

Client Participation – Beyond the Rhetoric

Paul Ban

Recent developments in the statutory family and child welfare field have led to the active promotion of the idea of partnership in the relationship between client families and social workers. This article highlights the international trend of client participation, and while supporting the principle, shows that there are significant obstacles to be overcome before social workers can move beyond the rhetoric.

Participation, collaboration, partnership and consensus are all buzzwords that have been used freely during the past few years to describe the 'new' direction of family and child welfare services to clients. Policy documents are full of these terms, with the intention being that practice follows this new policy direction.

This article intends to highlight the common themes which connect new child welfare legislation in New Zealand, Victoria and England and show that the rhetoric of participation has an audience wider than simply Victoria or Australia.

However these terms are meaningless unless social workers are comfortable with the practice implications that go along with them. There is an example of a particular program which attempted to alter its practice to accommodate these concepts and found that the change was not altogether welcomed or understood by professional colleagues. It may be that these values are difficult to achieve within statutory child welfare services, but none the less the article concludes with some optimism and challenges to Victoria from overseas.

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English, Victorian and New Zealand Child Welfare Legislation

The Children's Act 1989 (England and Wales) has recently been passed and is currently the subject of many articles and conferences in the United Kingdom. The main principles of the Act are:

- collaboration and partnership with client families;
- fair processes and procedures;
- careful time scales and proper planning;
- greater professional accountability;
- scope for review of decisions.

While changes to child welfare laws have been overdue in England, there is scepticism about the implementation of these principles due to inadequate resourcing of the Act. Social workers are aware that the new Act places a greater emphasis on returning children to their birth families if in the welfare system, and also on preventing children entering the welfare system by involving the client families as partners in decision making. While these aims are not unreasonable, there is a reluctance to be fully committed to making them happen without the Government providing funding to develop preventative services.

The Victorian Children and Young Persons Act 1989 is guided by a philosophical basis which gives a commitment to supporting and strengthening families. The removal of children is to occur when there is an unacceptable risk or (likely to be) a significant

level of harm. Following the removal of a child, the possibility of returning a child home is to be the main focus. The participation of children, young people and their families in critical decision making is to be promoted and wherever possible decisions are to be reached by consensus and collaboration. Furthermore, the Act encourages contribution from family networks to work toward resolution of problems through the participation of parents and children in case planning decisions, and significant kinship members acting in a broker/mediator role.

The Victorian legislation is similar to the English legislation in that there are clear expectations of practice change but nothing specifically in the legislation which demands change or paves the way for new practices. Consequently social workers are familiar with the new rhetoric, but have different interpretations as to how to implement it.

The New Zealand *Children, Young Persons and their Families Act 1989* goes a step further by legislating for family group conferences to take place following the removal or potential removal from home of a child who is considered at risk.

All significant family members are invited by the co-ordinator to attend the conference and be part of the decision-making process of finding safe solutions. The co-ordinator must be satisfied that the family's decisions are in the child's best interests and professionals provide an informative and resource role for the families.

The New Zealand legislation is also full of the rhetoric of participation and collaboration with client families, but has provided for family group conferences as a practical vehicle for true participation and collaboration to occur.

Western Family Services' Permanent Care Program

Inspired by the developments in child welfare thinking during the 1980s which eventually led to these three new pieces of legislation, the Western Family Services Permanent Care Team decided to incorporate client participation into their program. Western Family Services is a division of the Mission of St James and St John, a multi-service family and child welfare agency based in the western suburbs of Melbourne. The Permanent Care Team has the responsibility of finding permanent non relative families for ward children of all ages who were case planned for permanent care.

Its work also includes the infant adoption program, where the *Adoption Act* 1984 has legislated for open adoption, with birth parents maintaining contact with the children they relinquished for adoption. The belief of the team was that decisions are best made by those who have to live with them, and that it is the job of social workers to maximise opportunities to facilitate the process. Four main aspects of practice were changed to encourage the principles of client participation.

1. Preparation of applicant profiles

Within both the adoption and permanent care programs, applicants wishing to care for children were requested to produce profiles written by themselves which took the place of a lengthy written social work assessment. Applicants completed their profile after attending a series of education groups, and were given assistance with headings and layout. The program was inspired by initiatives taken by the Catholic Social Services Agency in Christchurch, New Zealand (Howell and Ryburn 1987) and the Tressler Lutheran Agency, York Pennsylvania, USA (Tremiere 1986). These initiatives have since been

documented by programs in Montreal, Canada (Fish and Speirs 1990) and England (Stevenson 1992).

