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Editorial

Welcome to the tenth edition of the Women in Welfare Education Journal, a journal established in 1994 to provide another forum for the ‘voices’ of both academic women and women in social welfare practice. The journal is therefore structured in a way to present both peer-reviewed articles alongside discussions of current reflections on practice developments and research.

In the seventeen years since the first edition was published there has been a changing ‘landscape’ for women in welfare, presenting some ongoing but also new challenges. As noted in the editorial from the previous WIWE edition, ‘whilst we have seen an increase in the number of women in senior positions in politics, business and education, this is not a consistent trend, in fact in many instances women are being overlooked.’ Nearly two years down the track this situation is still evident and we see many issues facing women in academia and practice. One of the articles in this edition argues the relationship of this particular issue to ‘male privilege’. Unlike WIWE papers to date, one of the authors of this article is male but this seems most appropriate given the topic. For those working in social welfare, maintaining their personal and professional integrity in these times is explored by another author in a study on the use of ‘critical’ friends. A current challenge for both social welfare educators and practitioners alike is how to work with the new technologies and one article addresses this in relation to email counselling with young people. From two practitioners working on issues related to child protection, some reflections are offered here on the impact of policy initiatives such as ‘Keep Them Safe’, and the need to strengthen families in the difficult processes of child and family assessments.

For this edition we would again like to thank the Australian Association for Social Work and Welfare Education (AASWWE) for financial assistance in its production; and thanks also to Jen Harrison for the layout. Finally we would like to thank all of our reviewers for their tireless efforts in making this latest edition showcasing women’s scholarship.

Lesley Hughes       Fran Waugh
Natalie Bolzan      Karen Heycox
‘Critical Friends’, Feminism and Integrity: A reflection on the use of critical friends as a research tool to support researcher integrity and reflexivity in qualitative research studies

Cherie Appleton

Abstract: A recent study of social workers’ understandings of integrity (Appleton, 2010) gathered the reflections and voices of women social workers in relation to perceptions, appreciation and application of the notion of integrity to their work and lives. As the sole researcher the author, a qualified and registered social worker, was aware she identified as an ‘insider’, thus sharing an understanding of the social work profession, its values, Codes of Conduct, and Code of Ethics. Rooney (2005) argues that insider researchers have the potential to increase the validity of the research due to added richness, honesty, fidelity and authenticity of the information acquired. There are advantages in studying the familiar: easier development of rapport; higher acceptance levels enabling smoother cooperation and higher comfort levels (Padgett, 2008, p.20). There are also potential issues of power and authority therefore it is vital to ensure researcher integrity in a project. Employment of ‘critical friends’ as a research tool aligns with feminist principles. This tool offers support and critique throughout the research journey. It contributes to the maintenance of the researchers’ professional and personal integrity. This article considers the role of critical friends in relation to a qualitative research project and explores how using this tool influenced and supported researcher integrity.

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Introduction
In undertaking recent research I chose to adopt the technique of ‘critical friend’ as a research tool to enhance my ability to be reflexive, transparent and to ensure my integrity. As a social worker/educator approaching the conduct of a qualitative study on how social workers perceived integrity, it was important for me to behave in ways congruent with my beliefs and values, and my feminist stance. Ethics, morality, beliefs and values are the cornerstones of integrity which is both a personal and professional concept and an essential key attribute when working with people in social and human services (Calhoun 1995). Integrity is variously described as an elusive concept with little agreement on precise definition although recognition that there are clusters of shared intuitions (Cox, La Caze, and Levine 2003, p.25). Social workers reflected that it can change dependent upon the person and issue being examined. If integrity is not a fixed, immovable feature of day-to-day living, if different contexts and situations require us to think about how we are operating with integrity, then as researchers we require mechanisms, processes and procedures to enable and support this to happen. One such mechanism used by me was the creation of a group of critical friends to ‘walk beside me’ and to assist me to maintain both my personal and professional integrity as I worked through the research process.

Personal Lens
In commencing this research I needed to think carefully about my own persuasion and approach. Turnell (2006) suggests that social work researchers and theorists need to promote inquiry methodologies that foster reverence for those at the frontline and their experience. Turnell argues that
in this sense inquiry methodologies can be likened to a spiritual practice, they are a method of directing awareness that could potentially first expect and then elicit and honour practitioners’ constructive and transformative work. (2006, p. 146)

Thus the attitude and approach of the researcher are intrinsic to the research and the techniques they select. For me the spiritual aspects of research practice are driven by, and interwoven with, my feminist values and beliefs. Aligned with Turnell’s assertion, my research deliberately employed feminist research strategy to allow the voice of participants to come through strongly. In choosing to privilege the voice of social work practitioners in my study I sought to achieve congruence with my own feminist understandings and approach. This approach has aimed to locate, name, acknowledge and bring to the surface the often unvoiced elements of ourselves; the different ways we bring our authentic self and integrate our heart and soul into our work. Swigonski (1994), Wilkinson (1999), Fawcett, Featherstone, Fook and Rossiter (2000), along with Westmarland (2001) and Alston and Bowles (2003), all offer feminist perspectives and critiques to research that recognise and support this approach. Utilising a spiritual feminist paradigm has enabled me to conduct an inquiry into integrity that has offered an opportunity for practitioner reflection on an individual and group basis; it has honoured practitioners’ wisoms. It has located and made transparent the knowledge of the researcher and on a personal level, it has enabled me to discover, explore and begin to understand more deeply how inextricably linked my spirituality and my integrity are. Use of critical friends in this process has encouraged further consideration of how this technique encourages researcher reflection.

I began this research from an action–reflection approach (Redmond, 2006), which implies ongoing discovery and learning. I used qualitative interviews through focus group interactions and discussions to mine for rich descriptions and encourage articulation of their ‘knowing’ about integrity in order to deepen reflection and thereby the practitioners’ theories and understandings of integrity. I employed elements of action research and aspects of appreciative inquiry and applied them with my own feminist philosophy which is non-hierarchal and listens for and amplifies women’s voices (Dominelli, 2002). Both action research (Johnson, 2007) and appreciative inquiry (Cooperrider, Whitney & Stavros, 2008), strongly privilege participation in a non-hierarchal way which fits comfortably with my philosophy and the qualitative approach.

In qualitative studies, inquiry is an ongoing process in which the researcher is also a participant (Tsui, 2008, p.357). As a researcher I realised it was not possible to be totally objective or entirely neutral. I brought to this project the sum of my personal and professional experiences, and needed to be able to recognise the influences, advantages and disadvantages that brought. Nash, Munford and O’Donoghue (2005, p.24) draw attention to the importance of social workers being able to critically reflect on themselves, recognising that vision and imagination is influenced by the set of lenses we use. This is doubly applicable to a social worker who is becoming a researcher. Tsui (2008, p.357) reflects on the importance of use of self in research and being inclusive of the experience and knowledge we bring to the task, as it enables us to interpret information in a meaningful manner. Gilgun (2008) highlights the value of incorporating the experiences of the researcher into processes of doing research. Gilgun values reflexivity in research and draws our attention to how essential it is for researchers to examine and take into account the multiple influences they have on the research processes and how research processes affect them and the persons and situations they research (Gilgun, 2008, p.184).
Charmaz (2006, p.14) cautions researchers to be reflexive “about what we bring to the scene, what we see, and how we see it”. This caution is echoed by Padgett (2008, p.18) who advises that the success of a qualitative study relies heavily on the researcher’s personal qualities which include self-reflection (reflexivity) and that reflexivity (the ability to examine oneself) is a central preoccupation in qualitative research. The process of gaining ethics approval played an important role in ensuring that I as the researcher had thought through the many ethical ramifications of the study. This process ensured I formed a baseline of accountability and, in so doing, helped shape and form my researcher integrity. I built my research integrity further through the use of formal supervision and journaling, alongside the less formal, although still structured, resource of reflective conversations with critical friends.


Reflection enables us to correct distortions in our beliefs and errors in problems solving. Critical reflection involves a critique of the presuppositions on which our beliefs have been built. (Mezirow 1990, p.1)

Morley presents a reflective account of engaging practitioners in a critical reflection process and highlights “…the complex interplay of structural and interpretive factors, and interpersonal dynamics, which shape and inform the critically reflective process” (Morley, 2007a, p.73). By engaging a group of critical friends in the research process I was hoping to strengthen my ability to achieve an awareness and exploration of these factors and dynamics in order to maintain researcher integrity.

Aspiring to Social Work Integrity

Social work is a profession that relies on and requires practitioner integrity. It has a focus on human rights, social justice and social change. The International Federation of Social Workers (2000) defines social work as promoting “problem solving in human relationships and the empowerment and liberation of people to enhance wellbeing”. Social workers engage with the most vulnerable and disadvantaged citizens in our societies, in wide-ranging and diverse roles and areas of practice, hence the necessity for integrity. Social work is delivered in a variety of settings: working with individuals, families, groups and communities; helping with safety and protection; accessing resources; addressing inequality and assessing need, strengths, resilience and risk.

Social workers also undertake political action, agency administration, research and can respond to emergencies, crises and the day-to-day challenges and problems that are experienced by people. As Beddoe and Maidment note, “Social work practice requires practitioners who are reflexive and responsive to the rapidly changing environments in which they find themselves and their clients” (Beddoe & Maidment, 2009, p.1).
In all social and cultural contexts social work practitioners are mandated to support and advocate for the disadvantaged and oppressed, to ensure those most vulnerable are heard and have a voice. Social workers are often the interface or bridge between the people they work for and with and society and its agencies, structures, expectations and requirements. Social workers are deeply and often intimately involved in people’s lives. Social work is a skilled and responsible task which must be alert to factors that affect the holistic aspects of social workers’ own lives and those of their clients.

Durie (1998, p.69), offers a holistic model of health and wellbeing using Maori concepts and entitled Te Whare Tapa Wha (a four-sided house) which invites consideration of the balance of four interacting dimensions. These are Taha Wairua (spiritual); Taha Hinengaro (mental); Taha Tinana (physical); Taha Whanau (extended family). This framework has gained wide acceptance in Aotearoa New Zealand and is a culturally significant tool developed by Maori that recognises and expresses how the scientific and technical aspects of practice cannot be separated from human concerns and social skills. We need to be attentive to these four dimensions and continuously strive for balance in order to achieve and maintain integrity in our lives. Faith or confidence in the profession is not possible without integrity. I would argue that social work is a profession that is morally and ethically bound to conduct its activities with the utmost integrity to ensure faith and confidence are present and that the values of “respect for the equality, worth, and dignity of all people” are upheld.

If integrity is vitally important to social work, then is the nature of integrity definable, or can it be grasped only intuitively as part of one’s sense or knowing of self and others? Is it possible to describe and capture integrity in the context of social work by language and story? “Integrity demands an ongoing reflective and critical engagement with one’s motivational set” (Cox, et al 2003, p.25). As Cox et al. emphasise, integrity is not a one-off event. I was curious to see what might be needed in order to balance and sustain my own integrity: must I examine and assess it continuously from both the personal and professional worlds in which I operate?

Integrity contains within it the core elements of honesty, reliability and trustworthiness. These elements are drawn from a strong ethical foundation of deeply held beliefs and values. My reasons for isolating the concept of integrity arose from my own explorations and reflection on self, and the curiosity I have about integrity acting as an integrating concept. How might integrity be perceived? Perhaps it may be seen as inextricably aligned to values, beliefs, philosophy, ethics and other core components such as respect, dignity and spirituality. If so, I was compelled to ask how can I ensure I display, build and maintain my integrity? How would I continually examine my personal and professional integrity in my role as a researcher throughout this study? Reflecting on these questions, I looked for additional methods and approaches that would assist me to keep my own integrity at the heart of my study. The tool of critical friend was explored and adopted to support this purpose.

The term ‘critical friend’ refers to a person (or persons) recruited to fulfil the role of a trusted person who asks provocative questions, clarifies ideas, advocates for the success of the work, and offers a critique of a person’s work (Costa & Kallick, 1993). It is this role that I wish to explore and reflect upon further as the main focus of this article. The concept has its origins in educational research where Costa and Kallick (1993) note that in school systems it is used to gather assessment feedback to support learning organisations (Senge, 1990). They refer to critical friends as being useful to individuals, students, teachers, administrators or groups, taking time to “fully understand the context of the work presented and the outcomes that the person or group is working towards” (Costa & Kallick, p.50). The critique

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1 Extract from The International Federation of Social Workers 2005 and the International Association of Schools of Social Work 2001 jointly agreed 27 June 2001 Copenhagen.
of my work by critical friends supported and enhanced my ability to reflect. It enabled me to discover connections between the material I had read, the experiences contributed by participants and wisdoms offered by many additional sources during conversations. Additionally, it enabled me to explore and clarify my life experiences in relation to this qualitative study.

**Feminism as a basis and bias**

My own lenses were magnified by the lived experience of being a white, middle-class female professional, educated, and politicised. I have worked overseas in social services as well as within Aotearoa New Zealand. This politicisation involved publishing the feminist magazine *Broadsheet*, helping to establish a women’s refuge and learning with others to find our voice as women. All this has enabled me to identify with a feminist epistemology which:

… offers both an explanation of the social and ecological destructiveness of modern techno science and posits an alternative form of understanding linked to liberation from social domination, and a new, harmonious relationship with the rest of the natural world. (Benton & Craib, 2001, p.152)

My social work practice has been influenced by feminist thinking and pioneers in feminism who were committed to women’s emancipation and brought about profound change in the ideological construction of relationships of womanhood, power and oppression (Schneir, 1994). Feminist theorists Mitchell and Oakley (1986); Swigonski (1994) and Trinder (2000) emphasise the importance of consciousness raising, inviting, listening and giving voice to the personal which in turn is a crucial aspect of the political.

My approach to the research focus has been underpinned by my engagement with feminist thinking; it is important that I acknowledge and incorporate the learnings from this into my role as a researcher as it informs both my personal and professional integrity. Jones (2000) talks about integrity in the professional sphere being concerned with “striving for a convergence of practices and espoused values”. Jones cites Timms (1993), who comments that:

… for human services staff, constructing integrity coheres around a sense of doing the work properly in a context where ‘values-talk’ is prevalent … (Jones 2000, p.366).

My feminist viewpoint supported the development of collaborative, trusting, non-oppressive relationships between myself as a researcher, the respondents and my critical friends. Collins (1990, in Denzin and Lincoln 2005, p.40), notes that

... such an ethic presumes that investigators are committed to stressing personal accountability, caring, the value of individual expressiveness, the capacity for empathy and the sharing of emotionality.

As a feminist cognisant of the use of power, I was able to communicate my strong regard for the respondents, consciously adopting a warm and welcoming professional but conversational interviewing manner and tone. This approach conveyed interest in and respect for participants, recognising and valuing them as equals thus flattening the hierarchy between the interviewer and interviewee and establishing a process of collaboration (Ritchie & Lewis, 2003).

Punch (2006, p.56) reminds us that: “a researcher’s ethical responsibilities include the overarching principles of academic integrity and honesty, and respect for other people”. I identified as an insider in relation to the research as I am a registered social worker. The term insider research is used to describe projects where the researcher has a direct involvement or...
connection with the research setting (Robson 2002; Denzin & Lincoln 2005). Rooney (2005) believes researching from the inside has the potential to increase the validity of the research due to added richness, honesty, fidelity and authenticity of the information acquired. As an insider I believe I had an increased understanding and empathy with respondents through a shared professional language, frameworks and principles. In this study of a profession that I myself was a part of, it was important for me to listen intently for the participants’ stories, to delve deeper for the lived experience of integrity by each person. I needed to be able to separate out and not confuse or overlay the participants’ inner knowledge with my own feelings, opinions and emotional involvement. The role of my critical friends sits well with my feminist approach and contributed significantly to the check-and-balancing function of my researcher persona. The conversations I had served to clarify my understandings and perspectives and continuous reflection occurred. Further and more detailed exploration of the selection and role of critical friend is undertaken in the next section of this article.

The role, tasks and responsibilities of critical friends

As Kreuger and Neuman (2006, p.98) so unequivocally state: “ethics begin and end with you the researcher”. They make the observation that a researcher’s personal moral code is the best defence against unethical behaviour. My high priority therefore, was to understand ways in which I would be able to maintain and enhance my own integrity and of the research processes whilst undertaking a study on how integrity is perceived by social work practitioners. One of the first tasks I undertook was to establish a group of critical friends. They undertook to monitor me and my performance as a researcher, act as sounding boards, and offer challenges, ideas and encouragement. They would contribute to the integrity of the research process through questioning me, my processes, my interpretations and findings, and by ensuring I engaged in critical reflection. This research technique was chosen in consultation with my academic supervisors and supported by them and they gave me regular and comprehensive supervision as part of the research process. The boundaries between the roles of supervisor and critical friend were discrete. I was clear that my critical friends were not offering or being utilised in any way as supervisors. I was able to use academic supervision to explore the added value that critical friends brought to the research process; the roles of academic supervisor and critical friend were separate and complementary.

