

Module 3

Engaging with Parents, Families, Children and Young People

Learner workbook



Caseworker name:

Workbook completion noted by L&D field coach:

Signature:

Date:

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PURPOSE

The purpose of this module is for you to identify the importance of engaging with children, young people and families as part of the process of building collaborative relationships and effective interventions. In this module you will begin to identify key knowledge, skills and strategies for engaging and responding appropriately to the needs of children and young people taking into account their age, development, personality, cultural background and circumstances.

Building on Module 2, you will also consider the needs of culturally and linguistically diverse people and ways of engaging families when there are additional challenges including conflict or resistance.

This module builds on learning from previous modules including trauma informed care, working with Aboriginal and Torres Strait Islander families and the relevance of the Practice Standards when engaging with families.

You will learn how a person's readiness to change impacts on how you engage with a family and the services you will refer them to. You will also build on your previous learning in relation to interagency collaboration and identify strategies for ongoing improvement of collaboration within your casework practice.

Please note: the content in this module has been developed with an ethical and non-biased approach, and every endeavour has been made to maintain the use of child focussed and respectful language wherever possible.



LEARNING OUTCOMES

At the end of this module you will be able to:

- Use strength based strategies and tools to develop relationships, explore issues and build safety.
- Explain casework activities and processes in relation to case management.
- Use negotiation and influencing skills.
- Build relationships with children and young people.
- Maintain networks.
- Apply an understanding of the types of interventions and referrals when case planning.



RESOURCES

Readings

There are a number of suggested readings and activities throughout this module. These readings have been designed to consolidate your learning and provide you with a sound research base for your casework practice. They can be located on the LMS for this module.

- Preparing for Engagement.
- Being Mindful of the Impacts of Trauma.
- Relationship-based Practice.
- Models for Change.
- Application of Motivational Interviewing.
- Engagement Skills Tool Kit.
- Engagement Challenges.
- Engaging with Services.

Intranet resources

The FACS intranet site will assist your learning in this module.

The following documents can be located on the intranet.

- [**iPractice site – current research and evidence based practice information casework practice**](#)
- [**Managing Client Initiated Violence**](#)

Other resources required

There are a number of activities throughout this module that will require you to access a range of resources. These include:

Supervision time with your manager casework

Consultation time with the casework specialist to identify key practices in responding to families where there are multiple and complex issues.

Discuss your responses in relation to the Jimmy Morgan & Kimberly Fraser case study with the casework specialist.

Workbook completion and activities:

Completion of this workbook is a mandatory learning activity, though not formally assessed by Learning and Development (L&D). The workbook contains a number of practical field based activities designed to enhance and consolidate your learning. These activities will assist you to link theory to practice in a supported environment.

If there are some activities which you cannot complete due to local restrictions, please note these in your workbook and let your L&D field coach know. Your field coach will review each workbook to confirm its completion. Please note they will not be formally assessing content, rather reviewing that the learning activity was completed and the skills and knowledge are transferring to your workplace.

A checklist for your manager casework and L&D field coach is attached to each module.

ENGAGING WITH PARENTS/CARERS

To positively engage with parents and carers we need to help them to understand our role and reach a common understanding of their child's needs, the risks and strengths in relation to child safety, and the opportunity for collaborative goal setting. As some parents may be fearful of what may happen for their children it is important for practitioners to be aware of the power imbalance caused by the involuntary nature of their participation and our statutory role and how this impacts on relationship building.

Parental engagement begins with the initial contact of a phone call or face to face visit and develops into an ongoing relationship building process. Benefits of successful engagement include effective and thorough information collection; more meaningful case planning; improved safety for children and, better outcomes for families. The goal is to find the balance between being 'child centred' and sustaining effective engagement with parents and carers.

'For the majority of parents/clients this goal [of ensuring child safety and wellbeing] will be reached more readily if they feel they are part of the solution, rather than part of the problem.'

Gladstone et al, 2014, p 63

Factors that can have an impact on engaging with parents/carers

CLIENT FACTORS	WORKER FACTORS	ORGANISATIONAL FACTORS
client motivation family conflict severity of problem(s) willingness to acknowledge problem motivation to change feelings of hopefulness and lack of self worth understanding of impact behaviours have on children benefits and barriers to taking action participation in collaborative goal setting feeling respected expectations that their actions will be successful AOD/Mental health issues availability and access to support availability of resources e.g. housing.	education attitudes towards clients respectfulness clear communication experience in role understanding of problems being honest and straight forward provision of information listening skills empathy flexibility focussing on client strengths sensitivity to client problems provision of concrete services fulfilment of promises to follow up on tasks clear communication of purpose of CP involvement returning calls within appropriate time frames.	caseload size access to services workplace culture access to supervision policy & procedure legislation.

