Building a Culture of Appreciative Inquiry around Child Protection Practice

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Competency is quiet; it tends to be overlooked in the noise and clatter of problems.
William Madsen (2006, p. 26)

Abstract

This yet to be published paper provides a detailed explanation of the use of Appreciative Inquiry to transform the culture and practice of child protection. The paper explains the history of Appreciative Inquiry as an approach to organisational change and connecting this to Social Work thinking about 'theorising from practice' and 'practice-base evidence'. The inquiry and questioning process that Andrew has formulated within his approach to Appreciative Inquiry is presented in detail. Finally, two case examples, one from England and one from the USA are used to demonstrate the use and benefits of the approach within children's services.

Introduction

The social work profession has long struggled with how to stake knowledge claims for its expertise and practice. Since its emergence, the profession has been engaged in an evolving dialogue about whether social work can even claim to have the unique knowledge base requisite for professional status (Parton, 2000; Rodwell, 1998). In a defining moment of the profession's evolution, Abraham Flexner was invited to pass comment on social work's claim to professional status at the 1915, US National Social Work Conference. He argued that social work was not a profession at all because its practice was solely an application of the knowledges of other professions, such as psychiatry and psychology. The flavour of Flexner's assertion remains, and a certain sense of desperation seems to adhere to the continuing social work endeavour to stake claims for a knowledge base of its own. Late last century, when the postmodernists arrived on the scene, they destabilised the social work debate about knowledge even further, by critiquing the whole underlying logic of foundational claims for knowledge (Parton, 1985; 1998a & b; Parton and Marshall, 1998; Pease and Fook, 1999; Rosenau, 1992). Some however see the postmodernist's appearance as an entirely unhelpful development, for an already uncertain profession (Houston, 2001; Sheldon, 2001; Taylor-Gooby, 1994; Trainor, 2002).

Throughout this discourse there has been an ongoing discussion about the relationship between theory and practice. Researchers looking at this issue have consistently found that practitioners make little use of formalised theory in their practice (Carew, 1979; Corby 1982; Osmond and O'Connor, 2004; Sheldon, 1978; Sheppard, 1995 – add Howe 87 via Healy 2005 p 95 and Fook and Munro). As Fook (2002) observes, this is 'old news' for the profession. While social work academics usually provide the commentary about the issue, many front-line practitioners feel their side of the theory-practice problem acutely.

Steve Edwards, a social worker with 16 years front-line child protection experience, spent most of his career feeling that there was typically little overlap between what he learnt in university, read in books, and found in policies and protocols and what he did in his day-to-day practice (Turnell and Edwards, 1999). George Thomas (1994), writing about his time in child welfare, describes what he calls 'the trench between child welfare

theory and practice' (p. 8). de Montigney (1995), in his ethnography of his own and his colleagues front-line child protection practice states

> 'our practice did not conform to the idealizations in the texts. Yet, we did our best inside the reality of the organization. It is this reality that must serve as the beginning for inquiry – and not the idealized fantasies of social work educators about what good social work should look like' (p. 131).

For front-line child protection practitioners, their experience of the disjunction between social work talk (whether modern or postmodern), and the social work they walk, can be one more thing that increases their defensiveness about what they do.

Toward valuing local knowledges of the practitioner

There are many issues that can be identified as contributing to the tensions between social work theory and practice, including how social workers think about knowledge and what knowledge they privilege. To the extent that the social sciences and social work have taken the postmodern turn, the move can be read as a journey from prioritising the quest for universal knowledge toward the recognition of knowledges from many domains including, practitioners' 'many ways of knowing' (Hartman, 1990).

In developing a postmodern position toward social work inquiry, we are not arguing that large-scale, top-down research and theorising is not useful or should be taboo. Our concern is that the predominant quest for generalisable theories has served to mute and erase the knowledges of front-line practitioners. Postmodern social theory offers conceptual and methodological resources to relocate the front-line social worker in the middle of the knowledge-base picture. This allows greater scope and sensitivity for their humanity, experience and practice wisdom to be affirmed and amplified. Fook (2002, p. 93) writes

> I think this is the gift of postmodernism to social work – that we value and include the voice of the practitioners and their own contribution in theorizing from their own practice experience. It is our responsibility to the profession that we enable and create culture and environments in which this can happen.

Perhaps postmodernism goes even further. It may also give social workers the opportunity to lighten up about theory. Theorising at its simplest is about making sense of experience. While theory remains in the hand of the modernists it is framed as the pursuit of timeless, normative, universal truth. In this way, knowledge becomes uncritically entwined with power, and theorising becomes a controlling and a rather deadening activity. Postmodernism provides a chance to re-energise social work theorising as an imaginative process, so that social workers might feel more able to play with their representations of practice experience. Potentially, this creates greater scope for theorising as imagination, as 'art', rather than being seen solely as a 'science'.

To play with an avian metaphor, if practice is a bird in flight, theory is so often a dead parrot in the bottom of a cage. While modernism kills the parrot by demanding it speak timeless truth, postmodernism so often seems to want to send it to its maker by demanding the poor bird can only speak in words that are unintelligible to most. As well as the framings of modernism and postmodernism, there are myriad containers for our ideas in the child protection field. There is the needs frame, the risk frame, the strengths-based frame, the alternative response frame, the evidence-based frame, and

so one. Every-time we allow one of our ways of putting our ideas together, to become the 'magic bullet' or the big answer, (a common enough occurrence in the child protection field) the home for our thinking becomes a closed cage and the speaking bird loses life. It may still be possible however to utilise the resources of postmodernism to allow social work theorising to fly with the bird of practice – this remains my best hope for the ideas I am offering in this chapter.

While the idea of theorising from and through practice has become something of a clarion-call for social work in recent times, most of the research that supports this endeavour is in its infancy. Much of the available research displays what could be termed an 'academic remove', in that the inquiry and writing seem primarily to privilege the perspectives and priorities of the academic. Enacting the postmodern turn in social work, from doing research to the natives (as Geertz 1983, might put it), to researching *with* the natives on terms that are significant to them, requires considerable sensitivity to practitioners' lived experience and priorities, grounded in a good working relationship between researcher and practitioners. There are many challenges to be faced in building these sorts of engaged relationships of inquiry within the child protection environment.

This chapter will describe a methodology that seeks to privilege the local knowledges and priorities of the frontline child protection worker, by asking practitioners to stake a claim for their own good practice, within their organisational context. Two examples will be offered to ground both the description of the method and the challenges facing its application. This methodology is a process of appreciative inquiry (as well as the references given in the last chapter see also Cooperrider and Srivastva, 1987; Cooperrider and Whitney, 1999; Watkins and Mohr, 2001) that Andrew has been using and refining over ten years, in collaboration with child protection social workers from many countries. Before exploring the methodology further however, we want to describe a little of the journey that has led to the creation of this appreciative inquiry process.

Two epiphanies in evolving an inquiry into constructive practice

The methodology for theorizing practice we will describe in this chapter has evolved from many influences and has also crystallized through several 'epiphanies', two of which we will describe here. The first epiphany came about through a 1994 conversation between Andrew and Australian feminist family therapist, Laurie MacKinnon. At that time, Laurie had not long completed an in-depth qualitative study focusing on the experiences of 44 families who had been on the receiving end of statutory child protection services (MacKinnon, 1998; MacKinnon & James, 1992). Laurie described to Andrew that many parents she interviewed, not surprisingly, related negative stories of being caught up in the child protection system. What really stood out for Laurie however, were the stories from parents who had been involved with a worker who had acted in ways the parents experienced as positive, honest and respectful. These cases often involved other professionals who had given up on the family and the 'constructive' worker may even have removed children from the parents or taken other strong statutory action. However, the parents' experience of the child protection system was notably different because of the positive relationship the front-line worker had built with them and the constructive manner in which the worker had undertaken their work.
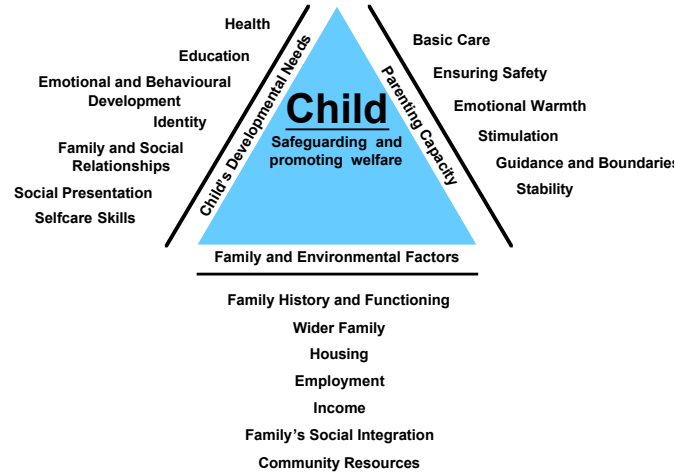
Laurie's stories were important for Andrew because it crystallized for him the possibility that service recipients could identify practice they saw as constructive, even when their family had been subject to highly intrusive interventions. At the time, Andrew was in

the midst of developing a partnership-based, safety-focused approach to child protection work through a collaborative inquiry process with West Australian statutory child protection workers (Turnell & Edwards, 1997 and 1999). Like Laurie, Andrew was hearing stories of constructive child protection practice in difficult situations, but the stories Andrew was hearing were from the workers' perspective. These descriptions contrasted with the usual storying and theorizing surrounding 'hard end' child maltreatment cases that suggests relationship-based, humanised practice is only applicable at the shallow end of the child protection swimming pool.