The strategy and concept of critical friend was used by Redmond (2006) to develop a reflective model of practice and has a history of more than 30 years’ use in education (Costa & Kallick, 1993; Kember et al, 1997; Hill, 2002; Koo, 2002; Swaffield, 2004; Towndrow, 2007, Wachob 2011), but not social work. “Instead of perceiving the role as an advisor or consultant, the ‘critical friends’ see themselves as the ‘friend’…” (Kember et al. 1997, p.464). Although Kember et al. were applying the concept of critical friend to project teams, many of the roles they identified for a critical friend to play such as rapport builder, mirror, and deadline enforcer, I found to be both applicable and valuable. Towndrow (2007, pp.5-6) proposes a framework for critical friendship exchanges that sees the critical friends listening, asking questions for clarification, offering interpretations, raising further questions and offering critique. Costa and Kallick (1993, p.50) see the role as being an advocate for the success of the work, to ask provocative questions, to critique. The use of critical friend is open to debate as to how it may be seen to make a useful contribution to establishing rigour and trustworthiness. In considering and adapting the critical friend model I was cognisant of how it needed to be robust and add value to my research. I specifically wanted to use skilled peers to support and monitor my performance as a researcher.

There are dangers of recruiting critical friends who might bias the research process or approach it in a non-critical manner. The possibilities of reproducing counter-productive patterns, of reinforcing prejudices, and of being insensitive to racism, sexism and
stereotyping among other things could be a risk. There are inherent tensions for critical friends between being able to offer both unconditional support and robust critique. There is the possibility of critical friends avoiding questioning or challenging the researcher in order to preserve a friendship. A fine balance needs to be maintained by critical friends who are being tasked to undertake challenging conversations in a collaborative and non-threatening manner. By recruiting a group of critical friends as opposed to just one or two I was aiming to minimise these limitations. The five critical friends I selected and engaged in this role were, first and foremost, friends with relevant professional skills and experience, colleagues whom I respected and trusted. Four of the women are qualified and registered independent social workers engaged in service delivery across several different agencies and organisations, including private practice. The fifth person is not a social worker, although her work involves high ethical standards. These five women would (to various degrees), identity and operate under feminist principles and beliefs. Whilst we had some shared norms and values, there was through our personal and professional experiences sufficient diversity to provide different ideas, viewpoints and opinions. All my critical friends were people who believed in my abilities to successfully undertake this research, and, equally important, they were colleagues who were able to challenge and question my assumptions and interpretations in ways that would support critical reflection of my role and purpose. I was often invited by them to identify and explore further the beliefs and values that lay behind opinions or statements I made. They were personally and professionally interested in the research topic of integrity, and they were committed to meet and talk with me regularly.

Formal support included using an existing bi-monthly group meeting, weekly phone conversations and regular email exchanges to enable me to draw on the broad expertise in this group. Some members I used more often than others and to different degrees (depending on my perceived need for emotional and intellectual support) to mull over my interpretations of my role and task, and to ask for feedback. Drawing on my researcher tool of journaling I find both philosophical and pragmatic notations such as:

19/8/2008 long chat with critical friend [c/f] ‘W’ about what Feminist means: Conscious raising, speaking out re our experiences, gender consciousness – challenging stereotypes, enlarging women’s choices and connecting the personal with the political. How this relates to our integrity, how it impels us to care, to listen more deeply and value the thinking and conversations we are having.

13/11/2008 had to ring [c/f] feeling really upset and stuck and panicky that I will not have enough participants to go ahead with focus groups already two have dropped out and I am booked to fly to interview in the morning. Talked over the various scenarios and agree that even if I only have one person to interview it will still be valid and have to respect and honour that person regardless as they have offered their time and wisdoms, breathe and focus it will be okay!”

The journal helped me make sense of the sometimes overwhelming amount of information and expectations that researching this topic presented and allowed me to have specific and purposeful conversations with my critical friends.

Another illustration from a journal entry in March 2008 reads:

... reading Lorraine Hardingham’s article ‘Integrity and Moral Residue in nursing’. The term moral distress (p.128) arises when we can’t maintain our integrity because there is a disconnect between our beliefs and our actions. This must happen often for social workers e.g. removing children? …
Compromised integrity comes from moral distress and results in moral residue …

From these musings I was able to further extrapolate the experience of compromised integrity and where that might lead. Discussions and regular contact and journaling my thoughts and experiences provided invaluable tools to augment regular supervision.

At times when I doubted my ability to get the material written up or when I was struggling with the academic expectations these critical friends all gave me a safe space to vent and reflected back to me my past achievements, or just professed an all-encompassing belief in my ability to stand in my own integrity and complete this study well. They asked questions such as “What might you have left out or paid less attention to in your participants’ interviews?” This question sent me back through the taped interviews to listen more deeply. In response to being asked how I and participants were thinking integrity arose, I was able to identify, hear and understand participants talking about integrity as a “process”.

All of this exploration and interrogation needed to take place in a context of honest dialogue, where I could receive critique without it being personal. The critical friends I chose were empathetic, understanding and willing to hear and explore my feelings, both positive and negative; they cared about me. I identify this aspect of my critical friends’ care with Noddings’ (1984) work around feminist care ethics. Care ethics are about recognising the importance and value of the role of caring both for others and for self and in nurturing the particular ethical and moral imperatives that are concerned with these relationships. These ethics are about bringing the personal (in the home origins of care) into the political arena to influence the development of social policy and relationships and highlight issues of social justice. The ethics of caring are connected to the value placed, in particular, by feminist ethicists on relationships. The use I made of my critical friends was greatly influenced by the caring relationships we had for each other spanning both the personal and the professional, which added to their integrity and mine. Their care for me was mirrored in both my ability to care for myself and the ways in which I, in turn, was able to care for and attend to the participants in my study.

Discussion
In my study I posed the research question “How do social workers in Aotearoa New Zealand perceive, understand and interpret the concept of integrity and how do they assess it as being relevant in their work?” The detailed findings from this research are reported elsewhere (Appleton 2010), however, a short description of the research topic, focus and process is necessary to understand the context in which critical friends were employed.

Ethics approval was given by Massey University for my Masters in Social Work research. The fieldwork was conducted during August to December 2008. Data were initially collected from 20 female respondents who completed an e-survey instrument. Three sets of data were extracted and used further in focus group interviews. Twelve of the original 20 respondents subsequently indicated their willingness to participate in one of the three focus groups held in Christchurch, Wellington and Auckland in Aotearoa New Zealand. As identified by Toner (2009, p.180) focus group methodology has been emerging in recent years as a feminist research method (Madriz 2000; Poorman 2002; Pollack 2003; Wilkinson 2004). From a feminist standpoint the use of focus groups with female social workers was a strength, creating a forum whereby their shared stories, experiences and unique perspectives were able to be heard and validated.

The literature review undertaken defined some of the broad theory that surrounds integrity then it was further narrowed down in relation to social work. I deliberately resisted offering a definition of integrity, purposefully leaving it to the participants in the research to
explore and share their ideas and experiences about integrity in social work practice from which to develop a finding for Aotearoa New Zealand.

The literature described many different facets of integrity. In the quest to unpack and understand integrity Cox, La Case & Levine (2008) suggest that it acts as a cluster concept, tying together different overlapping qualities of character under one term. Therefore, integrity could be seen as integral to identity, a core trait that is learnt, built and maintained over a person’s lifespan. This gives support to Williams (1973) who argues that categories of morally correct actions are insufficient for judging a person’s integrity.

This suggests during our life we are on a quest for integrity, a psychological and spiritual journey. James and Zarrett (2005) conducted a study based on Erikson (1968) identifying “ego integrity” and were able to demonstrate how this perceived internal feature manifests itself externally. Their research highlighted the implications for relationships, giving and receiving help as well as several dimensions of psychological well-being. It supported Erikson’s conception of integrity as a way of operating in the world, not just an ideal or aspiration:

Integrity has the function of promoting contact with the world, with things, and, above all, with people. It is a tactile and tangible way to live, not an intangible virtuous goal to seek after and achieve. (Erikson 1982, p.8)

If there is a misfit between the type of integrity required in one part of a person’s life (for example, work) and another (for example, home and family), then that person’s overall integrity may be perceived as being undermined or under attack. Integrity is broadly seen and described (Halfon, 1989; Benjamin, 1990; Calhoun, 1995; Grant, 1997) as “the one virtue”, a virtue that you would expect to find in your life partner, a good friend, an employer/employee, or perhaps a social worker. This implies that your “personal integrity” is what influences and is carried over into your professional life and is recognised as “professional integrity”. However, the context, job expectations and other circumstances and challenges will impact on how this integrity is both applied and judged.

To act with integrity one must possess the qualities of being able to balance the demands of the work one is in and apply the virtues, both social and personal, to thoughts that will manifest actions in any given situation. Reflection and self-knowledge would seem essential ingredients in this mix. It would appear that integrity is not something absolute. It can vary across people, situations and in intensity; it is fluid and constructed and managed “in the moment”, dependent upon the choices and priorities one gives to their various commitments, beliefs and values at any given time. This makes it all the more important that we are able to engage in reflection upon our actions, that we examine the beliefs, values and often taken-for-granted assumptions that underpin our practice.

My critical friends had a ‘can do’ attitude to support my research and they were sensitive to and skilled in “noticing” (Mason, 2002) the things that were going well. They helped balance and restore my motivation when it waned and were constantly encouraging. They helped me balance my integrity in many ways. In addition to journaling I ensured I engaged the non-social work critical friend in my team who was able to act as a “naïve enquirer” and a “check and balance”. Part of this critical friend’s role was to ensure my inside research position was positively challenged. Rooney (2005) reminds us that we must ensure we make research processes transparent and honest so the reader can construct their own perspective.

These critical friends have contributed to a heightened awareness of, and commitment to, ensuring the integrity of information gathering and processing by being clear and transparent. I have attended to my own integrity in this process through subjecting my values, beliefs, opinions and judgments to inquiry, as I have examined and questioned the processes by which they were reached. I am committed to integrate the learning. Research is an engaging
process of discovery and even self-discovery for individuals and groups and there is invariably as much knowledge gained from the process as there is from the discoveries (Martinez-Brawley, 2001, p.279).

An informal discussion with my critical friends reveals that they enjoyed the role they played in the process. They have indicated that it afforded them reflection on both the topic of integrity and their contribution to supporting me as a researcher. They said that it made them more aware of how they understand and apply the concept of integrity in their own personal and professional lives.

Conclusion
In this article I have critically reflected upon my own experience and approach to a qualitative study on integrity, and in particular how the purposeful use of critical friends assisted me to explore, enhance and maintain my own integrity in both my professional and personal worlds.

My conclusion in reflection is that critical friends, thoughtfully selected, are a healthy and robust way of supporting a researcher’s integrity in qualitative research. They added rigour to my research process. I was encouraged to verbalise my thinking processes and make transparent my ideas, analytical frameworks, assumptions and uncertainties that I was experiencing. They offered different ways for me to re-think the data and my approach to it. They questioned in a challenging but non-threatening way my viewpoints and opinions. The use of critical friends offered me practice-based conversations in which I could test ideas, explore emotions and identify feelings and generally make sense of the work I was undertaking. In social work critical reflection is valued and encouraged. I found using critical friends to be a collegial way of ensuring a strong focus on critical reflection occurred. I would recommend this strategy to other researchers when studying sensitive issues or where the “insider” nature of a project poses particular challenges as it offers a reciprocal learning process between the researcher and critical friends; and heightens critically reflective practice; I will use it again in my future research.

Acknowledgements
I am grateful to my five critical friends Vicki, Meryl, Keri, Jane and Wendy who have added to my ways of knowing and strengthened my ability to carry out research with integrity. I would also like to express appreciation to my academic supervisors Dr.Mary Nash, Professor Robyn Munford (Massey University) and Associate Professor Liz Beddoe (the University of Auckland); whose wisdoms, guidance, support and challenge have greatly contributed to my learning.
References


Email Counselling with Young People in Australia: A research report

Sarah Rawson and Jane Maidment

Abstract: This article reports the findings of research aimed at investigating the development of therapeutic alliance during email counselling. The research was conducted during 2005 through Kids Help Line (KHL), Brisbane, Australia which provides a national telephone and web counselling service for young people aged between 5 and 18 years of age. Key findings from the research demonstrate that significant worker/client therapeutic alliance can be developed online, despite the absence of verbal and nonverbal communication cues. In addition, the notion of time and the way time was used and perceived by email clients also impacted significantly upon client-worker rapport building.

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Introduction
During 2009, Kids Help Line (KHL) responded to 14,076 email and web counselling requests from young people aged between 5 and 18, with the online media attracting a far higher proportion of young people wanting counselling and support than telephone (93% compared with 47%) (Kids Helpline, 2009:9). Even so, internet counselling is still in its infancy in terms of usage in Australia. While there is a great deal of theoretical speculation about the efficacy of online counselling, the lack of research and evaluation into this area of service delivery has been noted (Ulris Keys Young, 2003).

According to the Australian Bureau of statistics 72% of Australian households now have home internet access and 78% of households have access to a computer. Between 1998 and 2008-09, household access to the internet at home has more than quadrupled from 16% to 72%, while access to computers has increased from 44% to 78%. Broadband is accessed by close to two-thirds (62%) of all households in Australia and 86% of all households with internet access (ABSa, 2009). Of particular relevance to this research is the level of internet access for Australian youth. Almost 84% of Year 4 students and almost 90% in Year 8 reported having an internet connection at home during 2007 (ABSB, 2009). These figures clearly show the prevalence of the internet as a mode of communication for young people in Australia and highlight the need to examine the effectiveness of the growing online counselling services designed specifically for this age group.

Despite burgeoning internet usage, examination of issues such as the development of the therapeutic alliance, exploration of how empathy is experienced and the use of online counselling as the primary means of intervention (rather than an adjunct to traditional therapy) have yet to be researched in any depth (Mallen, Vogel & Rochlen, 2005). To begin the inquiry we examined two sets of literature. These included material on the development of rapport in helping relationships, along with examination of research and literature on internet counselling, support and usage.

Brief Overview of Literature
Therapeutic Alliance
The therapeutic alliance has been defined as “the extent to which a client and therapist work collaboratively and purposefully and connect emotionally, and is conceptualised as a
common, or generic factor in that it is believed to cut across various treatment approaches” (Gellhaus Thomas, Werner-Wilson & Murphy, 2005: 19).

The conceptualisation of this type of alliance has psychodynamic origins, dating back to Freud’s theories of transference and counter transference, in which he maintained the need for a ‘serious interest’ in and ‘sympathetic understanding’ of the client to permit the healthy part of the client’s self to form a positive attachment to the analyst (Freud, 1913). These ideas were later built upon by Carl Rogers who advocated for worker non judgement, respect, empathy and unconditional positive regard towards clients (Rogers, 1967), and were further examined by Bordin (1979, 1994) to distinguish specific ways in which the ‘alliance’ could be conceptualised. For the purposes of research a number of psychometric scales have subsequently been developed to aid the measurement of the client/worker alliance. Principle components of these include dimensions that focus upon mutuality and empathy, a sense of collaboration and support and the degree to which agreed tasks are achieved (Doucette & Bickman, 2001; Horvath, 1994). Quantitative research has consistently identified the quality of the therapeutic alliance as being a central influencing factor on the outcome of interventions across a range of helping modalities (Gellhaus Thomas, Werner-Wilson & Murphy, 2005). Research pertaining to the notion of alliance building in email counselling has been difficult to locate using either qualitative or quantitative methodologies. In this context it is important to note the difference between the asynchronistic method of communication occurring during KHL email counselling, and real time synchronistic counselling accessible from some agencies using ‘chat’ modality online. Emailing counselling at KHL consists of ‘virtual’ discussions that do not take place in real time, but are developed between the young person and their counsellor over a period of time. There have been mixed anecdotal responses to the idea of rapport building online using asynchronistic communication.

Robson and Robson (1998) maintain that counselling involves an intimate, albeit professional, relationship. As the client-counsellor relationship develops, clients learn more about themselves, and this can lead to a more intimate relationship with the counsellor. They argue, with the lack of verbal communication the capacity to develop such a relationship online will be severely limited (Robson & Robson 1998).

This point, however, has been debated. After examination of a variety of case studies, the International Society for Mental Health Online maintains that:

As the text relationship develops, the partners also become more sensitive to the nuances of each other’s typed expressions, and together may develop their own private language and style of communication. While the therapeutic relationship may in some ways be made more complex by the absence of some sensory cues, in many ways we are in fact learning to work with the presence of new additional (text based) data and the power of the word. (Fenichel, Suler, Barak, Zelvin, Jones, Munro, Meunier, Wlaker-Schucker, 2002 p. 6)

The question, largely unanswered in the existing research then becomes, how is the therapeutic alliance developed in an online environment? This research project was designed to address this particular question.