2. Birth parents select families from profiles

Birth families in both adoption and permanent care were given the opportunity to select, from the range of profiles completed by the applicants, the applicant family to care for their child. Social workers had the responsibility of short listing approved families and assisting the birth parents (and sometimes grandparents) to weigh up the information if requested. This idea again came from Catholic Social Services, New Zealand (Howell and Ryburn 1987) and has subsequently been published by Fish and Speirs (1990) in Montreal, Canada.

3. Older children involved in selection of permanent care families

Older children (upwards of 7 years) were given the opportunity to choose the family they were to live with permanently, by reading through the approved families' completed profiles. They were prepared for family placement both individually and within groups, with the children being given an orientation to profiles and family selection as a process which included them as decision makers. This approach has been used by Hoggan (1988) (1991) and Murphy and Helm (1988) in working with both older children and adolescents.

4. Social picnics to assist with matching of children and caregivers

Social picnics were used to bring together potential permanent care families, and older children requiring placement, in an informal setting so that both parties could observe and interact with each other. The children were well prepared for the social gatherings through individual and group sessions in which the children's hopes and fears were explored and dealt with. Most of the children attending the social afternoons were considered difficult to place, and it was believed that the potential caregiver families and children would develop a 'chemistry of attraction' which was beyond a detached matching process. This practice has been widely used in special needs adoption

placement of children in other Australian States, New Zealand, United Kingdom, and USA.

Criticism of the Permanent Care Program

These practice changes were subject to suspicion and criticism almost immediately, and three and a half years later are still the cause for concern by social workers who consider that professionals' 'standards' may not be maintained.

1. Preparation of applicant profiles

Concern was expressed that permanent care applicants were conducting their own assessments, and that the program was allowing anyone through. Participatory assessment became known as self assessment, which seemed to imply that social workers no longer had a gate keeping role but simply acted as a funnel to channel caregivers through the program. The profiles were viewed by some social workers as 'biased' if they were written by the applicants and the profiles were considered too unwieldy and long for workers to read. Social workers are used to reports on families written in a particular format and in their own jargon. Western Family Services' Permanent Care Program staff considered that the profiles made the written assessment come to life as the applicants presented themselves as they really are, and not a diluted and filtered version sanitised by comfortable jargon.

2. Birth parents select families from profiles

In adoption cases, social workers stated that birth parents should select families from standardised reports on potential families. It was claimed that these reports should be written by social workers as birth parents would be confused by the range of presentations. It was further stated that birth parents may not necessarily choose the best family for their child, but rather a family which had the most attractive profile and appealing photos. These views denigrate the credibility of decision making of a birth parent who is making a life long decision for their child and themselves.

Regarding **permanent care cases**, social workers stated that permanent care birth parents were not capable of making responsible decisions, or, in some cases, of even viewing the profile of a family the social worker had chosen to care for their children. While this aspect of client participation does have its difficulties, as birth parents in this category have usually had their children taken away against their wishes, the program found that birth grandparents could play an important role.

The birth parents in permanent care have generally had little input from social workers once the permanent care plan is made, and are understandably suspicious of a renewed interest in them from the permanent care team. However skilful casework can incorporate the majority of these parents into feeling some part of the decision making process of finding the best permanent care family for their child.

3. Older children involved in selection of permanent care families

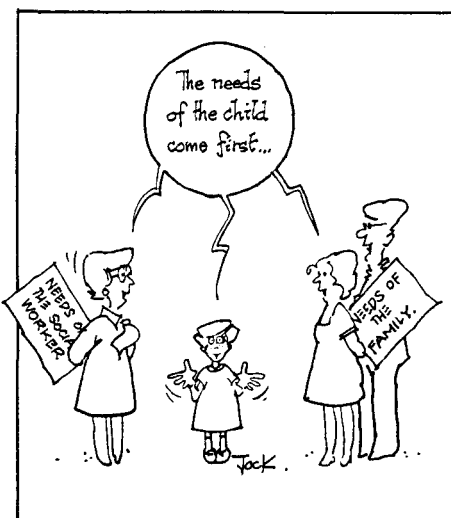
It was stated that children would be under too much pressure if they were given a role in deciding from profiles which permanent care family they would like to live with. Some social workers questioned the capacity of older children to make appropriate choices for themselves, and stated that children would choose families which had the biggest house or swimming pool. As with birth parents, there was a reluctance to believe that children had an appreciation of all the issues.