Another epiphany occurred in March 2000, when Andrew and Nigel were invited to consult with a now defunct child protection team at Kirklees Social Services, in the north of England. At this time in England, the Department for Health (the national body that overseas child protection services) had just released the *Framework for Assessment of Children in Need and their Families*, often known as the 'needs framework' (Department of Health, 2000a). While the needs framework had been fully articulated as a conceptual model, at the time of the consultation, the social workers were uncertain how the framework should be utilised in practice. The Kirklees team knew the framework would soon be their mandatory, core assessment tool, and had asked Nigel and Andrew to offer their thoughts about its application to practice.

For Nigel and Andrew this request posed a problem since neither had any experience of using the framework. They began the consultation by asking questions of the workers to understand more about the interests of the Kirklees team. It emerged that the team's main concern was how they could undertake the needs assessment collaboratively with service recipients, while simultaneously using the emerging framework to focus on building safety related to the presenting problem. As the discussion progressed, it came to light that the Kirklees' practitioners had already made attempts to use the needs framework. Putting together this information with the teams' goal for the using the framework, Andrew and Nigel asked whether there were times when the team had already used the needs framework in partnership with family members and it had helped them make progress in the case? In answer Deborah Glover, a Kirklees team leader, described a process her team had created, and was already using. The Kirklees process operated in the following way:

- At the first meeting, the worker would provide the parents with a succinct explanation of the needs framework. They would do this using the triangular diagram that pictorially represents the 20 assessment items, which form the basis of the framework.

The Assessment Triangle showing: Child, Safeguarding and promoting welfare at the centre. Left side "Child's Developmental Needs": Health, Education, Emotional and Behavioural Development, Identity, Family and Social Relationships, Social Presentation, Selfcare Skills. Right side "Parenting Capacity": Basic Care, Ensuring Safety, Emotional Warmth, Stimulation, Guidance and Boundaries, Stability. Bottom "Family and Environmental Factors": Family History and Functioning, Wider Family, Housing, Employment, Income, Family's Social Integration, Community Resources.

- The worker would then ask the parent(s) to choose two or three of the 20 items from the assessment triangle which they thought most needed attention to improve their child's life. (The parents may, for example, have chosen items such as 'guidance and boundaries', 'housing' or 'child's emotional development'.) The worker would then invite the parents to rate the situation in their family on a 0 – 10 scale relative to their chosen items.

- The parents' answers to the scaling questions would then be used as the basis for developing a detailed plan of action with the parents relative to each chosen item.

- Prior to meeting the family, the worker would undertake a similar selection process and, in this way, begun to shape their own thoughts about the priority areas for meeting the child's needs. If, during the meeting, the worker felt it was necessary or useful, they would introduce the ideas they had formed earlier. Using these ideas to compare with the parents' ideas, the worker would then endeavour to reach agreement about how to proceed.

To Andrew and Nigel's way of thinking this process was already a substantial practice development for implementing the needs framework. The following year Andrew was asked to advise the local authority in Helsingborg, Sweden in their use of the needs framework. The Kirklees' ideas formed the basis for this consultation work and in this way the Kirklees approach was the source of practice ideas that were further refined in Sweden. (A more detailed account of this approach to using the needs framework is provided in Attachment 2).

Following the consultation, Andrew and Nigel reflected on the meeting. What stood out was the fact that experienced practitioners, who had already created a unique process for collaboratively using the needs framework, were looking to supposed outside 'experts' to tell them how to undertake that exact task. Andrew and Nigel both felt they had been involved in uncovering expertise that would have otherwise been largely overlooked, even by the workers themselves. This they felt was reflective of the more generalised tendency in the social work profession to devalue practitioners' knowledges and experience.

Nigel and Andrew were also struck by the fact that the Kirklees team had developed a locally grounded answer to the exact issues many Department of Health policy makers and academic advisors were grappling with at a more theoretical level. Nigel and

Andrew speculated whether other teams around England might have created their own local implementation strategies. This sparked questions in their minds about what would be required for policy makers to be open to build practice guidance based on processes practitioners had found worked for them. Later in 2000, the practice guidance associated with needs framework was published (Department of Health, 2000b). There was no evidence in this document that front-line practitioners had been meaningfully involved as consultants in creating the guidance they were expected to operationalise.

Seeking the practice wisdom of front-line workers

The first instinct of almost anyone discussing child protection services, whether they are talking in parliament, in a university, or in a pub, is to relate their version of a horror story describing poor, mistake ridden and oppressive practice. The regular retelling of these sorts stories, has the effect of destabilising statutory child protection practice, escalating the defensiveness of front-line workers and undermining confidence in their own knowledges and practice. This usual way of storying child protection practice also fosters an environment where senior managers, policy makers and academics see front-line workers as needing close management and guidance.

Child protection workers do in fact build constructive relationships, with some of the 'hardest' families, in the busiest child protection offices, in the poorest locations, everywhere in the world. This is not to say that oppressive child protection practices do not happen, or that sometimes they are even the norm. However, worker-defined, good practice with 'difficult' cases is an invaluable and almost entirely overlooked resource for improving child protection services and building a grounded vision of constructive statutory practice.

Weick (2000) suggests that the primary reason social work has been unable to give voice to its good practice is due to the 'profession's desire to validate our actions through scientific claims' (p. 396). In this way, social work has adopted an official second voice as its public face and 'let slip through its fingers the language that fills its veins with the fullest expression of human experiences and that most essentially gives social work its distinctive character as a profession' (p. 400). Weick continues:

> Social work is built on more than a century of conscious, rigourous, effort to collect, refine and test wisdom about the process of helping. From that storehouse have come deep channels of practice knowledge that have created the distinctive skills that social work can claim. The key to unlocking the power of this knowledge is to lay claim directly and unselfconsciously to its centrality in social work. To do so we must use the language of our first voice, which will require us to move away from our naïve enchantment with theories that emanate from the more distant voice of the scientific and social science disciplines. (p. 401).

In 1989, Andrew began to collaborate with Steve Edwards who at that time had worked as a child protection worker for 13 years. As mentioned at the beginning of this chapter, Steve felt that there was little overlap between formal social work theory and the day-to-day work he experienced. At the same time, Steve had worked alongside many practitioners who, as he saw it, were very skilled in their work.

For example, Steve would talk about going on an investigative home visit with a colleague who he also regarded as a mentor. Arriving at the front door of the house Steve and his colleague were confronted by a father screaming at them to f***-off!

Steve's colleague calmly dealt with the man and before long both he and Steve were sitting with the man in his kitchen discussing the allegations. Steve also admired the work of another colleague, a woman who was well known for being able to engage young children who had been abused. She was often able to do this in situations where other professionals had been unable to make any progress with these same children. When Steve would ask these two colleagues to explain how they accomplished the work he was impressed by, their answers always left him unsatisfied. It seemed to Steve that while those who usually write the theory, largely miss what its like to do the work, those who can do the work, usually are unable to meaningfully describe, or theorise what they do.

Steve's sustained interest in trying to find better descriptions of child protection work as he knew it, lead to the collaboration between he and Andrew. Between 1993 and 2000, Steve and Andrew evolved the signs of safety approach to child protection casework through a collaborative inquiry process with more than 140 West Australian child protection practitioners in successive 6-month joint work projects. In developing this approach, Steve and Andrew were guided by solution-focused brief therapy, a model that asks the professional to undertake a rigorous inquiry with clients, into what they are doing that is already working for them (de Shazer, 1985, 1988, 1991; de Shazer and Berg, 1995). Drawing on Steve's firsthand experience of constructive child protection practice, Steve and Andrew used this same solution-building logic as a fundamental practice to elicit workers' self-defined examples of good practice with 'difficult' cases. This became the core knowledge building strategy in developing the signs of safety approach. Andrew has continued to use this same strategy in his ongoing consultation work with child protection practitioners in various parts of the world and it is through this process of appreciative inquiry that most of the case examples in this book have been generated.

An example of eliciting and amplifying worker-defined constructive practice

The following transcript describes the work of a child protection practitioner we will call Gabby. At the time of this interview, Gabby worked in the adoptions team within an English local authority. Gabby began working with a 16-year-old young woman when she was 12 weeks pregnant. The young woman had herself been adopted, but relationships in her adopted family had deteriorated and thus she was social services had responsibility for her care. Stabilising the young woman in a permanent placement had not proved possible and she was moving on a regular basis. Gabby's task was to work with the mother-to-be to establish whether she wanted to keep the baby and to also decide whether she had the capacity to raise the child.

