child's wellbeing. Working to support better outcomes and wellbeing for the child, involved limited work directly with the child (given the age of the children), supporting the parents/caregivers and extended family in a myriad of ways to ensure safety and wellbeing for the family and child, and liaising with other agencies and professionals. Kaea explained the role:

> So that sort of encapsulates advocating for WINZ, housing, Oranga Tamariki, it would be teaching mum about child development, even from in utero, the effects of domestic violence, a whole array of different things, ultimately assessing risk and safety.

Social workers identified other key components of the role: writing case notes, completing assessments, setting goal plans with families, making referrals, and in the case of those in more senior positions, overseeing the quality of social work happening within the organisation, and providing supervision to social workers. The role participants played in supporting good outcomes is discussed in more depth under the relevant themes in the following chapters.

5.2c Length of interventions

On average, participants would work with a family for two to four years. However, if required social workers could continue working with a family for up to five years "based on their needs" (Zoe). Zoe noted that there was no fixed time to stay involved with a family, rather she stayed involved "as long as [I] need to stay in and no longer". For her, an indication that it was time to close was when the family had achieved their goals:

> And you can see there's no more work to be done, or the work that's to be done is something they need to take ownership and responsibility for, and they don't actually need you there, but they need to stand on their own feet, so they need to, to claim their power back and be able to move on.

The minimum time of engagement with a family was between three and six months, although most social workers discussed six months as the preferable shortest timeframe for involvement. However, families might also choose to disengage earlier. Reasons given for disengagement were: a family moved out of the area; everything was going well for the family; or the family found the involvement with the service too big a commitment.

This understanding of the roles of the participants and the type of work with which they were engaged provides a foundation for discussing the findings and an exploration of these in the context of social work in the early years in New Zealand.

5.3 POSITIVE OUTCOME STORIES

In the stories shared by participants, change and positive outcomes were seen in many aspects of the family and child's life. Some of these stories are presented below and are representative of the stories shared. These stories also highlight the participants' views of what practice was effective in supporting good outcomes.

Kaea shared a story of her work with a mother of three who had experienced a "multitude of trauma", including abuse as a child, domestic violence, Oranga Tamariki involvement, health issues for her children, housing issues, and gang involvement. As she noted, there were "so many different things… when I got involved… it [was] just like what do I even focus on first?". Given that the mother had difficulty in reading Kaea developed creative ways of engaging her in the assessment process, such as

drawing their agreed upon goals in picture form. A Māori cultural model Te Whare Tapa Whā was utilised by Kaea in the intervention, whereby she explored and supported wellbeing of the four pillars: Taha Hinengaro (mental health), Taha Wairua (spiritual health), Taha Tinana (physical health) and Taha Whānau (family health) (see Durie, 2017).

Kaea supported the mother to gain further parenting skills and modelled how to engage with her children by reading and playing with them. Kaea also supported the mother to: become involved with Community Alcohol and Drugs Service (CADS); change health providers to one she was comfortable with and would therefore use when she needed to; move into appropriate housing; access counselling; gain protection orders, parenting orders and a trespass notice; and create safety plans, among other things. As she noted, there was a "huge array of things we had to do", and this was not always achievable in a one-hour visit. Kaea discussed her passion to support people to make "genuine change" and this often meant "breaking cycles of intergenerational trauma". As such she worked with the wider family and supported the mother's sister to leave a violent relationship. Kaea also identified the importance of collaborating with other agencies and that she often took on the role of co-ordinating and leading meetings with other professionals.

Ultimately, Kaea defined success as the mother being "able to, amongst all of that rararu [difficulty], focus on the children". She discussed that often "the child can get lost amongst the drama that [someone] is going through". In this case, the mother was able to focus on her children and this shift meant they consistently attended Early Childhood Education (ECE), healed from scabies and school sores; and the youngest gained movement back in her neck.

Kaea's emotional reflection on the first time the baby was able to turn her head highlights how she positioned herself within a strengths-based approach, and the importance of empowering parents to lead the change they wanted to see.

> [The child] could hear her name and turn her head and it's just like 'oh my gosh', that's what success is to me… small things like that, a lot of people take that stuff for granted… it's when I'd said her name, and she turned her head, I was like [expletive], sorry for swearing but I just thought, that is awesome, she couldn't turn her head. And it's not to say that I did that, it's just empowering mum to be

able to see that change is possible, it can be done in small steps, and it has to be led by mum.

A story shared by another participant also highlighted both the immense difficulty that families face and the length that these participants went to in supporting families to achieve positive outcomes. Mary described supporting a mother, a new immigrant who had fled an abusive relationship. She noted that the mother was very isolated, she "had no voice, was very new to New Zealand, and it was shameful for her to tell her family what [was] going on at home". Mary supported the mother to: gain a protection order and custody of the children; get into Women's Refuge; source appropriate housing; access clothing, food and finances; access English classes and employment training courses; and gain her driver's licence.

Furthermore, Mary encouraged the bond between mother and child through practical means and modelling behaviour such as rocking her child, giving lots of cuddles, playing with her child and reading books. On some visits support included giving the mother a break and taking over the care of the child as this was what was needed. Mary identified that the child was not meeting developmental milestones and so encouraged the mother to see the Doctor. As a result of this appointment, specialist services became involved including speech therapy. The child "made so many improvements", started to speak, and became much calmer. This mother shared with the participant: "if you hadn't come into our life, if you hadn't encouraged me, I wouldn't have known what to do with my children and myself". Mary reflected that the mother is now "happily living with her two children close to her brother".

For some parents the difficulties were so great that they were no longer able to parent their child safely and the participant worked with the child and parent, the wider family and other professionals to support the child to return to the parent's care. In one example, a mother disclosed that she had abused her two-year-old child. The participant described how their agency provided the bulk of the support to this family with oversight from Oranga Tamariki. Support in this situation involved the same interventions as outlined in the earlier stories but also included helping the child make sense of it all. The participant reflected that the child:

had a lot of behavioural issues while he was at day-care because he could not understand the fact that he was taken away from his mother. [I] spent time, to talk to him, to explain the reason why [he was in care] and that was telling him that you know, mum wasn't a bad mother, mum just needed a break, and to look at it like a holiday, and it made things go a little bit easier for him.

In another situation both parents had been assessed by Oranga Tamariki as unable to care for their child; however, the participant worked with the father to identify a safety plan so he could care for his child. The participant then supported this transition. She described the importance of hearing the father's story and building an understanding of the context of his situation. In both of these stories the parent was able to safely resume care of their child.

Overall, these stories vary in what support looked like for a family, but they have themes in common including: supporting families to confront complex issues; taking time to get to know the family and understand their issues; ensuring safety for the child and parents through various means such as the Courts; and connecting the family to relevant services to ensure material, emotional, and health needs are met. As a result, families: had more hope; could see the good in themselves and their child; learned that they were capable of parenting and were supported to focus on their child's needs; and extended family members and friends were more engaged and supportive, and sometimes change occurred for them as well. Ultimately, the children in these stories were seen to be more confident, calmer, physically well, and happy. As one participant stated: "we support the parents to get themselves to a place of wellbeing, in order to help their children".

5.4 CONCLUSION

This chapter has identified that participants in this study held roles where the scope of involvement was broad and allowed for intensive work with a long period of engagement with families. It has described social workers' roles and explored the positive changes and outcomes for families. It has set the scene for the next two chapters where key themes emerging from the participants' interviews are considered. These two chapters explore the nature of effective practice and the challenges to achieving effective practice with families. The next chapter examines the participants'

views on what constitutes effective practice with families in the early years and how this contributes to positive change.

CHAPTER 6: EFFECTIVE PRACTICE AND GOOD OUTCOMES

6.1 INTRODUCTION

The participants identified key practices that contributed to good outcomes for families. There was a strong degree of coherence and consistency in what the participants identified as supporting good outcomes. This included length of time involved, the support relationship, cultural responsiveness, determining what support a family needs, balancing a child focus with family support, and providing meaningful support to the family. Each of these will be discussed in this chapter.

6.2 TIME

Time, and having enough time, was seen by participants as one of the most important factors in supporting positive change for families. Time is a concept that was woven through the various themes in this research and was most poignantly associated with change and the support relationship. Time is an inescapable reality of the world we live in and impacts on the work social workers do. Unsurprisingly, time was significantly connected to supporting change for families to ensure good outcomes for children.

Participants believed that the length of time they could spend with families was linked to the depth of change the families achieved. Ayla discussed the importance of time in this context:

> Making changes in other people's lives, the lifetime habits [are] not gonna change overnight, it's gonna take time. Because if you are planning to fix the issue from the root, you need time… [There's] no point in fixing things on [the] surface… the changes won't be permanent; they will be temporary. But if you want to make a permanent change in someone's life, then you need to fix the problem from the root so it doesn't surface again. And that takes time… I think [the] first six months is, is honestly just getting to know each other really well, on top of doing little things for the family, showing them the way, or linking them with the services, 6 months [goes] so fast, 6 months is nothing, you know. In one years' time you start to see the improvement… And within that two [or] three-year time you have empowered them <u>enough</u> so they can function on their own, and you have the confidence in them that they can survive without you.

As noted earlier, participants were all able to work with families for a significant length of time, averaging two to four years. Sarah stated that the length of time and intensity of involvement meant that the service provided:

> …real opportunit[ies] to not just focus on what are the things that are happening on the surface that might not be going so well, but to really get a bit deeper as well and look at those things… to be able to figure out well what do they need to be able to be the best parents they can be.

Most participants echoed the view that it took time to see change for families, but that ultimately the goal was to "empower [the] families so that [they are] not with them forever" (Zoe). Participants talked about being involved with families for a "good long time", giving "hope", building the relationship and trust. Several outlined how their work tapered out over time:

> I guess that's part of the process too, is that you do work really hard at the beginning and you really carry them, but then you know, gradually you try and step back and step back, [to] ensure, you know, they're going to be functioning well when you're not there (Lucy).

Time is linked to many aspects of supporting positive change for families and will be addressed within those themes. For example, the need for time was seen as essential in being able to build supportive relationships with families. This, and the other elements that contributed to building supportive relationships will now be discussed.

6.3 THE SUPPORT RELATIONSHIP

The support relationship between the social worker and the family was identified by participants as a crucial foundation from which good outcomes could be achieved. Creating wellbeing for children was seen within the context of, and as a result of, the relationship participants were able to build with families. The importance of relationships cannot be over-emphasised and the following discussion explores why participants regarded the relationship as crucial. The discussion also explores the link between time and the support relationship, the importance of the relationship in the change process, the commitment needed from social workers to build this relationship, and the factors that help to build this supportive relationship with families.

6.3a Why the support relationship is crucial

All participants discussed the importance of building the support relationship with families. Some participants reported this as the "number one" or the "key" thing that social workers do to contribute to wellbeing for children in the early years. The support relationship was linked to words such as "trust", creating "buy-in", and "partnership".

A supportive relationship enabled engagement with the family. Creating 'buy-in' promotes engagement and was discussed by several participants. Without the relationship, Ruby noted that a family was more likely to exit the programme, avoid phone calls, or not take on-board advice and support. Alternatively, Zoe shared that when she was able to develop that relationship, families stayed engaged and, given the depth of the relationship with the worker, some families became upset when it was time to end the work.

Building relationships was linked to overall change for the family and ultimately better outcomes for children in the early years. As Zoe stated: "if you don't have the trust between yourself and the family, then you aren't going to achieve anything really... So that's what we work on to start with, is building a good relationship and partnership". All participants identified that this process takes time and commitment but firmly believed it was worth the effort.

6.3b The support relationship takes time and commitment

Building a relationship with families takes time. All of the participants worked in organisations where they were able to work with families for at least six months and often for a number of years as mentioned in Chapter Five. Although one organisation had a timeframe goal of six weeks to build the relationship, Kaea stated building the support relationship was something that she was 'constantly' working on with families. Rasela explained that working with families for a long time helped build trust, she said:

> If a family don't trust you, I tell you what, it's a hard core thing to work with them. So given that timeframe [three to four years] you... get to know them, and [they] get to trust you, it's a relationship built, that's all based on trust.

Other participants also noted that building the relationship could be a really slow process as developing trust took time.

Several participants said that working with a family over a long period of time took commitment. Sarah stated how important it was for families to have someone be there for them, and how, at times, it could be difficult to remain involved and stay connected:

> So when things do fall apart again, and [the parents] do slip up, or when they make a decision in a relationship that's not necessarily the best thing, [they have] somebody there that can say 'that's okay', you know, 'yes it might not have been the best decision, but what can we do now to make that different'. And having somebody who's willing to go back again and again and again. Because as frustrating as it can be when you feel a little bit like, 'really, they did that <u>again'</u> (laugh)… each time you do that and you go back and you deal with them, hopefully they're learning a little bit more that's going to eventually get them to the point where… they might choose… [to think] more about the relationship with the child… they're going to be able to, over time, find ways to… [recognise] earlier, what's going on and have more insight… [to] build their self-awareness… and make some better decisions.

Similarly, Lucy underlined the importance of sticking with the family, staying committed and involved even when it was not easy:

> Being on their side, even though you know that they do stuff, and they do naughty stuff (laugh), and they don't follow through on their plans... a lot of families… appreciate that you haven't stepped back when things have got tough.

This time and commitment was seen by participants to be worth the effort as it was linked to better outcomes for families. Sarah highlighted the link between the length of time involved, the support relationship, and enabling change to occur for families who were managing complex issues.

> If you're involved for longer, you have more ability to build a deeper relationship, rather than just a surface relationship… [this] definitely can have a huge impact on how much change is going to happen for that family, and how supported they feel with that change... If you're involved for a shorter length of time, they might have started to identify [areas they need to change], but it's often such a complex issue they don't know how to go about doing that.

Having enough time was not the only consideration in building a supportive relationship; participants described the specific ways they worked to develop a trusting relationship with families and this is explored in the next section.