Parent/carer engagement strategies:

(Note this list is not exhaustive)

be honest and transparent about your role and purpose of your involvement, explain that the children's safety and well being is paramount
 be courteous, respectful and respond quickly in practical ways
 be curious
 take the time to listen to their story
 acknowledge strengths i.e. all five children are attending school
 choose a neutral topic such as a popular TV program or sport to talk about to build rapport
 be aware that words you use may be new or foreign to others
 check in with them about how they are feeling.

'Engagement is motivating and empowering families to recognise their own needs, strengths and resourced and to take an active role in changing things for the better. Engagement is what keeps families working in the sometimes slow process of positive change'.

Steib, 2004



Access and watch the video 'Parents in the Child Protection system'. It presents the views of parents on engagement (9 minutes).

<https://www.anglicare-tas.org.au/page/parents-child-protection-system>

The parents in the video speak about five key factors necessary to make a positive difference to their involvement in the system. Identify the five factors and at least one example of how these factors can be applied to practice. For example:

1. 'INFORMATION'. By providing information that is accessible, easy to understand and presented in a number of ways, e.g. face to face, written etc.

2.

3.

4.

5.



Access and read '**The Worker-Parent Engagement in Child Protection casework**' from the readings on the LMS to support learning for this topic.

What three key skills were identified in the study as being central to parental engagement?

What skills did parents identify that workers were least skilled, or not skilled at?

Engagement is a dynamic process which requires ongoing collaboration, commitment, consistency, clear communication and the ability to be open to the possibility of change.

The story below outlines the importance of working collaboratively with parents to ensure engagement is an ongoing process.

It felt like we were a team

Charlotte (FACS caseworker) and Kait (Red Cross caseworker) worked with young mum Hannah and her newborn Kaylee around her substance abuse issues and role in caring for her daughter.

'Kait made me feel better when things were tough. She was gentle and kind when she spoke to me. Our conversations with her were insightful and I always came out knowing what I could do to fix the problem. I never felt like Kait and Charlotte were just my caseworkers, it felt like we were a team – that we all had the same goal. This made it easier to give up drugs. I didn't want to let them down.

I was always really honest with Charlotte. I knew there was no point lying to her. Charlotte would never make me feel bad when I messed up. Even when things were hard, I didn't dread her visits, I was always happy for her to come and see me and I was always comfortable talking to her. She was so helpful. She would offer to drive me places and was always looking out for us.'

Hannah, mum.



Access and read full story in the 2014 edition of **Shining a Light on Good Practice in NSW**

<http://www.facs.nsw.gov.au/publications/shining-a-light-on-good-practice>

What are the valuable messages you learnt from this story that will help you in building relationships with families? Write your thoughts/reactions below:

ENGAGING WITH CHILDREN & YOUNG PEOPLE

Successful engagement with children and young people requires flexibility, time, effort, openness, honesty, trust, good listening skills and imaginative ways of involving the child in the communication process. Listening in a relaxed yet responsive manner encourages children to feel comfortable and more willing to talk about sensitive issues. This means conveying to a child that you want to hear what they have to tell you. If a child does disclose, acknowledge their bravery and thank them for sharing something so personal. Take the time to talk to a child and prepare them for what happens next. This can be a source of anxiety for a child who has disclosed something they have not shared with anyone for a long time

Children and young people should be provided with direct and indirect opportunities to express, clarify and communicate their feelings and wishes. They may find it difficult to express their views or tell their side of the story if they are concerned about confidentiality, about what could happen to them. Thinking creatively about where conversations take place can be helpful. Some young people find it easier to talk while moving e.g. during a car trip, going for a walk or kicking a ball in the park. Others may want to have a 'support person'; an adult they trust, who can provide practical and emotional support to them.