The structure Andrew uses to interview Gabby is informed by the 'EARS' process for eliciting and amplifying descriptions of success that is commonly utilised in second and subsequent sessions in solution-focused brief therapy (De Jong and Berg, 2001; Turnell and Hopwood, 1994). The EARS acronym stands for elicit, amplify, reflect and start-over. The primary purpose of this process is to generate a rich, detailed, and concrete description, a 'thick description' (Geertz, 1983) of the worker's story of success.

There is a common saying that 'the devil is in the detail' but so, we would suggest is the divine. Becoming good at something involves detailed exploration of the activity, within the specific context in which the activity occurs. In what she calls the 'politics of detail', Healy (2000, p. 52) writes that the 'focus on detail promotes engagement with local aspirations and possibilities for change and sensitivity to the immediate barriers to transformation'.

EARS Process for Amplifying Success: Examples of Useful Questions

Eliciting Questions (to begin and (re)establish the focus of the conversation)

• Tell me about a piece of work you feel good about?
• Give me an example of a case you worked with where you were stuck, and you made progress?

Amplifying Questions (to draw out the small details of the events)

• How did you make this happen?
• What else did you do? What else? and What else?
• Who else was involved? How did they help to build this success?
• What would _____ (supervisor, mother, father, child, judge or anyone else who was involved) say you did to contribute to achieving these outcomes?
• What was _____ (mother, father, child, colleague) doing that told you what you was doing was making a difference?
• How did you know what you were doing was working?
• What differences did you see in _____ (supervisor, mother, father, child, judge or anyone else who was involved) that told you what you were doing was working?

'Why' questions are usually not used in the EARS process as they can easily make a practitioner feel defensive about their practice and feel as if they have to provide a rationale for how they acted. In this way, 'why' questions will often distract the worker from focusing on the detail of the events.

Reflection Questions (to draw out the meaning of the events for the practitioner)

• When you think about this piece of work what was the most important thing you learned?
• What is the thing that you feel proudest of about in this situation?
• On a scale of 0 – 10 where would you rate this practice? Where 0 is it was my worst effort ever and 10 means it's as good as I can do.

Start-over

• When a particular line of questioning runs out of energy, or a particular question doesn't make sense to the practitioner, or the practitioner seems to go off the subject, start-over with a new eliciting question.

Using the EARS process Andrew endeavours to ask questions that help the practitioner describe in increasing detail what they have done, how they came to do it and what challenges they had to overcome. Following this, Andrew seeks to ask questions that invite the practitioner to reflect on what they have learnt and to stake claims for the meaning and significance they ascribe to their work. Finally, Gabby's colleagues are invited to actively join the appreciative process and are asked to offer their insights and describe what they have learnt from Gabby's story.

The transcript that follows arose from a day where Andrew was consulting with Gateshead Social Services' practitioners focusing on constructive practice. Gabby's

description of her practice followed Andrew's invitation to the group (an eliciting question) to describe practice that they felt good about and where they felt they had made progress in a difficult case.

Gabby – I worked with this case when I worked in the district adoption team, the new mum had been in care herself and strongly wanted to keep her baby, but then she didn't, then did, then didn't, before the actual birth. We wanted to support her. Following the birth, it was the same - she did, she didn't, she did, she didn't, but there's only so many times that we could run with that on the basis that we were in court (to decide what would happen about custody). So we worked with parallel paths; supervision to look at possible full care by the mother or (alternatively) putting the girl up for adoption - so parallel plans. In the end, she wasn't able to proceed towards keeping the child, she strongly wished to but recognised herself that it was the right thing for her (to relinquish the child). But she managed to stay in touch, which I thought was quite unusual. When the child was adopted out, we notified her. She participated all the way through to the best she could, she came along – had contact where she could. It wasn't all of the time. She was keen to meet the potential parents.

Andrew – I'll just get you to slow down because what I'm struck by is you've got a mum who is relinquishing a baby and she's participated as best she could, been involved in the whole process through that. What have you done to get her involved in the process in that way?

G – Basically, she was moving around. She was in a children's home, then we got her in a mum and baby place and she couldn't stay with that. Then she went to a temporary arrangement where it was an older lady providing support and she could come and go as she pleased. Then she went back to her adoptive parents and then back to this lady. So I just found out wherever she was on the day that we'd arranged (to meet) and try to find her and I just kept doing that. I mean there were times when she'd lose contact with me for a few weeks but somebody in that network would let me know where she was and if they'd seen her, what she was like and what she needed. There was always someone reporting to me how they perceived she was. And basically, I listened to her.

A – You were putting in a lot of work there, just to keep in touch.

G – Yeah.

A – I mean building relationships, getting to know people around her getting them to talk to you.

G – I wanted to make sure that if I was going to have to make a decision that I thought it was the right thing for this child, before I took that responsibility away from her (the mother). So not only did I do that but I talked to other people in the team who had very similar cases or cases where there'd been a history of removal.

A – Who were the people you were talking to who helped you keep track of where she was?

G – It was the adoptive parents, whatever people she was involved with at the placement where she was supposed to be staying in at that time, the pDennisation officer of the father of the child. If I couldn't get to her, I tried seeing what he was doing, keeping up with his service. And there was a support worker (from the youth offending team) that she'd developed quite a good relationship with.

A – If the mum was here, what would she say about you keeping track of her like that? Would she regard that as positive, or like 'big brother's coming after her'?

G- Well I don't know, because (a few weeks ago) she went in to a midwife to see if she was pregnant and the circumstances around that I don't quite know but she found out she was pregnant again and the first thing she said (to the midwife) when she found out was 'Would you ring Gabby and let her know?' She knows I'm working in the adoption team.

A – So the first thing she says to the midwife is 'Will you ring Gabby in the adoption team?' So what do you think that says about how she views you?

Andrew's intention in asking this question was to invite Gabby to reflect on the quality of her relationship with the young woman and what it might mean that this young woman immediately wanted to talk to her when she discovered she was pregnant again. However, Gabby focused instead on the concern that was upper most in her mind regarding what the young woman's intentions were in contacting her.

G – Well, one of my first thoughts was: Is she thinking that she's going to keep the child or is she thinking that I'm a back up if she doesn't want to keep the child? The last time I had contact with her was about two or three months ago because I'm sorting out the contact arrangements for her (with the adopted child) and I thought well, why's she doing this? What's it all about? She's coming in to see me on Monday, so we'll talk a little bit more about what is happening.

Not wanting to get involved in a discussion about the young woman's motivations at this point, Andrew seeks to redirect (to 'start-over' in the EARS framing) the conversation to the work she has already done. Child protection workers will inevitably want to focus on their current concerns but to create space to meaningfully explore constructive practice this impulse usually needs to be set aside.

A – So lets go slightly sideways - if she was here and I was to say to this young woman 'What have you liked about what Gabby's done for you?' what do you think she would she say?

G – That I was open with her. I told her all the options, what would happen if she did this, what would happen if she did that, what I could do to help her, what help was there for her. And I asked her what she thought about it and I also shared some experiences from my life and from myself, basically. So, I was just myself with her as well as telling her that I had a job to do. When she came to meetings, I always prepared her before hand, telling her what I was going to be presenting in that meeting. I was honest with her.

A – So before you're going into child protection meetings, into Court contexts, so you're always preparing her ahead of those meetings?

G – Yeah.

A – And how did that go when you're preparing her ahead of those meetings?

G – She would listen. Sometimes she'd make comments, or I would say 'Do you understand what I'm saying?' Sometimes she'd come out of the meetings and I'd say 'do you want to check out anything?' So, she knew I was available, but I also needed her aware, because obviously I had so many other cases at the time, and I said 'if you need to talk to me, leave a message and I'll get to you.' And sometimes she did leave a message and sometimes I went through all the avenues that I could find to contact her and didn't (get hold of her). I was also trying to do some practical things with her in preparing her through this for having the child, looking at what she knew about babies.

A – So what were you doing that was enabling her to be engaged and keep coming back? Because it would be quite easy to shame this sort of woman, to get her very defensive. What were you doing to keep her engaged and involved?

G – Not judging her and letting her know that she still had a chance, that it wasn't just all dried and cut and the baby's gone.

A – So giving her a sense that she still had a chance. It sounds to me like you've helped her to think it through, enormously for herself.

G – Well I did do a lot of research about her past, I went to the adoptive parents and saw her adoption papers and I found out about her adoption and met her adopted parents and saw what their influence was on her because they were very negative about her in general. I asked (the parents) how much were they going to support her, and they were very rigid, they said she could come back home as long as she would abide by the rules of their house. I also had to look at other options about the adoptive family (whether they might want to adopt the baby) and what her (the mother's) thoughts were on that. I knew it was a clear "No!" but I didn't know whether they (her parents) thought it was a clear "no" or whether they would come back into the court to exert their rights.

A - What were the moments through that process where you felt like 'this 16-year-old young woman is really engaged and she's really thinking it through for herself?'

G – When she told me about how she was feeling.

A – What sort of things was she saying?

G – 'I'm frightened, and I don't know whether I want this or not – I do want it but there's times when I don't think that I do, but what's going to happen if I make a different choice?'

A – So she'd say 'I'm frightened! I don't know what's going to happen. I do want this baby but I don't know what's going to happen if I do have the baby.'