Lack of verbal and visual cues
Much of the debate about the effectiveness of online counselling cites the lack of verbal and visual cues. The client’s tone, speech quality, personal hygiene, body language and appearance are all cues absent from online counselling, while a large part of traditional therapy depends upon assessment of these characteristics (Barak 1999, Robson & Robson 2000, Gwinnell 2003). Nevertheless, the online environment has adapted somewhat to
accommodate this deficiency (Colon 1996), with workers at KHL observing extensive use of emoticons to convey affect and mood, eg: :-), :-(; use of imagery in dialogue, eg: I am looking really flat and low; and use of shorthand text for ease of flow in dialogue and to convey emotion, eg: lol (laugh out loud). Others however warn that emoticons may be too simplistic to interpret authentic emotional responses with accuracy (Mallen, Vogel & Rochlen, 2005). An additional feature of cyber communication that appears to encourage young people’s use of online counselling is the degree of anonymity this medium affords.

**Anonymity and Identity**

Online services appeal to people who wish to remain anonymous. There is also evidence to suggest that people are more likely to admit vulnerabilities within the context of a computer text exchange (Christensen, Griffiths, & Korten, 2002).

This finding has been supported through case studies examined by the International Society for Mental Health Online:

*Unlike the telephone, they [online interactions] provide enhanced anonymity, opportunity for self-expression through writing, increased ambiguity of counsellors, ease of escape, and enhanced aloneness, thus facilitating depth of self-disclosure and exposure of personal materials, as well as accelerating the speed of opening up. (Fenichel et al 2002, p. 8)*

However, anonymity also brings with it ethical dilemmas in relation to verification of identity. The anonymity and unreality associated with chat rooms and email may encourage a form of role play. Gwinnell (2003) calls this the ‘masquerade aspect’ of online counselling. Choosing a false name, persona or presentation, is similar to wearing a mask. Self-protection, or a desire to remain anonymous while exploring role playing, encourages people to choose other screen identities.

Additionally, the potential also exists for deliberate deception and manipulation of the counsellor or online support group, or both. Again, Gwinnell (2003) points out that the internet offers a powerful and even potentially dangerous forum for acting out and victimising more vulnerable individuals. In addition, opportunity exists for professionals to misrepresent themselves. The client has little chance to be able to examine true and full information about a service provider and consequently they can be left unprotected (Barak 1999). This situation is further compounded by the limited formal guidelines that exist for conducting asynchronous online counselling.

However KHL does have a rigorous training program for counsellors to complete before they begin email counselling which includes: discussion of research findings about email counselling and ethical dilemmas; simulation of email responses to a variety of topics; use of specific tools for rapport building such as emoticons, language, speed of reply, length of reply and risk assessment. This training is offered to counsellors in a variety of learning environments through online learning modules, group and individual supervision, formal regular feedback from overseeing supervisors, and also a probationary period through which each and every email to a client is checked by a supervisor before being sent to a client. Staff are unable to work for KHL as independent email counsellors without passing probation.

**Asynchronous thoughtfulness**

The asynchronous quality of email communication provides both client and counsellor with the opportunity to devote greater thoughtfulness to their responses. This in turn may lead to more effective communication (Childress 1998). Evidence from KHL suggests that online counselling ‘provides an opportunity for thoughtfulness and reflection and may encourage clarity of communication’ (KHL 2000). These types of communication may impact on the depth of disclosure that occurs during an online counselling session.
Depth of Disclosure
KHL have discovered through earlier research that web clients were more likely to be direct about serious personal concerns than telephone clients, particularly around issues of suicide ideation and child abuse (KHL 2000). The safety and anonymity of online interactions appear to lend themselves to self-disclosure, particularly for children who fear prejudice on the basis of gender, race, ethnicity, disability and those who fear public displays of emotion (Barak 1999, Griffiths 2001, Sussman 2002, Wilson & Lester 1998).

Even so, recent American research with 64 participants focusing on self-disclosure in the online environment yielded contradictory data, suggesting online communication does not in fact foster self-disclosure to the same extent as face to face encounters in counselling (Mallen, Day, Green, 2003). Clearly there are mixed findings about the efficacy of facilitating self-disclosure in an online environment. The influence of writing text as opposed to verbalising problems or issues has also been subject to some examination.

Externalising and the text modality
It has been argued that the very process of writing an email externalises the client’s problems (Murphy & Mitchell 1998). As they type, the client’s written representations of their issues appear before them. It is believed that this process can enhance the externalising of problems and therefore promote therapeutic change (Murphy & Mitchell 1998). Writing about events is a form of journaling that enables the client to externalise their pain and issues, creating some distance between the events and their personal identity. The process of journaling has been used creatively as a tool in counselling to encourage self-reflection and self-assessment (Burnett & Meacham, 2002) where people make connections between their existing knowledge and their new knowledge (Gilmore 1998). Journaling, or the process of writing and recording one’s life experience and perspective, has many similarities to the process of email counselling with the added benefit that the client gets to keep a complete record of his/her entire set of transactions with the counsellor, as the ‘file’ is created online.

The KHL system for managing the email counselling system works in the following way:
- Emails are received into a general email address and appear in an ‘unallocated queue’ in order of the date received.
- Shift supervisors and senior counsellors read every email to assess urgency. Emails of high risk content are marked urgent / 24 hours.
- Counsellors respond to emails from the ‘unallocated queue’ according to a) urgency and b) date order.
- After an email has been responded to by a counsellor, the client’s subsequent emails automatically go into that counsellor’s inbox. Supervisors still have access to the counsellor’s in-box. Thus the client has continuity of care with one ongoing counsellor.

Research Method
In a qualitative inquiry, knowledge is personally constructed and contextually bound. The medium of email counselling lends itself to qualitative examination as KHL clients use email counselling to convey their reality. The text medium gives clients the opportunity to carefully construct, edit and verify their reality, in a way that is not necessarily available in face to face or telephone counselling. Clients have the benefit of distance and time to reflect on their reality as they are writing, and also have the opportunity to rethink and reflect upon their stories as they keep copies of their emails. The absence of verbal and visual cues ensures that counsellors ask for clarification and context from a client in an effort to understand their
story, rather than perhaps shortcutting that process in the presence of other cues, such as voice, tone and background noise. Given these unique dimensions associated with email counselling we decided that a qualitative approach provided opportunities for narrative and content analysis of the text-based data.

**Design & Pre-testing**

The research design comprised of an electronic survey with a series of four closed questions relating to participant demography and internet usage, and seven open-ended questions. The questions were designed as a result of examining aspects of the therapeutic alliance gathered from a number of sources. These included Carl Rogers’ person-centred counselling and aspects of the relationship development between counsellor and client (Rogers, 1957), the working alliance inventory designed by Horvath and Greenberg (1986), and anecdotal evidence of aspects of therapeutic alliance gathered from counsellors at KHL.

Pre-testing of the questionnaire structure, comprehension and general wording occurred prior to the questionnaire appearing live online. Pre-testing involved contacting via email, a random selection of ten existing email clients and providing them with a draft of the survey questions. These clients were asked for feedback about the wording, structure and comprehension of the survey. Before use three KHL counsellors, two youth workers and two teachers also studied the survey and these people’s specific knowledge of ‘child friendly’ language helped to shape the style used. Supervisors and managers at KHL perused the survey to check it fulfilled the necessary requirements for KHL, including confidentiality and anonymity. The survey was then posted on the homepage of KHL for six weeks during the months of March and April 2005. All responses remained anonymous and were forwarded to the researcher via email from the webpage posting box.

**Data Analysis**

Narrative analysis was used in this research to examine the email responses about online counselling. These responses were subjected to categorical-content analysis using a narrative interpretation. Breaking this down further, in working from a categorical perspective, the original story was dissected and sections or sometimes single words belonging to defined categories were collected from the entire story (rather than individual questions) and from several texts belonging to a number of narrators (Cortazzi 1993).

This process resulted in a series of categories being created, which were used to code the data, providing descriptive accounts (case studies) and present an analysis of notable patterns. Table 1 provides examples of how individual case data was categorised.

Firstly all the qualitative data and identified key words and phrases in each response from the interviews were read using an initial memo process noting recurring words and phrases. These were next clustered into a series of categories with an analysis of the context in which each of these categories were integrated. For example, referring to Table 1, in the section ‘choice of email counselling’, one response was: “it gives you more time to think”. This fitted into the category (created through identification with key word/s) of ‘Reflection and asynchronous thoughtfulness’. This category was then expanded to include the context (ie: the development of the therapeutic alliance in email counselling): ‘Email promotes reflection on one’s story’. This was a gentle, detailed form of analysis taking into account the importance of every individual response, and then identifying common words / phrases, and resulting in themes relevant to email counselling.
### Table 1: Two Examples of Categorical Data Analysis

<table>
<thead>
<tr>
<th>Sentences</th>
<th>Categories</th>
<th>Comments /Memos</th>
</tr>
</thead>
<tbody>
<tr>
<td>“as they don’t judge you you start to open up”</td>
<td>Non judgmental</td>
<td>Participant is guarded at first</td>
</tr>
<tr>
<td>“if they answer with respect and insight”</td>
<td>Respect</td>
<td>Need for respect common to all interactions</td>
</tr>
<tr>
<td>“if they write back that’s a start”</td>
<td>Reply</td>
<td>The alliance is already being built based on one reply</td>
</tr>
<tr>
<td>“I just figure they must be a good person”</td>
<td>Trust (faith, hope)</td>
<td>Trust in counsellor as ‘expert’ and ‘good’</td>
</tr>
<tr>
<td>“the detail they have written in emails tells you they care and are listening”</td>
<td>Depth of reply</td>
<td>Time = level of care</td>
</tr>
</tbody>
</table>

### Table 2: Age of Participants

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 12</td>
<td>4 (6.4%)</td>
</tr>
<tr>
<td>12</td>
<td>3 (4.7%)</td>
</tr>
<tr>
<td>13</td>
<td>9 (14.3%)</td>
</tr>
<tr>
<td>14</td>
<td>5 (7.9%)</td>
</tr>
<tr>
<td>15</td>
<td>14 (22.3%)</td>
</tr>
<tr>
<td>16</td>
<td>11 (17.5%)</td>
</tr>
<tr>
<td>17</td>
<td>10 (15.9%)</td>
</tr>
<tr>
<td>18</td>
<td>6 (9.5%)</td>
</tr>
<tr>
<td>Over 18</td>
<td>1 (1.5%)</td>
</tr>
<tr>
<td>Total Participants</td>
<td>63</td>
</tr>
</tbody>
</table>

### Participants

Participants in this research included new and existing email clients at KHL. The age range for clients at KHL is between 5 and 18. However, given the overwhelming majority of clients who access web and email counselling are between 12 and 18, clients of that age range were invited to participate in this study. Participants were recruited for the study via an invitation that was posted on the KHL website near information about web counselling. The invitation provided a hyperlink to the electronic survey. Counsellors also voluntarily informed their clients and directed them to the hyperlink. Table 2 provides a breakdown of the ages of the 63 young people who participated in the research.
This breakdown in age range of participants reflects the age statistics typically seen in email counselling at KHL. That is young people between the ages of 14 and 18 are the most frequent users of the email service (KHL, 2004).

Table 3 provides a gender breakdown of the participants in the research. Statistically, young females are more frequent service users at KHL (KHL, 2004, 2009), so it was not surprising that young women made up the majority of participants in the research. The participants who completed the online surveys were therefore representative of the gender and age range of client groups who are known to use KHL services the most.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4 (6.4%)</td>
</tr>
<tr>
<td>Female</td>
<td>59 (93.7%)</td>
</tr>
<tr>
<td>Total Participants</td>
<td>63</td>
</tr>
</tbody>
</table>

**Ethical Considerations**

One of the most challenging ethical dilemmas in this study involved the issue of informed consent. Clients at KHL are overwhelmingly under 18 years of age and as such technically require adult or parental consent for counselling and / or participation in research studies. KHL maintains that, as they are a confidential, anonymous service (no identifying information other than a first name is required, and even then young people often use ‘code names’), it was not necessary to collect signed consent forms from the parents of the young clients participating in the research.

Involvement in this research and all service delivery provided by KHL to young people is of a voluntary nature at all times. However, given the seriousness of the work done by the agency and the accompanying issues related to duty of care, the area of not having parental consent for young people’s involvement in the service continues to be a challenging and contentious issue.

Ethics approval for conducting this research was sought and provided from both Kids Helpline and Central Queensland University. Participants were encouraged to ‘talk’ online with their Kids Helpline counsellor should any issues arise as a result of participating in the research process.

A number of strategies are in place to deal with duty of care considerations in email counselling at KHL. These responses are provided due to increased occurrences of serious, life threatening presentations in the online environment. These strategies include:

- Additional training and experience required for email and web counsellors (in comparison to phone counsellors).
- Monitoring by shift supervisors of real time calls to support counsellor and client during at risk presentations.
- 24/7 availability of the manager of counselling services for consultation in relation to breaching confidentiality in cases of extreme risk.
- Access to police communications who trace IP addresses if immediate intervention is required.
- Capacity to encourage online clients to cross over to the phone counselling service (which operates 24/7) if required. From a technological perspective it is faster and easier for police to trace a phone call if extreme risk is present.
Limitations of the Research
The study had a number of limitations. Firstly, it was challenging to recruit participants using the internet. Existing email clients rarely go back to the website after their first visit to acquire the email address and also rarely read the automatic response received after each email. Secondly, the traditional method of ensuring reliability and validity, that is inviting participants to validate their own data through a discussion of responses, was not available given the anonymous nature of both KHL clientele and the research data collection method. Thirdly, the actual computer page housing the survey did not provide a large amount of room for young people to provide their answers. This may have discouraged young people from providing more in-depth reflections. Finally, since young service users were encouraged to respond to the survey by their own counsellors, these personal connections with KHL staff may have influenced survey responses.

Even though these factors have been identified as limitations, the replies received from the 63 young people who contributed survey responses did provide a wealth of qualitative data and highlighted several interesting and previously unexamined aspects of the development of the therapeutic alliance in email counselling. The most significant of these findings are discussed below.

Results and Discussion
For the purposes of reporting the data, after each quote the gender and age of the participant is shown. In addition, quotes from participants have been taken directly from the data, with no editing or correction of spelling and grammar.

Themes and patterns in relation to therapeutic alliance
It is worth noting that a number of participants found it difficult to define aspects of the therapeutic alliance or noted that they could not tell when the counsellor was listening, if they cared and what they were like. This perhaps shows the complexity of the concept (therapeutic alliance) and the difficulty in definition, when referring to the text form. In total, 23 participants (36.5%) fell into the category of either answering that they didn’t know how the alliance is formed, or noting that it wasn’t possible to tell if a counsellor was listening, if they cared about what they are saying, or what the counsellor was like. However, many of these participants went on to clarify these answers and showed that they could identify elements of the alliance, without possibly fully understanding the concept. For example:

“You can’t really. But they sort of sound kind in the email” (F15).
“I don’t know really. The way they talk to you about your issues. It’s not good if they ignore what you’re saying and don’t talk about it in your reply” (F14).
“I don’t know. Generally the smiley faces do a lot for me in terms of feeling like they are friendly” (F18).