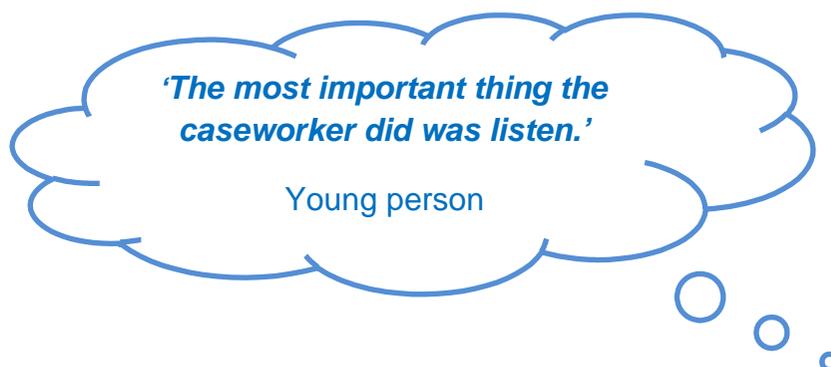
'A persistent criticism in reports of inquiries and reviews into child deaths is that people did not speak to the children enough. An overview of research findings shows both that children are often overlooked and how much they appreciate it when they are kept informed, consulted and can form a relationship with the worker.'

Munro, 2011, p25

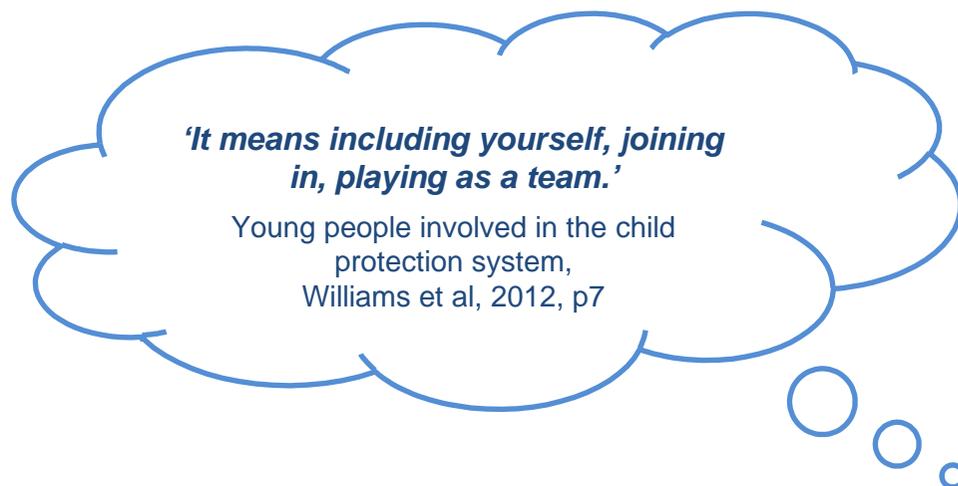
Keeping the child at the centre of our practice means seeking out the details of the child's experience from their perspective; in 'their words' and using this information to inform our practice. Children have 'the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child' UNICEF, 1989, Article 12.

The words below sum up what engagement and participation mean to children:

What does engagement mean?



What does participation mean?



Strategies to engage children and young people:

children will be more open to talking if they are doing something with you e.g. doing a puzzle, drawing, craft work

ask their opinion about things

explain, summarise and provide information

show interest by asking open ended questions

respect their ideas

don't rush children/young people to respond to questions and/or to tell their story

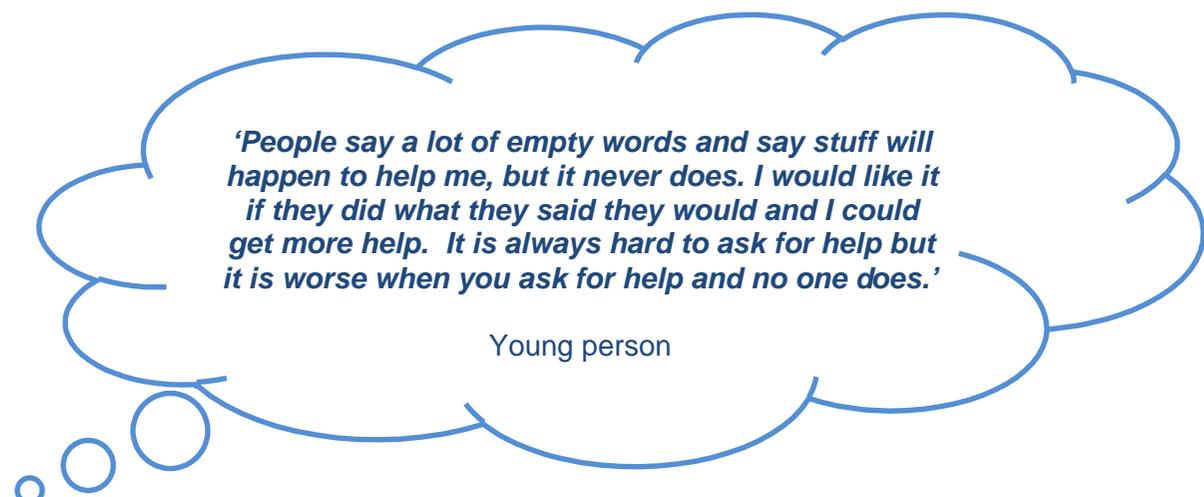
have a variety of age appropriate resources to help encourage communication e.g. cards, books/magazines, pens and paper, toys etc.

don't only pay attention to what 'has been said' but what 'hasn't been said'

involve children/young people in planning and decision making as much as possible

be honest and don't make promises you may not be able to keep

talk to the child/young person independently of other family members so that they can speak freely.