G – And 'how am I going to cope? I want this baby to have a better experience than I have had because I haven't had a good experience with my adoption. I'm hoping that my baby is going to have a different experience with a different adoption.' I made a commitment to see that through.

A – What do you mean by 'I made a commitment to see that through?'

G- To see she was involved in the child's placement, and I was able to do that, surprisingly enough.

A – So just coming back to the mum, when she's saying to you 'I'm frightened, I want the baby, but I'm scared. I don't know whether I can cope with it. I don't want her to have the experience I had in adoption. I don't know what's best.' All of that, did that surprise you, that she was able to get that out and express that?

G – Yes because she hadn't shared it with anybody else. She'd tried to with a youth worker, but she hadn't got very far because I'd checked with that worker about how far she'd got.

A – Do you think the young mother would have a sense of your commitment to her and to seeing this through?

G – I don't know. I'd like to think that she did.

A – What do you think she might have noticed about your commitment to her and the unborn baby?

G – Because sometimes I couldn't be there, I had arrangements in my life so I couldn't be there, and I made sure that somebody else was there – someone she'd recognise would be there for me and I'd introduced her to this person so she knew that there was somebody there.

A – So this was a difficult role, you're standing alongside this young woman, you'd committed to seeing it through with her, but you're also having to figure out what you think is the right thing to do?

G – I was really influenced by other people and what they'd said and what their views were. Some people were straight down the line – child removed, whatever – and other people weren't.

A – So some people around you were saying, straight down the line, 'remove the child' because of all the problems and there's other people saying, (pause) what were they saying?

G – They were talking about their experience saying 'This is what's worked for me and this is how I got to this point in my thinking'. My manager was just listening and saying 'well, what do you think?' I suppose I realised I'm actually making this decision.

A – What was that like for you, as you came to the realisation that 'I've got to make a decision. I'm the key player here?'

G – Empowering! Frightening! Am I doing the right thing? I really didn't make my mind up on 'am I doing the right thing?' until the baby was here and after the mum had three chances to change her mind. Then I thought this baby can't wait any longer. I was happy with where the baby was, the foster care was excellent. I tried to involve the mother and invited her into the home, and she was given every chance to participate in the baby's care five days a week.

A – So this mum had the opportunity to participate with the baby five days a week and given every chance and then you've come to a decision and you're saying you had a sense that it was the right decision?

G – Yes.

A – How did you know?

G – Because I received some information about her behaviour and she hadn't been honest with me about that, where before there'd been more honesty about what she was doing and instinctively it just didn't sit right.

A – Just tell us a little bit about what the behaviour was.

G – It was in a sort of board and lodgings place she was staying. It wasn't the right place for her to be, but it was a place that she'd chosen. She'd got out of control, using alcohol for a few weeks. The week before she'd said, 'I can't do this, I don't want to do it anymore' and there'd been an incident where she'd threatened a member of staff with a knife. I talked over (with her) what happened, and she totally denied to me that she had a knife. I said to her 'look, if you had a knife, just tell me you had a knife because I'll be honest with you, I'm going to talk to such-and-such' - the two or three people who had reported to me who were managing the place. And then (when I got their story) I came back and confronted her with that.

A - How did you confront her?

G – Basically she came in and I'd said that I needed to go do some things to find out what had happened for myself and then I'd come back and tell her what I thought and what I was going to do next.

A – So you came straight back to her?

G – The next day. She came in and the fact that she'd come in, obviously I was happy she'd come in because it showed her commitment, because before she'd probably have run off and hid underground for a week or two. So, the fact that she'd come in I thought that she really wanted to keep going but then she said, 'I really want to (keep the baby) but I can't do it and I don't want the baby to be held up anymore'. So, after that we went into a conference (to arrange the adoption).

A – So hold on, she comes in to see you, after you've been there the day before, checking out this whole business about a knife incident, obviously some sort of violent incident where she's staying. She denies she had a knife; you say you're going to go and check it out with the other people who'd seen the incident. The

next day she comes into your office to talk to you and is saying 'I've realised I can't do it; I can't hold up the baby.' Doesn't that strike you as extraordinary, that a 16-year-old's got to that point with you?

G – Yeah?!? (Tentatively.)

A – On scale of 0 to 10, how extraordinary do you think that is?

G – About a 9.

A – About a 9! A 16-year-old girl, who's been adopted herself, who's doing alcohol, obviously hanging out in the dirty end of town and lots more, I suspect. Her parents are rigid, she obviously feels isolated and on her own, and you've got her to a point three months after she's had a baby of saying 'I can't do it. I can't hold the baby up.' Nine out of 10 - I think absolutely! That is, I don't think it gets better than that, for a person doing your work with that sort of young woman.

At this point Gabby was still thinking about other aspects of what she did that worked in building her relationship with the young woman.

G – Sometimes she wouldn't talk, and I spent a lot of time with her in contact, sometimes there wasn't anything to say because obviously I was supervising contact between them. I'd just sit with her and not have to say anything – it was just comfortable. And I'd been with her to the family's house and seen their interactions with her and sat there with her and listened to that. I think she liked, wanted me to be there too, to see what she was feeling and thinking because I was able to put it into words about how she felt.

A – So through all that you're listening to her, you're sitting with her sometimes, you're constantly keeping track of her moving in and out of lots of different contexts, and you then said that she felt comfortable.

G - I think what it was, through every sort of placement she had, I went, and I would always talk to whoever was there. I sort of got a grasp of what I thought of the placement, and I wanted to check out how she was feeling and what it was like for her every day.

A – So when you think about the process of making this assessment and this decision, where 10 is you feel like it was comprehensive and the best you could do, and 0 is it was a whole mess of a process and the decision was just made up, where would you rate the process, you went through?

Andrew was attempting get Gabby to stake a claim for the quality of the decision-making process she had undertaken, however the way which Andrew constructed the scale did not fit very well with Gabby's thinking and Andrew's expression 'the decision was just made up' seemed to make her a little defensive.

G – Well it was the first one (adoption assessment) I'd done. I tried to follow all the guidance involved and look at what other people thought and said and how they managed, and my own experience – all that came into it. And it wasn't made up, I had to evidence everything that I'd done and there wasn't a lot of time to do all that paperwork, because I really wanted to work with her . . .

Gabby went on to describe looking at another practitioner's assessment process in a somewhat similar situation, and Andrew followed her lead. In this way, Andrew was hoping to find ideas for a scale that fitted Gabby's experience more closely and on which she could more readily reflect on and access her own practice.

> *A – How did that help you, looking at that other assessment? How did that help you in what you were doing?*
>
> *G – Well I quickly recognized that I was somewhere totally different. But talking about what was happening there helped.*
>
> *A – Talking about what was happening in that other process?*
>
> *G – Yes, talking about it helped me.*
>
> *A – So what did you learn from that other process as well as the fact that it was completely different?*
>
> *G – That this person was coming from the same thinking that I was. That they wanted to give that mother the opportunity in light that this is all about her children.*

To Andrew's ears Gabby had just articulated her own goal and criteria for undertaking a constructive assessment and he sought to create a scale around this criterion.

> *A – So you wanted to come from that basis of giving her the opportunity? (Gabby nods.) So, all right so that's the meaningful scale because that was your goal in doing this work. So, rate your own work with that mum, from 10 – I gave her as much opportunity as I possibly could and 0 is I made the decision myself and gave her no opportunity. Rate your own practice.*
>
> *G – 10!*
>
> *A – 10! You gave her as much as you possibly could.*

At this point Gabby returned to thinking again about the young woman's most recent contact with her.

> *G – When I got that call from the midwife, my first thoughts were 'Oh my God!' You know I was glad that she'd call me and when I found out that I was the first person she'd called I was thinking well what's that about?*
>
> *A – So given what we've just talked about and reflecting on all of the work you've done with her, what's your intuition about what's motivating her?*
>
> *G – I'm not quite sure but she's in a different place now – she's in her own flat. Maybe she wants to out check with me how safe she is and what she needs to do.*
>
> *A – That's your instinct?*
>
> *G – Yeah!*

A – And what does it tell you that a sixteen-year-old girl – seventeen now, or sixteen?

G – Seventeen.

A – What does it tell you after you've been through that process with her with the first baby and now when she's with the midwife, she's saying 'ring Gabby' - she's asking for you.

G – I suppose she can trust me to help her think it out, what she really wants to do.

A – I suspect so, I suspect so!

G – And if it doesn't work, she wants me to help her to sort it out with the baby

A – I can't think of anything more you're supposed to be doing in the job than that you were doing.

Appreciative Inquiry as a Form of Action Research

This approach to building knowledge from and for child protection practice can be seen as a form of action research. Seeking to meet the challenge of 'how to inquire in the midst of action', Reason and Bradbury (2006, p. 1 and 2) describe action research as 'grass roots postmodernism' that 'starts with everyday experience and is concerned with the development of living knowledge'.