While the therapeutic relationship, and its definition, may in some ways be made more complex by the absence of some sensory cues, in many ways we are in fact learning to work with the presence of new additional (text-based) data and the power of the word (Fenichel et al 2002). Table 4 shows a summary of the responses to the questions relating to therapeutic alliance. The most frequently cited themes and patterns have been identified next to the quotations provided by participants. This method of presenting the data, as discussed by Lieblich, Tuval_Mashiach, & Zilber (1998), is part of content analysis and allowed for the conceptualisation of key categories. Key words were extracted from the data and presented in the column on the right as themes and patterns relating to therapeutic alliance in email counselling.
Table 4: Aspects of Therapeutic Alliance in Email Counselling

<table>
<thead>
<tr>
<th>Survey Questions</th>
<th>Participant responses</th>
<th>Key words, themes, phrases relating to therapeutic alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can you tell the counsellor is listening to you?</td>
<td>“If they mention all the issues you raised in your email, and encouraged you to say more about them or ask some questions. And if they acknowledge your emotions, and can tell how you are feeling” F18 (Female 18 years of age)</td>
<td>Encouragement, validation, reflection</td>
</tr>
<tr>
<td></td>
<td>“by the tone of what they say and how they say it. by referring back to things i have said in previous emails” F13</td>
<td>Tone, summarising</td>
</tr>
<tr>
<td></td>
<td>“I can tell they are listening because of the depth of their emails and how it goes into what i wrote, and how they seem “interested” by asking questions related to what i wrote.” F15</td>
<td>Interest, depth of understanding</td>
</tr>
<tr>
<td></td>
<td>“So like if u say something and then in their response they kinda rephrase it and ask questions about it” F17</td>
<td>Paraphrasing,</td>
</tr>
<tr>
<td></td>
<td>“When the counsellor talks about what you have said you know they’ve read your email and thought about it” F17</td>
<td>Reflection</td>
</tr>
<tr>
<td></td>
<td>“They repeat everything I say and then add to it to make me reflect on what I have said to them.” F15</td>
<td>Reflection, paraphrasing</td>
</tr>
<tr>
<td>How can you tell what the counsellor is like?</td>
<td>“By the way they write, how long the letter is, if they crack jokes, and how they word what they write” F15</td>
<td>Length and depth of reply</td>
</tr>
<tr>
<td></td>
<td>“can tell the counsellor is understanding because she speaks politely, clearly and mentions my name in reply emails which adds a more personal feel to the email” F16</td>
<td>Respectful language, familiarity</td>
</tr>
<tr>
<td></td>
<td>“You can’t fully, but generally the smiley faces do a lot for me in terms of feeling like they are being friendly. If they throw in a nice comment or remember something you said in an earlier email it makes you feel they are nice. Informal language and maybe some little phrases helps as well.” F18</td>
<td>Emoticons, reflection, informal language</td>
</tr>
<tr>
<td></td>
<td>“if they are funny sometimes, or use nice words that make you feel good. like that they understand or it’s ok to feel stuff. if they are gentle and use gentle language like ‘what would it be like’ instead of ‘do this' thats cool” M16</td>
<td>Humour, respectful language</td>
</tr>
<tr>
<td></td>
<td>“humour, smileys, gender, someone who uses respectful language and takes time to pick out the main stuff we write. if they make an effort to use language we understand, that tells us they are trying and if they don’t push too hard, that tells us they are patient. when i read back their emails i can get a sense of who they are by the language they use. if they are consistent i know they are being themselves and being honest.” F18</td>
<td>Humour, gender, emoticons, respectful language, paraphrasing, patience, consistency</td>
</tr>
<tr>
<td></td>
<td>“you cant for awhiel so you guard yourself incase it turns out they are judgemental, then as they dont judge you you start to open up.” F18</td>
<td>Non-judgmental</td>
</tr>
<tr>
<td></td>
<td>“It sounds silly but like by putting smiley faces and stuff its kinda like thats them smiling and being nice” F17</td>
<td>Emoticons</td>
</tr>
<tr>
<td></td>
<td>“lol, how they type, like in short engligh, how they put words etc” M15</td>
<td>Informal language</td>
</tr>
<tr>
<td></td>
<td>“you can tell what the counsellor is like from the way they sympathise with you and talk to you, and greet you.” F17</td>
<td>Empathy</td>
</tr>
<tr>
<td></td>
<td>“My counsellor is gentle and patient and sometimes tells jokes or tells me sayings.” F17</td>
<td>Gentleness, patience</td>
</tr>
</tbody>
</table>
Table 4 shows a number of patterns emerging from the data. The notion of *reflection* was identified by several participants. Reflection being a key tool in narrative therapy enables clients to ‘see’ their stories, which in turn can lead to a closer examination of patterns and beliefs. In this regard the medium of email counselling has the added benefit of being in a modality which provides a clear externalisation (that is, the written word) of problems and issues the client might be experiencing. It would appear from this data that facilitating reflection was a key process in the text medium towards building the therapeutic alliance.

The *length and depth of reply* also figured prominently in participant responses, which may be related to the differing conceptualisations of time, discussed below. Complex issues take more time to deal with in all counselling mediums. The length and depth of an email may be an indicator for the client of a counsellor’s interest, their willingness to engage in a meaningful way, and their understanding of the gravity of a young person’s problem or story. It became apparent that at times and for some young people, a short email response indicated a lack of interest and understanding, for example as one participant notes,

“if they just give you a couple sentences, then it’s like they haven’t taken any time and don’t care. If its longer it shows they are really trying to get to the heart of stuff. And they care more” (F16).

*Emoticons and informal language* are phenomena particular to text-based communication and in the data collected feature as tools for building a therapeutic alliance. As has been identified in the brief review of the literature, the ‘short cut’ of smileys and other emoticons
can give the client and counsellor a window into the feelings and emotions shared by both, and act as a substitute for verbal and visual cues (Colon 1996).

Humour and personalised language also featured in the data. Humour can convey a sense of fun and can ease anxiety very quickly. It would seem from the data that personalised language, such as using the client’s name, or signing off in an informal way like “see you later”, conveyed to the client that the counsellor is willing to ‘meet’ on more personal terms which appeared to encourage more personal disclosure and sense of trust.

The traditional counselling skills such as showing empathy, validating, summarising, paraphrasing, using respectful language (Geldard & Geldard 1999), were all mentioned by participants in the research as factors that contributed to building the therapeutic alliance. This shows that many of the elements of the alliance developed in more traditional counselling media were in turn transferred to this online counselling situation. The data clearly suggested it was possible to show empathy, for example, without tone of voice and facial expressions.

Time
The issue of time presented itself in the research data in two key areas. Firstly almost half (46%), of the participants believe the service would better meet their needs if the email responses from counsellors were quicker. These results also reflect anecdotal evidence at KHL, where clients often comment to counsellors that they wish the service was faster. Secondly, a number of participants made comments about time in questions relating to therapeutic alliance, that is, how you could tell the counsellor is listening to you, how you could tell what the counsellor is like and how you could tell that the counsellor cares about what you are saying. Diagram 1 shows a number of responses to the above questions. The diagram is circular in nature, each section relating back to, and feeding into, the core interpretation of time in this context.

It became clear from responses that the length of time it took for a client to feel comfortable with a counsellor varied dramatically between participants and was often subject to a number of contextual factors. It was not clear, however, whether or not it took longer to build the therapeutic alliance in email counselling, which was an assumption of this research, given the passage of time spent in receiving, reading and writing responses to client emails. It may be that the added dimensions of time passing within the emailing process, along with factors of faith in the service which were evident in client comments, and the process of validation through writing and having emails read, enabled the therapeutic alliance to develop quickly. The elongated process of writing back and forth may therefore in and of itself compensate somewhat for the lack of verbal and visual cues.

The process of the counsellor simply replying appeared to have a powerful effect for young people in terms of contributing to a strong therapeutic alliance. A number of participants stated that the counsellor replying automatically showed them they care and wanted to help. For clients, the process of expressing their feelings and problems, and being heard (which is implied in a response), is a powerful dimension of the helping relationship. This dimension of alliance-building simply through the process of text exchange appears to be absent from the literature about online counselling, but came through strongly in the data analysis.

In conclusion
In relation to KHL current online service delivery, this research suggests that email counselling meets a clear and present need for young people who, for a range of reasons are unable or unwilling to access other more traditional modes of therapy.
Many of the issues identified within existing literature in relation to email counselling have been present in the data collected for this research. Points relating to privacy, access, level of disclosure, safety in distance, anonymity, opportunities for reflection and asynchronous thoughtfulness all featured prominently in the perspectives of young people who participated in the research. The skills of summarising, paraphrasing, using respectful language, showing empathy, using humour and being consistent were also identified by the young people as being used by counsellors in the online environment, and appreciated by the
clients. The added tools of emoticons and ‘short hand’ sentences in the email exchanges helped to convey meaning and contributed to the therapeutic alliance.

In relation to this alliance, the concept of time featured prominently in a number of ways and brings a new and unique dimension to consider in this area of research. Examining the notion of ‘time’ must include the contradictory aspects of young people wanting faster replies, but appreciating the extra time the counsellor takes to reply in depth. In addition, the concept of time passing was identified as being part of the appeal of email counselling and a contributing factor in the development of the therapeutic alliance, with the passage of time needed also for rapport building and personal change to occur.
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Interrogating Male Privilege in the Human Services and Social Work Education

Carolyn Noble and Bob Pease

Abstract: Male privilege especially in female majority industries such as social work and human service work is most evident in the absence of women from senior leadership and policy making positions, despite their numerical advantage. This article discusses the importance of viewing women’s continued absence from senior leadership positions through the prism of male privilege. Despite sustained feminist analysis focusing on women’s exclusion from positions of influence and the occasional successful woman who reaches the “top job, men continue to dominate in leadership positions in both public and private sector organisations” (Camilleri and Jones 2001). This remains an interesting phenomenon as the human services workforce is still largely comprised of women and the majority of graduates who enter the sector are still female (Pease 2001; Equal Opportunity in the Workplace Agency (EOWA) 2011). Notwithstanding Equal Opportunity and Affirmative Action policies, the continued scarcity of women in senior leadership positions suggests new research and educational practices are needed to address this issue. By focusing on male privilege the authors challenge men to take more responsibility for promoting gender equality in organisational and educational life rather than leaving all the hard work to their women colleagues (Pease 2001; Connell 2006).

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Introduction
To date, Western feminist scholarship on gender and work has primarily focused on women, providing valuable information as to their discrimination and invisibility, especially in the higher echelons of power and in senior decision-making positions. As in other parts of the world, women in Australia continue to be under-represented in leadership positions in the workplace, especially in the human services sector despite the feminist agenda and the scholarship that supports their suitability (Burton 1991; Eveline 2004; Probert 2005; Australian Bureau of Statistics 2007). Two important ways to challenge this hegemony are suggested. First, we argue for the urgent need for new research which specifically focuses on the extent to which male privilege results in the promotion of men to leadership positions in the human services sector at the expense of their (sometimes more qualified) female colleagues (Martin 2001, 2004; Flood and Pease 2005; Connell 2006). Second, we argue that educators in social work and human service courses need to challenge male privilege in the classroom and in the educational processes men and women share so as to deconstruct the way gender politics might be played out in the classroom and hence in the workplace. This joint strategy is needed if the elimination of gender as an axis of power and privilege in organisational and educational cultures is to be a cultural, social, economic and organisational goal for social work and human services workers across the sector (Connell 1995, 2006).

The Gendered Workplace: Women’s Disadvantage
From the late 1970s in Australia, as in many parts of the Western world, feminist scholarship emerged paying considerable attention to the ‘women question’. Initially, feminist research on gender equality highlighted what was regarded as important differences between the sexes, offering explanations as to why women were largely absent from positions of influence. For example, Equal Employment Opportunity and Affirmative Action research by...
Burton (1991), Acker (1998), Bradley (1999), Noble and Mears (2000) and Eveline (2004) indicated that in comparison to men, women were seen as lacking the ‘right’ motivation, the ‘right’ skill set, and the ‘right’ leadership aspirations or qualities to aspire for and then secure senior management positions. In other words, with regard to competencies, motivations, specific skills or other observable indices, women’s behaviour was found ‘wanting’ against the male norm. Success in promotion was equated with assertiveness, drive and competitiveness (all attributes associated with masculinity). As a consequence, women were not seen as possessing ‘the cut and thrust’ attributes required for promotion to senior positions. This being so, it was inevitable that women were not included in the culture and rewards of work in the same way as men (Bradley 1999; Martin 2001; Noble and Moore 2006).

Beginning in the early 1980s, a suite of policy initiatives was introduced and gradually adopted across both state and federal jurisdictions. Partly informed by the liberal feminist agenda, strongly influential in the 1970s and 1980s, feminist activists argued that for women to succeed in organisations there needed to be major adjustments to the corporate culture. Effective adjustments would be more likely if there were specific social and employment laws and policies framed as well as specific workplace strategies attached to the legislation – strategies that were specifically aimed at removing barriers to women’s full and equal participation in the workforce. These laws, policies and strategies were needed to help women maximise on opportunities in applying for and securing senior jobs (Noble and Mears 2000; Thornton 2001). Some success was achieved. By the early 1990s across Australia, Equal Employment Opportunity/Affirmative Action (EEO/AA) policies and practices, sex discrimination legislation, maternity and family leave, provisions for child care in the workplace, grievance procedures, leadership and mentoring programmes and more recently personnel practices that recognise the value of traditional feminine skills as well as managing diversity in employment choices had been introduced. At last structural barriers identified as preventing women achieving equal footing with men in promotion to senior positions were being addressed and implemented. Legislation provided for organisations to be ‘named and shamed’ in parliament if improvements in Equal Employment and Affirmative Action outcomes were not reached for women employees (Burton 1991; Thornton 2001).

In addition to the EEO/AA legislation and as the liberal feminist lobbying held more sway with Governments during the 1990s further strategies were identified to support these initiatives such as encouraging women to build networks and find a mentor. Workplaces were to help women have access to adequate child care, develop family friendly work policies and provide leadership training and EEO awareness for both men and women (EOWA 2011). These EEO/AA strategies and training programmes seemed for a while to give women some hope for a changed future – a future that might include more public leadership roles for women employees and for women to take their place in senior management. In the mid 1990s, many organisations moved to mainstreaming their EEO/AA initiatives (approved as part of the 1995 UN World Conference on Women, Beijing) as a strategy for making the concerns for gender equality the responsibility of men as well as of women (Thornton 2001; Walby 2005). Now men were encouraged to be an integral part of the design, implementation, monitoring and evaluation of employment and personnel policies and organisational practices (Noble and Mears 2000; Sawer 2003; Probert 2005). So how effective were these policy initiatives?

While these policies were an ambitious social and legal experiment, little change in women’s promotion to senior positions resulted from these reforms. The latest research conducted by the Equal Opportunity for Women in the Workplace Agency (EOWA) in 2011 found only 8.0 per cent of key executive management positions in Australian Stock Exchange (ASX) 200 companies are held by women, 8.4 per cent of board directorships are held by
women, 2.5 per cent of chair positions and 3 per cent of CEOs are women and 72 of ASX 200 companies do not have a woman on their board. This report also identified that 17.9 per cent of Australia university vice chancellors were women; 33.4 per cent of Government board members were women and of seats in the national parliament, 30 per cent were held by women compared to 70 per cent by men. Moreover 80 per cent of ministerial positions and senior portfolios were held by men (EOWA 2011). Overall women made up 45.3 per cent of all employed people and 34 per cent of managers and professional positions. Women still earn only 82 cents in the male dollar and the gender gap in pay has widened over the last four years (The Global Gender Gap Report 2010). Importantly these discrepancies also exist in the human services sector where women numerically dominate in the workforce (Pease 2009). This report also demonstrates that Australia dropped eight positions in the Global Gender Gap rankings between 2006 and 2010, from 15th to 23rd, and showed significant deficiency in other areas such as being ranked 40th in ministerial positions and 59th in wage equality for similar work (The Global Gender Gap Report 2010).

This disparity between men and women in leadership roles does nothing to change the existing stereotypes about the role of women both at home and at work, and if anything, could continue to discourage women to aspire to leadership roles at all (EOWA 2011). While women continue to do the majority of care and domestic work, often disrupting their career to provide this essential service, the continued discrimination against women moving into leadership positions will remain. Further, while fatherhood is a career asset for men and while motherhood results in a wage penalty for many women creating and supporting what is colloquially known as the “maternity wall syndrome” women will continue to be viewed as unreliable workers not worthy of organisational time and investment (Nyland 2007). This lack of success was to receive a further blow with a change in the workplace climate.

In early 2000 Australia began to adopt a more neo-liberal approach to its labour laws moving away from formal arbitrated agreements towards a deregulated workforce which relied on workers to negotiate employment conditions at the workplace. This change has resulted in more ad hoc gender equity policies being implemented across the workforce. The idiosyncratic nature of these polices has resulted in inconsistent and unequal outcomes for women employees, despite the existing employment legislation to support their advancement and to minimise discriminatory employment and promotional practices. This setback and lack of industrial will has been disappointing for women and feminist policy makers alike as women’s visibility in public life, industry, business and the public sectors continues to be under represented, despite a large body of feminist scholarship and three decades of EEO/AA legislation at state and federal levels designed to examine this phenomenon and search for solutions (Acker 1998; Burton 1991; Connell 1995; Bradley 1999; Thornton 2001; Probert 2005). The lack of progress in the workplace for women’s advancement has prompted many writers to resurrect the notions of a “glass ceiling” and a “maternal wall” as still impeding women’s progression (Thornton 2001; Dietz 2003).

Many feminists, especially those inspired by a more radical and structural perspective have identified the limitations of addressing gendered inequality in organisations from a ‘women in management’ as well as from a policy and legislative agenda perspective. In particular Fenstermaker and West (2002); Sinclair (2005) and Noble and Moore (2006) argued that by putting the emphasis on changing social and employment policies to address women’s disadvantage in organisations’ cultures has meant that the focus of change was put squarely on women. Women’s lack of success in leadership positions was seen as ‘their problem’. This position does not begin to address and question the masculinisation of workplace norms, and the ways in which the widespread acceptance of such norms privileges men, thus leaving the gender advantages attached to men in the workplace unaddressed and
men ‘off the hook’ from analysing their role in women’s continuing discrimination (Flood and Pease 2005; Connell 2006).