6.3c Developing the support relationship

> [A family] is not going to buy-in to something unless [they] feel valued, and worthwhile, worth something, but also that [they] can trust the social worker to do the best for them, I mean the social worker isn't gonna stick it to them, you know, further down the track (Zoe).

Although not an exhaustive list, the key attributes that were consistently identified by participants as fundamental to building the support relationship included: being reliable and available, showing genuine care, clearly defining the helping role, taking a non-judgemental stance, listening and understanding context, normalising situations, and identifying strengths. These are discussed now.

Being both reliable and available was seen to be important by many participants as it enabled the development of trust in the relationship. Ruby described how it was important to be 'available' to the families she was working with, though within reason and during normal work hours. She also identified the importance of 'sticking' to appointments made and how being reliable in this way built trust: "if I say I'm going to be somewhere, then you know, I be there, unless something happens and I can't, [but then I let] them know that something happened and I can't make it". Other participants shared similar views on the importance of being someone who consistently showed up to provide support, and followed through on what they said they would do. Sarah said that it was these 'seemingly little things' that contributed to the family knowing that you genuinely cared. A few participants acknowledged that they were not always perfect at being reliable and following through, but that they aimed for this and offered explanations when they couldn't meet this goal.

The participants cared about the families they worked with and they shared that the families were able to sense that this feeling was genuine. For some of the participants this genuine care and understanding came from their own experience as a child, being cared for by others, or having a lived understanding of what the family was going

through. For example, a few participants were passionate about supporting families with the same cultural background as they shared similar experiences and understanding of the world. Others, like Sarah, discussed their desire to engage with families: "I actually want to be here, I want to get to know you", and believed families can sense when this is genuine.

Participants believed that being clear with families from the outset about their role assisted with developing the support relationship, which in turn allowed them to have difficult conversations with families. Clarifying transparency, boundaries, and confidentiality when initially engaging with families was believed to help frame up the support relationship. Zoe discussed the importance of being transparent about her role, particularly as it related to safety for the child and when she might break confidentiality. "I think it's important that [parents] understand that I'm being transparent, but also that it's a really important… area, for their child to be safe, and some families might not think about that much". This initial work set the scene for the type of relationship participants had with families and enabled them to engage parents in difficult and courageous conversations. For instance, Lucy described how the support relationship enabled her to have crucial conversations: "every time you have to have a courageous conversation about something, or you have to confront [a parent] about something, you need the strength of that relationship to be able to carry those conversations".

Taking a non-judgemental stance and 'not labelling' people, was also linked to building a positive relationship with families. Kaea described a non-judgemental stance as: "we have the ability and the capacity… to be able to build relationships, and actually get to know who these people are, rather than the diagnosis they have or the label that they come in with". Sarah was drawn to social work because she believed this non-judgemental stance was embedded in the profession. She described this process as one where she doesn't make assumptions but rather chooses to 'check' things out with the family. In doing this she provides a space for families to be heard and understood. Alternatively, Anna shared sentiments she had heard from families when they have felt judged: "You know it's hopeless… there's nothing here for us, no one understands… they're just labelling us".

Listening to families, hearing their stories, and understanding the context of family life was considered to be foundational to building an effective support relationship. Lucy believed that the impact of this was at times underestimated: "I never think that witnessing people's stories and really actually just hearing their stories is ever given enough credit for how important that is emotionally for families". Several participants discussed the importance of using reflective listening, and noted that positively responding to a parent was 'incredibly valuable' as they felt heard and acknowledged. Others discussed the need to have 'empathy' and understanding for the family which could only come about after hearing their story. Anna described the significance of this for families:

> In some instances, it's the first time they've actually felt heard and acknowledged. That maybe it wasn't they were so bad and there's something wrong with them, and they were terrible… [instead] they were able to cry, they were able to laugh, and feel heard.

Understanding the parent's history, including their experience of being parented was seen as crucial, as this helped to increase a social worker's understanding and empathy: "A lot of the families we work with have had very poor, or not even any parenting really, from their parents, for whatever reasons" (Zoe).

Another key skill which helped to build the relationship was to normalise situations and remove feelings of blame. Anna noted that a way of avoiding a parent feeling 'blame' was to listen to their story and understand it in context. A few participants discussed normalising the struggles parents go through. Ayla articulated how she normalised situations and feelings for parents by saying to them: "Hey, you know, it's not end of the world… I have been through [this] so I understand what you are going through". Others acknowledged to parents that there was no such thing as a 'perfect parent', despite the pressures they may feel to be this.

Identifying and calling attention to parents' strengths was viewed as a vitally important aspect of developing the support relationship. Anna discussed that parents are often hard on themselves and can become stuck in trauma and unable to recognise their own strengths. A key aspect of her practice was to name these. Kaea also highlighted that this was a key focus of her work as parents often cannot see their own strengths:

I think that's one of the things we have to do as well, is always pulling out a strength of something, especially when a client can't see it themselves… mums cry when I say 'do you think you're a good mum?' And they just can't fathom that, and just completely break down.

Zoe also worked to identify strengths as she believed this was necessary for building the relationship:

We use a strengths-based approach, so… you're working to maintain a balance between supporting the parents to build their ability to cope… build on their strengths… [whilst] ensuring the child is safe and the child's needs are being met… We acknowledge and affirm their strengths. So you're not just saying, 'well this is what's wrong, and that', and it's not all the negative. So it's being able to say 'you're doing this really well, but hey, how about you [look] at this'… To improve the outcomes…. it's really important to form a good relationship and if there's no trust there, and if you continue telling them that they're hopeless, you're not going to get anywhere, and why would you, because that's what the rest of the world's doing to them.

Lucy shared this view, noting that because of the long term nature of her involvement she was able to see risks, but 'more importantly' the strengths of families. Other participants also acknowledged the importance of building parents up: "it's about encouraging them, so really picking them up and building them" (Ayla).

Although relationships involve two or more people, participants placed the onus on themselves to work at developing the support relationship by utilising the strategies discussed above. Furthermore, participants identified the need to be culturally responsive to families, and that this both encouraged the development of the support relationship and contributed to creating good outcomes.

6.4 CULTURAL RESPONSIVENESS

Participants highlighted that effective practice which supported good outcomes meant working in a culturally competent and responsive way. Often participants were working with families from a different culture than their own. Even for those working with families from the same culture, they discussed the importance of having a cultural awareness so as not to assume that because they are of the same culture they will see things in the same way. The following discussion explores participants' views on the

need for cultural awareness, cultural humility, and the importance of supporting families to reconnect with their culture.

6.4a Cultural awareness

Participants felt that having an awareness of cultural practices, beliefs and values, supported them in engaging appropriately with families and in building the support relationship. Most participants referred to cultural training which equipped them to feel confident working cross-culturally. Lucy stated that she "works with so many different cultures, and [has] quite a lot of knowledge about a lot of different cultures" which enhanced her practice. Non-Māori participants described having a good understanding of tikanga and cultural aspects as a result of cultural training and felt that this was helpful in building an understanding of family life; as Sarah stated:

> I think a lot of it comes down to just recognising the tikanga and some of the practices within the families. And again that comes down to that little bit of knowledge when you go in there. You know that when you go in to visit a Māori family, that you take your shoes off, and you know, little things like that show respect right from the beginning… So I think, a lot of it, is also about following their lead as well… in a meeting with them, making sure they have the opportunity to open the meeting in their own way, whatever that might be… that it empowers them to feel this is [their] meeting, it's not all these professionals who are here saying you know, you must do it this way, but it's about them coming up with things.

Zoe also discussed the importance of understanding family dynamics, with one family this meant allowing the grandmother to speak first "because she had quite a lot of respect in her family". Others participants also felt that they were able to relate well to Māori whānau and they described showing respect by: taking off their shoes when going inside, encouraging families to open and close meetings, using Māori models of practice such as Te Whare Tapa Whā, and working with the wider whānau.

6.4b Cultural humility

Despite having an awareness of cultural practices, participants did not assume that a family would adhere to these, but rather took a stance of humility where they inquired

about what was important to each individual family. For example, Sarah shared the importance of finding out what culture meant to each family. She worked to:

> build an understanding of their family culture, so what does that actually mean for them. You know, you've got some Samoan families who are very involved in the church, and that's really important to them. But for other families that might not be the case. Or you've got families where they actually don't see their culture as being a positive thing because they, if they've had a difficult childhood themselves, they attribute that to being 'oh that's the Samoan way of doing things', or 'the Māori way of doing things', or the, you know, whatever. And, so they don't necessarily want to connect with their culture in that way.

Anna also discussed how some people she supported were disconnected from their culture because of past trauma. She emphasised the importance of not assuming what appropriate cultural support looked like:

> The mum had said she wasn't interested in the Māori culture at all… [Cultural training helped me know] it was about what it means to a person… so, very much about not pushing [the mum to engage with her culture]… otherwise I probably would have gone in like a bull at a gate… well it would've been totally disrespectful to the mum because after her disclosure it made absolute 100% sense why, because of historical abuse that occurred… her way of coping, was just shutting all of [her culture] out and just starting a new life… so that was obviously a time where, running in with cultural tools or skills wasn't what was needed, it was knowing not to run in.

Taking a stance of cultural humility and not assuming what culture might look like or mean to a family helped to build respect and trust in relationships. Once participants were engaged with families, they could then support families to reconnect to their culture when they were ready to do so.

6.4c Reconnecting to culture

In situations where a family was disenfranchised from their culture of origin, participants believed that gently, over time, offering support for them to reconnect to their culture was important. Anna discussed how, over time and from a place of understanding, she supported a mother and her family to be reconnected to their culture, and this included accessing cultural support. Sarah also acknowledged the importance

of cultural connection and worked gently to support this for families. In these situations, she:

> accepted the way they see it, but also worked over time helping them to recognise that all cultures have positive aspects to them, and that yes, their experiences might not have been the best but there might be some other things out there that can be really positive. And [I] helped them to, over time to make those connections.

This was the case for participants who were working cross-culturally but also for those of a similar cultural background as the families with whom they worked.

6.4d 'Insider' cultural connection

Participants who worked with families from the same culture identified that this provided a depth of understanding that enabled a strong connection that over time led to positive outcomes. Some participants were able to speak the same language as a family when English was their second language. Others discussed that having experienced moving to New Zealand and starting fresh gave them a level of understanding and empathy of what this process was like for families. For instance, Mary shared with families her own experience of moving to New Zealand from the Pacific Islands and said that she could see them connect with this experience. She felt that this made them feel less alone in their worldview and more "confident" in her support. Participants from the Pacific Islands shared insights about the importance of understanding the worldview of families from the Islands. For example, Mary explained that parents who had migrated from the Pacific Islands had a "totally different worldview [of] how to discipline and how to parent their child", and that raising a child was seen as a "communal responsibility". Both Mary and Rasela talked specifically about discipline, particularly smacking, and how Pacific Island cultural views at times clashed with New Zealand policy and legislation. Mary spoke of how she navigated these situations with families:

> I would say part of my role as a [Pacific Island] social worker, it's to educate those kind of parents to understand the difference between the context… this smack policy here… some parents come from the Islands… [and hold a different view that] 'when I smack my child, that's when I love that child'.

Rasela found a balance of acknowledging the family's culture while also holding to New Zealand's policies and legislation:

So they bring their own culture as well, and I totally agree with that, I totally agree because that is their unique thing and they know better than anyone of how to bring up their children. So… I <u>always</u> acknowledge the culture, who they are. And on the other hand, I explain about the policies of this country as well.

The participants also explained that even with an 'insider' cultural connection social workers needed to show cultural humility as families each had their own interpretation of cultural values and beliefs.

Overall there was a sense of both the importance of having social workers of a similar culture supporting families when possible, and the need for social workers to be able to work cross-culturally as this was often required of them. Cultural training and awareness, combined with an approach of humility, assisted participants in engaging with families appropriately across cultures, and in many instances was seen to assist in developing the support relationship. Building this foundational relationship was also seen by participants to be key in accurately determining a family's needs in order to be able to provide support that met these needs.

6.5 DETERMINING WHAT SUPPORT A FAMILY NEEDS

To see positive outcomes for children, participants believed that support offered to families must be relevant to their needs. Participants highlighted the importance of conducting a thorough assessment to understand a family's needs and ensure they provided support that was needs-led; this required a flexible approach.

6.5a Conducting a thorough assessment

A thorough assessment paints a clear picture of what is going on for a family and what specific supports they need, and was considered by participants to be effective practice for supporting good outcomes. To determine what support to offer a family, participants talked about conducting a 'thorough' assessment, often over a period of six weeks or longer. Most participants said that the support relationship they built with a family was 'key' to completing this assessment. They said that families opened up and shared what was going on when they had developed trust within a supportive relationship. Ayla noted that "if you have a good relationship going on with the family, they will really open up to you about their problem, they're not going to hide anything". Others echoed

this view, recounting that if people trusted you, they're more likely to open up and share. Alternatively, Sarah stated that if she does not have a supportive relationship with the family the information gathered might not be correct, as the family would fear being judged and not share openly - "if [the family] don't feel that you're going to understand the reasons… they're gonna feel judged by that".

Time and trust are essential in terms of helping ensure accurate assessments of the situation so that a family's history, as represented in case records, is not solely relied on. If it is, changes a family make never get recognised. Furthermore, there is a risk that the family would not receive the support they needed if a thorough assessment was not conducted, thereby potentially placing the child in danger, or resulting in removal of a child from their parents when this could have been avoided. Rasela explained the risk of rushing the assessment process and not taking the time to develop the supportive relationship with the family:

> You know, you hear the story, see the story, the people are so defensive they don't come out, they don't want to talk with you. So how are you going to manage that, because if you're not getting anything else of value, you dwell on… [the] history of the family and then base your judgement on the history. You will not be good for families, you will not. So that's why I really believe that the length of time that's given to work with families, it's so important … some vulnerable family will not come out to see you within those 6 weeks, and then when the assessment [is complete] you don't know what's right because the fact is you haven't built the relationship with them yet… [which you need] to make sure that you are making [a] good judgement for the benefit of the family, not for yourself.