Based on your own experiences and what you have read make a list of the steps you would take to build a trusting relationship with a child? A young person?



Access and read '**Engagement Resources and Tools – Three Houses, Genograms, Eco Maps and Flow Charts**' from the readings on the LMS to support learning for this topic.

Make a note of the resources that your team uses when they are talking to children/young people.

Which resource would feel most comfortable using to engage with children? Young people? Why?

Arrange to speak to your casework specialist or manager about the use of these tools in your office.



For further information on resources, tools and templates to download refer to the Intranet:

<http://www.spconsultancy.com.au>

http://cslearning.nsw.gov.au/iPractice/our_skills.html

Navigate the iPractice site above to the following suggested resources:

iPractice > our skills > holistic assessment > explore and learn > genogram
> eco map
> engagement tools

iPractice > our culture > relationship-based practice > explore and learn > social work tools for talking to children

iPractice > our culture > relationship-based practice > explore and learn > napcan online resources
> listening to children
> listening to young people



Access and watch the YouTube clip '**Flight of the Conchords**' for additional insight into the skills of engaging with young children and young people. (14 minutes)

http://www.youtube.com/watch?v=py_30jZGUYk

What two things will you take away from the video to help you engage with children? Young people?

Talk to your manager about arranging a visit to an Intensive Support Services Office (ISS), or call if this is not possible in your area, to discuss how ISS caseworkers engage with young people.



For resources to support child-centred practice refer to the '**Online Kids and Family Tool Kit**' located on the iPractice site at the following link:

http://www.acu.edu.au/about_acu/faculties_institutes_and_centres/centres/institute_of_child_protection_studies/kids_central_toolkit/kids_central_tools

A number of resources are available to download from this tool kit including:

[Principle 1: Keep Me Safe](#)

[Principle 2: I'm One of a Kind](#)

[Principle 3: My Family is Special](#)

[Principle 4: Make It Fun](#)

[Principle 5: Keep Me in the Loop](#)

[Principle 6: Who Else Matters?](#)

[Booklet for Children: All About Me](#)

[Poster: Children's Rights](#)



Access and read '**Working with Young People**' and '**Don't Make Assumptions**' from the readings on the LMS to support learning for this topic.



For further information access the '**Using play and creative arts to communicate with children and young people**' website for games and activities; why play-based methods can help children communicate, how to use visual imagery, creative writing, stories and music as communication resources.

<http://www.scie.org.uk/assets/elearning/communicationskills/cs08/resource/index.html>

TRAUMA INFORMED ENGAGEMENT

Trauma Informed Practice will be covered more throughout CDP particularly in Module 8 and Workshop 3.

Many of the families involved with FACS have a background of trauma. They may have witnessed or experienced a traumatic event such as an accident, the death of a loved one or they may have experienced abuse, neglect or violence. The trauma may be intergenerational and have been passed down from one generation to the next such as the Stolen Generations. Regardless of whether the experience was a one off event or occurred multiple times the impact of traumatic stress is often pervasive and accompanied with feelings of fear, anxiety and hopelessness. Behavioural issues including substance abuse, depression and some personality disorders can also be attributed to trauma.

Trauma may impact on the day to day functioning of individuals as they often feel unsafe, powerless and lack trust which impacts on coping skills. Some may have experienced trauma due to a violation of boundaries and are incapable of trusting those in positions of power or authority. They may have negative beliefs and expectations about others and believe that the services they are involved with are untrustworthy, unhelpful, unreliable and judgmental.

The language we use, the judgments we make and our personal biases about traumatised clients can act as a barrier to engagement, and feelings of not being heard or acknowledged.

UNHELPFUL	HELPFUL
What is wrong with this person?	What happened to this person
This person: is unwilling to engage is attention seeking has a negative attitude is resistant.	This person could be showing signs of trauma.
Don't ask about it or they'll feel worse.	Providing the opportunity to talk about trauma can be helpful.
It happened so long ago they must be over it by now, besides it didn't happen to them personally.	The impact of trauma can last a lifetime – even trauma experienced by another family member.