Challenging the liberal approach to organisational behaviour with its focus on individual responsibility, the current post structuralist/postmodern theorising is informing a new and potentially significant body of work for gender politics at work (Dietz 2003; Calás and Smircich 2006). One strand that is important in our thinking is the epistemological concern that organisational knowledge is in fact underpinned with masculine imagery and connotations and the ‘doing of (stereotypical) gender scripts’ that are enacted by both men and women in the workplace. This ‘doing of gender scripts’ is not a naïve or innocent activity but one that vigorously constructs, consciously or unconsciously, the gender order of organisations (Calás and Smircich 2006). That is, men and women act out the scripts of men’s privilege and women’s subordination as a result of the social construction of men’s interests over that of women’s, both subjectively and structurally. The doing of masculinity is the understated but present norm in knowledge construction and subsequently informs and supports both men’s and women’s behaviours as well as expectations and actions in the workplace. Focusing on men and their masculinist assumptions and the way these are played out by both men and women as socially constructed behaviour is presented as the new arena for understanding the gender politics of organisational advantage. This focus may give a much needed new perspective into the gender politics at work that seem so entrenched in western society. It also has the potential to shift the focus from women to men in order to redress the continuing inequality between them in attaining leadership roles (Flood and Pease 2005; Noble and Moore 2006; Connell 2006). This analysis suggests that men must explore their position of privilege and take an active role in organisational change, thus freeing women from bearing the sole responsibility for transforming organisational culture (Pease 2009).

The Gendered Workplace: Men’s Advantage:
Harvey (1999) used the term “civilised oppression” to describe the way in which processes of oppression are normalised in everyday life including work. Because civilised oppression is also embedded in cultural norms and bureaucratic institutions, many of these practices are habituated and unconscious. Many of the injustices people suffer are a result of the attitudes and practices of ordinary people going about their daily lives not aware of how their assumptions of superiority impact on the lives of others. Such people do not understand themselves as having unearned privilege. Nor do they see themselves as oppressing others. Civilised oppression can be used to describe many of the specific uses of privilege by men as they do gender in workplaces. In making men’s privilege more visible, we will also make civilised oppression more recognisable. However, there has been very little interrogation of the processes by which this is done and whether men can act in ways that challenge the patriarchal relations embedded in organisations. Very few organisations in Australia recognise that women’s exclusion from senior management is a structural and cultural problem that requires transformation of the culture of the workplace (Noble and Moore 2006).

Historically we know that when gender inequalities are acknowledged they tend to be discussed more in terms of women’s disadvantage rather than male advantage and privilege. Even many profeminist writers who recognise gender inequality do not theorise male privilege (Carbado 2001). So rather than talking in terms of women’s lack of resources, we should talk about men’s surplus of resources (Connell 2006). Eveline (2004) has drawn attention to “male advantage” in contrast to “women’s disadvantage”, pointing out that focusing solely on women’s disadvantages and ignoring male privilege normalises and legitimises masculinist standards. It is the taken for granted norms of hegemonic masculinity
that reproduces men’s power in organisations, the classroom (Hearn and Collinson 2006) and life generally (Harvey 1999).

According to Acker (1998), Martin (2004), Ruxton (2004), Flood and Pease (2005), Hearn and Collinson (2006) and Connell (2006), men come into educational institutions and the workforce with an unfair advantage attached to their status as men in a patriarchal culture. That is, men seem to have an unmarked status, a status and privilege not recognised by those who have it. Acker (1998) calls this factor “doing gender”. Martin (2001) names this as men “mobilizing masculinities”, McIntosh (2002) named this advantage an “invisible knapsack” of privilege, while Flood and Pease (2005) refer to this phenomenon as “doing privilege”. In this analysis, this invisible package of unearned assets associated with male privilege can be cashed in on a daily basis; from choosing jobs, work conditions, having access to credit, and being free to act in uninhibited ways with confidence because of their position as central actors on the cultural turf.

By exercising their prerogatives in everyday interactions, men as the privileged group can easily ignore or not see how others, especially women, are denied the same opportunities. Messerschmidt (2000) argues that the privileging of males in the workplace has to do with the intersection of cultural and structural factors that are reproduced and constrained by individual actors who exercise varying degrees of power attached to them by their structural position in the gender division. Men, and by implication women, unconsciously know what the established order is and act in partnership to keep it in place. That is, women and men live their lives trying to attain certain valued aspirations associated with these structural scripts resulting in a gender division that has both a subjective and instrumental dimension.

Talking specifically about men, Messerschmidt (2000) argues that masculinity is “what men do under specific constraints and varying degrees of power” (p.53). Gender is thus a series of accomplishments done in specific situations. Messershmidt acknowledges that these ‘accomplishments’ are shaped by structural constraints. Acker (1998), Sinclair (2005) Martin (2001, 2004) and Fenstermaker and West (2002) argue that as most men have few other social contexts to define their identity than by the paid work they do, it is not surprising that men do gender as they do work. While the argument that work provides a key site in which male workers and managers actually mobilise masculinities, Martin (2001) argues that men are only vaguely, if at all, aware of working in concert with each other to keep women out. This may explain why men continue to see gender issues as pertaining to women (not themselves) and seem to have little awareness of the ways in which their behaviour and norms operate to exclude women from male domains such as senior management positions (Noble and Moore 2006). The same “knapsack of privilege” is carried by men into the educational sector and thereby the classrooms (Hall 2007). Williams (1992) names the phenomenon the “glass escalator”.

What these scholars are arguing is that it is not women’s failure which results in equality remaining an elusive goal. Rather, the invisibility of male privilege is so deeply ingrained as to be unconscious (at worst) or semi-conscious (at best), but nevertheless all pervasive, resulting in masculine regimes as the norm. Consequently, all behaviour is measured or compared with the male script and entrenched in the ideological working of Western patriarchal culture. Men’s behaviour in organisations is a sum total of this phenomenon. It is feasible to argue that the culture of patriarchy sustains a workplace culture with both surface and deep prejudices against women’s place in senior leadership positions and that this ‘doing gender’ or ‘doing male privilege’ continually acts against and prevents women from making a valuable contribution to work in senior positions and having access to their rewards.

While intentional harm by men towards women may be disapproved of by many men, it is the more covert behaviours that men enact in workplaces which are regarded by men as harmless or natural that reproduces patriarchal social relations. Thus, as argued earlier, many
of the ways in which men do masculinity are so taken for granted that they are invisible. However, because these gendered practices involve accomplishments enacted by human agents (who presumably have free will and some agency over their lives), it is possible to resist (and change) the reproduction of social structures before more harm is done to women by their exclusion from decision-making arenas. One way to challenge these practices is to make visible what is invisible. In making men’s practices of masculinity in organisations visible it might be possible to enable the processes that reproduce male dominance to be exposed (Martin 2001). Feminist research into women’s experiences of men in organisations identifies many of these practices as harmful and distressing for women in the workplace, whether it is intentional or not, or whether they are aware of it or not (Probert2005).

While the scholarship on men and masculinities is theoretically rich, to the authors’ knowledge there are no specific studies, in Australia or elsewhere, that explore the how, when, where or why men ‘do gender’ or ‘do privilege’ in the context of senior leadership positions. Likewise, there are no studies that explore what role, if any, women play in this interaction. New research is required that deliberately focuses on taking men and masculinities into account by exploring with both sexes their interactions and interpretations, individually as well as interactively, in the workplace (Mac an Ghaill & Haywood 2007).

If gender is a process, as contemporary scholarship suggests (Fensternmaker and West 2002; Acker 2006), then the gendered practices of both women and men need to be studied and the findings need to inform new theories on gender relations and be reported back to the workplace as well as being used to deliver gender-specific public policies and work-based strategies and training programmes. That is, the exploration of male privilege as a newly emerging theoretical position needs a feminist and profeminist informed exploration, so as to understand the processes whereby dominant knowledges reify the norms that associate privilege with masculinity. That is not to say that men should not be continually encouraged to let go of any construction of their manhood that depends upon the subordination of women even before empirical evidence is explored. However, we know historically that men will not let go of the privilege that results in this superiority without a struggle (Pease 2002).

Human Service Organisations as a Site of Male Privilege

A good strategy to develop a new research agenda for addressing this issue is to conduct research with both men and women in human service organisations where knowledge, policies and practices of social justice and gender equality are part of the workplace culture and where one might expect that managers might have a cultural sensitivity to gender politics. It is also the sector where women dominate in both their training and their employment (ABS 2007). When men enter the human services they tend to specialise in particular forms of practice (such as social policy) and are quicker to move up the hierarchy into management positions (Camilleri and Jones 2001; Christie 2001a; 2001b). While women constitute a large majority of workers in the sector, men tend to dominate the senior positions. We know little about the extent to which this gendered pattern of employment is being challenged. Particularly, we are not aware of any examples of profeminist management practices in the human services that have been initiated by men (Flood and Pease 2005). This is despite many employees having backgrounds in such disciplines as social work, psychology, youth and community work and social and human sciences and, as such, could be assumed to be accommodating or even proactive in supporting a culture which is sensitive to issues of social justice and gender politics (Jamrozik 2005). However, we know very little about how such managers and employees ‘do gender’ and whether they are actively engaged in challenging rather than reproducing the masculinist bias in management structures. The prevailing view is that the human services simply mirror the patriarchal relations of the wider society (Camilleri and Jones 2001).
Drawing upon the wider scholarship of men and masculinities and the feminist analysis of women’s structural oppression and discrimination, we argue that the time has come for new empirical and theoretical work. In looking to explore and deconstruct male privilege and its practices we are inclined to look to those organisations in the sector that employ social workers/human service workers who would at least be sympathetic to equity issues in the workplace even if they were not committed to feminism itself. Significantly, these organisations are more likely to be staffed with workers familiar with the politics and debates about gender equity issues and are more likely to at least be sympathetic or familiar with equal opportunity and gender democracy and social justice concerns. It is important for the human services management literature to acknowledge and address male privilege if it is to contribute to the promotion of equality in the human services workplace.

These organisations are, then, more likely to yield participants who are willing and able to articulate practices and reflect upon a range of organisational behaviours, formal and informal, that reproduce and/or challenge the dominant gender order in which men and various forms of masculinity dominate (Ely and Meyerson 2000; Martin 2001; Flood and Pease 2005). Questions which need to be acted upon include: What are the aspirations, experiences and practices of leadership in their place of work? What are the opportunities and strategies as well as barriers and obstacles they have encountered to reach senior leadership positions? How do each of them relate to gender equity issues? Can they name them and see their relevance in their experiences? In the organisation, who speaks and who listens? Whose questions are legitimate, whose interruptions are allowed? Can they describe how they manage/work as (men) or (women) leaders? Do they see gender issues? Are they implicated? How?

Research that has an analysis of male privilege as the centre of inquiry will go a long way towards deconstructing male privilege and the subsequent unearned advantages that come with it, thus helping to address the long-standing discriminative practices against women in achieving senior positions in the workplaces, not only where they dominate numerically but generally across all workplaces.

It should also be remembered of course that men are not homogeneous. Not all men benefit equally from the operation of the structures of gender domination. Issues of race, sexuality, class, disability and age significantly affect the extent to which men benefit from male privilege. Thus some men in social work and the human services will experience marginalisation on the basis of their class origins, sexuality, level of able-bodiedness and ethnicity or race (Pease 2000). These other social divisions will complicate men’s gender dominance in human service organisations (Hearn 2001). Furthermore, women are also divided by class, race, sexuality and able-bodiedness and consequently some women will face other sources of discrimination in addition to their gender (Bent-Goodley and Sarnoff 2008).

**Teaching Social Work Students About Privilege**

To what extent then do men in social work recognise their gender privilege and to what extent are they willing to give up the privileges and power of their position? Feminist practice in social work is part of anti-discriminatory and anti-oppressive practice so it is difficult to imagine how any male or female social work practitioner or manager could have avoided coming into contact with feminist challenges to traditional masculinity during their training. A structural analysis demands a critique of gender and its impact on women positing a feminist or profeminist response. However while male social workers increasingly might be encouraged to promote a profeminist practice in human services work and study (Pease 2001; 2009), there are very few examples of men working to challenge institutional discrimination against women within this sector. We have in fact come full circle with our argument that men need to challenge male domination within social work and the wider society. If men are
to play an anti-oppressive role in relation to gender in social work, they will need to embrace a commitment to profeminist practice. Again, if men gain unearned benefits from their presence in social work, then they have a responsibility to challenge the basis of those entitlements (Pringle 1995).

In the context of wider anti-oppressive theory and practice, social work education thus needs to develop specific knowledge and skills to inform a profeminist commitment by men in social work to challenge dominant constructions of masculinity (McMaster 2001). This further challenges the premise that the responsibility for challenging sexism should rest solely with women. Hall (2007) goes so far as to argue that men in social work who are not actively opposing sexism are practising unethically by supporting the patriarchal system which provides them with privileges.

In social work education we spend a lot of time examining the experiences of being oppressed and the social forces that discriminate and exclude oppressed people. In shifting the lens on the classroom toward male privilege it might be possible to open up educational spaces for men to begin to reflect upon the construction of their own identity, status and values so that they may more easily see both the disadvantages and privileges that they as men experience as a result of their membership of this particular social group.

It would be pertinent to ask male students to list the privileges they think that they have as a result of that membership; to reflect upon times when they were conscious of using any form of privilege they have and how it felt. By encouraging male students to write their own personal narratives of privilege and by engaging in dialogue with others about their experiences, the aim is to increase students’ awareness of the ways in which privilege as well as oppression intersects in their lives. If social work is to be committed to social change and social justice, then male social workers will need to face the predicament of their unearned advantages and find ways to undo their privileges.

Conclusion

Our argument in this article is that the reproduction of male privilege has been given insufficient attention both in the human services workforce and the social work classroom. We argue that if men continue to benefit from the “knapsack of privilege” they carry with them, especially in traditionally female-majority fields, they will continue to be over-represented in senior positions and in decision and policy making positions. It is important to move the focus of addressing men’s unearned advantage to men and the culture of masculinity, thus freeing women from having to continually both identify the problem and address it.

New research into the way men and women ‘do gender’ at work is needed and this research might be more fruitful if both women and men engage in the process together. This engagement could begin in the classroom and then continue in the workplace so that the way men and women ‘do gender’ is made more visible. Finally we agree with Hall (2007) who believes that male social workers have an ethical and moral duty to support gender equality for the benefit of their female clients and their female co-workers. It is argued that because men occupy more dominant positions in the human services, that they have a greater responsibility than women for promoting a non-discriminatory culture in social work. Engaging in new research will advance feminist theory as well. Feminist theory as a multifaceted and discursively contested field of inquiry has survived despite the setbacks outlined in this article. Its survival has depended, in part, on its ability to produce its own hybridised critical interpretative positions (Calás and Smircich 2006). Exploring the way masculinity and masculinist practices perpetuate women’s inequality might be just the new impetus needed to motivate another wave of activism that characterised the last three decades of feminist debate.
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Short Research Report: Audit of hospital child protection assessments following the implementation of Keep Them Safe

Alison Pryor and Viviana Vasquez

Abstract: This paper reports on an audit of the implementation of the ‘Keep Them Safe’ NSW child protection policy, in one hospital in south western Sydney, giving an indication of the nature of child protection concerns documented by hospital social workers. The authors conducted a project analysing data collected by social workers in the course of practice, recorded on a Mandatory Reporter Guide on-line tool, introduced with the ‘Keep the Safe’ policy. The audit indicated that the changed criteria for reporting to the statutory child protection agency did affect the number and types of cases reported; one third of the thirty five cases did not meet the new ‘risk of substantial harm’ requirement. The results indicated that social work in antenatal and maternity units undertook the majority of child protection assessments predominantly around unborn or new born children in situations of recent or current domestic violence. Outcomes of the research for the hospital Social Work Department in staff workload allocation and a role in educating health workers to respond to domestic violence are discussed.

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Introduction
With the introduction of changed mandatory child protection reporting in New South Wales under the five-year plan ‘Keep Them Safe: A shared approach to child wellbeing’, a practice research project was undertaken to provide a description of the child protection assessments documented on the reporting guide (by hospital social workers in a teaching hospital in south west Sydney) and the nature of the situations in this hospital setting that warranted the four different reporting responses:

(i) immediate report to Community Services
(ii) report to Community Services
(iii) refer to Child Wellbeing Unit
(iv) document and continue relationship.