Even once an accurate assessment of needs had been conducted, participants identified that it was important to take the time to determine what approach to adopt in meeting those needs.

6.5b Being needs-led and flexible

When determining what support to provide to families many participants described a needs-led approach and the importance of being flexible. Zoe highlighted her approach:

So it's… working with the family on goals that they've identified. So you're not going in there saying 'I think you need to do this, and I think you need to do that'. So, you're working with them on what they see would be helpful. And if they're a bit reticent on that, sometimes they find it hard to, kind of crystalize something, where they're at, what they need the most, you can gently suggest things, and then families will say, 'no I don't think I need that, but actually I need this'. So you can encourage them, gently nudge them, but you never, never say this is what it's going to be.

Others echoed this view: "I try not to push anything on anyone" (Kaea), and "you're there to help [with] whatever support assistance… looks like for each family" (Maria).

The support relationship was discussed earlier in a general sense, however one particular purpose of the relationship was that it assisted social workers to determine what support a family might need, including being flexible in the approach and intervention to meet that need. Sarah conveyed this idea:

I think it comes down to building that relationship first because once you have that relationship you can start to see that this approach might work with this family, but it won't work with this family… or there are these things that might need to be adapted. So I think a lot of it is about that flexibility.

Others also discussed how the relationship they had with a family helped them know where to pitch the support, and that they wore different hats depending on the family dynamics and needs.

As social workers developed in their roles, they felt more confident in their ability to provide the flexibility that families needed. Sarah stated that as she has become more familiar and confident with the role, she was able to be more "flexible" and adapt her plan depending on what the parent might need. She believed that this approach supported the parent "to be able to be the best [parent] they can be".

The support relationship was identified by participants as playing a key role in both conducting a thorough assessment and providing support that was flexible and needs-led. Supporting parents to be the best they can be, and working towards good outcomes for the child accurately sums up the participants' agenda in their work, though holding this dual focus could at times be a balancing act as discussed next.

6.6 BALANCING A CHILD FOCUS WITH FAMILY SUPPORT

The findings indicated that participants believed that focusing on the child whilst providing support to the family was key to ensuring good outcomes. This dual focus, though often complementary, at times held some tensions. This section explores how participants maintained a focus on the child in the context of providing family support. Participants explained that they contributed to the wellbeing of children in their practice by focusing on the child: ensuring the child's safety, understanding and supporting children to meet developmental milestones, and working with caregivers to encourage positive relational and emotional wellbeing for the child.

6.6a Balancing a child and family focus

Participants believed that maintaining a child focus while they were supporting the family was critical and they did this by consistently bringing their own, the family's, and other agencies attention back to the child, and the child's experience of the situation. The participants spoke of the array of issues that parents struggled with such as domestic violence, substance misuse, housing and trying to manage on limited incomes. One participant described how she sometimes got "bogged down" by all the issues parents faced. She managed her approach by bringing the focus back to how the child might be experiencing these issues. Lucy also adopted a child focus, stating that all "those things [parent issues] obviously come back down to the child, so [we] work really hard to make parents understand how their environment is impacting on the child". Kaea described how she did this, by:

> going back to [the parent's] childhood, and say for instance an example could be, that… their mother was in and out of [a] domestic violence relationship and… we talk about how does that feel as a six-year-old, or as a teenager, and they'd always say that they hated it, but they couldn't change it, they couldn't tell mum to stop, to stop going back to that relationship. And then we would reflect … how do you think baby now being three feels when dad is coming back and beating you up when he's pissed off his face. And, every single time I have not had anyone say that it's actually a good thing… they've always said, 'oh she cries at night', and then they start talking about physical signs that they know that their child is in distress.

Working with parents so that they could bring their focus back to their child's perspective was a key first step towards good outcomes.

6.6b Child safety

According to participants, the most important and overarching goal of holding a child focus was to ensure the safety of the child. Some participants specifically stated that child safety was "paramount", or one of the most important aspects of their work. At times this meant immediate action on the part of the social worker to ensure safety. One participant described a situation in which she observed that a baby was struggling to breathe in the cot and was able to rectify the situation. She described how profoundly important child safety is:

> I feel that when I walk into the home it is so much responsibility on us, because we may be the first ones to walk in to something that could be very dangerous, or a life threatening situation for the children you know. And then what is your role? Sometimes we [go] beyond our role, we have to, to save someone's life… So you know, we carry a <u>lot</u> on our shoulders as social workers… if you really want to do your job properly (Ayla).

Similarly, another participant discussed an obviously dangerous situation where a knife was left on a coffee table within reach of a toddler. She utilised this as a teaching moment with the mother which she believed was well received and hoped it would prevent this happening again.

Support, risk assessment tools, and experience, were identified as helping participants to make assessments regarding the safety of the child. A few participants highlighted their need for, and use of, support which was accessed from supervisors, managers, and other colleagues. Weekly supervision was described by Kaea and Maria as helping them to "practice safely", ensure they were not "isolated", and not making risky assessments on their own. Strengths-based tools such as the Three Houses (Weld & Parker, n.d) were utilised in one organisation. One participant talked about the time and experience she had in the role which helped her to develop skills around making judgements on safety and to be "assertive" when advocating for a case to stay open because of safety issues.

Ensuring child safety whilst supporting families was viewed by some participants as a balancing act, one that they felt was important to ensure good outcomes. As one

participant noted, it can be very difficult being both the one to notify Oranga Tamariki and the one to follow up and provide support for the family:

> I might be the person who makes the report of concern, but at the same time, I talk with the family about the reasons behind doing that and I continue to work with them and support them through that process of what happens next, which can be a really interesting balancing act at times… [Because] on one level [I'm] saying 'I have these concerns', but then on another level, [I'm] also saying, 'but I also want this family to do well, and I really want to support them through this, to help them get there' (Sarah).

Sarah, and other participants, reflected that the relationship and tools mentioned earlier (see page 54-57) to develop the relationship are what helped them to continue to support families when the family might otherwise refuse because of the actions taken to ensure the safety of the child.

According to participants, effective practice went beyond child safety to supporting children to meet their developmental milestones, which also entailed delicate conversations with families.

6.6c Focusing on developmental needs

Participants believed that effective practice with children in the early years meant having an awareness of developmental milestones and the ability to identify issues or delays, even subtle ones. This allowed participants to work with families to ensure children received help and support. Ruby discussed how having this knowledge base supported her intuition to pick up on these subtleties:

> Sometimes you know something's going on but you can't put your finger on it… [I] just felt that something was wrong, so even though there was no risk, as in you can't see anything happening, it's not playing with knives, but it's just he's left in his cot. That was really hard to deal with, because there was kind of like no evidence, as well, other than a feeling. Yeah sometimes it's hard to identify.

Participants linked the intensive nature of their work with families, often visiting fortnightly, to being able to identify issues that sometimes were missed by other professionals. For example, in the situation discussed above, Ruby reflected:

> I was quite worried [as it] seemed to me he was always left in his cot, and he had, when he walked his legs were kind of bowed, and it just seemed strange to me. I just knew something was not right. But when I spoke to the public health nurse she's like, 'oh no, he's fine, his legs will come right'. But it did turn out that he was left in the cot.

Other participants also gave examples of how their work had a profound effect on the child due to detecting potential issues that had not been picked up by the family or other professionals. Ayla discussed one such situation:

> The elder child had some sort of disability; the child had down syndrome… [and] was two and a half years old, but [the] mother couldn't make out there was anything wrong with the child... I [tried to] convey my message in a way, I didn't want her [to] feel hurt about not knowing about it…. The child [also] had a language difficulty, it's a big time delay in language… Mostly the child would be screaming and not saying a word. So I say, 'why don't you make an appointment with the Doctor and ask [the] Doctor to refer you to [the] specialist to check his ear, maybe he's got a fluid and can't hear you and therefore he can't speak to you'. So you see one thing led to another thing… and the child got assessed by the specialist, and [the] mother really freaked out when she found out what sort of disability her child [had]. And from there, you know now the child is easy, he's had a special language therapist coming in… and within 6 months' she made so many improvements with the child… now the child is start[ing] to speak the single words, and the child is much calmer.

As can be seen from this story, participants were mindful of how they had these conversations with parents regarding developmental delays, to ensure these were supportive so that a parent did not take offence and disengage from the service.

A consistent view across the interviews was how participants supported good outcomes for children by keeping them as the focus whilst supporting the people who had the day to day care of them. For example, participants also focused on supporting relational and emotional aspects of children's wellbeing by supporting parents practically, working on their capacity to parent, and developing their parenting skills. As such, providing support to the family was an understandably large part of the participants' work which is discussed in the next section.

6.7 PROVIDING MEANINGFUL SUPPORT TO THE FAMILY

> You can talk about the children, but if the parents are unstable [there's] nothing much you can do about the children. So it's giving the parents that stability to give the children [a] good foundation… of learning from home, [and] attachment at home (Rasela).

All participants considered that supporting the parents or caregiver was a core component of their role, and that this effective practice also supported good outcomes for children. The type of support provided by participants could be grouped into two categories: support for all external and internal factors impacting on the family and child including linking them with other services; and support with parenting skills. The former was seen by participants to increase a parent's capacity to be present and responsive to their children's needs and the latter related to supporting parents to be able to consistently implement positive parenting practices. Though these are inherently connected, they will be explored separately for the sake of this discussion.

6.7a Support for external and internal factors

The majority of participants believed that their role was to look at the wider picture and see the family from an ecological perspective understanding the varying elements that impacted on their wellbeing and outcomes. In this research most participants used words such as 'big picture', 'holistic', and 'broad' when discussing interventions they provided to families. Support was provided for an array of issues that might be impacting on the family and child's wellbeing, including but not limited to: the child's health and education, risk of abuse or neglect, environmental and socio-economic factors such as housing, and food, through to parental factors such as parenting capacity, mental health, domestic violence, and substance misuse.

Participants believed that providing support at all levels to families contributed to good outcomes. Help included tasks such as: sourcing food and clothes; assisting parents into courses for further education; supporting with tools to manage finances; providing transport to appointments; advocating with agencies such as Work and Income; gaining support for families for mental health and substance use issues; and helping with housing. Maria described the range of needs and her response to these:

A lot of people, like when they're in crisis mode they can't think of all the happy things in life… a <u>lot</u> of our clients are more worried about how they're going to put food on the table, how they're gonna pay their rent, and all these other things… we deal with those issues about, okay so how can they pay their rent…. so can they get another job to supplement the wages, [get] food bank… it's all those priceless things that social workers should be trained in, like identifying and meeting that need. We can [also] deal with difficult professionals, advocate on behalf of [clients to] Work and Income.

Participants highlighted that providing support to deal with these practical needs at the start of work with the family also supported the development of a positive and trusting relationship.

Providing this support often meant connecting the family to another agency or support service. For instance, Mary talked about how families were often "struggling hard with finance" and she assisted them to get access to other supports such as budgeting and dealing with hire purchase to reduce repayments. She stated:

all their money is coming today, going through there, there, there, there, and they sit at home with nothing… we are not able to provide them with money… but we open doors for them to know that there [is] support and help out there in the community.

At times families needed more than referrals to access support, so participants advocated on behalf of families to 'open doors' for them. Anna discussed that accessing scarce funding for families was often dependent on her ability to advocate for it as funders in her experience "hold on tightly" to their money: "[we received funding] depending on how we advocated for [the family] and how well we did our homework". She linked funding to opportunities which could lead to children and families feeling hopeful in an otherwise hopeless situation. Another participant talked about utilising government agencies such as Oranga Tamariki to gain resources and funding for programmes and support for families.

Other participants discussed their frustration that families were not able to access what they were entitled to and felt powerless to change this. In these situations, participants stepped in to advocate on behalf of the family. Rasela described a specific example where she was "furious" about a situation where a grandmother was denied her

entitlements. Rasela confronted the worker about this and for treating the grandmother unfairly and speaking to her inappropriately, and followed this up with a complaint. She reflected that this support was incredibly valuable to the grandmother, who was not able to have a voice in this situation. Maria also reflected on how she has stepped in to advocate for a family in such situations:

> [I] will make those arrangements on behalf of the family…. And if [I'm] the main spokes[person] then it allows them not to be the front people to be attacked… normally the situations get looked after and tended to a lot faster that way. And we find a lot of the families that we work with gain confidence because they've got a barrier, a buffer, a person that can speak on behalf of them… they're not often being heard, you know, and they're silenced because of bad practice.

Participants also discussed the importance of empowering families themselves to be able to access what they need so that they are not reliant on a professional. Given Zoe's frustrations at families not receiving their entitlements, she worked to support families to be able to challenge and advocate for themselves:

> It's just teaching [the] parents also what they can say… it's just, being able to challenge, and knowing [that] you're not asking for something you're not entitled to, but even if you are, challenge them, because then they can explain to you why you're not entitled to it, not just a flat 'nah, you're not having it'.

Other participants also aimed to empower families to identify what they wanted in life and supported them to make plans for how to achieve this. Ayla discussed how she helped parents set goals for themselves such as getting their licence, attending training or getting work. She stated that "we empower them enough, to look into their future". Anna also shared how she viewed her role as one of empowering families:

> [I] make sure that when I'm sitting alongside with whoever I'm working with, that it is very much about my just supporting [them], facilitating the conversation so that [the parent] is coming up with those ideas for themselves… because for me it's about, the children and the family realising they're able to access the support systems for themselves.

She talked about the importance of exploring what has got in the way or stopped families accessing support previously and working with them to address these obstacles. Kaea also believed her role was to help families identify and reach their own goals:

A lot of the time people who are in sort of lower socio economic groups, Māori… struggle to see that there are other options... But a part of my job, is to provide those options, wherever I think they are… I try to get any mum I'm working [with] talking about what they want for their future, what are their goals, and its usually completely different from whatever they're in at the moment… [my role is to make it] doable in a sense.