The program staff saw it as their responsibility to provide the children with adequate preparation, information, and support so that 'all the issues' were clearly presented to the children by social worker.

4. Social picnics to assist with matching of children and caregivers

The social gathering/picnic at which applicant families and couples met in an informal setting was viewed by many social workers as a 'meat market' in which the children were being exploited by being on display to potential families. They stated that children and families were interacting freely. While the choices and decis-

ions made by children and families at these gatherings raised a number of issues, it must be remembered that fairly difficult to place children attended and that the conventional linking methods do not always work with these children. It is relevant to note that Fish and Speirs (1990) also raised concerns about applicant profiles and birth parent involvement in selection, but their overall recommendation was to continue profile writing by adoptive parents with birth parents being allowed to choose the appropriate family. This meant practice changes for social workers to enhance this process so that the children's best interests were being met. Practice challenges included helping applicant families to present a profile which accurately reflects their total reality, and social workers being honest with biological parents about their own preferences of applicant families to encourage a dialogue and a response.



Ryburn (1991a) does not believe that social workers can be objective in their assessments of families, and, that we should abandon our preconceived ideas in favour of involving clients to speak for themselves. He believes agencies should develop a consumer led practice which includes applicant caregivers writing their own assessment reports, birth parents participating in choosing a family for their child, and extended family networks coming together to help in the task of planning for children, with family being considered more realistically as a first placement option.

Beliefs about Client Participation

It is not the intention of this article to go into permanent care placement practice in any great detail. The point of illustration is the controversy which arises from implementing the fundamental principle of client participation. Social workers who were critical of the program are not to blame individually, as they are part of a system of practice which exists, to some extent, in the family and child welfare field.

This practice views clients as poorly functioning, pathological, toxic, and incapable of taking initiative as they will tend to gravitate toward their existing state, of dysfunction. Certainly social workers, in their child protection work, come into contact with families who are dysfunctional, but the issue is one of how to take on a practice framework which tries to maximise the individual's capacity for growth and change. Social workers may respond by stating that while some families wish to move towards positive growth if given the support they need, other families do not wish to change and one is wasting one's time with notions of client participation. However social workers do not have the right to make these judgements, and instead of practice being discretionary according to subjective feelings about a family, all clients deserve respect and dignity and to be treated equally. Obviously all families are different and have their own idiosyncrasies, but the manner of dealing with them should be consistent and come from a belief that at least their participation in decision making is valuable, even if their capacity for judgement is limited.

Spicker (1990) believes that social workers have been trained to respect and promote the fundamental right of a client's self determination, when in reality the concept is not very relevant to actual social work practice in statutory child welfare settings. He favours the concept of 'freedom' and considers it places a set of limitations on social workers activities. For clients to be 'free' of unobtrusive and unnecessary coercion from others (including social workers), social workers should limit their intervention to a necessary

minimum and it should be justifiable.

He also considers that social workers should seek options with clients which increase the clients' capacity to make choices, and view this as a positive freedom. Spicker is conscious of the conflicts which arise for social work practice in statutory services, and believes that social workers should be clear about their ethical principles as they have the capacity to undermine their client's freedom by the nature of their intervention.

Ryburn (1991b) states that the Children's Act 1989 (England & Wales) does not need better resources to make the stated principles of participation work. While resources are always welcome, Ryburn believes that agencies in England and Wales could undertake changes within the scope of their current services. These include:

- empowerment – the extent to which families have a say in the services provided to them.
- role and status – social workers are to be conscious of the inherent power and status which is attached to their role, and to be aware that they do not have a monopoly on what is best for children.
- specialist knowledge – this gives social workers power and confidence to make presumptions and state opinions which may be unsupported by fact.
- gatekeeping – social workers have the power to choose or to reject client needs according to their subjective definition of 'need'.
- power of presentation – social workers can fall into the trap of interpreting client need rather than letting the clients speak for themselves.

The New Zealand Government has recently commissioned a report on the review of the *Children, Young Persons and their Families Act 1989*. The report was followed by a response from the Government to recommendations for improving the administration of the Act. With reference to the cornerstone practice change of the Act, the establishment of family group conferences, the Government response to the report states:–

The Children, Young Persons and their Families Act defines families' obligations to their children, and the child's obligations as a member of family and community.