A secondary purpose was to explore the operation process which would assist service managers in the local implementation of ‘Keep Them Safe’. The audit involved reviewing all the printed summaries of the Mandatory Reporter Guide (MRG) and Risk of Significant Harm Report forms completed by the hospital social workers in the initial 3 month period of ‘Keep Them Safe’.

‘Keep Them Safe’ supported the development and testing of a threshold tool for mandatory reporters to assist them in determining whether a case needs to be reported to the Child Protection Helpline. Community Services contracted the United States based Children’s Research Centre to assist with customising a Structured Decision Making (SDM) tool for use in New South Wales, the Mandatory Reporter Guide (MRG).

The audit identified that the majority of child protection assessments resulting in the completion of the mandatory decision tool were undertaken by social workers in women and child health areas of the hospitals, i.e: in antenatal clinics, maternity and paediatric wards. The
other child wellbeing / child protection assessments were undertaken by social workers based in a range of adult wards or clinics. This reinforces the requirement for child protection to be a mandatory component of education for health social workers and for social work qualifying education to provide graduates with a sophisticated understanding of both child wellbeing and child protection (Healy 2010).

The audit indicated that the changed criteria for reporting to the statutory child protection agency did affect the number and types of cases reported. The audit results further reinforced the importance of assisting mothers in relation to domestic violence, that improving the safety of women in relationships is a primary way of protecting children. The audit suggested child protection assessments did not change, the social workers at the hospital largely used the Mandatory Reporter Guide (MRG) as an ‘add-on’ to their assessment, rather than directing their assessments. One issue identified in the hospital setting audit, perhaps not as apparent in other child protection settings, is culpable actions by adult caregivers in relation to motor vehicles and where the actions resulted in significant harm to children.

Only a small number of process issues were identified in the audit, suggesting at this hospital setting a smooth implementation of ‘Keep Them Safe’. The implementation was assisted by: the existing skills of hospital social workers in child wellbeing and child protection work; the adequate provision of update education; and the co-operative networking by senior social workers in setting practices for anticipated grey areas of process or policy.

Background
‘Keep Them Safe’ (NSW Department of Premier and Cabinet, 2009) was a whole of government policy in NSW on child protection, implemented in January 2010. In relation to child protection assessment and reporting, ‘Keep them Safe’ brought three changes to policy and operational processes. A new decision making tool, the Mandatory Reporter Guide (MRG), was introduced. The grounds for reporting to the NSW State Government Department of Community Services was raised from ‘risk of harm’ to ‘risk of significant harm’. Child Wellbeing Units were established in three government departments: Health, Police and Education. This generated a large number of the reports to the Community Services Child Protection Hotline. There was also a change in the provisions for exchange of information between workers and/or agencies in child protection. Within the hospital Social Work Department used in this audit, a number of activities were undertaken in preparation for the changes in child protection policy, including all social work staff attending NSW Health Child Protection Update Training. Additional Social Work Department based education was provided. This used recent case scenarios to assist familiarity with the MRG tool, to aid consideration of the role of assessment and professional judgement in child protection decision making. The authors reminded hospital social workers to continue to use comprehensive psychosocial assessments that underpin child protection reporting. In the hospital setting of the audit, child wellbeing / child protection assessments are undertaken by the social worker covering specific areas / wards of the hospital where a child or adult has attended or been admitted.

As it unfolded, the policy provided only a short time period between the release of State and Area Health Service policies and operational implementation at clinical level. The policy process was supplemented by collegial networking of Area Health social work managers, including Area Child Protection managers and the Child Wellbeing Co-ordinator. Social workers were required to complete the ‘Risk of Significant Harm Report Form’ for all cases reported to Community Services, together with the printed summary of the MRG, and both would be included in the medical record as part of the documentation of social work child protection assessments.
Prior to the audit, child protection assessments in the hospital were perceived by the social work staff to have occurred in the emergency department and paediatric ward, focused on child presentation following injury. The social work policy on child protection suggested information gathering on the nature of the injury, timing of parents’ and child’s attendance to emergency, caregiver explanations, observed responsiveness of the parents to the child, as well as broader psychosocial assessment of the child and family. Social workers in the women and child health team, particularly antenatal and paediatric clinics, undertook casework over a longer term with vulnerable families with issues such as mental health, drug use, previous involvement with Community Services, and domestic violence.

The quality project also allowed feedback to the Social Work Department staff on their local observance of documentation requirements. The research was an audit of the de-identified copy of the MRG and CS Risk of Significant Harm completed by hospital social workers from January 2010 to March 2010. Social Work staff were asked to append a note to the MRG of any process issues encountered.

The NSW Context

### Legislation

- **Care and Protection of Children and Young People Full act 1998, amendments 2010**

### Policy


### Terminology

**Mandatory Reporter**: a person who, in the course of his or her professional work or other paid employment delivers health care, welfare, education, children’s services, residential services, or law enforcement, wholly or partly, to children. (NSW Care & Protection Act: 1998)

**Department of Community Services**: The Statutory agency responsible ‘for and dealing with children and young persons who are in need of care and protection’. (NSW Care & Protection Act: 1998)

*Changed to Community Services with ‘Keep them Safe’ policy, subsequently named Family and Community Services July 2011, an agency within NSW Department of Human Services.

**Statutory Reporting Threshold for Mandatory Reporters**: Significant harm to a child, young person or unborn child is that which may be reasonably expected to produce a substantial adverse impact. (NSW Government, Department of Premier and Cabinet, 2010)

### Relevant Literature

The Wood Report of the Special Commission of Inquiry into Child Protection Services in NSW (2008) was sparked by the deaths of two children known to Community Services and other agencies. **Keep Them Safe: A Shared Approach to Child Wellbeing** was the NSW Government policy and service implementation response to the Wood Report. While media reporting and child death inquiries had been the trigger for child protection reform in New South Wales, the Special Commission Report and the government policy developed in response to it contained key elements of current debates in child protection. These included: consideration of the threshold establishing which children and families statutory child protection should focus on (Waldfogel 1998); establishing a demand management strategy for mandatory notifications to child protection authorities that are more realistically matched to risk and resources (Parton 2007); making explicit the risk management framework being used (Horwath 2007; Stirling 2007); the contested value of risk assessment tools (Gillingham
2006); and a wide sharing of responsibilities and earlier supportive intervention to support children and families (Parton 2007; Aldgate, 2001). These and other child protection policy processes are examined in the Victorian context by Humphreys, Holzer, Scott, Arney, Bromfield, Higgins and Lewig (2010).

Domestic violence, parental substance abuse and mental health problems have been identified as significant factors in child protection reports (Bromfield, Lamont, Parker & Horsfall 2010). Child protection notification data in NSW (Wood 2008) showed 302,977 child protection reports in NSW during 2007-08. Domestic violence (31%), drug and alcohol problems (20%) and mental health (14%) feature prominently as the key issues prompting the report (Wood 2008, p.130). What was of interest to the social workers undertaking the audit, was whether this pattern was confirmed in the audit of hospital social work child protection assessments, and what might influence the differentiation of risk of harm verses risk of significant harm under the new reporting policy.

**Results**

In the first 3 months of operation of ‘Keep Them Safe’, there was a total of 35 cases where the Mandatory Reporter Guide (MRG) was completed by social workers at the hospital. The MRG instructed the social worker to undertake one of three options, see Table 1.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Number of cases</th>
<th>Percentage of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report to Community Services (CS)</td>
<td>23</td>
<td>66%</td>
</tr>
<tr>
<td>Of these:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Immediate report to Community Services: 5 cases (14%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Report to Community services: 18 cases (51%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact with Child Wellbeing Unit</td>
<td>7</td>
<td>20%</td>
</tr>
<tr>
<td>Document and continue relationship</td>
<td>5</td>
<td>14%</td>
</tr>
</tbody>
</table>

Social workers recorded the work area where the child protection assessment was undertaken eg ward or clinic. This provides an indication of the reporting levels from different areas of hospital social work, see Table 2.

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal</td>
<td>12</td>
</tr>
<tr>
<td>Maternity / Neonatal ICU</td>
<td>6</td>
</tr>
<tr>
<td>Medical &amp; Surgical Wards</td>
<td>6</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>5</td>
</tr>
<tr>
<td>Paediatric Ward</td>
<td>3</td>
</tr>
<tr>
<td>Brain Injury Unit</td>
<td>1</td>
</tr>
<tr>
<td>Mental Health Unit</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
</tbody>
</table>

The Mandatory Reporting Tool and Community Services Reporting Forms completed by social workers outlined issues identified and documented in the child protection assessments, see Tables 3 and 4. Specific concerns documented on the MRG / Notification Report (Table 4) give an indication of the range of child wellbeing / child protection issues in this hospital context. Few cases involved non-accidental physical injury to the child, which might be
perceived as the work of hospital child protection practice. Assessments undertaken during pregnancy (unborn) or concerning newborn children were the most common. Children living in a situation with recent or current domestic violence either in relation to risk of physical abuse or risk of psychological abuse was the main reason indicated on the MRG Tool.

Table 3: Summary of issues documented in child protection report / contact with child wellbeing

<table>
<thead>
<tr>
<th>Issues documented</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current / high risk of domestic violence</td>
<td>9</td>
</tr>
<tr>
<td>Mental health problems – impacting caregiving capacity or child safety</td>
<td>5</td>
</tr>
<tr>
<td>Parental substance misuse – impacting caregiving capacity</td>
<td>5</td>
</tr>
<tr>
<td>Physical abuse to child / significant threats of abuse</td>
<td>3</td>
</tr>
<tr>
<td>Caregiving being undertaken by another adult / pressure to relinquish care</td>
<td>2</td>
</tr>
<tr>
<td>MVA injury to child involving inadequate child restraint and/or DUI</td>
<td>2</td>
</tr>
<tr>
<td>Notification of delivery, no new concerns</td>
<td>2</td>
</tr>
<tr>
<td>Child in ‘Out of Home Care’ – in hospital – verbal abuse from birth parent</td>
<td>1</td>
</tr>
<tr>
<td>High level verbal abuse on ward</td>
<td>1</td>
</tr>
<tr>
<td>Inconsistent explanation for injury</td>
<td>1</td>
</tr>
<tr>
<td>Mother with significant disability – impacting caregiving capacity</td>
<td>1</td>
</tr>
<tr>
<td>Neglect – lack of supervision</td>
<td>1</td>
</tr>
<tr>
<td>Previous child in CS care – notification of current pregnancy</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4: Case Series

<table>
<thead>
<tr>
<th>Case details</th>
<th>Location of case / Age of child</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Immediate reporting to Community Services</td>
<td></td>
</tr>
<tr>
<td>Domestic violence physical and verbal witnessed by children. Mother ended relationship at the time but has resumed relationship and recently moved back to shared household with perpetrator. Declined supports / referrals, accepted information.</td>
<td>Maternity / Newborn</td>
</tr>
<tr>
<td>Client back in relationship with person where significant domestic violence previously recorded. Client denying this occurred, conflicts with evidence in previous health records. Stable housing, support from maternal grandmother.</td>
<td>Maternity / Newborn</td>
</tr>
<tr>
<td>Mother pressured to relinquish care by family. History of same in previous pregnancy, domestic violence.</td>
<td>Antenatal / Unborn child</td>
</tr>
<tr>
<td>Serious domestic violence: AVO in place. Mother in safe accommodation. Concerns perpetrator is on way to see children.</td>
<td>Emergency Department / adolescents</td>
</tr>
<tr>
<td>Neglect: supervision. Impact on child of parental absence / inattentiveness</td>
<td>Child under 5 or with a disability</td>
</tr>
<tr>
<td>(ii) Report to Community Service</td>
<td></td>
</tr>
<tr>
<td>Previous child in out of home care – previous CS involvement. Client discloses misleading CS. Previous substance misuse.</td>
<td>Antenatal / Unborn child</td>
</tr>
<tr>
<td>Mental health of older young adult stepsibling including verbal abuse.</td>
<td>Maternity / Newborn + under 5 year old</td>
</tr>
<tr>
<td>Both parents substance misuse, adolescent parents, housing issues.</td>
<td>NICU / Premature newborn</td>
</tr>
<tr>
<td>Mental health and substance misuse of parents.</td>
<td>Antenatal / Unborn</td>
</tr>
<tr>
<td>Child fell from pram during domestic violence between parents. Injury to child.</td>
<td>Emergency / Under 2 years</td>
</tr>
<tr>
<td>Child disclosure physical abuse.</td>
<td>Paediatrics / Adolescent</td>
</tr>
</tbody>
</table>
### Case details

#### (ii) Report to Community Service

<table>
<thead>
<tr>
<th>Location of case / Age of child</th>
<th>Case details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity / Newborn</td>
<td>Notification of Birth as per CS request. Mother with disability / early intervention agencies involvement.</td>
</tr>
<tr>
<td>Maternity / Newborn</td>
<td>Notification of delivery after antenatal notification. Past domestic violence no new concerns – social work requesting Brighter Futures.</td>
</tr>
<tr>
<td>Antenatal / Unborn</td>
<td>Domestic violence in recent past – police involvement – current AVO.</td>
</tr>
<tr>
<td>Emergency / Child under 5</td>
<td>Child in hospital – high level of verbal abuse by father.</td>
</tr>
<tr>
<td>Paediatrics / Child under 2</td>
<td>Child fell out of moving car, child undid car seatbelt. No child restraint fitted.</td>
</tr>
<tr>
<td>Adult ward / Adolescents</td>
<td>Mother physical aggressive behaviour on ward, confirmed by other family as occurring in home context, to the extent children have safety escape plans in place.</td>
</tr>
<tr>
<td>Ward/ Child under 1 and child under 10</td>
<td>Report by grandmother baby forcibly in kinship care. Recent event of alleged physical mistreatment of child.</td>
</tr>
<tr>
<td>Adult ward / Child under 3</td>
<td>MVA – child unrestrained – critical injuries – high range blood alcohol of driver.</td>
</tr>
<tr>
<td>Antenatal / Unborn</td>
<td>Notification of pregnancy – previous domestic violence – previous child in CS care – continued to cohabit with partner involved in domestic violence.</td>
</tr>
<tr>
<td>Emergency / child under 3 and child under 10</td>
<td>Mental health / substance misuse – significant overdose of prescription while providing care of 3 children.</td>
</tr>
<tr>
<td>Paediatrics / 1 year</td>
<td>Out of home care in place, child in hospital – informing CS of child’s condition. Father of child at hospital with mother subsequent pregnancy. Father demanding information about health of child.</td>
</tr>
<tr>
<td>Ward / Child under 2 years</td>
<td>Drug and alcohol issues of parent affecting capacity to provide care of child and child with disability.</td>
</tr>
</tbody>
</table>

#### (iii) Referral to Child Wellbeing Unit

<table>
<thead>
<tr>
<th>Location of case / Age of child</th>
<th>Case details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal / Unborn</td>
<td>Reason unknown – second page not attached.</td>
</tr>
<tr>
<td>Emergency / Adolescent</td>
<td>Puncture injury possible stabbing – difference of assessment of cause by health care workers and some inconsistency with cause stated by patient. Patient refuses to discuss with police when they attend.</td>
</tr>
<tr>
<td>Brain injury / children under 12</td>
<td>Domestic violence – not witnesses by children.</td>
</tr>
<tr>
<td>Antenatal / Unborn</td>
<td>Episode of domestic violence. Mental health issues of partner.</td>
</tr>
<tr>
<td>Antenatal / Unborn</td>
<td>History of transience / parent developmental / learning disability / history of DV.</td>
</tr>
<tr>
<td>Antenatal / Unborn</td>
<td>Mother overdose – mental health. No engagement with mental health service.</td>
</tr>
</tbody>
</table>

#### (iv) Document and Continue Relationship

<table>
<thead>
<tr>
<th>Location of case / Age of child</th>
<th>Case details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward / Age not known</td>
<td>Neglect. Stable housing. Not refusing referrals for assistance.</td>
</tr>
<tr>
<td>Mental health / Age not known</td>
<td>Neglect. Supervision. Parent not refusing involvement of relevant services.</td>
</tr>
<tr>
<td>Ward / Age not known</td>
<td>Neglect. Medical care. Non-medical professionals but not urgent/chronic condition of child.</td>
</tr>
</tbody>
</table>
Operational Issues
Additional case management responsibilities were only noted in one case, where contacting the Child Wellbeing Unit was the recommended response. This social worker was required to contact agencies and make referrals to children’s support services outside of their normal practice area.

There was also a failure to complete the children’s cultural background question on the Community Services Risk of Significant Harm Report Form in 5 of the 18 cases reported to Community Services.

Finally, one case where the reasons for child wellbeing assessment was not evident on the copy of the MRG Tool audited was due to the print functions of the system. Using standard Windows print function, rather than the ‘print button’ on the online tool, produced only the first page of the completed MRG Tool, subsequent pages including free text entries were not printed. This presented a potential medico-legal issue, as a printed copy of a completed MRG Tool was included in the clinical record at this hospital.