All participants discussed providing help at all levels to families, advocating on their behalf, and working to empower parents to access what they needed. This was seen as foundational work that occurred alongside the emotional and relational work with families as it assisted the parent to have more capacity to be present with their child.

6.7b Capacity to parent

Participants identified that parents often do not have the capacity to be present to meet their children's needs, and that social workers need to address this before teaching parenting skills. All participants identified that life stressors, including but not limited to those mentioned above, could diminish a parent's capacity to be present and emotionally available for their child. As Sarah stated:

I guess if [parents] don't have those… things to be able to provide for the physical needs of their children, they can't get food or clothing and housing overhead, and all of those things, then they're never gonna be able to focus on the other things that are going on… [that] have more of an emotional impact on the children.

Sarah identified that sometimes parents already have parenting skills but are not able to consistently implement these due to other circumstances that affect their ability to emotionally engage with their child. As such, Sarah worked to "address some of those other things, those barriers to being consistent". Others echoed this view of focusing on practical support first, and that in doing so this helped to build the relationship and create buy-in from the family to then be able to receive support with developing parenting skills.

Once parents received support to be more available to respond to their child's needs, participants found that parents were then receptive to learning new ways of parenting, engaging with their children, and were more able to be consistent in their approach to parenting.

6.7c Developing parenting skills

All participants identified that a key facet of their role was to support parents in how they engaged with their child. Participants reported that they drew extensively on attachment theory and research relating to brain development in this work. Participants found that attachment theory in particular assisted with identifying areas for further development and support, though they were mindful of how they approached this with parents. Specific parenting skills and ways of being with a child were shared with parents. Participants reported that often parents' own experiences of being parented may not have been positive so they did not have access to positive parenting role models.

Developing the attachment between child and caregiver was viewed by participants as a key intervention that contributed to children's wellbeing. For instance, Zoe shared her thoughts on the importance of supporting this attachment:

> Attachment is really important… it can't be left to chance… so much of the human adult ability to cope, ability to empathise, ability to love, all that is compromised, if as a child they don't, they're not receiving all those signals.… and they end up like this mum, who loves her child and knows she wants her, but doesn't know how to do it.

Knowledge of attachment theory assisted participants to identify areas in the way the parent related to the child that may need further support or skills development. Sarah reflected on how her knowledge of attachment theory assisted with her assessments:

> A child has not just physical needs, yes they need to be fed and clothed and things, but they also have all these other needs that are much harder to pinpoint. So I think that's where [attachment] research has definitely added a lot of benefit in helping us recognise, is there emotional neglect going on, and in particular if there is emotional neglect going on, how do we address that.

Participants reported that they needed to be mindful of how attachment theory and brain development was discussed with parents in order to ensure that parents did not feel that they were in a 'hopeless' situation or were made to feel inadequate. Sarah highlighted the importance of how this information was shared with parents:

> I think the challenge… [is] how do you take that research and use it to inform your interventions, but… without it being seen as being 'oh well if you don't do

anything now, you know, then, your child has no chance of moving forward', 'cause I also don't think that that's true… It's again a balance between using that information but to also, not seeing it as no hope if… the parent isn't able to make those changes quickly enough for what we might like… I mean even the research around brain development that's coming out now also shows us that there's a lot of plasticity there and a lot of ability for repair. And so actually recognising that, yes this child might be at risk of these things, but that doesn't mean that they're a lost cause… [or] that they should be removed from their parent because their parent cannot provide for this… So it's a bit of a balancing act.

Other participants also shared how they were mindful of how they delivered information around attachment to avoid parents feeling blamed or judged. Participants were able to hold this non-judgemental stance by understanding the context and history of parents' lives. Many parents had not experienced positive engagement with a trusted adult, as a child, which meant that they simply did not know how to provide this for their children. Zoe highlighted that this lack of parenting skills:

…can be intergenerational so it's kind of breaking that cycle… because mum wants [to] love her [child], but she's had such a hugely dysfunctional upbringing herself and all the different abuses she's had… so it's helping her to understand and giving her strategies.

Kaea explained how she worked with parents to help them identify the strengths and struggles their parents had and therefore make choices about how they would parent going forward:

A lot of these whānau come with unresolved trauma… [we go] back to [the mum's] childhood and sort [out] what was the good stuff that you really, really want to apply to being a parent now, but what are the not so great things that you couldn't help but be a part of because you were a child. And so… it gives them space to reflect on that, and usually what happens is they begin to name… exactly what is happening with their child. So in terms of influencing the parental factors [it's] getting the parent to realise actually they're parenting… in a way they don't want to and they just don't know how to parent any other way, because they haven't been taught any other way, they don't know any other different strategies I guess. [So] my job [is] influencing that stuff, it's getting them to see there is another way of doing it.

Ayla also noted that parents are "carrying round their… past issues with them and that is going to reflect on their parenting as well".

Given this context and understanding, participants took time to model and teach parenting skills and strategies. Maria discussed how she worked in these situations to "re-educate" parents on how to show love through reading or singing to their child, or giving a cuddle, as well as through behaviour management strategies rather than through physical discipline. She noted that many parents did not know how it felt to show love in this way because they did not receive it in this way as a child. For example, Lucy said that "sometimes I'm role-modelling to a mum how to even hold this baby, you know, how to put this baby down on the floor and give it tummy time".

A few participants noted the joy and surprise in a parents' face, the way their eyes "lit up" when they "got it" after trying these new skills. For Sarah this went beyond modelling simple strategies with the baby, to modelling good relationships with the parents. For her, this linked back to the importance of the support relationship, discussed earlier, and how through that relationship parents can learn a different way of relating to their own child.

> [The] relationship between the social worker and the family can often reflect a lot of the things that are going on in terms of that attachment… If [it's] a family that have never had a positive attachment relationship, or a trusting relationship that they can rely on… that's something that social work relationship can help to repair… When things break down [I] go back to them and say 'well, look, our last visit maybe didn't end so well, you were upset by something I said, or, you know, we had some miscommunication there', and I show that when a relationship breaks down it doesn't always have to stay that way… [In this way] I'm able to show and demonstrate what a positive relationship looks like. And then over time, being able to actually help them to build that positive relationship, that then has a flow on effect to other relationships. Because they are learning the tools for, what do I actually do when this happens, and then it flows on to their relationship with their child as well.

This again links the support offered to families to the importance of establishing a trusting helping relationship.

As one participant stated: "if you don't have that relationship… no matter what you try in terms of interventions, it's not going to get anywhere" (Sarah). The interventions and support provided by participants were seen to encourage good outcomes for families but this occurred within the context of a supportive relationship. Support with external and internal factors helped ensure that children's physical needs were met, whilst also reducing stressors on the parent's capacity to be present to attend to the emotional needs of their child. As Maria highlighted, by providing "parenting resources, it puts the emphasis back on getting the parents in a state of wellbeing to be able to look after their children". Parents could then be supported to gain skills and strategies that enhanced their relationship with their child.

6.8 CONCLUSION

Participants were able to clearly describe effective practice and the types of interventions that contributed to the achievement of good outcomes for families in the early years. Of particular note was the connection made between length of time involved with a family and their ability to make significant changes. A central theme that emerged across all of the interviews was the importance of building a supportive relationship with the family. Participants identified key factors that helped to develop this, including having enough time with a family, providing a commitment to the family, and ways of engaging positively with families. Furthermore, the importance of engaging in a culturally appropriate manner was discussed, irrespective of similarities or differences in culture between the worker and the family. Being able to build a supportive relationship with a family was also linked to ensuring a thorough assessment was conducted, which then allowed the worker to provide a needs-led service, focusing on the child whilst also providing meaningful support to the family. Understandably though, participants faced numerous challenges to providing this effective practice and these are discussed in the next chapter.

CHAPTER 7: CHALLENGES TO ACHIEVING EFFECTIVE PRACTICE

7.1 INTRODUCTION

The participants described the challenges to achieving effective practice and the factors that hindered positive outcomes for families in the early years. Their responses can be grouped into four themes: challenges to working collaboratively with the family and with other services; the impact of paperwork and administrative tasks detracting from face-to-face time with families; a lack of cultural matching between the worker and the family; and a struggle with influencing change at a societal level.

7.2 COLLABORATION

Working collaboratively with families and other agencies was seen by participants as important, yet they discussed the challenges associated with doing this well. Participants identified that working collaboratively is "what really makes a positive difference for families" (Anna), and that "collaborative work, [is] the success of the work that we do" (Rasela). Families had a multitude of needs which often went beyond the scope of the service provided by any one agency. Thus it was imperative that participants were able to collaborate with other agencies to ensure that families received appropriate support. This was particularly the case in cases where a family struggled to engage with a particular agency. As such, participants felt a responsibility to build bridges and collaborate, though this added to workload and came with its own challenges. For instance, Lucy recounted having to "chase" professionals who were not "doing their part [which she found] really frustrating and quite time consuming". Whilst Anna felt she had to keep really clear boundaries so as not to end up doing another professional's job.

Collaboration between agencies was seen as playing a vital role in ensuring child safety, both in the sharing of information across agencies, and professionals holding a level of confidence in each other. Kaea highlighted that other professionals did not necessarily have as much time as she did with families, so she had a broader understanding of the larger family dynamics in a way that others might not. Kaea and Mary believed that by collaborating and co-ordinating with other agencies they were able to provide safety for

children by supporting other professionals to have a fuller understanding of the family dynamics, issues and strengths, ultimately providing well-rounded and co-ordinated support to the family. To make this point, Kaea shared information about a historic case in which 11 social services were involved but despite this the child was killed and the review findings showed "no one communicated with each other". This stood out for her and as a result she now took responsibility for the communication between professionals, despite this adding significantly to her workload:

> So when I was given a case with 11 services involved I knew that I had to talk, I needed to talk… and it's something that I take responsibility for, and because I have the privilege of being in these houses quite [often] in the beginning, [I find] out who is involved, [get] their details, [clarify] first with the whānau if it's okay that I can talk, and then all [communicate] with each other... So I think it's something that every social worker should do. It <u>does</u> add… to the role… I think last year I led, with that one whānau, I led seven professionals' meetings, and I was told you know that should be Oranga Tamariki's job. But for me, I don't care… its paramount that our client is looked after, and if that means that I'm going to have to lead a one-hour hui and all talking together then that's what it takes.

Participants described the challenge of collaborating with other agencies, particularly as they themselves, and other professionals, were often very busy and difficult to contact, would sometimes not follow through on what was agreed, or attempted to off-load their work onto others. Despite the challenge of collaborating with other agencies, participants believed that persevering with this was important as it helped to ensure families received the supports they needed and that children were kept safe. Similarly, administrative tasks were seen to be another challenge, though participants identified some benefits to the paperwork required as discussed in the next section.

7.3 THE IMPACT OF ADMINISTRATIVE TASKS

Administrative and paperwork tasks were described by participants as simultaneously helpful in creating good practice for children, and challenging or even destructive to the individual practitioner and the relationship with the client. Many participants discussed this tension in their feelings and experience of administrative tasks, such as paperwork. Most participants suggested ideas and ways of reducing the level of paperwork and

minimising the harmful effects they experienced from being overloaded with administrative tasks.

7.3a Positive aspects of administrative tasks

Paperwork and administrative tasks were seen by many participants as "helpful" for a variety of reasons. For instance, despite Sarah's dislike for doing paperwork, she identified that it helped her to frame up what was going on for a family and determine what support to provide: "paperwork that we hate doing… in a way that helps to really… critically reflect on what's actually happening for this family". A few others echoed this idea of paperwork being helpful in "reflecting" on their work, and assisting with seeing the "bigger picture". Some participants discussed how paperwork helped to ensure safety for the child as they were able to stop, reflect, and identify any issues or concerns that might have otherwise been overlooked. Paperwork also allowed the funder to see how "safe" the family was, and in this way it provided a measure of "accountability". Others explained that some of the administrative tools encouraged parent engagement in creating goals which they saw as beneficial. Zoe said that the parent is: "able to identify goals and… work towards them, that's a really big part of our intervention". Similarly, Mary highlighted the benefits of this, stating it's "not my goal, it's their goal, and when they achieve it, that's really uplifting them… [this] kind of paperwork that belongs to the family I really value and I like it". Despite these positive aspects of paperwork, the resounding feeling from participants was that paperwork and funding requirements provided a substantial challenge to supporting good practice with families.

7.3b Struggles with administrative tasks and funding requirements

Unfortunately for all participants there were struggles associated with paperwork and it represented a major challenge for practitioners. They described spending considerable time reflecting on how to mediate this challenge so that their practice was not compromised. Some participants stated that the amount of paperwork is "ridiculous", that all of their team "struggles" with getting case notes done (Zoe), and that they were "fighting against time to complete" admin work (Ayla). Sarah identified that managing this balance between paperwork and doing the work with families was the "biggest struggle day-to-day":

there's that debate about well do I spend another day back at the office trying to catch up on [paperwork], or do I go out there and visit some of these families and end up with even more paperwork to be done.

Understandably, the need for time management came through strongly. Anna said that she was "constantly having to look at time management". Several participants discussed strategies for how they managed this, allocating three days in a week to work with families and two days for completing paperwork.

Some participants discussed the difficulty in balancing meeting funders' requirements and providing evidence of their work, versus doing the work with families:

If we spent all our time writing paperwork about fantastic interventions, we were doing with the families then we wouldn't actually have time to do those interventions… I think it is a real balancing act, and I don't know that there's any sort of immediate solution to that, I think it's an ongoing battle that will probably [always] be there" (Sarah).