The core principles of trauma-informed practice are:
safety, trustworthiness, choice, collaboration and empowerment.

What three things could you do when engaging with a family to demonstrate the core principles above? For example; be respectful, open and honest about your role and involvement with the family.

A traumatic experience impacts the entire person; the way they think, the way they learn, the way they remember things, the way they feel about themselves, the way they feel about other people, and the way they make sense of the world are all profoundly altered by traumatic experiences.

Bloom (1999)



Access and read '**Being Mindful of the Impact of Trauma**' from the readings on the LMS to support learning for this topic.

Make a list of useful tips that would be helpful for your engagement skills resource kit when working with parents/carers who have experienced trauma.

'Many parents who become involved with the child protection system have been abused or rejected as children, and/or marginalized by society as adults.'

Maiter et al, 2006, p20

RELATIONSHIP-BASED PRACTICE

Relationship-based practice was introduced in Module 1. It is one of the Practice Standards and a core element of the way we work with families. An emphasis on recognising that families are unique and that the quality of the relationship developed can have a far reaching impact on the safety of children is an important consideration. According to Scott (2010), relationship-based practice requires the following qualities:

- empathy
- respect
- genuineness
- optimism.

These qualities help to break down the barriers caused by the perceptions parents, children, young people and families have about child protection workers. The greater the trust, respect and understanding, the more likely the family will be able to be open and honest about their views of what is happening, why it's happening; and how it can be improved.

Specific relationship-based skills of:

- politeness and punctuality
- active listening
- following through with what has been stated and agreed
- clear and straightforward explanations about what will happen and why?

will not only maximise the likelihood of engaging an individual but also assist in developing the trust that will underpin an ongoing relationship.

'Good helping relationships are more about ways-of-being than they are about strategies and techniques. If the effort a worker avails in establishing a positive relationship with clients is prescriptive and technique driven, it is likely to fail. Workers' relationship and engagement skills can only blossom when they are rooted in genuine care and respect for the clients they serve. Specific techniques can augment an empathic, supportive, and collaborative attitude and approach, but they cannot substitute for [genuine care and respect for a client].'

De Boer & Coady, 2007, p40

The story below demonstrates the effectiveness of reflective based practice.

I'm all my son has

Tracy was working with Sandra and her son Lucas following a report about domestic violence, substance use and supervision issues.

During our time together I focused on being available to Sandra and never judging her. Open-ended questions, affirmations and reflective listening worked really well with her. We would talk about what life was like for Lucas (son) now that Troy (ex partner) wasn't there. This helped us explore the positives for Lucas and Sandra could see how he benefitted when she wasn't afraid and stressed all the time.

Reflective listening was particularly useful for me as a caseworker. I wanted to make sure I clearly understood what Sandra said and if I didn't understand, give her time to explain something to me in more detail. Before I left each home visit I would summarise what we'd discussed and the actions we each had to complete before the next time we met.

We were sitting among Lucas's toys one day and Sandra said to me, 'I'm all my son has now'. I think this was her light bulb moment. It showed me that her counselling and our work together had made her realise she had to change her life to be the best mum she could possibly be.

Tracy, FACS caseworker



Access and read full story in the 2014 edition of **Shining a Light on Good Practice in NSW**

<http://www.facs.nsw.gov.au/publications/shining-a-light-on-good-practice>

What do the following terms mean to you? Provide your definitions below:

'Strength-based'

'Future-focused'

'Child-centred'

How do you think Tracy demonstrated these skills while working with Sandra?



For further information access the **'Forming and maintaining relationships'** website for the importance of relationships in social work, self knowledge, personal qualities and professional attributes that aid relationship building.

<http://www.scie.org.uk/assets/elearning/communicationskills/cs02/resource/index.html>



ENGAGING WITH ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES

It is important to acknowledge the impact colonisation and the Stolen Generations has had on Aboriginal and Torres Strait Islander communities and to keep this in mind when working with these families. The loss of land, culture, language and family has led to intergenerational trauma within communities and grandparents, aunts, uncles, cousins, elders and children are still affected by the trauma. Responding to Aboriginal and Torres Strait Islander families who have a history of grief and loss can be a more positive experience for workers and family members if the following factors are considered:

an open, honest and curious approach

awareness of culturally appropriate behaviors, resources and services

collaboration with individuals and families about decisions involving them

connections with extended family and community members need to be considered

many Aboriginal and Torres Strait Islander families will have multiple stressors including stress and anxiety co-existing with long term grief and depression

the wide range of services and interactions that Aboriginal families have had to deal with before becoming involved with you, and the impact this may have had on them

awareness of any stereotypes you may have about engaging with Aboriginal or Torres Strait Islander families, and how this may affect your thinking and behaviours.