Discussion of Findings
The audit revealed that the change in policy operationalised at the local level of the hospital was surprisingly smooth. There were no reports of difficulty implementing the MRG Tool, after completing comprehensive social work assessments of child wellbeing concerns. An increased level of casework in child wellbeing was identified in only one case. Social workers in women and child health areas of the hospital, where the majority of cases occurred, already undertook a high level of ongoing casework in relation to child and family wellbeing during pregnancy, and this continued with a number of their cases no longer being statutory notifications to Community Services. Social workers continue to be a key professional group in NSW Health intervening in child wellbeing; making up thirty-one percent of callers to the NSW Health Child Wellbeing Units established under ‘Keep Them Safe’ (NSW Health 2010).

Reporting to the statutory child protection agency remained a requirement in the majority of the cases where child protection concerns were identified by this hospital’s social workers. The change in the reporting threshold from ‘risk of harm’ to ‘risk of significant harm’ produced one third of the cases where the primary outcome was voluntary engagement with child and family supports, which may have included ongoing contact with the hospital social worker. The majority of social work assessments involving child protection concerns were undertaken by social workers based in women and child health units of the hospital, particularly antenatal clinics. The remainder of cases were spread over a wide range of different hospital wards and units.

The audit confirmed the significant percentage of cases where domestic violence was a core factor in reporting child protection to Community Services or contact with the Child Wellbeing Unit. The audit results in relation to domestic violence prompted local service improvements addressing domestic violence. Firstly women’s and child health social workers developed and conducted a number of professional education courses on responding to domestic violence for health staff social workers, nurses and midwives, and mental health workers; and these are now conducted regularly through the Health Service’s workforce education unit. Further, Social Work staff presented on challenging the assumptions around domestic violence at medical grand rounds, the doctors’ main educational forum. The discussion in educational programs has included: the presentation of critiques of only focusing on the source of protection, namely mothers, as responsible for protecting their children from males who may abuse; ways in which health services, in supporting child wellbeing, can improve options for women to be safe in their own homes; and ‘positive engagement with men in children’s lives’ (Hood 2001).
A second specific agency response has focused on domestic violence issues with women attending the antenatal clinic. The hospital Social Work Department has redirected social work service provision to increase the social work staffing level in the antenatal clinic, with one worker in the area having domestic violence as their practice speciality. Staff from the domestic violence service based in community health attend the antenatal clinic’s psychosocial case planning meetings.

In keeping with reporting on child protection issues, mental health problems and drug and alcohol concerns which impact on their caregiving capacity were identified in a small number of cases in the audit. High and ongoing levels of cannabis use was the most common specific substance misuse recorded in cases where drugs and alcohol (D&A) was identified in the documentation. This confirmed a previously identified need for social workers in antenatal and maternity services to have current knowledge of strategies of harm reduction and cessation in relation to cannabis abuse to complement local health service drug and alcohol service treatment programs.

The audit suggested that the willingness of clients to accept local service involvement appeared to influence the allocation category to ‘contact the Child Wellbeing Unit’ or ‘Document and Continue relationship’. All five cases where the MRG Tool outcome was requesting the social worker to document and continue involvement in assisting the client were classified under ‘neglect’. Most of these cases noted the parent/caregiver was not refusing assistance. The presence of children at the time in cases of parental overdose required Community Services’ notification, whereas in cases where children were not witness to the events, contact with the Child Wellbeing Unit was the MRG Tool recommendation.

Of the cases reviewed in the audit, the two cases of actual significant harm to children, rather than ‘risk of significant harm’, were associated with motor vehicle accidents where the appropriate child restraint was absent in the family car or the parent was driving under the influence. These two cases caused critical or serious injury to the child. This reinforces the argument that public child safety campaigns and compliance measures also play a role in ensuring child wellbeing.

Conclusions
Conducting the audit provided a helpful way to monitor ‘on the ground’ implementation of a policy change in a hospital setting. The change of definition for Mandatory Reporting altered the percentage and type of cases reported to the statutory child protection agency. The nature of the hospital social work relationship potentially changed for a one third of the cases to voluntary engagement rather than part of statutory surveillance. In the implementation of ‘Keep Them Safe’, social workers used the MRG Tool as an additional documentary process, rather than a decision making tool. The audit research has suggested other avenues of practice-based research, such as a more detailed exploration of assessment, decision making and practice reasoning around child wellbeing in hospital social work.

Undertaking the audit provided an understanding of the scope of child protection assessment undertaken by social workers at the hospital, highlighting the antenatal / maternity unit setting of assessments and concerns of current domestic violence. The audit confirmed the high level of assessment and documentation in women and child health social work. The audit results provided an impetus for social work managers, and the women and child health social workers to make changes in staffing allocation, to address the number of cases identified in the antenatal period. The Social Work Department has led education for multi-disciplinary health staff in relation to domestic violence. We have identified the need for social work services based in community early childhood clinics; in south west Sydney there are no social workers in these key generalist health services.
References
NSW Health (2010) Child Wellbeing Units and Area Coordinators First Operational Report to the Health Senior Executive Advisory Board For the period 24/-1/2010 to 31/05/2010. p 5
‘Living in Reality’ – Strengthening families through difficult and direct conversations: the key to addressing issues of child abuse and neglect

Kate Fylan

Abstract: ‘This is the first time I am living in reality’ – this was the response of a parent involved with a non-government tertiary child protection service (NGTCPS) in a large metropolitan city in New South Wales. This client considered that her family were now able to talk about and experience what was actually happening in their family, as opposed to hiding it or being dishonest about it. The reaction of this client caused me to examine my work contribution and experience of the child protection system. Her statement reaffirmed my own practice ethic – in order to safeguard children, direct and difficult conversations need to take place. Transparency is the key in addressing issues of abuse and neglect and it is the role of the social worker to model and elicit this transparency. The concerning issues cannot be shied away from, they need to be placed on the table, the ‘elephant in the room’ needs to talked about and brought into the open. This can happen only through open, direct but respectful conversation about what is happening in the family and what is expected of the family. It involves being clear about negotiable and non-negotiable areas and legally and non legally derived mandates for intervention (Trotter, 1999, p.32). This is a complex and confronting process for the family and the social worker. This paper is a case study of the work processes of one social worker in an NGTCP. In particular it focuses on the assessment process and how the practice knowledge and skill of engaging in difficult conversations are needed to address these confronting issues, in order to strengthen families with better outcomes for children’s safety and wellbeing.

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Setting the Scene for Child Protection Work – The Reality of the Relationship

Child Protection work inevitably involves uncertainty, ambiguity and fallibility. (Munroe, 2008, p.1)

Child protection workers in statutory and non-statutory agencies face tensions and contradictions in balancing the need to protect and safeguard children while building relationships with parents. The aim of this work is to minimise risk of harm and maximise the outcome for the child. The role is backed by legislative authority and compounded by the views of society, which swing between child protection services doing nothing to being overzealous in removing children. Child protection workers are for the most part young (based on my own observations as a practitioners for 10 years in this field), inexperienced and overworked. They work in hostile environments where the most vulnerable children are abused, they are confronted on a daily basis of scenes and stories of this abuse often with little or no support. Child protection work is often a stark contrast to the worker’s visions of the helping relationship that underlines social work values and ethics. The relationship between worker and parent is on often-hostile ground. Parents are distrustful of child protection services and fearful of their intervention and authority that can result in their children being removed. In addition to the disturbing facts of child abuse, workers can often also face issues of their own personal safety. The relationship has the dual task of investigating levels of abuse and taking action to protect the child, and at the same time assisting the family with problems which may have led to the abuse (Trotter, 1999, p.3). A
balance of this ‘dual’ aspect of the role can be difficult to achieve, resulting in workers sitting primarily in either the investigator role or the helper role. Achieving this balance within the worker’s ethos and within the relationship with the family is vital in achieving safety and other positive outcomes for children.

The relationship between the social worker and the parent in child protection has been demonstrated to be a factor that impacts largely on the outcomes for children. Workers need to form close relations with parents to look inside normally private family life when fundamental questions about parental care and supervision of children arise (Waterhouse & McGhee, 2009, p.486). The forging of this relationship influences the motivation to change and supports the capacity to enable this change. The nature of child protection work often does not allow time for the relationship to build, given that timely decisions are needed to prevent children being at risk of further abuse or, if removed, being in limbo for long periods of time. The worker experiences pressure to obtain as much information as possible regarding risks, while the parent is wary about divulging information. Workers need to address challenging issues and place requirements on parents. Parents, for the most part, are initially reluctant to agree with these requirements and often have them imposed upon them in their first meeting with the worker. One can ask how, in fact, does this relationship work and in turn improve outcomes for children, ie: how do social workers and parents build this relationship so necessary to properly safeguard children? The social worker’s honesty, congruence and empathy, sharing information openly and honestly and being trustworthy in carrying out promised tasks (Spratt & Callan, 2004, p.217) have been named as key to forming this relationship.

**Working with the Murphy Family**

To demonstrate the approach of using difficult but respectful conversations within a child protection setting, I am using a case study from my experience as a social worker in a non-government tertiary child protection service (NGTCPS). The Murphy (all names have been changed to ensure anonymity) family is a family that I worked with for over two years. In working with the Murphy Family I was confronted by an eighteen month old child who had been assaulted by her father, a known domestic violence perpetrator, and a mother who was a drug user, had been a ward of state herself and who had her three oldest children removed from her care due to drug abuse. I was beginning to work with a family where the level of current risk combined with historical risk did not give weight to a positive outcome for this young baby and her two siblings. I envisaged the parents, in particularly the mother, were confronted with another unwanted intervention by the child protection service, where the reality was that these interventions result in your children being removed. At the point of meeting the family, necessary but intrusive intervention had already taken place; the father had been removed from the house where the statutory child protection workers had taken out an Apprehended Violence Order (AVO) which prevented the father from being within 100 metres of the house. The statutory child protection workers had stipulated that the mother was to remain drug free with thrice-weekly urine analysis in place and parental responsibility had been removed from the parents on an interim basis.

As the worker, I was confronted with high-risk personal safety concerns, given that the police had to physically restrain the father at the initial meeting. The father had an extensive history (including convictions) of assault of multiply partners, as well as one of assaulting police. I was given the role of assessing the current child protection risk, whether this could be minimised and assessing what was needed to support the children remaining at home, all within an eight-week time frame.

In using this case study, I aim to show how working in an open, direct but respectful way enabled a family to ‘live in reality’, reducing the risk and increasing the outcomes for their
children. I aim to show that a worker can build a respectful and enabling relationship, without compromising the necessary responsibility of addressing the child protection risk.

**Engagement and Addressing the Risk**

**Clarity of role**

The NGTCPS assessment model works on the basis of transparency. The workers in this agency are clear about their role and that this is something that needs to be clearly communicated to the family. The worker meets the family for the first time at a protection planning meeting (PPM), chaired by the statutory child protection workers. NGTCPS workers ensure that the parent is aware of three things: the purpose of their service’s involvement with the family; the information that has been shared by the statutory child protection workers at referral; and what is expected from NGTCPS. This meeting allows for the NGTCPS worker to model this transparency by ensuring that the statutory child protection workers share all the concerns and information that has been passed to NGTCPS in the presence of the family. The NGTCPS staff demonstrate that as workers we are open to hearing the parent’s response to this information and hearing how the process has been for the parent.

**Naming expectations – negotiable versus non-negotiable**

They should be clear about whether these are legal requirements, organisational requirements or worker requirements (Trotter, 1999, p.51)

It is inevitable in child protection that there are expectations placed on families. As outlined with the Murphy family, it had been stipulated that Jim was not to be in the house, Mary was to refrain from using drugs, attend urine analysis thrice weekly and the family were to engage with the NGTCPS. These were non-negotiable expectations that the family needed to adhere to. There were aspects of these that were negotiable, such as the days and times of NGTCPS worker visits and the time she gave her urine analysis. These expectations need to be communicated to the family and it is the responsibility of the worker to do this and to ascertain that the family understands what is expected of them.

**Consequences if non-compliance with expectations occurs**

Involuntary clients should be clear about what is required of them and what are the likely consequences if they do not comply with those requirements. (Trotter, 1999, pp.50-51)

In child protection, there are usually consequences should the expectations not be met and these consequences can often result in the removal of children from their parents’ care. Parents need to be aware that this could be an outcome. Despite the difficulty for workers in naming these for parents, it is unethical practice for parents not to be made aware of the consequences of their behaviours. It goes hand in hand with the ethics of transparent and respectful practice to have this conversation with parents and enables the parent to make informed actions. It cannot be assumed that parents are aware of the outcome of breaching expectations and it is unfair not to name the consequences as it prevents parents from knowing the consequences of their behaviour.

The Murphy family were informed from the onset that failure to comply with the stipulated expectations would result in the removal of the children from Mary’s care.

**Naming the child protection concerns**

An up-front and honest attitude about the allegations (Turnell & Edwards, 1999, p.113)
For the NGTCPS worker, raising the concerns can be challenging, given that the family are unknown to the worker, the worker is unknown to the family and as outlined above there has been a history of how these concerns have been received when delivered by the statutory agency. This is the first opportunity for the worker to begin modelling transparency; ensuring that the family are aware of the child protection concerns and allowing them the opportunity to respond is a necessary part of building the relationship and demonstrating that as a worker, you are open to hearing and understanding the family’s perspective. Where social workers listened and understood, parents felt reassured (Spratt & Callan, 2004, p.218). In order to fully understand the family’s perspective and to gain a fair and objective assessment of the child protection concerns, this involves addressing discrepancies with the information provided by the family and the information that is provided by the statutory child protection workers. As an NGTCPS worker, it is a disservice to safeguarding children to not raise these discrepancies and allow the parent the opportunity to respond to the information that is held about them. This information once gathered and analysed informs the assessment.

The child protection concerns were named for the Murphy family from the initial meeting. These included the risk posed from Jim to the children following the assault, the risk of exposure for the children to domestic violence and the risk for the children due to Mary’s drug use. I highlighted the concern that Mary had not parented the children on her own before. These concerns were named from the onset and the family were informed that these were the areas that needed to be assessed and addressed.

**Acknowledging the difficulty of being assessed by a child protection service.**

Sensitivity and empathy for the anxiety that the investigation will provoke for the family (Turnell & Edwards, 1999, p.113)

Child protection intervention is a confronting process for families, where aspects of private family life and parent behaviour are spoken about and where the information gathered is then analysed in assessing the risk to children. It is respectful practice to acknowledge this experience for parents and a necessary part of building the relationship. The family tends to come to the assessment process with a long list of experiences of involvement with services. These experiences tend to have had an array of different outcomes from each encounter. In acknowledging that the assessment can at times be challenging and distressing for the parents, it communicates to the family that you understand their position and that you are open to hearing what life is really like for them. It is important to advise that the purpose of discussing these difficult options is to ensure that all aspects are covered in the assessment.

Working with the Murphy family, I acknowledged their past experiences of child protection involvement, which had resulted in the removal of Mary’s eldest children. I acknowledged that the NGTCPS assessment was difficult in that areas of their life would be explored and discussed that would be challenging for them. I discussed how the NGTCPS assessment was likely to be more in-depth that any other assessment they had previously experienced. In doing this, I acknowledged that there will be areas in the assessment where difference of opinion would occur.

**Outline what the assessment will entail and the possible outcome of the assessment.**

‘She (the current social worker) will explain what’s going on and cut out the mumbo-jumbo – she gets to the point (Dale, 2004, p.149)

It is important to discuss with the parents their expectations of involvement with the service and to dispel any misconceptions the parent has. It is necessary to inform the family as to what the assessment will entail and what the aim of the assessment are. Families need to be
made aware of the possible outcomes of the assessment; again as outlined above, it is respectful for parents to be aware of what the result of the intervention could be.

The Murphy parents were assessed separately and were informed of this prior to assessment starting. They were advised that the assessment would cover eight weeks of weekly sessions, in the home for Mary and in the NGTCPs office for Jim. The areas of assessment were also outlined to the family, including that the children would participate in aspects of the assessment.

**Acknowledge the steps that the parent has taken or is taking.**
Parents need to hear positive feedback on what they are doing well and that this has been recognised. In providing this feedback it demonstrates to parents that child protection workers are prepared to and can see the whole picture. It highlights that workers are going to paint a fair picture of the family’s situation.

The Murphy family had already acted on Jim’s exclusion from the house and, although they did not agree with it, they were respecting of this decision. Mary reported that she was not using marijuana and ongoing urine analysis confirmed this. This was acknowledged to them both as positive steps that they were taking. It was also highlighted that Mary had had a period of being drug free in the past.