Maria discussed the pressure from funders to meet certain objectives and provide evidence for their work. For Maria it was "all about tight time management, planning and preparing" to meet those demands, and not stay after hours. Others were concerned that this could lead to "unsafe practice" as a worker may spend more time focusing on the paperwork to make it look "stunning" for the funders. Yet to do this they were sacrificing time with the family, and potentially creating their own thoughts on what the family's needs were rather than checking these out with the family.

A few participants indicated that the time taken up by administrative paperwork had a negative impact on the support relationship they were able to build with the family. Lucy stated that "everything has to be captured" but that if she case-noted everything "there'd be no time to see your families". She highlighted this struggle:

When you're working in that contractual environment it's the carrot and the stick. So if we don't meet out KPI's, our funding gets withdrawn, and so you know… our managers are giving us this message, 'we've got to do this, this, and this'. And actually what we're doing is we're just meeting the admin tasks, yeah, and we're often doing that instead of more work we could do with our families.

Kaea stated that the split in her work was about 80% paperwork and 20% relationship building. She felt that the "KPIs" and caseload numbers were the "driving factor for

social work" and she struggled within this context to keep the relationship with the family as the number one priority.

Other participants discussed the negative impact paperwork demands had on their own health. Lucy noted that:

> … the workload is quite massive, its more than you can do in the hours allocated. The requirements from [funders] in terms of paperwork is <u>massive</u>. Which is really quite soul destroying, in terms of it taking away your time to work with families.

Maria highlighted how copious amounts of paperwork had caused her and colleagues to stay late at work, get "stressed out", "overwhelmed", and "burn out". Rasela noted that she often worked well past her normal work hours to ensure her tasks were completed.

7.3c Proposed solutions

The participants shared their thoughts on what could help with the struggle with paperwork and administrative tasks. Key solutions proposed were: to have smaller caseloads, less paperwork, and more funding to provide support such as better technology. A few participants discussed that having six monthly instead of three monthly assessments of families would reduce their paperwork. More funding to access better technology was suggested by a few participants as a possible way to help manage administrative and paperwork tasks. These participants suggested: having access to the internet and databases when out in the community; and having a laptop and phone which they could speak into and this would be converted to notes and connected to the correct file on the database. One participant stated that having better access outside of the office would result in "better outcomes" for families.

Although participants identified that paperwork and administrative tasks impacted negatively on the relational time they could spend with families, they were also able to acknowledge the ways in which these tasks supported good practice by providing a level of accountability, overview, and critical reflection. However, this was a contentious issue for practitioners, with most of the participants sharing their views on the challenges created by administrative tasks. They also outlined the ways that agencies and funding bodies could alleviate these struggles. The next challenge to

achieving effective practice is one that was only mentioned by three participants, however it is an interesting point and one worthy of exploring.

7.4 THE CHALLENGE OF CULTURAL MATCHING

Cultural matching between the social worker and families was cited as a challenge by three practitioners. Kaea identified that the lack of Māori social workers was a barrier to good practice with Māori families in the early years. She discussed the importance of having Māori social workers for Māori families because "it's been identified by our clients that they want it" and that they "have a preference to only work with Māori". She believed Māori families found a Māori social worker to be more "relatable". This view was echoed by a non-Māori participant who attempted to get Māori services involved when she could because "they work in a different way and its more... whānau focused than I think an individual white worker [coming] in can pull together" (Lucy).

However, offering a cultural match was often not possible. For example, in Kaea's organisation 60% of people they worked with were Māori, but only 12% of the social workers were Māori. Kaea also believed that there should be social workers representative of the cultural backgrounds of other families with whom they work. Similarly, a participant of Indian background identified that sharing cultural understanding and language with families was beneficial. As discussed earlier by a few participants (see section 6.4d), those who worked with a family of the same culture were able to provide support in a way and depth that was not possible when working cross-culturally. Providing cultural matches was understandably not always possible, however it was identified that this was something that agencies ought to be mindful of and be working towards providing.

Another barrier identified consistently across participants' narratives was their struggle to be able to influence societal issues.

7.5 INFLUENCING SOCIETAL ISSUES

To be truly effective, participants considered that social workers needed to be able to influence a family's material and social circumstances. Although participants were confident in the work they undertook at an individual level to support families, as

discussed earlier, they unanimously found it challenging to influence change at a broader level. This was the case even when trends were identified across families and therefore could be considered a societal issue, such as the housing crisis in Auckland. Participants shared a range of stories on this issue, from finding it challenging to take the time to identify let alone tackle these issues, through to feeling unheard and powerless to effect change.

7.5a Identifying issues

All participants were aware of societal issues and the impact these had on families, but many found it challenging to find time to work on these or to know what to do. Sarah stated that "it's not just looking at individual solutions but it's also looking at, well what are some of the other factors that are contributing here and how can some of those things be addressed… [at a] more macro level focus". Anna felt that she could not do more than the work she was already doing with individual families. She noted that it would "be nice to be able to do more sometimes, but you just can't" due to time pressures. Other participants identified the need to do something about societal issues but discussed how difficult this could be, either due to time pressures, or outside factors such as seeking funding, and lack of government support. Sarah noted it can be:

> … tricky to fit everything in… you might see this big picture and want to be able to do everything, but how do you actually balance that… we do get bogged down in the day to day stuff, this family needs this right now… [and] don't necessarily recognise the trends that are going on across the families so much because you just don't have the time, or you might recognise the trends but actually having the time to be able to do something that might address that is a real challenge.

Even when participants found the time to address societal issues these were generally limited in nature and effect.

7.5b Limited attempts at change

Some participants identified and attempted to make changes at a societal level. Sarah reported that she was somewhat supported to focus on societal issues and trends within her agency. As a team they talked about the big issues, and as a result of these discussions they found opportunities to create resources to support families. For example, they recently added services to their organisation such as a foodbank. This

saved time on referrals and allowed for continuation of the relationship with the family rather than them having to engage with a new agency and potentially slip through the cracks. Another participant discussed that although she was often working with the individual family, she took up opportunities to network as they arose, but due to time limitations felt that her team was not working at the community level to the extent that they could. In her ideal world she would be supporting families she works with to network together and "have a voice". Overall she did not feel that her team made "massive changes" to broader societal issues, and noted that this was a "pretty challenging" area. Sarah said that there was so much "pressure" on meeting contract obligations to keep current funding that her agency was "losing the ability to… be flexible around what the needs are of these really complex families". She noted that somehow broader issues needed to be raised to government attention to gain funding and support for the required services, but like many others in the social services, participants did not always have a solution of how to do this.

7.5c Voices are not heard

Other participants identified trends in societal issues and took some form of action but felt that this was not always effective. A few participants discussed that they were able to identify broader societal issues and trends and shared these with funders. Unfortunately, they did not always feel heard at a government or funding level, and although some continued to put forward their concerns the overall feeling was one of helplessness and powerlessness to effect change. For instance, Maria advocated on behalf of families through the reports she gave to her agency's funders about the ongoing "problems" families experienced. She believed that these trends need "further intervention from the government to help". However, her experience was of "not being heard", and changes not being made despite years of consistently saying the same thing in her reports.

7.5d An example of a social issue: Housing

One societal issue that was highlighted as a trend by many participants was the housing shortage in Auckland, yet there was a sense of despondence at the inability to create change. One participant raised a concern about this and wondered what could be done at a larger scale to stop this being an issue further down the track. Others talked about how

previously they were able to have an impact on housing for families, "our voice was heard", but that this area of influence has "reduced a lot" over recent years and is now "out of our control". Maria highlighted the magnitude of this issue:

> … housing is at crisis level at the moment, but we do not have any emergency housing here… all we can do is refer them to the boarding houses, [or] Trademe listings of houses, which nine out of ten they're unaffordable, because these people are on a benefit, and they can't afford it really, or they're low income working people… we do advocate quite strongly on behalf of our whānau, [but] to date… I don't feel that we're being heard, even though it goes up to the funders it just stays at the funder's level.

Ayla echoed this view and stated that the housing issue was having a "huge" impact on families and believed that the government "should look into it". She discussed the impact on wellbeing for children and her own feelings of being "helpless" to change this:

> This social issue of housing [is] having a huge impact on families. Children, and babies are living in very poor housing conditions. There is no insulation, or they're living in garages right. It's just not suitable. You know, children are getting sick all the time, especially in the winter season it's really very hard for those families.

Maria was concerned that there were still families with children "sleeping rough", in cars or on the street. Unfortunately, her agency did not have the resources to implement change, and for her the lack of response from funders had left her "sad" and "frustrated":

> So, I guess we've become an uncaring nation. That's what we've become… yeah, just seems like people are closing off. The housing situation is no longer a housing situation, but it is, 'cause we still have the evidence out there… I don't know… what's the answer?

From the views shared by participants it can be seen that they believed that time should be taken to observe trends across families, and there was a desire from them to effect change regarding these societal issues. That said, some participants were unsure of what action to take, and for others who had taken action they believed that it had not instigated the desired change. In general, there was a sense of helplessness and despondency from participants when discussing societal issues that impacted on the

capacity of the families they worked with and what to do about these. This was reflected in Kaea's statement that showed her belief that the system was not changeable, therefore one must support families within the system:

> So how am I going to support these people who are a part of the system, I can't get them out, I don't have the magic wand, but how am I gonna support this person to get the help that they need, while they're in the system.

7.6 CONCLUSION

Participants identified some important challenges to achieving effective practice that need to be monitored and addressed to support good outcomes for families in the early years. Findings showed that collaboration with families and agencies was an area of challenge that required ongoing effort by social workers and other professionals. The participants offered suggestions for the ways in which paperwork and administrative tasks could be reduced to minimise the impact these have on the relational aspects of their practice. Cultural matching of workers to families was seen as important although this was not always possible. Finally, participants highlighted the difficulties they had with effecting change at a societal level.

Findings from this study have highlighted what constitutes effective practice and the factors that contribute to good outcomes for families in the early years. The findings also show the barriers to achieving effective practice. In the next chapter these findings will be explored in the context of the literature and wider research.

CHAPTER 8: DISCUSSION

Individuals are not separate from their environment; environments act on individuals and individuals construct environments. Intervention at the individual level is only sustainable when there is simultaneous intervention at the meso and macro levels. Solving society's most pressing challenges will therefore require that we move beyond our intra-disciplinary silos, build robust connections across all levels of our research and practice efforts, effectively engage diverse publics, and actively pursue social change on the national stage (Rodriguez et al., 2017, p. 147).

8.1 INTRODUCTION

The aim of this research was to explore social worker's perspectives of effective practice with families in the early years and the factors that contributed to positive outcomes. The barriers to effective practice were also explored. Given the complex and diverse factors that support and hinder wellbeing for children and families, it is well recognised that social workers need to work simultaneously at the individual, community, and structural level to be able to support positive outcomes (Bronfenbrenner, 2000; Sanders & Munford, 2010). Therefore, this chapter will categorise the findings under separate, yet interlinking sections of micro, meso, and macro level interventions, and explore these in the context of relevant literature and research.

The views shared by social workers in this study suggest that they are providing effective interventions at a micro level where the supportive relationship with families is the crucial foundation that supports good outcomes. This discussion will examine how the support relationship underpins the work that is done with families, who is responsible for the support relationship, and the effect it has on the wellbeing of children, along with the barriers and challenges to creating and maintaining this relationship. Next, this chapter identifies interventions provided at a meso level where social workers collaborated with other agencies and connected families with needed supports. It also identifies other work participants believed would support good outcomes but were unable to achieve due to a lack of time. Finally, macro level

interventions are discussed, including participants' feelings of despondency at their inability to enact change despite a desire to do so. The barriers to social workers in achieving the dual mandate of the profession are also explored.

8.2 MICRO LEVEL: RELATIONAL-BASED SOCIAL WORK

The support relationship is identified in this study as underpinning all aspects of social work practice at a micro level, seen as direct individual work with families (Bronfenbrenner, 2000). This section explores relational-based practice as a crucial foundation to social work practice. Then findings regarding who is responsible for the support relationship are examined. Next, the effects the support relationship has on a child's wellbeing and outcomes are identified. Finally, findings regarding the barriers to the support relationship are discussed.

8.2a The crucial foundation

It is well recognised in the literature that the support relationship is a cornerstone of effective practice. For example, Ruch et al. (2010) state that a supportive and constructive relationship is at the "heart of good practice" (p. 16). Similarly, Connolly et al. (2017) argue that "the service user relationship represents the foundation upon which any subsequent intervention will flourish. The development of an effective relationship can greatly enhance the prospects of achieving a better outcome for service users" (p. 315). Or, as noted by one participant in this study: "if you don't have that relationship… no matter what you try in terms of interventions, it's not going to get anywhere". The centrality of building a strong supportive relationship with families to support good outcomes is a pervasive theme in other research and in the literature (Barnard & Bain, 2015; Brandon et al., 1998; Bowlby, 1988; Cassidy & Shaver, 2008; Connolly et al., 2017; de Boer & Coady, 2007; Devaney & Dolan, 2017; Featherstone, Morris, & White, 2014; Featherstone, White, & Morris, 2014; Fuller et al., 2015; Mason, 2012; Munford et al., 1998; Munford et al., 2011; Roberts, 2017; Ruch et al., 2010; Trevithick, 2014).

The results of this study show that the supportive relationship helped families to engage or 'buy-in' to the service. This is especially important as engagement was voluntary and

participants identified lack of engagement as one of the greatest barriers to creating positive outcomes for families, which is echoed by Barnard and Bain (2015).

Findings also showed that families were more open to share what was going on when they experienced a trusting supportive relationship, thereby allowing the social worker to conduct a thorough assessment of their needs and issues. Without this, a possible risk highlighted by participants was that a child could be removed, or left in an unsafe home, based on historical notes and judgements rather than on current information. This aligns with the literature which identifies that not having a supportive relationship can "[reduce] the amount and type of knowledge that is drawn on to inform critical decisions" (Ruch et al., 2010, p. 25). Having completed a thorough assessment and knowing the family well helped social workers in this study to provide a needs-led and flexible service.