To utilise the postmodern insight that knowledge is formed relationally, or through 'mutual sense making', action researchers seek 'to create communities of inquiry, within communities of social practice' (Reason and Torbet, 2001, p. 6). This is particularly important in the child protection context, since the sense workers make of their practice, is significantly influenced by their colleagues in exactly the sorts of ways Gabby describes (see also White, 2003). The process of exploring workers' stories of constructive practice is useful when done individually but is most powerful when the process has organisational endorsement and involves a collegial group, actively engaged in the meaning building process.

Rather than an appreciative focus, practice talk among child protection practitioners habitually defaults to problem-focused discussion of the most worrying cases. In these discussions, colleagues and supervisors usually offer commentary or direction about what the caseworker overlooked, didn't do, or should do. The methodology we are describing, invites very different talk. To build a culture of appreciative inquiry around practice within a work group, requires that they make an active decision to set time aside for this process. During this time, it is also important the group give careful attention to how they will restrain the inevitable urge to default into problem-focused habits of discussion.

Within the Gateshead group, this was not difficult as the practitioners there are familiar with and have a commitment to the process. To retain the constructive momentum, as the discussion moves from the individual practitioner to the wider group, it is usually important to initiate this shift in conversation through an eliciting question

that has a clear appreciative focus. To this end, Andrew asked Gabby's colleagues: *'What stood out for you, what have you learnt from Gabby's practice?'*

Unfortunately, the video recording of this session was not of sufficient quality to fully transcribe the comments of Gabby's colleagues. Of what could be identified, six of her colleagues commented on the importance of Gabby:

'Showing consistency toward the young woman'.

'Maintaining the relationship through many changes (of place and attitude)'.

'Continuing to give the young woman the opportunity to come to her own decision'.

'Going with her to the adoptive parents and sharing her experience of her own family and drawing this experience and the different perspectives into the assessment'.

This led to another colleague observing to Gabby:

'You knew your role very clearly and I admire that in a person, but you also walked with the client, and that's the best way to do the work - to walk with the client.'

All these comments drew feedback and further reflection from Gabby, and the last comment led Gabby to respond:

'I think that in a way I was in conflict with what I thought I should be doing and what I knew that I wanted to be doing and I was thinking am I right to do this (relating so closely to the young woman) am I wrong to do this? At the end I just thought, 'sod it, it feels right, I'm doing it! It's helping, it's working'.

Building a culture of appreciative inquiry around child protection practice

The process just described explicitly seeks to build the practitioner's sense of agency in their work. The aim of the exercise is to help the worker to reflect upon and articulate their own sense of judgement, responsibility, and authority within the uncertainties of day-to-day child protection casework. This process is undertaken within the worker's community of practice to help that group collectively build their own reflexive capacity to stake meaningful and grounded claims for work that is useful and makes a difference.

Endeavouring to create what Heron (1996) calls 'practical knowledge embodied in action', this process potentially deconstructs and collapses some of the typical social work theory/practice disjunctions that we identified early in this chapter. More than this, by bringing inquiry closer to the scene of the action, we are hoping to empower communities of front-line social workers to stake a strong claim for their own capacity to theorise child protection practice. By focusing on instances of success this potentially raises practitioners' morale, creates energy around the inquiry process and destabilises the pessimism and defensiveness that is so often a part of child protection culture.

For this sort of grounded inquiry to work well, and to enact its participative ideals, a relationship of mutuality, trust and shared purpose between the inquirer and the

practitioners is essential. This is particularly so for child protection practitioners since they have an almost inbuilt instinct, that any exploration of their practice will necessarily be a process of exploring their failings and deficits. Focusing on what is most important to practitioners – the hope that they can be helpful and make a constructive difference in their clients' lives - is a powerful and energising mechanism to build participative action research. As the examples within this book begin to demonstrate this is a methodology that has good prospects for actively engaging frontline social workers in inquiry and theorising.

While there is much to like about this process, it is also challenging. Reason and Torbet (2001, p. 7) observe:

> The action turn in the social sciences is a turn toward a kind of research/practice open in principle to anyone willing to commit to integrating inquiry and practice in everyday personal and professional settings. In fact, we all inevitably integrate inquiry and practice implicitly in our everyday conduct. Nevertheless, the call to integrate inquiry and practice both explicitly and implicitly in our everyday conduct represents a demand that few persons in history have attempted to accept.

Within the child protection context, where practice wisdom is so commonly overlooked, there are many organizational, professional and individual issues that tend to arise in the process of involving workers in theorising their own day-to-day practice. We want to turn now to explore two such issues.

Repopulating human services

While front-line social work is a very human activity, bureaucracies such as child protection agencies tend to strip practice of its identities, humanity, uniqueness, and individuality. Large organizations tend to erase the human touch, with an emphasis on files, reports, assessments, intervention strategies, case plans and proper procedure. Billig (1998) describes this as a process of depopulation. This concept is most explored in terms of the depopulated manner in which professionals are trained to render case descriptions whether written or verbal in a manner that erases their own identities (Witkin, 2000). This is a largely taken-for-granted aspect of being a professional within a large human services agency. The process of inviting practitioners to theorise from their own practice and to stake a claim for their work, challenges workers and their organizations to step into a professionally unusual process, of 'repopulation'.

Workers themselves typically feel at least some hesitation, embarrassment, and uncertainty about locating themselves as actors in the middle of their practice. When practitioners do step into this process the usual organizational processes of depopulation are challenged. This often becomes particularly evident when the possibility of writing up practitioners' experiences and knowledges is explored. While there are obvious confidentiality issues that need to be attended to often practice simply looks too muddied by day-to-day life to sit comfortably within the image of professionalism that an organization wishes to project. A case example we hoped to write-up in detail, illustrates the point:

An English social worker undertaking a home visit was greeted at the door by a man telling her to f*** off! This sort of occurrence is not that unusual for child protection workers but the worker's response was certainly unique. After thinking for a moment,

the worker replied, 'that's okay, I can f*** off, but we have to talk, so when can I f*** back?' The man broke into a smile and responded, 'alright love you'd better come in'. This was the first step in building a relationship where the two in short order would discuss and began to work together around the problem that had brought the investigative child protection worker to the man's door. The worker's response to being told to 'f*** off' was not a contrived strategy. It was simply her best response in the moment to engage an angry man, and her response created a way to move forward.

When Andrew looked to write up and publish this example with the social worker, managers in her agency did not want their organisation or the worker identified. In our experience, descriptions of good practice with difficult situations and cases, frequently involves a practitioner humanising organisational procedure and stretching supposed professional boundaries. The social work community is so used to practice rendered in 'clean', idealised, second voice ways, it is often confronting to hear practice described in ways that are closer to what happened between the people on the ground.

Dirty social work as constructive practice

Child protection workers are often wary about staking any sort of claim for their practice because even when they feel they have made some progress they inevitably also have worries or feel ambivalent about the situation. For example, a worker may have returned a child to their family of origin and might feel this was a positive development but will inevitably also worry about whether the child is safe enough or whether the youngster might be maltreated again. Conversely, a worker may have permanently separated a child from their natural parents, and while the decision may be based on careful assessment and decision making the worker will inevitably worry or at least wonder if there was more they could have done to keep the child at home. Gabby's descriptions of her case, clearly demonstrate this issue. Any practitioner who has worked with teenagers who are in the care system but refuse to be accommodated know of cases where their best realistic hope for the young person is simply to help the teenager to stay alive until they mature a little or age out of care. While this may be the worker's unstated goal, they will inevitably have to regularly prepare case reports that describe impossible but organisationally acceptable accommodation and vocational plans for that teenager. Child protection work is a messy business and constructive practice is rarely perfect practice, and only occasionally equates to something that might be deemed a 'happy ending'.

To talk about constructive practice, it is important to step back from the aspiration of perfect practice and ideal solutions. Theorizing about child protection practice is often written as if perfect assessments and interventions are possible and as if the problems faced in child protection cases can be somehow completely resolved. This is part of what de Montigney means when he writes about the 'idealizations of the texts'. Helping professionals have a considerable appetite to believe, act, write and think as if it is possible to solve these sorts of problems perfectly. This is probably in part a legacy of enlightenment visions of the perfectibility of the human condition, which not only inform western culture but were also part of the underpinning logic that saw the emergence of the social work profession within western countries. In contrast to this, de Montigney suggests that his experience tells him that his best practice was in fact 'dirty social work' he says 'real social workers get dirty week after week. Their lives and the lives of clients cannot be scrubbed clean' (1995, p. 223).

Many of the situations child protection workers are typically faced with, are 'ugly' problems. Since perfect solutions are not possible in most cases, this means staking a claim for notions of constructive practice, is an uncertain business. Gabby's case example demonstrates this point perfectly. Throughout the conversation Gabby displays the sort of continual caution, that most child protection workers know well, about judging her efforts to be constructive. Each time Andrew asked Gabby to stake a positive claim for her practice, she was hesitant since she was all too aware of the complexities of this young woman's situation.

To meaningfully talk about the possibility of constructive child protection practice, this is an essential and realistic starting point that diffuses aspirations of idealised practice.