**Open, difficult but respectful conversations**
The above child protection framework provides the foundation of the relationship between the worker and the parent, but raising and addressing difficult topics and doing it respectfully requires further skill from the social worker. Research in the United Kingdom has found that the majority of child protection social workers were able to raise the difficult topics and name the concerns but how this was done often left clients feeling disrespected.

It is good that workers almost universally managed to raise difficult issues and that they were clear about concerns with parents. However, the way in which this was done often appeared unskilled and, in a few instances, virtually abusive to the parent (Forrester et al 2008 in Hall & Slembrouck, 2009, p.464)

**Working with the Murphy family**
At the first protection planning meeting with the Murphy family, I had additional concerns regarding Mary’s capacity to care for the children on her own, due to her presentation, her statements around not coping and that she had not cared for the children on her own previously. I needed to highlight this to the statutory child protection workers and also make Mary aware of my concerns. Thus having just met Mary, I was naming the first elephant in the room. I outlined my concerns that she appeared to be struggling on her own with the children; she responded to this by acknowledging that she was struggling. I outlined that I had requested support from the statutory agency for her over the weekend, which she was in agreement with.

It is important to hear the messages that parents in child protection give us as workers. When they say that they are not coping this needs to be heard, explored and responded to. This demonstrates to the parent that they can say how they are feeling and be transparent about difficulties, with a positive supportive outcome, helping to build that trust that is needed. It demonstrates that as the worker I am open to hearing how the situation really is for the parent, warts and all. Unless we give this message to parents, the information shared will not paint a true picture of the home situation, leading to further risk.
At the first home visit, I set about to discuss the concerns, the assessment process, the parents’ experience of involvement with child protection services, expectations and possible outcomes of NGTCPS assessment. The Murphy parents were seen separately, in order for both parents to have space to provide their own perspective and also for the assessment to get a true picture of the risk and the protective capacities of each parent.

This first session allows for the forming of the relationship through talking about the process and modelling transparency, where the worker is upfront about what information the NGTCPS has. I spoke to the parents about their previous experience of child protection intervention without getting into a blaming of agencies or workers. This demonstrates to the parent that you are open to hearing their experience and provides you with the opportunity to gain an understanding of the family’s previous experiences of service involvement. It provides the opportunity to hear from the family what has worked or not worked in the past and allows them to debrief from these experiences. It demonstrates respect by naming for the family from these conversations the qualities of interaction they would like. It is important to highlight that this is not meant as a chance for a bashing of other professionals but instead offering the opportunity to contract how the work will proceed. With the Murphy family, they spoke about the statutory child protection service workers not hearing what they said, not understanding them and not returning their calls. In having this conversation with them, I named that they wanted a worker who really heard them, ensured they understood the family’s perspective and returned calls. It provided the opportunity to demonstrate respect in discussing with them how they would tell me if this was something that they felt I was not doing. This is a first step in allowing some control to be returned to the parent, whereas they are often not in control of the process.

The initial home visit with the parents is the next opportunity to demonstrate being open to hearing how the situation really is and for having respectful conversations. At this visit, the worker allows the parent opportunity to speak about the process to date, ensures that the parent is aware of and has heard the outcomes of the protection planning meeting (PPM), what is expected of them and the consequences of not meeting these expectations. The worker spends time talking about the NGTCPS assessment, how this can be difficult and at times challenging and confronting for the parent. The worker gives permission for the parent to give feedback regarding the NGTCPS process, by outlining that although there will be a need to raise difficult topics; the worker is open to feedback about how this was done. The worker makes the parent aware that they can ask questions about the process at any stage and advises the parent that if the worker is not sure they will find out the answer. This meeting lays the foundations for respectful conversation, displaying that the worker is open to hearing issues from the parent’s perspective, is open to feedback about their practice, is acknowledging the difficulty of the process and is open to showing the parent that there may be things that the worker does not know. The worker outlines the constraints of the role, in that there will be areas that the worker will need to address with the client and there may be areas that they will not agree on.

In working with the Murphy family, Mary persistently wanted to know when Jim could return to the family home. It was important as the worker to understand and validate her experience, while remaining true to the reason why he had been excluded from the home. It was necessary to acknowledge Mary’s wishes but at the same time assess her capacity to accept the risk the children had been exposed to and to assess how protective she could be in the future. This was voiced to Mary by advising her of the risks to the children should Jim be at home and that the Apprehended Violence Order (AVO) would not be lifted until these risks were assessed and minimised.

In open and respectful conversation, the worker names differences that might impact on the work and opens a conversation regarding how if they do occur they can be overcome. In
working with Jim and being a female, this was named with Jim and whether he felt that this could impact on the assessment. When he responded that he did not think it would be an issue, he was advised that, should this come up, he could raise it – and he agreed with this. For female workers with male clients (and vice versa), it is a necessary responsibility of the worker to acknowledge that issues of engagement may arise, and open a conversation about how to resolve them, should they occur. The purpose of having these conversations is to ensure that difficult topics are discussed and demonstrates to the client that you are open to addressing them, in order to prevent these topics impacting on the work. It also highlights to the client that the worker is open to reflecting on the process of the engagement and to raising topics that are related to the worker’s own practice.

**Gathering the information.**

Partnership-aspiring child protection requires skilful practice that is simultaneously authoritative and open-minded (Turnell & Edwards, 1999, p.112)

Information needs to be gathered, concerns need to be named and protective capacity needs to be assessed. Workers face the dilemma of the dual nature of child protection work of care and control, the need to build relationships and not compromise the need to protect children. Often workers tend to sit in either/or: either being authoritarian and confrontational or being supportive. Both approaches have limitations. Being authoritarian will not allow the relationship to develop and being only supportive will result in an inability to voice the necessary concerns or, when the need comes to voice them, the relationship is lost, as the parent often feels ambushed by the change of tact.

The approach in having difficult but respectful conversations is to use open-ended questioning and to be a curious enquirer to the story that the family is telling you. In being ‘curious’ it removes the confrontational aspect of gathering the information. This ‘curiosity’ remains when needing to raise discrepancies in information provided by the parent and the concerns received. The approach requires the worker to demonstrate a lack of knowledge about the situation and the need to understand more fully (Jenkins, 1990, p.66).

With the Murphy family neither parent accepted that Jim had assaulted their daughter. It was necessary for me to start with providing them with the opportunity to each tell their perspective on what had happened. As both stories differed from the account provided by the statutory agency, I used the approach of telling them the information received and being ‘curious’ as to why the account could differ so much. I also encouraged them to tell me what they would think if looking at it from my perspective as the worker. Both parents could see the concerning aspects of the situation. I wondered with Mary what would it mean if she did accept that her partner had assaulted their daughter and she outlined that if he had done this she would have to leave him and this would end her chance to have a ‘normal’ family, an important hope, given her childhood experiences. In being open to hearing and enquiring curiously, I had obtained a fuller account from both parents regarding the assault, I had obtained a picture of the factors impacting on Mary’s protective capacity and they had accepted the seriousness of the concerns. I had demonstrated to the parents that I was open to hearing their story. I had not compromised on the need for safety for the children, by not shying away from highlighting the discrepancies in the accounts and in outlining to Mary the worry that she may not be protective of the children should an incident occur in the future. This demonstrated transparency to Mary that I was prepared to tell her what concerns I was holding and give her the opportunity to respond. She knew where she stood with the process, as did Jim. I also demonstrated to Mary that I was open to hearing her situation, despite it being a concern and that she could be transparent with the process.
Seeking and giving permission
This open non-confrontational style of questioning requires a seeking of permission from the parent when discussing often-distressing topics. Statements, such as, “would it be ok if we talked about your drug use today?” When the parent is reluctant to discuss certain issues, acknowledging this difficulty and also the requirement of the job to discuss them, while at the same time asking what would make it easier for the parent to talk about what is needed to talk about. This demonstrates to the parent that you are respecting them and attempting to work with them. Seeking permission leaves the parent feeling less confronted or interrogated.

In child protection work, the worker needs to demonstrate that we are open to hearing all the information and can manage to handle hearing all the family’s baggage. In working with Mary, when we had discussed her reluctance to accept that Jim had assaulted their daughter and her reasons why, I wondered whether she was now worried that she had told me this. As she was worried about what she was saying, by naming this for her it demonstrated to her that I was open to hearing and that in being transparent I was naming for her what I was thinking. This allowed her the opportunity to speak openly about her worry in sharing information with a child protection service and gave the necessary opportunity to discuss this information needed to assess the risk.

Explanations
In child protection work, parents often feel disempowered and at times they feel they are being ‘tricked’, as they do not fully understand what is happening. This can result in parents being confrontational, which is detrimental to the assessment process. I have found in working with parents giving them explanations as to why you are asking questions or doing what you are doing, helps alleviate this reaction. In covering Mary and Jim’s personal history, for example, outlining to them that it is important to hear their own experience of being parented and also whether there are any incidents in their history that they may now require input around.

The ‘keeper’
The concept of ‘allowing comments go to ‘the keeper’ is a necessary part of child protection work and is a vital resource for the child protection worker to have developed in their practice. For the worker, allowing comments and statements made by parents, which are said to invoke a reaction from the worker ‘to go to the keeper’ helps reduce the confrontational aspect of the work. Child protection work is challenging, in itself, without the power struggles that can often occur between the worker and the family. Being mindful of the use of this concept reduces the occurrence of distracting conversations that ultimately end up being unproductive. These often relate to whether or not the worker is a parent, the worker not understanding as they have not experienced a drug addiction, or other conversations relating to the worker’s actual, or lack of, life experience.

Challenges can occur for the worker in allowing this to occur, as there is often a perceived need by the worker, to respond to comments made by parents. This perceived need, can arise from the pressure to be a knowledge source, as a professional with authority and a need not to feel undermined by parents.

It is important to note that availing of this concept does not mean that workers do not address concerning behaviours that impact on a child’s safety and wellbeing. This concept should not be misused to avoid addressing risks that need to be addressed as a necessary part of child protection work.
Noticing
As workers, we are doing a disservice to the children that we aim to protect by not highlighting to parents areas that need to change and equipping them with the information and strategies to make this change. Parents have highlighted this feeling of being watched and that child protection services simply gather evidence of what they are not doing well, in order to have evidence for court. In working with parents, we need to advise them of parenting areas that they are not doing well, as the assessment will not offer a fair and objective view without providing guidance to parents and seeing whether they can follow through on this guidance.

This noticing should also include positive aspects of the parent’s behaviour and relationship with the child. Parents need to hear what they are doing well and then use these behaviours in other aspects of their role as parents.

In noticing, the child is continuously present and this is the purpose of what you are highlighting to the parent, in order for the parent to get an understanding of what it was like for the child. This approach constantly keeps the child visible in conversations where the focus and purpose of the work is the child. In working with Mary, where she talked about an adult friend’s experience of domestic violence and wondering with Mary whether she felt that her children may have had similar experiences. Similarly in observing contact giving the parents feedback on what they did well as well as areas where change is needed.

Practical assistance and advocacy
Providing families with practical assistance and completing advocacy tasks not only help an often-struggling family but also build the relationship. Help provided in completing expectations also demonstrates to the parent that you are working with them. Working with Mary, I timed visits around the days of her urine analysis and after the visit provided her with transport to the clinic. This meant that at least one clinic visit she did not have to take public transport with her young daughter.

Mary’s experience
Mary’s feedback regarding the involvement of NGTCPS in her and her family’s life was sought at regular intervals. The purpose of this is to evaluate how the work is progressing, to model transparency and capacity to reflect on one’s practice behaviour. For the purposes of this paper, it was sought using specific questions, which aimed to look at the difficult conversations that took place and how these were for her and whether she felt I, as the worker, had been respectful. Following a conversation with Mary, it was decided that the questions be given in writing and that Mary give her response in writing.

What comes to mind when you look back and think of the NGTCPS assessment?
What comes to mind when I look back and think of the [name of service] assessments is in the beginning everything was a little overwhelming, having strangers come into my life and point out the negatives and tell me that they can help turn them into positives was crazy. The beginning was scary but as time went on came to understand that [name of service] was here to help me and my children become a better family. It was a rocky road to travel but now is a lot smoother. Knowing that [name of service] was coming to my house every week and assessing my attitude, my thoughts, my children, and my actions helped a lot with information and strategies they would help me apply from week to week. So I think back and it’s all been a positive interactive assessment.
What areas were difficult?
The areas that I found difficult were the beginning of the assessment. Getting to know [name of service] staff and how they work. It was difficult to acknowledge that I needed [name of service] help. I also found it difficult to talk about Jim as I knew that they would take the information and use it maybe against him. That was not the case though. [name of service] helped me find strategies and balance with Jim.

What areas went well?
The areas that went well for me are when [name of service] spent time to understand what and why this has happened. Also just knowing that if I needed advice or someone to talk with I could always phone them. That always went well for me.

Is there anything that could have been done differently?
I don’t think anything could have been done differently at this stage because everything seems to be either a positive or becoming positive.

Those difficult conversations we had, what were they like for you? The times we disagreed, what was that like for you?
The difficult conversations that we sometimes had were very uncomfortable to begin with. Sometimes not wanting to hear the truth because it hurt or wasn’t what I thought would be the answer would make me feel like lashing out or just walking out. But over time I came to realise that there is a process for understanding both sides of a conversation and information.

What would you change about the way NGTCPS worked with you?
I don’t think that I would change anything about the way [name of service] worked with me. I feel that it all has been beneficial. [Name of service] has always been consistent with information, punctual with all their home visits and honest and up front with anything that they may have concerns about which I appreciated. [name of service] also helped with fun things and activities for me and my family, which helped keep our chins up when we needed to. I wouldn’t change anything.

What would you say to another family if you knew that NGTCPS was going to work with them?
I would say to another family “These [name of service] people are like lifesavers! It might not feel like it in the beginning but you need to give yourself and [name of service] a chance. They can help you with wanting to turn your life around. [Name of service] is very resourceful with information and are very knowledgeable. They really have come into your life to help make it a better place to be. They did it for me.”

Supporting workers to have difficult but respectful conversations.
Workers need to feel supported in this challenging work. Workers need a space where their vulnerabilities can be voiced and supported. Too often in child protection work, naming vulnerabilities is viewed as a stressed out worker, however, if we as workers cannot name and explore our vulnerabilities, we will not be able to do this with families that we work with. It is the responsibility of the supervisor to provide environment for the worker.

Supportive environment filters down to how workers engage with clients. It is well established that if supervisors can model clear, insightful and empathetic relationships with practitioners these same practitioners are far more likely to be able to adopt the same
underlying values and skills with the families they work with. (State of Victoria Department of Health, 2009, p.13).

In my experience in child protection, having a space to debrief and reflect on my practice (both good practice and areas for improvement) has not always been available. My experience in being able to do this work highlights that having this space to explore vulnerabilities, reflect on practice and learn from a supervisor has been invaluable in supporting my practice and in subsequently safeguarding children.

Conclusion

Child Protection work inevitably involves uncertainty, ambiguity and fallibility. (Munroe, 2008, p.1)

In conclusion, child protection work is indeed uncertain, ambiguous and fallible. It begs an alliance that is both care and control, both safeguarding and supporting, both enabling and challenging (Walsh, 2006, p.48). Through addressing difficult topics and raising concerns respectfully, child protection risks can be reduced and children can continue to live safely with their families. This approach allowed for the Murphy family to address the high-risk child protection concerns occurring in their family. This resulted in the family ‘living in reality’ for the first time, where they did not need to hide what was going on for them, either by not talking or being dishonest about it. It allowed for them to make the necessary changes to not only safeguard their children but to improve their outcomes.

It is vital that workers resolve the paradox of ‘care and control’ in their approach to their work with families, in order to not only do the job but to do it well. Workers need to model transparency and capacity to reflect on their own practice behaviour, if this is to be expected from the families that we work with. Open, direct but respectful conversations can take place and indeed make for relationships that motivate and sustain change resulting in stronger families and safer children.
References


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An abstract of not more than 200 words should accompany each article. There should be a separate cover sheet with the manuscript with the title of the paper; names, position and place of work of the author/s and a full postal address and telephone and fax numbers and email address. Do not include author/s names on the article proper.

Quotes of more than four lines should be indented and single-spaced (no quotation marks). Acknowledgments should be brief.

Please note that articles which do not comply with the required format for referencing will not be forwarded to reviewers.

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The use of footnotes should be avoided as much as possible. In the text the names of authors should be cited followed by the year of publication, eg: Hearn (1992). Where quotes from other writers are used page numbers should be cited, eg: (Hearn 1992, 57). The reference list should be prepared on a separate page with names listed in alphabetical order. It should include authors’ surnames and initials, date of publication, title of article, name of book or journal, volume number or edition, editors, publisher and place of publication. With articles and chapters in edited books page numbers need to be included. The format must be as follows:

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