A number of researchers have highlighted the importance of ensuring that services provided to families are needs-led and flexible. For example, Sanders and Munford (2010) argue that "effective change is that which can be sustained after the intervention has been completed" (p. 17), which is more likely to be the case if the family chooses and commits to this change rather than it being imposed on them. Similarly, other studies highlighted the importance of being able to provide a range of modalities of support, utilising various techniques and strategies which ensured that the style was most appropriate to the individual family and was needs-led, enabling families to achieve their goals (Dawson & Berry, 2002; Devaney & Dolan, 2017; Munford et al., 1996, 1998; Munford et al., 2011). Views shared by participants highlighted that having a positive working relationship with families is what helped them identify what the needs of the family were. Knowing a parent meant that participants were able to pick up on subtleties like mood and emotions and then change their approach or plan based on what was going on for the parent at that time.

Ruch et al. (2010) described fears that social work practice has become prescriptive and resource-led. Despite limitations and constraints placed on participants by funding bodies and outcome measures, they discussed finding ways to address and mediate these challenges and to practice in different ways such as using a needs-led approach.

Although the support relationship is undoubtedly acknowledged as crucial to working with families, there are some concerns in the literature that this relationship is being undermined in practice (Featherstone, Morris, & White, 2014; Hingley-Jones & Ruch, 2016; Krohn, 2015; Roberts, 2017; Rogowski, 2015; Ruch et al., 2010; Trevithick, 2014). However, findings from this study indicate that participants continue to uphold this crucial element of practice.

8.2b Who is responsible?

In terms of micro level interventions, the findings from this research align with the literature which suggests that the support relationship is the crucial foundation for providing good outcomes for families in the early years. The next question then, is who is responsible for this? Findings from this study suggest that the onus of responsibility lies with the social worker to develop this through behaviours, skills and approaches, and cultural competence. However, the findings also indicate an important role for agencies and funding bodies in creating a positive environment for the support relationship to flourish.

Participants identified skills, techniques and approaches that overcame barriers, encouraged engagement, and developed the support relationship such as: being reliable and available, holding a genuine care for the families, respectful communication, clearly defining the helping role, taking a non-judgemental stance, listening and understanding the family's context, and normalising situations. This list is not exhaustive, but these were the recurring themes highlighted and they align well with the literature (Barnard & Bain, 2015; Dawson & Berry, 2002; Mason, 2012; Roberts, 2017; Sanders & Munford, 2010; Trevithick, 2014). Of particular note were the strengths-based approaches adopted by participants which is also cited in the literature as a positive way of engaging with families to support good outcomes (Devaney & Dolan, 2017; Dolan & Frost, 2017; Featherstone, Morris, & White, 2014; Holt & Kelly, 2016; Munford et al., 1996; Munford et al., 2011; Noble, 2000; Oliver & Charles, 2015; Paquin, 2006; Rogowski, 2015; Sanders & Munford, 2010).

Findings are also consistent with the literature in that developing and maintaining the support relationship is not always easy; however, there are many benefits from remaining involved in the difficult times, and the relationship itself can become a

therapeutic process for growth and change for families. Participants shared the difficulty and frustration when supporting families in their daily struggles. Experiences of participants showed it took commitment from them to stay involved, and this was worthwhile when parents learnt new behaviours and ways of relating to their child and other people. As Ruch et al. (2010) highlight, social work practice is "demanding, confusing, and paradoxical at times, and requiring of the worker the ability to stay with people in distress or turmoil" (p. 16).

Cultural competence has also been shown to be essential in building and sustaining mutually respectful relationships with parents and families at a micro level (Harper Browne et al., 2016). Literature identifies the importance of cultural competence in order to be able to relate to clients and build rapport (Campinha-Bacote, 2002; Durie, 2017; Tsuruda & Shepherd, 2016). Participants in this study acquired cultural information and showed a level of awareness when working with Māori, utilising appropriate cultural tools such as Te Whare Tapa Whā, as well as knowledge of other cultures with whom they worked. This occurred for those participants who were considered cultural "insiders" and for those who were working cross-culturally. This is important as people from diverse cultural groups must be acknowledged and supported in a manner that is appropriate to them and their values (May, 2001). However, acquiring knowledge alone was not seen as enough to do this justice, this needed to be coupled with cultural humility and self-awareness.

Research confirms that in addition to having adequate training and knowledge about other cultures, it is important for social workers to reflect on their own assumptions, beliefs, and values about racial and cultural difference that influence the perception and treatment of children and parents. Participants reported that it was important to approach families from a place of humility not assuming that individual families will adhere to certain cultural values (Harper Browne, 2016; Harper Browne et al., 2016). It was evident from the stories shared by participants that they approached families from a place of naïve inquirer, allowing the family to clarify what, if any, cultural values they held. Participants believed this assisted in sustaining a respectful relationship, especially in situations where families did not associate with their culture because of historical and traumatic experiences. Both cultural competence and cultural humility are important in ensuring effective practice with families in the early years given the overrepresentation

of minority groups internationally (Brodowski & Rudisill, 2016), and nationally (Parliamentary Library, 2000) in services.

Clearly social workers have a responsibility for developing the support relationship with families, however, findings show that agencies and funding bodies also play a crucial role in setting the scene for this relationship. For example, agencies have a responsibility to ensure that their workers are adequately trained and skilled to work in a culturally competent manner. Research calls for culturally appropriate services to be provided to families - the service as a whole is required to be culturally appropriate not just individual workers (Coates et al., 2016; Lefman & Combs-Orme, 2014; Miller & Esenstad, 2015; Ministry of Social Development, 2015; Shireman, 2015; Spratt et al., 2015). Exploring the cultural training that is provided by agencies was not included in the scope of this study. However, these findings show that this type of training is something that could and should be expected from agencies as an important factor in contributing to good practice with families in the early years.

Furthermore, in terms of the micro level, agencies and funding bodies set the timeframes of involvement which can support or hinder the development of the service-user relationship. The findings from this study and the literature show that the amount of time (length of visit and how regularly a family is visited), along with the duration of involvement, is pivotal to building the support relationship, and also to the change that a family is able to make (Devaney & Dolan, 2017; Munford et al., 1996; Roberts, 2017; Sanders & Munford, 2010). What may be taken for granted, but is important to highlight from this study, is that it is the agency, and ultimately funding bodies that specify this. Given this, there is a strong argument for agencies and funding bodies alike to ensure that they support social workers to have enough time to develop and grow the service-user relationship.

The implication of this finding is significant and reflects the concerns in the literature that when services are funded for time-limited, specific work that outcomes for families and children may be compromised (Roberts, 2017; Ruch et al., 2010). The risks associated with this are profound, given the link between time and the support relationship, which is the crucial foundation within which positive change is seen to occur for families. The results of this study point to a clear need for agencies to provide

enough time for social workers to build this support relationship. This then begs the question: how much time is enough time? Participants in this study were all afforded a long time for involvement (up to two to four years) and this may not be feasible or appropriate in all settings. However, given the important link between time and outcomes, agencies have a responsibility to provide services for long enough to ensure families are able to achieve and maintain positive changes.

Clearly the responsibility for the support relationship lies with both individual social workers, the agencies they work for, and the funding bodies. Next, the effect the support relationship has on wellbeing and outcomes for children in the early years is examined.

8.2c The support relationship and child wellbeing

The participants in this study reported that through the support relationship they were able to have courageous and delicate conversations with parents: to ensure child safety, to provide support for healthy child development, and to encourage overall attachment between the parent and the child. In light of the literature, this is viewed as a significant aspect of effective practice given the important role a parent or caregiver has in supporting their child's wellbeing and development (Bick & Nelson, 2016; Chamberland et al., 2014; Jungert et al., 2015; Shonkoff, 2010). Studies highlight the role of professionals in modelling parenting skills to parents (Dawson & Berry, 2002), and supporting positive parent-child attachment (Blome et al., 2010; Bowlby, 1988; Cassidy & Shaver, 2008). Participants were careful in how they approached these discussions, aiming to ensure parents did not feel judged. Findings show participants had these conversations in a non-judgemental and respectful way, which they believed was received well by parents, thus sustaining the relationship and supporting positive change for the family.

Focusing on good outcomes for children inherently links to a family's needs and the wider context as this affects a child's wellbeing (Munford & Sanders, 2017). However, for the sake of clarity and simplicity, this will be discussed under the section on meso level intervention. Next the challenges participants faced in establishing the support relationship are discussed in the context of the wider literature.

8.2d Challenges to establishing positive support relationships

One of the key challenges faced by participants in this study at the micro level was balancing paperwork with having time to spend with families and provide interventions. Paperwork and requirements from funding bodies were seen as a hindrance to spending more time with families, and therefore impacted on the support relationship. This finding aligns with other studies that indicate that administrative and computer-based tasks are impacting on relational approaches to social work (Ruch et al., 2010; Featherstone, Morris, & White, 2014; Krohn, 2015). Participants provided suggestions for how to mitigate this challenge by reducing caseloads, introducing better technology, and having less paperwork and assessment documents to complete. What is interesting is that despite the impact of administrative tasks, participants felt they were able to mediate these challenges and create positive support relationships with families.

Another challenge in terms of the micro level was ensuring a good match between the worker and family, especially culturally. Findings highlighted that often social workers were expected to work cross-culturally, and although a significant percentage of service users of one agency were Māori the cultural mix of workers was not representative of this. As a result of these cultural mismatches between worker and family, Māori, Pacific Island, and Indian participants discussed the barriers people from these cultures faced in accessing support. A range of factors created this situation, such as language barriers and cultural misunderstandings. Research by Munford et al. (1998) highlighted the importance of matching the worker to the family as this helps with building the relationship. Often participants were working cross-culturally, which leads to the question of whether cross-cultural support adequately provides an appropriate cultural service to families as espoused in the literature (Coates et al., 2016; Lefman & Combs-Orme, 2014; Miller & Esenstad, 2015; Ministry of Social Development, 2015; Shireman, 2015; Spratt et al., 2015)? For example, within a New Zealand context Smith (2010) questions the validity of non-Māori working with Māori. This is understandable given the context of Te Tiriti O Waitangi (n.d.) which encourages Māori self-determination and services that are by Māori and for Māori. Cultural matching is a complex topic that was only touched on by the findings in this research, as such it deserves further investigation in other studies of social work practice with families.

This section has explored micro level interventions in light of the literature, and now the following section will focus on the meso level.

8.3 MESO LEVEL: COLLABORATION

In terms of the meso level, the results of this study show that collaborating with other agencies is an important element of effective practice with families in the early years. To support families at a meso level, studies have shown that there needs to be partnership and collaboration between agencies (Beecham & Sinclair, 2007; Chamberland et al., 2014). Experiences shared by participants confirmed this as they often needed to collaborate with other services to meet the needs of a family. The findings thus align with other studies that have indicated that meeting the immediate and urgent needs of families (such as housing, addressing financial issues, and so on) lowered the level of stress within the family unit (Devaney, 2017). These interventions also helped to build the support relationship (Mason, 2012; Roberts, 2017), and contributed to long-term behavioural change (Dawson & Berry, 2002). The findings in this study align with other research that has shown that a focus on non-parenting issues enables parents to become available to their children and harness their capacity to learn new knowledge and skills (Devaney, 2017; Munford et al., 1998; Sanders & Munford, 2010).

An important finding in this study was the participants' sense of responsibility to take a lead role in ensuring that agencies communicated and collaborated. None of the participants were in a statutory care and protection role, however they often felt they held a view of the big picture and were acutely aware of the safety of the child and the need for communication between services. This lines up with studies which showed that a key role of social work is to facilitate communication with other services (Sanders & Munford, 2010), and that the lack of communication can have dire consequences as is highlighted in a UK review of cases where a child had been killed (Brandon et al., 2005).

Although able to connect families to other services at the meso level, participants found they did not always have the time to support them to network with these organisations themselves. This approach along with a community development focus is encouraged in the literature to provide better outcomes for families (Dawson & Berry, 2002; Dolan &

Frost, 2017). Participants found that a lack of time acted as a barrier to achieving this effective practice.

As can be seen from this discussion, meso level interventions are significant in ensuring good practice when working with families, and challenges to these interventions need to be addressed. Similarly, effective practice at a macro level has its own challenges which are discussed next.

8.4 MACRO LEVEL: PERSPECTIVE AND ACTION

> The helping relationship cannot be seen in isolation from the broader influences (such as culture, changes in economic circumstances, and other structural realignments) that may determine the nature and quality of family life. Family work that recognises the impact of these wider factors on the nature and course of the helping relationship is likely to be highly effective in achieving positive outcomes (Sanders & Munford, 2010, p. 8).

One of the key challenges faced by participants in this study was being able to influence and support change at a macro level. The macro level includes broader influences such as the social, economic, and political environment; factors that are beyond the individual but that impact on the individual (Bronfenbrenner, 2000). As noted by Sanders and Munford (2010) above, these wider factors impact on the helping relationship and this is recognised by the profession through the Aotearoa New Zealand Association of Social Workers. For example, the code of ethics states that "social work has grown out of humanitarian, philosophical and religious attempts to find solutions to poverty and injustice… [aiming] to learn from specific instances of need, to inform society at large about the injustices in its midst, and to engage in action to change the structures of society that create and perpetuate injustice" (Aotearoa New Zealand Association of Social Workers, 2013, p. 4).

Some authors believe that social work ought to, and is, balancing the dual role of individual psychodynamic work alongside the systemic structural dimension (Burck & Cooper, 2007; Hingley-Jones & Ruch, 2016). Alternatively, many authors fear that this is skewed in favour of individual case work (Rodriguez et al., 2017; Rogowski, 2015; Specht & Courtney, 1994; Wilkinson & Pickett, 2009). The following discussion

highlights the ways in which social workers engaged in macro level interventions and the challenges and barriers they faced.