Following De Montigney's lead, we would suggest that 'best practice' in child protection work is most often a process of finding the least dirty solution, to an ugly problem. This is almost scandalous to articulate. We know from experience when we proffer this 'dirty social work' viewpoint to groups of front-line practitioners, there is usually an audible and collective sigh of relief that passes through the room. The notion of dirty social work, mirrors something very meaningful about practitioners' day-to-day experience of their work life.

Challenging sanitised and idealised notions of social work in this way, allows practitioners to start to think that perhaps their practice might indeed be worth exploring. It creates greater space for social workers to think more broadly about what constructive practice might look like and consider that their endeavour might indeed be a site of meaningful inquiry. In developing our approach to theorising from practice, we share de Montigney's aspiration: 'We need a practice that celebrates the equivocal, the confusing, the chaos and the mystery of the everyday' (1995, p. 221).

Utilising a constructive practice focus to inform and energise supervision

Supervision in child protection organizations frequently becomes a problem-saturated undertaking, with the worker typically bringing cases they are most worried about to the supervisor. For myriad reasons, including an organisational culture that demands compliance to agency standards and procedure, supervisors and practice managers often find themselves stepping into a role of doing the thinking for the worker and directing practice by essentially telling the worker what to do. In its most intense form this becomes what Craig Smith, a former chief social worker in the New Zealand, Department for Child Youth and Family, describes as 'command and control social work'. Supervision that includes at least some time for exploring practice that the worker feels good about, can change the dynamics of the process. Whether that is done in the case that the worker feels worried about or in a separate case where the worker feels more confident, this can be a powerful process to help the worker feel stronger in their own professional identity and more able to tackle the challenges they are experiencing.

Case example

This example of integrating a good practice focus into a supervisory process involves casework undertaken by a practitioner we will call Susan, who worked in a parallel planning team within a child protection service in the USA (ACPS). The description comes from work undertaken in a fortnightly phone case consultation/supervision forum that Andrew led with ACPS staff. Andrew wrote up the description from his memory

immediately following the consultation with later feedback from others (including Susan and her supervisor) involved in the group process.

This case involves the following anonymise family with the information redacted to remove any identifying data:
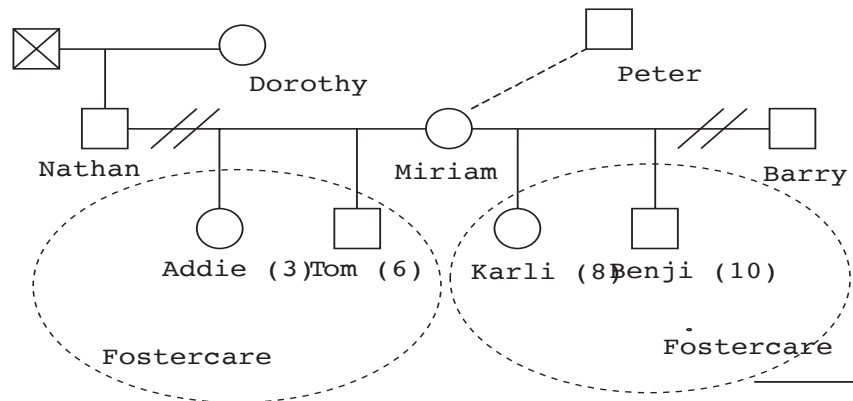
Miriam is the mother of four children: Benji 10, Karli 8 (their father is Barry), Tom, 6 and Addie 3 (their father is Nathan). Also central to this situation are Miriam's boyfriend Peter and Dorothy, who is Nathan's mother.

This family had a long history of involvement with ACPS and many problems that the family have faced could be described. The issues of most relevance at the point of the consultation included:

- Nathan had a long history of severe repeated violence toward Miriam. He was in prison for assault against Miriam and due to be released within the subsequent six months. Miriam was afraid Nathan would kill her after release. Prior to going to prison, Nathan had stalked Miriam even when she had gone to the effort move to several different cities including, one that was out of state.

- Miriam had a long history of alcohol abuse and drinks to excess every day. One example of the drinking severity and the subsequent risk to the children was demonstrated when Miriam was picked up by the police for driving with a blood alcohol reading of 0.285 with all four children in the car.

- All four children had been removed from Miriam's care following a long history of not being able to provide adequate care for them despite intensive work by ACPS workers. Susan had been involved in this support process which included three Family Group Decision-making meetings[1] with a group of Miriam's friends and family involved in the safety planning.

- Benji and Karli were living with their father Barry. Tom and Addie were in separate foster care arrangements, but ACPS were in the process of transferring the custody and care of Tom and Karli to Dorothy.

- One example of the prolonged inadequate care received by the children when in Miriam's care was demonstrated in the deterioration of Addie's health. Addie, who suffers from spina bifida and requires daily medications and catheterisation,

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[1] The Family Group Decision-making meeting (FGDM) is the US equivalent of a Family Group Conference (FGC), the New Zealand created participatory conferencing process. FGDM/FGC's privilege the voice of the family and its naturally occurring network in planning and will be considered in further detail in chapter eight.

had damaged bladder and kidneys because she was not getting the care she required to meet her medical condition while in Miriam's care. (Addie's bladder and kidneys returned to normal functioning while she was in foster care).

- Both Addie and Tom display behavioural difficulties for example, both are difficult to redirect when in child-care and Tom has been aggressive to his peers on a daily basis and has stated 'I could kill Addie if I wanted to!'

Andrew asked Susan what she wanted from the consultation to which Susan answered she wanted to focus on how she should go about building a good working relationship with Dorothy to ensure good enough long-term care for Addie and Tom.

The practice Susan is most proud of

Before looking at the work to be done with Dorothy, Andrew asked Susan what she felt good about in the work she has done in this case? Susan stated that she has felt she had done a good job of building a good working relationship with Miriam. Andrew asked Susan how she has done this. Susan described that with the support of her supervisor 'Linda', Susan 'pushed herself' to go beyond a 'sobriety is the only way of achieving child safety' position. Susan stated that in the previous cases where parents used alcohol excessively and with Miriam in the beginning, she had become bogged down in an argument that the parent had to stop drinking. Susan felt that if she had kept going on that tack, she is certain the relationship would have stalled completely. Instead of this, drawing on Linda suggestions Susan focused with Miriam on what she wanted for the care of the children, asking Miriam about times when her care of the children was okay, and things did work well for the children. This allowed Miriam to relax with Susan and they began to build a working relationship. Susan described this as 'putting Miriam in the driver's seat'.

Building from these initial goal and exception questions Susan also asked Miriam; *'are there times when you drink and your care of the kids is okay?'* Miriam could not describe any examples of doing this, which lead Susan to see there was more danger for the children. This question however did lead Miriam to describe that she drank to deal with feeling stressed. So, Susan asked another exception question, *'are there times when you feel stressed and don't drink?'* Susan remembers Miriam answered with a definitive; *'No!'* Again, this gave Susan a more comprehensive worrying picture of the danger for the children. Through this conversation Miriam went on to explain that this was why she would get friends involved in the care of the kids, so they would be looked after when she got drunk. With Miriam's permission this led Susan to organise a meeting with the friends, including Roger, that Miriam had sought help from. Susan then involved these friends in making specific safety plans about how they would know there was a problem for the children and how they would help. Susan was also exploring with Miriam how she would know she needed to ask for assistance. After building the initial relationships much of this work was undertaken through the three FGDM's.

In the third FGDM several of the friends actually asked what would happen if Mum was getting drunk and didn't involve them to help care for the kids? Susan said if this was the case ACPS would most likely have to remove the children from Miriam's care. Sometime later, when Miriam had not let the friends into the house when she was drunk, and they were worried about the children several of the friends including Peter contacted Susan regarding their worries. This resulted in the four children being removed into care. However, because Susan had built up a relationship with Miriam

focused squarely on the children's safety, Susan was able to maintain a strong partnership with Miriam even through the removal and placement of the children.

Deciding how to go forward

Since Susan's goal for the consultation was to think through how she could improve her working relationship with Dorothy, Andrew asked Susan to rate her current working relationship with Dorothy on a zero to ten scale. Susan rated the present relationship at a four. Susan stated that what made the rating four points higher than zero included the fact that she had found ways of working with Dorothy over time. Dorothy tends to be very quiet and has been somewhat anti-ACPS and therefore she had not engaged readily with Susan. Andrew asked what Susan she had found that had worked? Susan stated that several things have worked in improving the relationship:

- Not directly challenging Dorothy, particularly about Nathan.
- Getting Dorothy to write things down and giving her time to do this. When Susan gets Dorothy to do this, she has found Dorothy gets down to 'good detail'.
- Using scaling questions with Dorothy.

Andrew asked for an example that Susan could think of where she had used scaling questions that she felt helped her made progress. Susan described being in a situation meeting with medical staff and Dorothy where the doctors were carefully detailing the medical attention and care that Addie needed daily. Susan was uncertain whether Dorothy was taking in the information. Susan said she had to think for a while about her concern and had push herself to express her concern in the meeting. Having gathered her thoughts, Susan asked if she could ask a question. Susan then asked Dorothy 'on a scale of 0 – 10 where 10 is you feel you understand everything you need to know to provide the medical care for Addie and 0 is you understand none of it, where would you rate yourself right now? Dorothy stated she felt she was at a 7 or 8. Susan asked what needed to happen for her to move upwards on the scale – Dorothy answered that she needed time to practice all the things she had to do - particularly the catheterisation – and that over time and with practice she would feel more confident. Dorothy also said she would ask for help if she wasn't being successful. Dorothy's answers made Susan feel more confident.