It further states

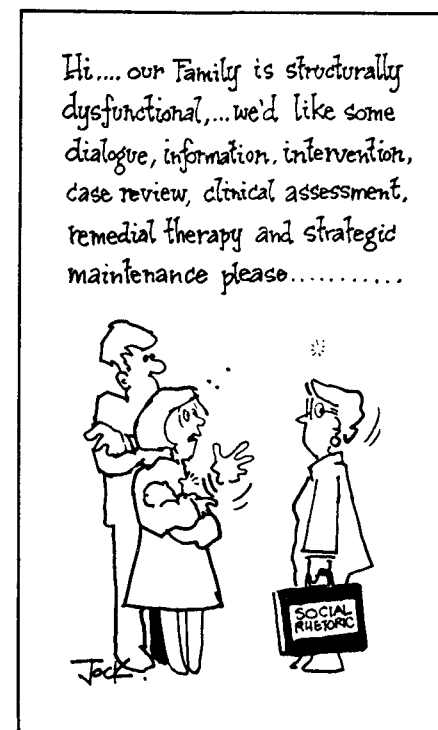
That the Act is an innovative and unique method of solving care and protection and offending issues... has drawn much interest from overseas... the responsibility of parents and other family members for the welfare of their children is an important part of the legislation'.

Overall the New Zealand Government is still convinced of the basic philosophy, objects and principles of the Act and considers that practice changes need to be continually monitored and updated to be consistent with the family participation principle of the Act.

The Victorian State Government is faced with the task of convincing social workers that the spirit of the *Children & Young Persons Act 1989*, that of participation, collaboration and partnership with clients and their families, is achievable within the current legislative framework. The English *Children Act 1989* has been met with mixed reaction from social workers who are concerned that there has been an emphasis away from a child focus to a family focus. The increase in family and parents' rights is viewed with caution, as there are fears that children's rights will be overshadowed by those of their parents. This concern has similarly been echoed in Victoria, along with some scepticism about the ability of parents and families to consider the 'best interests of the child' when it comes in conflict with their own.

The New Zealand legislation enforces family participation through the use of family group conferences, and encourages the family to make decisions about their children that satisfy the requirements of the legislation to meet the child's best interests. However, the review of this legislation has also shown that the true spirit of participation and the process of involving families can be undermined by social workers conducting the family group conferences in a disempowering way. They may contact few family members, withhold important information, and allow the decision-making to be totally

determined by the Co-ordinator. These problems in New Zealand highlight the fact that legislative change cannot force social workers to allow participatory involvement of client families in decision making, even if the legislation is pioneering and considered 'radical' by contemporary countries.



Conclusion

Participation and partnership with client families in statutory family and child welfare settings has so far proved to be more difficult to achieve than the rhetoric would suggest. Is a participatory way of working simply a change of attitude by social workers? If so, what has prevented this change of attitude? Do social workers trust families to be involved in decision making, to make the 'right' decisions?

Is there a pathological view of client families which becomes socialised into statutory family and child welfare practice and is difficult to recognise and acknowledge? Decision making on behalf of others (more particularly the children) has come to be known as being professionally responsible and accountable. This is justified by stating that the needs of the child come first and foremost.

While this is an admirable statement that no one would dispute, it inadvertently allows social workers to isolate the child and his/her needs from the family and support system so that 'clean' decisions can be made.

An alternative is to consider children's best interests as occurring within, and not separate from, their family and support system. By widening the family system to include extended family and significant friendship supports, the context of the child's best interests can be considered within a framework of those who are connected to the child and the child to them. It follows that this network automatically becomes joint partners in decision making, as their participation is integral to implementing an outcome which is in the best interests of the whole system. This should, by definition, include 'the best interests of the child'. ♦

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- some available books relevant to issues raised in this journal

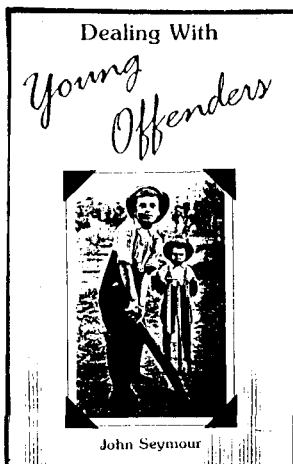


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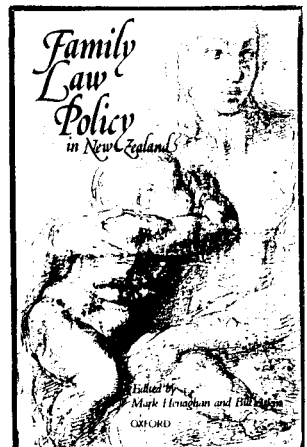


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