8.4a Awareness of structural factors

In terms of the macro level, participants reported that they sought to understand the way that factors outside of families influenced family life. It is well recognised that societal issues and structural factors, such as poverty and poor housing, impact negatively on children's wellbeing and outcomes (Alosaimi et al., 2016; Bick & Nelson, 2016; Casillas et al., 2016; Cooper & Redfern, 2016; Escaravage, 2014; Grantham-McGregor et al., 2007; Lefman & Combs-Orme, 2014; Oshio et al., 2010; Shonkoff, 2010; Spratt et al., 2015). Participants utilised Bronfenbrenner's (2000) ecological systems approach to assist them in identifying the many stressors families faced. This aligns with other studies where social workers showed an awareness of societal issues and structural factors and worked to mitigate these with the individual family and relevant agencies (Devaney & Dolan, 2017; Mason, 2012; Roberts, 2017; Munford et al., 1996, 1998; Munford et al., 2011).

Furthermore, this research showed that participants identified trends across individual cases to determine systemic issues, such as the housing crisis. This linking of individual experiences to structural causes is encouraged by Rodriguez et al. (2017). However, once these links were made there were significant barriers in working to enact change at the macro level.

8.4b Barriers to change and working within the system

Findings from this study show that despite linking individual experiences to wider issues, participants felt they did not always have the knowledge or capacity to address systemic issues in their work, or when they did attempt this they felt their voice may not be heard. Other studies have highlighted a similar phenomenon (Koeske et al., 2005; McLaughlin et al., 2015; Ross, 2011). This reflects findings from Darroch's (2017) study where social workers had little power to tackle structural issues, and felt overwhelmed and dispirited by their inability to take meaningful action. Participants in this study assisted families to cope with challenging circumstances by providing support and resources. Darroch (2017) similarly found that social workers continued to try and

improve the lives of clients, despite feelings of despondency in the face of such broad sweeping systemic issues.

A lack of capacity, knowledge, and support were identified as barriers to working effectively at a macro level, both in this and other studies (Darroch, 2017; Ross, 2011), and this lack of support could be linked to agencies and funding bodies. On the whole participants described work environments where they were supported and encouraged to focus on individualised work with families. However, this focus did not appear to cross over into structural level work. This may be due to various reasons, including the current neoliberal context which focuses on the individual and change at that level. Also, agencies may have a desire to work at this macro level but find it difficult to shift intractable social issues. Darroch's (2017) study highlighted the pressure to work at the individual level from an organisational and political context. What this might mean is that organisations are hesitant to advocate on structural issues because this may be interpreted as criticising powerful funders, such as the government and this may have a negative impact on an organisations' funding. These findings align with the critique that targeted intervention from government and policy makers is more often focused on supporting the parent with their failings rather than tackling structural issues (Featherstone et al., 2012). Therefore, the challenge for workers is to support families while keeping a focus on how structural issues shape family life and finding ways to bring these to the attention of policymakers.

These findings highlight an inconsistency between the proposed dual role of social work, and the reality of practice. This discussion has shown that social workers recognise the importance of structural influences and have a desire to take up this mandated dual role; however, what is lacking are the necessary mechanisms and support to enable social workers to practice effectively at the macro level.

8.5 CONCLUSION

This chapter has provided a discussion of the research findings. The views of the participants on early years practice have been examined in light of the literature and other research. The three levels of interventions (micro, meso and macro) were explored, highlighting effective practice and barriers within each of these dimensions.

The following chapter provides a summary of the findings, a reflection on the research process, recommendations for policy and practice, as well as areas for further research.

CHAPTER 9: CONCLUSION

The importance of supporting families in the early years is well recognised. However, there are many factors that interact to support or hinder positive outcomes for children and families, including material circumstances, resources available to families, and parental skills and stressors. Given the complexity of external and internal factors, social workers need to work simultaneously at the individual, community, and structural level to be able to support positive outcomes for families (Bronfenbrenner, 2000; Sanders & Munford, 2010). Therefore, the role for social workers in this field is very broad. As such, this thesis aimed to answer the following questions:

- What are social workers' perspective of effective practice with families in the early years and what factors do they consider contribute to positive outcomes?

- What are social workers' perspective of the barriers and challenges to effective practice with families in the early years?

This study has focused on the perspectives of social workers who work in NGOs that support families with children in the early years. Ten social workers were interviewed. The findings of this study are summarised below.

9.1 SUMMARY OF THE FINDINGS

Participants described the core elements of effective practice as: engaging with individual families to address their immediate issues, connecting families to community resources, and acknowledging and supporting families to mediate the impact of wider structural factors. Participants also identified barriers to achieve this effective practice at the micro, meso, and macro levels, including structures that guide service delivery in New Zealand.

Social workers described the effective interventions they were able to provide at a micro level where they identified the supportive relationship built with families as a crucial foundation to achieving good outcomes. These findings align with the literature that highlights the importance of the support relationship, and the skills, techniques, and

approaches utilised by social workers to encourage the development of the support relationship.

Other aspects of effective practice identified in this study included obtaining an accurate assessment and thereby ensuring that the services and support offered to a family are relevant to their needs. A strong supportive relationship was seen as the vehicle for ensuring an accurate assessment is undertaken, as trust is needed for families to engage and open up. Completing a thorough assessment meant that the social worker had accurate information about the family's needs and provided a needs-led service.

Through the support relationship participants were able to encourage child wellbeing by modelling skills to parents, having delicate conversations about child safety and development, and encouraging the attachment between parent and child. Understanding child development, attachment theory, and having the skills to have difficult conversations in a way that would continue the support relationship are therefore crucial to effective practice.

Collaboration between agencies was identified as effective practice when working with families in the early years. Participants identified that families often required more than one service given the complexity of their needs. Effectively supporting families for good outcomes meant ensuring that a family's immediate and urgent material needs were met, as well as arranging support for their mental and physical health. This focus on non-parenting issues helped to release parents from stressors and increase their capacity to be more present to their children.

The participants identified the barriers and challenges to achieving effective practice. These included: time constraints, administrative tasks, a lack of cultural matching, challenges in communicating across agencies, and difficulties enacting change at a systemic level.

Participants identified time constraints as a challenge that impeded effective practice. In this study, participants felt the services were set up in a way that they could spend enough time with families to develop the support relationship, and remain involved over a number of years which provided the time for families to change and achieve positive

outcomes, despite time constraints such as caseload demands and paperwork. Similarly, in this study the social workers could provide a needs-led service, but the literature describes the constraints on this and the social workers did experience some of these such as time that was taken up with administrative tasks and paperwork.

Administrative tasks and a lack of cultural matching were identified as challenges that impacted upon participants' ability to develop the support relationship. Paperwork and administrative tasks were seen as both helpful and as a barrier as it took up a significant portion of time that participants felt could be spent with families, developing the much needed relationship and providing support. Another challenge that was raised by some social workers, was cultural matching. Those who raised it felt that being a cultural "insider" removed an obstacle to developing the support relationship and felt that this should be taken into account when hiring staff to ensure they are representative of the families with whom the agency works.

Communicating across agencies was also associated with ensuring safety for children, and participants took on this responsibility. However, working at this meso level collaborating with other agencies was identified to have its own frustrations and difficulties, though the scope of this thesis did not allow an in-depth exploration of these barriers to good practice. Similarly, there was a brief mention of supporting families to network together but a lack of time was a barrier to social workers achieving this.

Participants' accounts explored the impact of structural factors on family life and the ways in which they supported families to mediate these. Participants expressed their desire to effect change at the macro level, but faced a number of challenges in being able to achieve this, such as: a lack of capacity, support, and knowledge of how to address these. This finding aligns with other literature and studies that highlights the discrepancy between the profession's mandate to work at individual and structural levels, versus the reality of practice that is more often focused on individual or psychodynamic work. However, participants did effect change in some sense as they linked personal issues to structural factors, such as identifying housing issues, and in some instances provided feedback on these issues to funding bodies and policy makers.

9.2 RECOMMENDATIONS AND IMPLICATIONS FOR POLICY AND PRACTICE

This study aligns with other research and has shown that supportive helping relationships are the cornerstone of effective practice (Connolly et al., 2017; Harms & Connelly, 2016; Holland, 2004; Ruch et al., 2010; Trevithick, 2014). Social workers must be equipped with the necessary skills and training to be able to engage with families and form trust-based support relationships. Thus, education providers and agencies have a responsibility to provide this training and support including opportunities for critical reflection on practice.

Furthermore, social workers must have the time to be able to build and maintain the support relationship with the family. Therefore, an important consideration for practice is that agencies must be mindful of the time that it takes to build the support relationship and ensure that social workers are allocated sufficient time in their work. This may mean capping caseloads and following research guidelines on best practice around timeframes for involvement.

Another important consideration for practice is culturally matching social workers to the families with whom they are working. Agencies could engage in open and honest conversations about this and if they are unable to make a cultural match they could explore other ways to ensure that this has minimal impact on the support relationship. For example, ensuring social workers have cultural competence to work with the family and understand the importance of cultural humility. Agencies could explore opportunities to appoint social workers so that they are more representative of the families with whom the agency works.

Collaboration between agencies is an important part of effective practice to ensure safety for children and that the needs of the family are met. Various agencies may have significant knowledge of a family, and resources to support the family. Therefore, it is important for agencies to collaborate and work together when supporting families to ensure that information is shared and responses are co-ordinated. Changes are already afoot in New Zealand regarding such collaboration with the development of the Children's Teams. However, the Children's Teams are not involved with all families that have social work support and therefore individual agencies must develop ways to

ensure good collaboration. This could also be promoted through identifying a lead professional with a family that can liaise across agencies.

A challenge that was experienced by many social workers in this study was having their voice heard and effecting change at a macro level. Participants identified trends across families where structural and systemic issues were having an impact. They were aware of the need for this first-hand knowledge to be passed on to policy makers and funding bodies. However, this was no easy task and there was a lack of process by which to do this and feel heard. As such, a consideration for policy and practice is the need for agencies and funding bodies to acknowledge the impact of structural issues on families, create time and space for social workers to be encouraged to engage in critical thinking about these issues, and develop further ways that social workers can work to enact change at a macro level. It is also important to have some form of accountability and feedback loop from policy makers and funding bodies to the social workers so that they have some confirmation that their voice is being heard. The Aotearoa New Zealand Association of Social Workers could have an important role in supporting this, and perhaps work alongside agencies to promote social work gatherings where social workers can discuss some of this broader thinking, and brainstorm ways of supporting families more holistically.

9.3 REFLECTION ON THE RESEARCH PROCESS

Undertaking this thesis has offered the opportunity for me to develop my understanding of what social workers view to be effective practice when working with families in the early years and the challenges to this practice. I have been encouraged by the level of dedication that the social workers described in their work, their level of expertise, and the respectful practice they described engaging in with families. There is a sense from these social workers that they value each individual family, and prioritise relational-based social work practice despite the challenges associated with this.

Undertaking a qualitative study allowed me to prioritise the voices of social workers. It was important for me to hear their experiences and perspectives on effective practice as they are doing the frontline work. Through this study I noted that the social workers held a passion and desire to support families, and to continue to hope for good outcomes despite feeling at times that the role was too big. They worked long hours, and at times

felt powerless in the face of systemic issues but they found creative ways to find the time to form trust-based relationships with families. I was particularly struck by this last issue given the strong emotive words used by social workers when describing how they felt: "unheard" and "powerless". One imagines that these experiences of social workers may be reflective of what families feel in the face of structural and systemic issues. Yet these strong feelings were also mixed with hope for families to manage despite these intolerable circumstances, and a sense of working tirelessly to support families.

In my reflections I also identified some limitations to this study which are discussed next.

9.3a Limitations

It is important to note the tentative nature of the conclusions I have drawn in this study. Given the small study, the results are not generalisable, however there may be a level of 'moderatum generalisation' possible in similar social work settings, though this is left to the discretion of the reader (Williams, 1999). For example, it is important to note that participants were all afforded extensive lengths of time to be involved with families which is a key finding of what supports the service-user relationship and outcomes. It is unlikely that all social workers supporting families in the early years across New Zealand have these same timescales, however there may still be areas of learning from this research that are applicable regarding developing a strong support relationship. Also, the scope of the role for these participants was quite broad, whereas other agencies may have a much more limited scope that would hinder social workers from providing the needs-led services described in this study.

Another factor which has limited my ability to make meaningful statements about effective social work practice in the early years is that the findings are based on social workers' perspectives of their practice and are therefore subjective, rather than objective observations of their interventions. Furthermore, there was no triangulation of experience from families to cross-check and ensure that what the participants believe they are doing to support good outcomes is actually helping from a family's perspective.

It is also important to note that although the findings from this study show social workers' views of effective practice and the barriers to this, effective practice is by no means limited to these findings. The scope of this thesis is simply too limited to cover this comprehensively. However, the limited findings of this thesis highlight some key learnings for social work practice with families in the early years in New Zealand.

Despite the limitations of this study, for most of the findings there is a strong degree of consistency and solidarity across participants, and these findings also align with those of other studies and this gives confidence around the veracity of the findings.

Findings from this study, along with the limitations, has highlighted areas for further research which will be discussed now.

9.3b Areas for further research

This study has, in some ways, brought more questions to the fore than it has answered. For example, determining how much time is enough time for social workers to develop the support relationship. Participants in this study highlighted that the support relationship is crucial to ensuring effective practice when working with families in the early years, and that a key component that supported this relational-based practice was the length of time participants could be involved. Given that not all social workers in this field will have the same timescales afforded them as the participants in this study, further research would need to be conducted to determine if these conclusions hold true for social workers in other agencies in New Zealand. This research could also explore how much time is enough time for visits, how frequently these ought to be, and how long is long enough to be involved to build this relationship and see positive change for families. Or, perhaps the alternative could be explored, how little time would be considered insufficient to build the support relationship? Although the challenge with such a study would be how to avoid becoming prescriptive whilst providing some guidance of best practice to support good outcomes for families in the early years.