'While FACS has come a long way in changing how difficult it can be for many families to work with us, there is still fear and trauma associated with the child protection system and the work we do.'

Bianca Jarrett, Manager
Aboriginal Services Branch, FACS



Refer to **Case Study 1 – Jimmy and Kimberley** to complete this activity.

Drawing on the points above, the content in Module 2 and Workshop 1 (culturally responsive practice day), make a note below of at least three specific strategies you would use when engaging with Jimmy and Kimberley's mother, Alinga.

For example; consult with an Aboriginal staff member to find out if there are specific things you need to know or do before visiting Alinga.

1. _____

2. _____

3. _____

'I need you to acknowledge the trauma and impact of the Stolen Generations. Genuinely value my Aboriginal culture and connection to community.'

Child's voice, Practice Standards

The story below shows the awareness a caseworker has of the importance of cultural consultation, as well as kin and community involvement.

Finding home

The mum in this story was 22, pregnant and had a six, a two and a one year old. She had an AVO in place against her partner and there were concerns around drug use and medical neglect.

I'd been going to the cultural awareness panel for support guidance from the beginning and they gave us incredible advice, especially with cultural understanding around respecting the way Aboriginal families work and who you need to talk to when a child comes into care. We tried everything we could.

We decided that we would go to South Australia to meet with family and include them in the conversation about the children's future. I wanted to show respect and to say, 'this is what's happening. The children are in NSW and now they're in care. You tell us what you think is best for them and we'll try and see if that's a possibility.'

Kristen, FACS caseworker



Access and read full story in the 2013 edition of **Shining a Light on Good Practice in NSW**

<http://www.facs.nsw.gov.au/publications/shining-a-light-on-good-practice>

What is your understanding of the role of culture, kinship and country for Aboriginal families? How will this impact on your work with Aboriginal families?



For resources to support engagement with Aboriginal families refer back to Module 2 and the '**Working with Aboriginal people and communities practice guide**'.

http://docsonline.dcs.gov.au/data/assets/pdf_file/0008/286595/working_with_aboriginal_people.pdf

ENGAGING WITH FAMILIES WITH CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) BACKGROUNDS

According to the Child Wellbeing and Child Protection NSW Interagency guidelines (2014), 24% of the NSW population was born overseas and the families we work with will reflect these figures. Engagement with migrant and refugee families has moved away from a 'one size fits all' or 'cross cultural competency' approach as awareness has developed about each family having their own unique history and that differences exist within cultures.

Searching the intranet for information on a particular cultural group will not necessarily guarantee a positive engagement experience; the client is the expert on their culture. Take time to listen to them. If you don't understand, or you are not being understood, take the time to find out why. Explain or ask questions. For example, 'What does that mean? Would you help me understand?' Be aware that families may view government services and workers through their past experiences which may therefore make them mistrustful of 'authority figures', reluctant to disclose personal details, and seemingly unwilling to engage.

Draw on your learning from Module 2 and the culturally responsive practice day from workshop 1 when considering strategies for engagement.

'They saw we were curious about their culture and honouring their Hindu deities. Things improved very quickly.'

Caseworker, Shining a light on good practice.

'I need you to seek to learn from and be responsive to my culture and the language spoken by me and my family.'

Young person, Practice Standards



Access and read '**Practice Standard 7: Culturally responsive practice with diverse communities**' from the intranet.

The language of child safety and care for families is universal and the caseworker in this story demonstrates an understanding of culture in her approach to working with this family.

Full House

Obi and his wife Sanaa faced a number of hurdles in raising their 12 children including no English language ability, a refugee camp past, two children with special needs and no family support.

Building rapport with Sanaa and Obi took time. They had strong views on parenting so we had lots of discussions via Peter (African sessional worker) about the changes they needed to make to ensure the children would be safe when they moved home. We also took on board their views on family life and what was important to them.

After lots of ongoing support from all of the services, Sanaa and Obi could see we were all in it for the long haul.

When I started working with the family, not speaking the same language brought up many challenges in terms of communication and establishing trust. However, when you get creative and surround yourself with good people all working towards the same goal, anything is possible.