I asked Susan what were the signs of safety that had led her to be willing to recommend to the court that custody be transferred to Dorothy. Susan described that:

- Dorothy has stated she wants the children and had stepped into the responsibility and the caring role over time.

- Dorothy had attended all medical appointments over the past 3 months.

- Dorothy had learnt to catheterise Addie.

- Dorothy had been asking questions of the doctors and Susan that demonstrate she has been reading the material the hospital have given her and doing her own research on Addie's problems.

- Dorothy had passed the home study assessment by the county to check her suitability to adopt – Susan described that there are lots of hoops in this process.

- The children are always excited to be with Dorothy and want to be with her. They get a lot of comfort out of being with her when she has them on access.

- Dorothy had created a routine for the children when they have access with her and Addie and Tom come back to the foster carers in 'good shape'.

- Dorothy has said she wanted to involve others (family and friends) to help her care for Tom and Addie. Members of the extended family say they will support Dorothy. Susan stated she wanted to see this intention demonstrated in action over time.

Andrew asked whether Dorothy knew Susan saw all these positives and these were the reasons ACPS was looking at the transfer of custody to Dorothy. Susan said she'd said some of these things to Dorothy but not fully and carefully. Andrew and Susan agreed this would be an important next step to improve the relationship. To set the scene for giving the feedback Andrew suggested asking Dorothy was she interested in knowing what had lead Susan and ACPS to be willing to recommend transfer of custody to Dorothy.

Andrew then asked the group if they had any ideas that might help Susan further build her working relationship with Dorothy focused on the goal of successfully transitioning the children into her custody. Pat Worden suggested drawing a picture with Dorothy and the two children of a house on one end of a long sheet of paper with Dorothy, Addie and Tom in the house surrounded by all the people who would support them and a pathway leading to the house. The next step of Pat's idea was to work with all of them to describe where they were at present on that path and what they needed to do to get to the house. Susan commented this would work well for her as it would be a way of involving the children and looking more specifically at who else would be involved.

Rich suggested that it would be useful for Susan to ask Dorothy how she saw Susan's relationship with her and ask how we could be helpful? We also discussed asking Dorothy a scaling question rating the working relationship between Susan and Dorothy.

Tom Olson suggested asking Dorothy about her goals for Tom and Addie's care, what would it look like when the care was going the way she wanted it and how she would know that she'd got to that point.

Andrew concluded the discussion/consultation around this case by asking Susan did she have what she wanted from this consultation? Susan said the process had given her what she needed to move forward, particularly the ideas around involving Tom and Addie.

A Process for Integrating a Good Practice Focus into Supervision

1   Very early in the supervision or consultation look in a detail at practice that the worker feels good about – if this relates directly to the case(s) the worker wants to discuss, so much the better

2   In relation to each case to be discussed, ask the worker what they want from supervision.

3   Explore this goal on a continuum such as a 0 – 10 scale, since it is rare that a worker has achieved nothing of their goal in the casework. Before exploring the

> detail of what the worker wants to achieve, find out what they have done already that is working for them and what the clients would say they are doing that is useful.
>
> 4   Use any ideas that have emerged from 1 and 3 to assist the work of achieving the goal.
>
> 5   Ask the worker for their ideas for moving toward the goal.
>
> 6   Explore together with the worker any ideas the supervisor has or others in the supervisory group have, but ensure these ideas are related directly to the worker's goal.
>
> 7   Before ending the supervision or consultation, check whether the worker has got what they wanted from the process, if not explore what else needs to occur to achieve their goal.

Using stories of good practice to create broader influence.

As Madsen suggests, 'competency is quiet', and while good statutory work certainly happens, (whether or not it is the norm) usually no one pays it much attention. In chapter 8, we will explore ideas for writing stories of constructive practice and also explore ways of involving service recipients in the process, but before concluding the chapter we want to describe one way Andrew utilised Susan's practice example to broaden the story's influence.

Following the consultation on Susan's case, Andrew made a point of circulating the write-up to the ACPS director as well as Susan's supervisors, Susan herself and the consultation group. The first draft of this story was in fact written as a feedback process for Susan and the consultation group. For the practitioners and supervisors involved in an appreciative inquiry process, seeing a written description of the casework tends to make the work seem more substantial and more real.

The appreciative inquiry consultation process at Olmsted County is also part of a long-term agenda within ACPS to try and increase the organization's capacity to undertake constructive, safety-organised child protection practice. Despite the usual social work proclivity to see practice within an isolated client-practitioner bubble, constructive practice most frequently arises within supervisory, team and organisational contexts that support such work. To keep the managers that were instrumental in driving the organisational change at Olmsted County involved with Susan's success, Andrew sent the following email to Dennis Clarke (ACPS Director) & Haley Miles (Supervisor responsible for managing the implementation of safety-organised practice at Olmsted County.

    Subject: Susan's Case
    Date: Friday, 7 May 2004 9:39am
    From: Andrew Turnell
    To: Dennis Clarke, Haley Miles

    Hi Dennis and Haley

Just finished writing up Susan's case (as attached), and wanted to say that I think this case is an enormous tribute and demonstration of the efforts both of you have put in to ACPS over many years - to wit:

• The willingness of the OC system to give a chaotic and addicted woman a real opportunity, demonstrated through a worker that has learnt how to build a solid and safety-focused working relationship with a mum like that.

• The repeated use of FGDM's demonstrates the much broader vision that you have for that process. The multiple FGDM's created a context that really engaged the mum's friends in building safety around the kids, so that they were the ones who raised the alarm at the end of the day. (One FGDM would not have built the relationships to the network sufficiently I'd suggest). This also created a context where Susan was able to maintain her working relationship with Miriam through the removal and termination-of-rights process.

• The willingness of OC to look at Grandmother Dorothy as a real option to adopt the children, is a tribute to your humanising the concurrent process. In my experience most jurisdictions would have minimised their dealings with the mum of such a violent man (assuming probably that she was complicit in her son's violence) and been within their mandate to adopt out the children beyond the family, long before.

• From what I know, this is also an African American case which again demonstrates your system's increasing capacity for very good cross-cultural practice.

I was also excited to see the demonstration of focusing on safety rather than sobriety within this example – I have been wondering whether I was flogging a dead horse on that theme, but here it is in practice.

Andrew

This email points to some of the broader organisational and programme development work within ACPS to enhance its capacity for constructive child protection practice. Some of this work will be described further in chapters seven and eight.

Conclusion

The child protection field has made a habit of inquiring into failure and the child death inquiry is the epitome of this inclination. As Reder, Duncan and Grey (1993a, p. 89) state however, 'little new ever comes out of inquiries into child abuse tragedies'. It is worth imagining then, how different child protection practice might be, if even a small proportion of the organisational and state resources that are usually directed toward failure were brought to bear to create a rigourous, ongoing inquiry process into, good practice with 'difficult' cases.

An appreciative inquiry process that privileges the perspective of service deliverers and recipients could, for example, generate grounded data and guidance into situations where:

- Children had been removed from a family, but parents and workers describe that it was done fairly.

- Meaningful safety plans were created and enacted with families of 'high risk infants'.

- Child protection professionals were able to assist long-term neglect families to make changes to be able to provide 'good enough' care for their children.

- Children in care are well informed and involved actively the planning of their care.

The child protection field has considerable information about the many problems practitioners must deal with, but has only limited, substantive information about practice that makes a difference in resolving these problems. Instead, child protection organisations tend to be over-organised by failure and anxiety. To redirect this culture of reactive managerialism, I believe child protection professionals need to take new bearings and build grounded visions of what is possible, from an appreciative understanding of the best of what already is.

The potential for an appreciative inquiry approach is demonstrated through the two cases presented in this chapter. Both cases provide considerable guidance about how practitioners might undertake the difficult task of removing children and terminating parental rights but go about it in ways that involve and are respectful to parents. While this sort of practice does happen, stories of this kind are almost unheard of in the child protection context since removal is usually equated with oppressive social work. An appreciative approach to inquiry and theorising in statutory social work might well offer more substantive, purposive and sustainable visions of constructive child protection practice.