Another area for further research could be to explore if social workers in other agencies are also able to maintain a needs-led approach in their work, particularly given concerns in the literature that the current political climate, nationally and internationally, has

meant funding for services has become targeted and specific (Dolan & Frost, 2017; Rogowski, 2015; Trevithick, 2014).

Cultural matching between the social worker and the family is a complex topic and one that was only touched on in this research. This could be an area for further research, which explores the following questions:

- How important is cultural matching versus providing staff who are culturally competent?
- Does cultural matching, or a lack of this, significantly impact on the support relationship and ultimately good outcomes for families?
- How can agencies ensure their pool of social workers are representative of the families with whom they work?

Participants in this study identified collaboration between agencies as vital to effective social work practice with families in the early years. Despite taking on this role, participants referred to this as both frustrating and challenging. However, the associated challenges were not explored in depth in this study, and given the links in the research of poor communication between agencies being associated with child deaths, this is a pertinent topic to explore further. Future research could also explore other aspects within this meso level of intervention that social workers in the study alluded to, such as helping families network together, but felt they did not have time to follow up on. Research could explore whether this work is important to consider when exploring effective practice, and the ways in which this has been done to support good outcomes for families.

Finally, the social workers discussed the impact of structural factors on family life and the difficulties associated with enacting change. An interesting area for research would be to explore whether social workers should be expected to tackle social issues. For example, Darroch (2017) provides a discussion regarding the disparity from what is espoused by the social work profession as a whole, versus what individual social workers are realistically capable of achieving within their everyday work. Though this discussion is beyond the scope of this thesis, it is important to note given its relevance to this exploration of macro level interventions. These questions could be explored in further research:

- Is understanding macro level influences on families and working to support families within the system doing justice to the hopes of the profession?

- Does the dual mandate of supporting individual families and enacting structural change sit with individual social workers, or perhaps, is it better located with the social work professional body, educational institutions, and other organisations?

As a social worker myself, I understand this struggle and upon reflection do not feel that I have in my career been able to enact change at a structural level. However, to say that changing structural systems is too big a task for individual social workers feels like an inadequate response, one that does not work to fight injustice, uphold the rights of families, nor attempt at every level to support good outcomes for families in the early years. If individuals do not take this on, then who will? As such, this begs the question, how can social workers be supported to take on this mandate?

If social workers are to tackle these overarching social issues, there may be agencies and funding bodies that do not support social workers to work at changing the structures of society, particularly given the current neo-liberal and individualistic policies and values. In this context, research could explore how social workers ensure they hold a dual role when working for an agency, or ultimately a funding body, that does not support work at this macro level. This is an important area for further research if the profession wishes to support wellbeing for families given the known impact of societal issues.

Even if participants were to have the time and support granted them by their employers to address issues at a societal level, findings from this and other studies show a lack of knowledge of how to put this into practice (Arthur et al., 2009; Baines, 2010). Some authors have suggested that this lack of knowledge may be due to an inadequacy in social work training (Buchbinder, Eisikovits, & Karnieli-Miller, 2004), and others believe that this is an important place to start developing this aspect of the profession (Rodriguez et al., 2017). Either way, this highlights that more research, support, and dialogue is needed around what macro level intervention looks like, and how this can be a part of everyday social work practice. Further research could explore how to develop a knowledge base across the profession to ensure social workers are equipped "to engage in action to change the structures of society" (Aotearoa New Zealand Association of

Social Workers, 2013, p. 4) to support good outcomes for families. Though this is simple to write, I imagine this would be incredibly complex. However, the complexity of something is not a reason to shy away from it, especially when one can see how influential the structures of society are on outcomes for families.

9.4 CONCLUSION

This research has examined the perspectives of social workers who work with families in the early years. It builds on the literature and research on social work service provision for families in these crucial years. The study explored findings through the lens of Bronfenbrenner's (2000) ecological theory of the levels of intervention - micro, meso, and macro. Of central importance to ensuring effective practice with families in the early years was: the support relationship a social worker develops with families; social workers collaborating well with other agencies and services; and social workers working to mitigate the effects of structural factors impacting negatively on outcomes for families.

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APPENDIX A: EMAIL CONFIRMATION OF LOW-RISK ETHICS APPLICATION GRANTED

From: <humanethics@massey.ac.nz>

Date: 9 March 2017 at 18:13

Subject: Human Ethics Notification - 4000017341

To: A.Lindsay@massey.ac.nz, █████████████████████,
J.Sanders@massey.ac.nz, R.Munford@massey.ac.nz

Cc: M.E.Thomas@massey.ac.nz

HoU Review Group

Ethics Notification Number: 4000017341

Title: Social Work and the early years: A focus on well-being

Thank you for your notification which you have assessed as Low Risk.

Your project has been recorded in our system which is reported in the Annual Report of the Massey University Human Ethics Committee.

The low risk notification for this project is valid for a maximum of three years.

If situations subsequently occur which cause you to reconsider your ethical analysis, please log on to http://rims.massey.ac.nz and register the changes in order that they be assessed as safe to proceed.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

A reminder to include the following statement on all public documents:

"This project has been evaluated by peer review and judged to be low risk. Consequently it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research.
If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director (Research Ethics), email humanethics@massey.ac.nz. "

Please note that if a sponsoring organisation, funding authority or a journal in which you wish to publish require evidence of committee approval (with an approval number), you will have to complete the application form again answering yes to the publication question to provide more information to go before one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

If you wish to print an official copy of this letter, please login to the RIMS system, and under the Reporting section, View Reports you will find a link to run the LR Report.

Yours sincerely

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

APPENDIX B: INFORMATION SHEET

MASSEY UNIVERSITY
COLLEGE OF HEALTH
TE KURA HAUORA TANGATA
School of Social Work

Social Work and the early years:
A focus on well-being

INFORMATION SHEET

Name of Researcher: Ariella Bond

Ariella Bond is undertaking this research for a Masters in Social Work, School of Social Work, Massey University, Auckland.

This research aims to explore how social workers engage in interventions with families in the early years. It explores social workers' views on how these interventions enhance children's well-being and contribute to positive outcomes. This qualitative research involves individual in-depth interviews with 6-10 social workers in which emerging themes will be explored and analysed. It is hoped that this research will capture an understanding, and make more visible, the contribution social workers make within the early years.

Invitation to participate

The research requires participants to be social workers, who have a degree (or relevant qualification) in Social Work and currently work with families who have children aged 0-5, or have had significant experience in this field in the last five years. A number of social service agencies within Auckland have been identified and have given consent for social workers in their employ to participate in this research, including your current employer.

It has been identified that you are likely to have the relevant experience and you are invited by the researcher to participate in the research. If you are interested in

participating, please contact the researcher by phone or email at the details provided below.

The interview will take a maximum of 90 minutes of your time. Your participation is voluntary and you will be asked to consent to the interview and sign a consent form. You will be given a copy of the interview guide prior to the interview and asked to come prepared to discuss these questions.

The interviews will be conducted by the researcher and will be audio recorded. All interviews will be transcribed by the researcher. Your permission will be sought to use any direct quotes in the final report.

These interviews are unlikely to cause harm to you as a participant. However, the interviews could bring up memories or instances of complex practice situations that may feel unresolved. You are advised to use supervision to reflect on the practice issues relating to this research, or to access support through your professional association (Aotearoa New Zealand Association of Social Workers).

Data Management

Electronic data will be stored on a password protected drive. All hard copy data will be stored in a locked cabinet. All data will be stored for a year post the completion of the thesis, after which all hard copy data will be shredded and electronic files deleted.

Results will be used in the Master's thesis, and may be used for teaching purposes, published in peer reviewed publications, or presented at conferences. The Master's thesis will be publically available through a digital repository at the Massey Library. A copy of any article published following the completion of the thesis will be made available via email should you be interested in receiving this.

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 (up until the thesis is in its final draft);*
- *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 the completed thesis*
- *ask for the recorder to be turned off at any time during the interview.*

Anonymity and Confidentiality

If you choose to participate you will have the opportunity to choose a pseudonym to protect your identity. All participant information will be constructed in a way as to disguise your identity. However, due to the small size of the social work community in Auckland, New Zealand, there is still a possibility that someone in this community could recognise your comments.

The Aotearoa New Zealand Association of Social Workers (2013) Code of Ethics and the Social Workers Registration Board Code of Conduct require social workers to not unnecessarily disclose personal information about the people that they work with. Interviews will be conducted in a manner that supports your obligation to preserve client integrity through avoiding information that could disclose any identifying client information when discussing practice experiences.

Project Contacts

Expressions of interest should be made to the researcher by the 21st of April, 2017. For more information, please feel free to contact the researcher or the supervisors.

Researcher   Supervisors

Ariella Bond   Professor Robyn Munford - 06 356 9099 ext. 83513

███████████

███████████████   Professor Jackie Sanders - 06 356 9099 ext. 83206

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director, Research Ethics, telephone 06 356 9099 x 86015, email humanethics@massey.ac.nz.

APPENDIX C: SIGN-UP SHEET

MASSEY UNIVERSITY
COLLEGE OF HEALTH
TE KURA HAUORA TANGATA

School of Social Work

Social Work and the early years: A focus on well-being
SIGN-UP SHEET

This research aims to explore how social workers engage in interventions with families in the early years. It explores social workers' views on how these interventions enhance children's well-being and contribute to positive outcomes. This qualitative research involves individual in-depth interviews with 6-10 social workers in which emerging themes will be explored and analysed. It is hoped that this research will capture an understanding, and make more visible, the contribution social workers make within the early years.

Criteria to participate

- Have a qualification in social work
- Currently (or recently) provide social work to families with a focus on those who have children aged 0-5 years old, and have worked in this field for at least 2 years.

Name	Phone number	email

Researcher

Ariella Bond

██████████

████████████

Supervisors

Professor Robyn Munford - 06 356 9099 ext. 83513

Professor Jackie Sanders - 06 356 9099 ext. 83206

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director, Research Ethics, telephone 06 356 9099 x 86015, email humanethics@massey.ac.nz.

APPENDIX D: PARTICIPANT CONSENT FORM - INDIVIDUAL

MASSEY UNIVERSITY
COLLEGE OF HEALTH
TE KURA HAUORA TANGATA

School of Social Work

Social Work and the early years:

A focus on well-being

PARTICIPANT CONSENT FORM - INDIVIDUAL

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

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

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

Signature: .... **Date:** ....

Full Name - printed ....

MASSEY UNIVERSITY
COLLEGE OF HEALTH
TE KURA HAUORA TANGATA

School of Social Work

SOCIAL WORK AND THE EARLY YEARS: A FOCUS ON WELL-BEING
Semi-structured Interview Guide

General

- How long have you been working as a social worker? What got you interested you in social work?

- How long have you been working in this agency? Can you tell me a bit about your role?

- There are a lot of professions that work with families who have children aged 0-5. What do you think the social work profession brings to this space that is significant or different from what other professions bring to it?

Practice:

- There are many factors that impact on a child's well-being, the literature particularly identifies both parental, and socio-economic factors as important. How would you say your work is impacting on or influencing these factors?

- Research with other social workers has highlighted things that help to create positive change for families and better well-being for children, these are:

  o The relationship built between social work and the family

  o Length of time involved and availability of social worker

  o Providing a balance of practical and emotional support to families

  o Exploring and providing support with structural and socio-economic factors

- - What are your thoughts on these findings, and what do you think helps to create positive change for families?

- There is a concern raised in the literature that social workers spend less time directly with families and more on administrative tasks, and that this impacts on the relationship a social worker can build with families. What are your thoughts on this?

- When talking about the early years, often there is discussion about the developing brain of a child, and the attachment a child forms with their parent or caregiver. What are your thoughts about this research? How does this impact on the work you do?

- There is a growing concern in the literature that research about brain development and attachment theory can lead to a view of the child as 'separate' to the parent, and the child needing 'protection' from the parent. Within this view, sometimes the parent can be seen as solely responsible for a child's well-being without taking into consideration other external factors. What do you think about this statement?

- Often in social work there is a balance between managing risk and supporting families. How do you balance these in your work with families? How do you balance these in your work with families?

- What ethnicities or different cultures do you work with? How do things like culture, and broader, structural and historical factors related to culture, impact on how you work with families from different cultures and backgrounds?

Outcomes

- Can you tell me about a piece of work that you did with a family that really made a positive difference?

  - Can you describe the intervention or approach?

  - What signs did you see that showed you it was making a positive difference?

  - What are the barriers to this if any?

- What are the outcomes this organisation is aiming to see for families in the early years?

- The literature discusses that outcome measures are sometimes very specific and can cause social work input to be too structured to the detriment of providing good outcomes for families. What are your thoughts on this?

<u>Closing:</u>

- Is there anything else that you would like to share regarding social work practice with families in the early years that we haven't yet covered?

APPENDIX F: LIST OF INITIAL CODES

- Advocacy
- Social workers own experience
- Relationships
- Broad role/ big picture
- Social focus (rather than therapeutic solely)
- Role of management
- Tapering out support
- Supervision/ support
- Balance safety/ support
- Busy role
- Self-care
- Fun
- Connecting with the child
- Practical support
- Time
- Person in environment/ Context
- Flexible/ adaptability
- Listen/ respond
- Feeling acknowledged and heard
- Normalisation
- Impact for parent – parental shift
- Funding/ Resource
- Communication/ change
- Attachment
- Parental blame
- Brain development
- Confidentiality
- Administrative tasks
- Respite
- Hope and hopelessness
- Empower
- Parental history

- o Strengths
- o Free service/ Access
- o Availability of social worker
- o Working with Māori
- o Needs-led model
- o Pacific Island support
- o Collaboration
- o Outcomes
- o Non-judgemental stance
- o Parenting
- o Culture
- o Developmental stages
- o Rewarding job
- o Change