Rose, FACS caseworker



Access and read full story in the 2014 edition of **Shining a Light on Good Practice in NSW**

<http://www.facs.nsw.gov.au/publications/shining-a-light-on-good-practice>

How would you feel if you were allocated to work with this family? Why?

What would assist you to be able to support and work effectively with them?



Practice point:

For resources to support engagement with CALD backgrounds refer to Module 2; Culturally Responsive Practice.

ENGAGEMENT SKILLS RESOURCE KIT

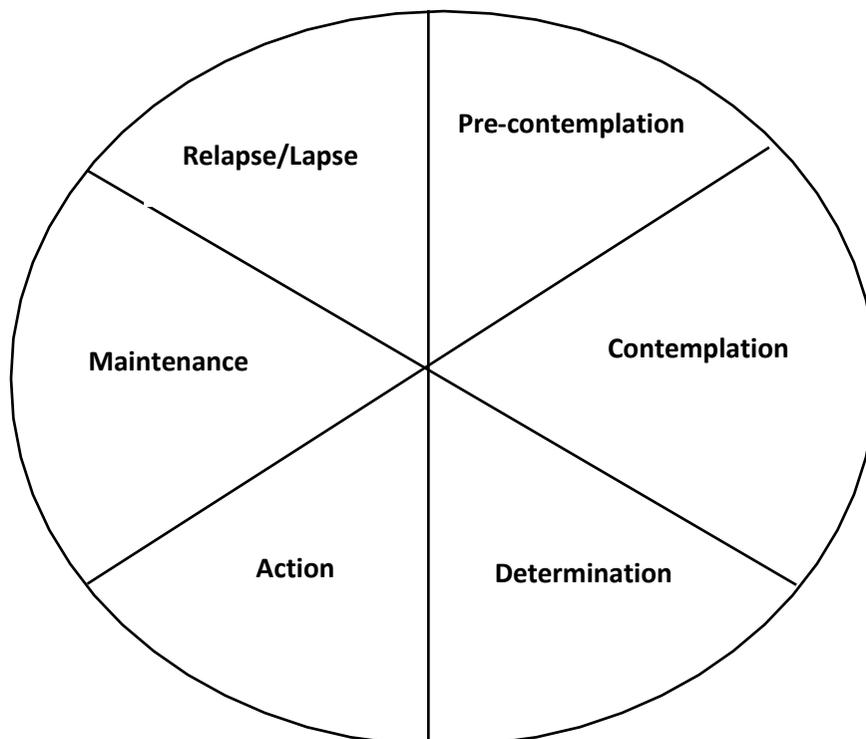
Engagement skills do not only involve the qualities of empathy, honesty respect and effective communication but also practical resources including:

Stages of Change Model.

Motivational interviewing.

Stages of Change Model

The Stages of Change Model was initially used with smokers in the early 1980's to present the view that behavioural change does not occur in one step but instead involves a process of working through different stages. Since then the model has been applied to a number of other issues including domestic violence and child abuse.



Prochaska, et al (1986)

An important consideration when working with individuals is that people progress through the different stages at their own rate. Expecting behaviour to change and actions to occur before an individual is at the appropriate stage can be counterproductive. Awareness of where a client is positioned on this model can assist with case planning, pinpoint actions you might undertake and identify realistic goals or tasks.

When considering the change process, most parents a caseworker meets are likely to be at the 'pre contemplation' or 'contemplation' stage of change, however, FACS intervention may launch them into the 'determination' stage about their parenting behaviours. Some parents may launch into 'action' stage as a result of FACS intervention but may relapse quickly as they may not have voluntarily moved through the cycle by self assessment, rather they have done so as a result of FACS presence.



Access and read the '**Stages of Change Model and Corresponding Key Tasks for Child Protection Workers**' from the readings on the LMS to support learning for this topic.



Refer to **Case Study 1 – Jimmy and Kimberley** to complete this activity.

Reflect on the learning from previous modules and the above reading to answer the following questions.

Based on your understanding of the Stages of Change Model, identify where you consider Jimmy and Kimberley's mother, Alinga, to be in relation to her AOD use and its impact on her parenting? Provide a reason for selecting this stage.

How could you use the Stages of Change Model to engage Alinga in relation to her mental health and its impact on her parenting?

MOTIVATIONAL INTERVIEWING (MI)

Motivational interviewing (MI) is an effective casework skill that has been introduced to FACS Practice First sites. Staff in these offices participate in training and receive support to develop the skills to use MI with clients. Initially this style of talking was used as a counselling technique in the drug and alcohol field for clients identified as being not 'ready for change'. The focus is on supporting change at the individualised pace of the client as opposed to imposing change. The three key elements of Motivational Interviewing are:

- client/worker collaboration
- elicitation of the client's views about change
- emphasis on client autonomy.