Word count: 15 392

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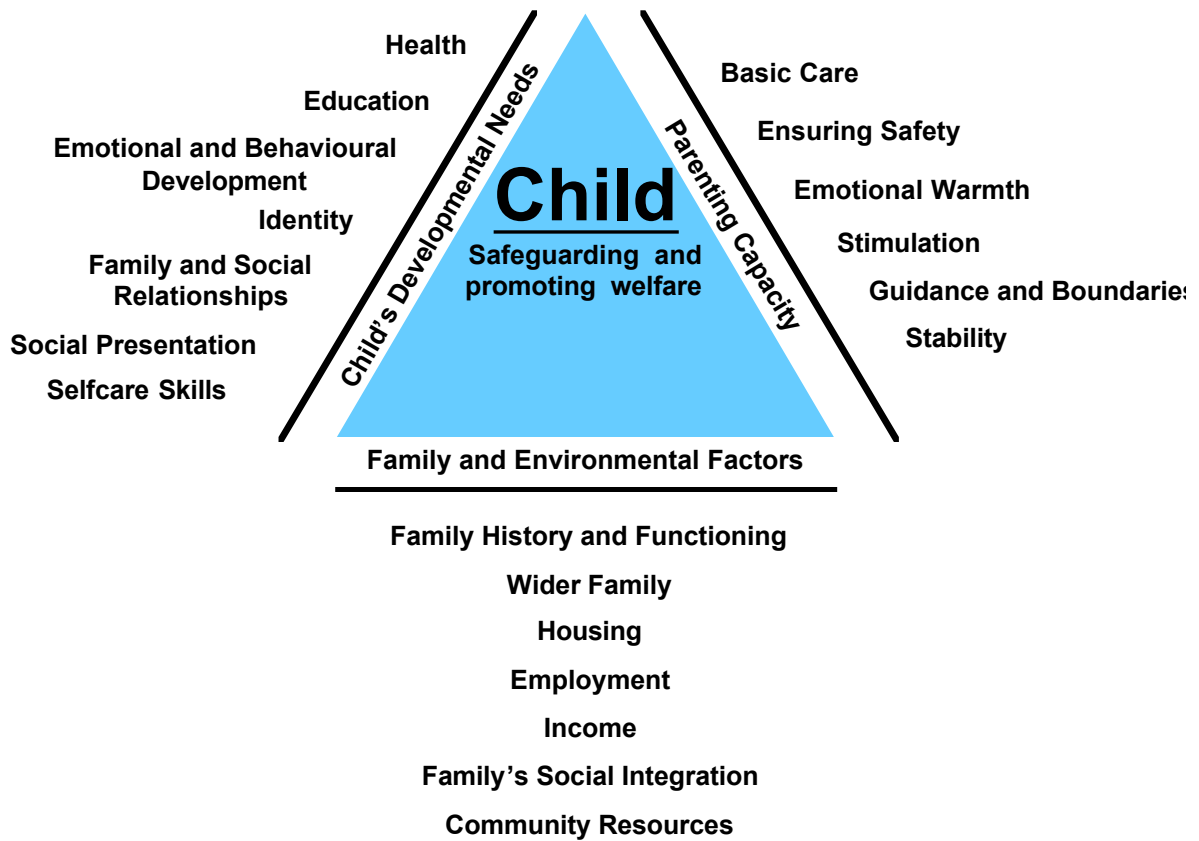Parton, N. (1985). *The Politics of Child Abuse.* Basingstoke: Macmillan.

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Appendix 1

Health

Education

Emotional and Behavioural
Development

Identity

Family and Social
Relationships

Social Presentation

Selfcare Skills

Child's Developmental Needs

Child

Safeguarding and
promoting welfare

Parenting Capacity

Basic Care

Ensuring Safety

Emotional Warmth

Stimulation

Guidance and Boundaries

Stability

Family and Environmental Factors

Family History and Functioning

Wider Family

Housing

Employment

Income

Family's Social Integration

Community Resources

Appendix 2

The Kirklees/Helsingborg Strategy: Focusing on Safety and Building Partnership and Collaboration within the UK Framework for the Assessment of Children in Need and their Families.

ASSESSING NEEDS OF CHILDREN COOPERATIVELY WITH PARENTS AND CHILDREN (Draft: Sept 2001)

Describe *(Choose relevant items with parents)*	Child(ren)'s Needs Unmet	Needs Currently Being Met		Scale	Needs Sufficiently Met	
		Occasional	Permanent	0-10	SS Worker	Family Members
Child's Developmental Needs • Health • Education • Emotional/Behavioural Devt • Identity • Family & Social Relationships • Social Presentation • Self care Skills						
Parenting Capacity • Basic Care • Ensuring Safety • Emotional Warmth • Stimulation • Guidance and Boundaries • Stability						
Family & Environmental Factors • Family History & Functioning • Wider Family • Housing • Employment • Income • Family's Social Integration • Community Resources						

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Preamble

This method and strategy of implementing the needs framework arose through Andrew coming across a now defunct team of child protection social workers from Kirklees Social Services Department (headed by Deborah Glover). This was in 2000 when the use of the needs framework was still formative. This group told myself and Nigel Parton that they were experimenting with bringing together signs of safety and solution-focused ideas with what they knew of the needs framework, since this group knew this would be the required assessment process they would have to use and they wanted to make it manageable abd user friendly. I simply asked this team how were they implementing the needs framework where they had been able to successfully utilize it with families? The Kirklees ideas formed the basis of the method I describe below and later refined and developed further with some senior members of staff and social workers at Helsingborg City Social Service Department, Sweden in March 2001. The Helsingborg professionals had been trained in the needs framework in the UK and were seeking to implement the framework but were very unhappy with the level of paperwork involved with the process. This strategy also draws on the experience and lessons learnt in the collaborative action research development involving over 120 Western Australian child protection workers which created the signs of safety approach to child protection case work (Turnell and Edwards, 1997 and 1999).

The Kirklees/Helsingborg Strategy

The Kirklees/Helsingborg approach to the needs framework proposes the following steps in utilizing the framework with families:

i   Clarify the initial matter that brought matter to the attention of the local authority social workers.

ii   Clarify any pattern and history of concerning or harmful behavior by these parents to any children.

iii   Catagorise and analyze all the information you have using the Needs 3x7 items.

- Regard all 3x7 items as 0-10 continuum.
- Gather and analyse both strengths and weaknesses in regards to the 3x7 items.
- Consider and chose 3 or 4 crucial items that need priority attention first, (do not approach the family about a vast multitude of issues). Consider what items are or contain non-negotiable issues.
- Carefully think through what you as the local authority want to see to address the key 3x7 items.

iv   **Preparation**

Find specific, clear and honest, non-jargonised language for 1, 2 and 3 that the worker can communicate to family members.

v   **Meet with parents and child(ren).**

- Explain honestly and succinctly who you are and what brings you to meet them.
- Based on strengths gathered above find some things to compliment the parents and child about to begin.
- Determine what their perspective is about steps 1 and 2, describe your opinion/you supervisors/the doctors/schools opinion.
- Explain the Needs triangle and 3 x 7 items and tell them their local authority requires that families be assessed using this approach. Explain we want to do this together and we're looking for concerns <u>and</u> strengths. We do it together with you to let you know how we're seeing it and hear how you see your situation and your child's needs.
- Ask them to highlight 3 or 4 items they have most concerns about and/or would like to improve. Tell them which 3 or 4 items are most concerning to you/your supervisor/the doctor. Perhaps use 0 – 10 scaling questions regarding each chosen item.
- Explore what children and parents would want to see regarding each item of concern, to solve the problem. Tell them what you/your supervisor want to see. Negotiate and discuss differences in perspective openly. In making any plans check their willingness, confidence and capacity to implement any plans.
- Think about all plans in terms of actual demonstrations of positive behaviours over time that specifically address the concerns/needs rather than a list of services family should attend.

vi   **Recording assessment.**

- Record information by 3x7 items including professional view, parent's view, child's view. Document information in terms of concerns/problems, strengths and what is required to solve problems/meet the needs of the child against each significant item. Preferably do most of this recording with the family.
- Once finalized, provide the service recipients with a copy of the assessment and plans.

I am not asserting that the Kirklees/Helsingborg strategy is *the* way to use the needs framework or implement a holistic approach. I simply offer it is an alternative, one that has the major benefit that it was developed upwards from the field. It is developmental rather than definitive. It has some significant features:

· Arising out of actual practice, more readily implementable.
· Reduces amount of paperwork and focuses what can otherwise be an overwhelming framework. It is more realistically doable.
· It honours the notion of the value of both professional and local family knowledge and enacts an interactional approach to generating the assessment.
· It sees professional knowledge and frameworks as situated and partial rather than expert and definitive. Therefore enacting an interpretive sensibility that builds from a sense of humility about what we as professionals think we know. The strategy provides more scope for honouring the complexities and ambiguities of child protection social work, seeing decisions and assessments as moral judgements rather than definitive truths (Parton 1998, Parton, & O'Byrne, 2000).
· Allows for more partnership and creativity while also provides a structure that guide professional judgement in assessment and planning.
· While enacting a partnership perspective this strategy also makes overt and contextualises the unavoidable and necessary coercive aspects of child protection practice (Munro 1998, Healy 1998, Turnell 1998) rather than simply seeing partnership as focused solely on building a relationship. This is done by continually making overt to the family the exact nature of the concerns and the social service position about them.
· It bridges the assessment - planning divide commonly experienced by workers that so frequently bedevils practice. It does this by moving from assessing the past/present to overtly requiring in the strategy that workers address in their dialogue with family members what both professional and family members see needs to be done to address the issues, thus embedding a 'future focus' within the strategy.