Research suggests that when we push for change, the typical response is to defend the problem behaviour. For example:

- 'You've got a problem' / 'No, I don't'
- 'Why don't you....' / 'I can't do that' 'That's not going to work',
- 'You better change or else.....' / 'Or else what? You're going to do it anyway'

Motivational Interviewing can be a useful technique to address reasons parents are resistant to engage with child protection workers. Workers can then use reflective listening and directive questioning to explore ambivalence towards change. The parent is empowered through this process as they maintain an element of control.

Several studies have also shown benefits of training child protection workers in motivational interviewing techniques. In particular, workers developed a less confrontational and more empathic communication style, which resulted in less resistance from families (Forrester, Kershaw, Moss, & Hughes, 2007; Forrester, McCambridge, Waissbein, & Rollnick, 2008; Forrester, McCambridge, Waissbein, Emelyn-Jones, & Rollnick, 2008).

'A possible strategy for enhancing parental motivation to engage with service and also an approach that could be used to help parents consider making changes in the way they care for their children'.

Watson, 2011, p. 472



For more information on '**Motivational Interviewing**' refer to the intranet: http://cslearning.nsw.gov.au/iPractice/our_culture/relationship_based_practice_inpractice.html

Scroll and read the section titled: What is Motivational Interviewing?



What does the acronym OARS stand for?

O

A

R

S

*'...There was too much 'you do it this way',
'you're doing things wrong' all the time. Why
would you want to get help from these sorts of
people?*

Parent



Discuss with your casework specialist how Motivational Interviewing is used in your office

ENGAGING WITH FAMILIES WITH DISABILITY

Children, young people and parents/carers you will come into contact with in your casework role may present with any of the following disabilities:

- developmental
- medical
- physical
- learning
- emotional.

The disability may have been present since birth or acquired later in life as the result of an accident and while some disabilities are ever-present, the symptoms of others only appear episodically. The most important thing to know when interacting with people with disabilities is that they are people. And just like all people, they are very different, including being different in how they are with disability issues.

'I would advise that social workers shouldn't assume that just because a parent has a label of a disability means that they don't have a right to be a parent,' he says. 'The key issue is the ability of the parent to support their child and to manage that role effectively. Sometimes that may include the support of other people and that's OK.'

Egan, cited in Getz, 2011, p15

Engaging with a person with disability means taking into consideration that the disability may:

- affect speech or communication especially over the phone
- make reading and writing difficult
- affect capacity for self assertion and expression of needs
- mean that comprehension of new information takes time to process
- present as challenging behaviours
- present as disinterest and/or lacking motivation
- provide a misleading impression of understanding and compliance
- make comprehension of abstract concepts and/or numbers and other measures including time and dates challenging
- mean that change, new ideas or routines are distressing and take longer to adjust to.

Some of the strategies required to develop a meaningful and beneficial relationship with a child, young person or parent with disability include ways to:

- keep communication clear and simple, avoid jargon, abbreviations, complex vocabulary
- engage parent(s) in decision making process
- ensure instructions are concrete rather than abstract
- provide information in small chunks and checking comprehension regularly
- repeat/clarify information, details

- help parents define their support system and assist with developing a support system that will fill the gap in their limitations
- provide concrete goals and expectations
 - use a non-judgmental/non-threatening style to encourage parental engagement
 - communicate with the parent at their level of functioning
 - help parents develop an understanding of and acceptance of their limitations in a non-judgmental/non-threatening way
- use visual aids e.g. diagrams, pictures to support explanations and clarify processes
- ensure the person with a disability has a support person with them whom they trust and feel comfortable with
- use interpreters and/or specific resources for the sight or hearing impaired e.g. sign language
- look into transport options if necessary i.e. wheelchair friendly transport.
- contact services working with the family for strategies on how to engage with the family.

'I wouldn't say I was mentally challenged. I'm not stupid but I'm not overly bright like a doctor or something. I was going 'what does this mean or what do you mean by this?' and they look at you like you're retarded, like you're stupid, and you're put down. They use these huge words and when you ask for help they belittle you.'

Parent, Anglicare, Tas.

Talking about disability. Some people really appreciate the opportunity to talk about their disability, and others don't like to talk about it at all. After getting to know a parent you could ask, 'I'm curious about your use of a wheelchair. Are you comfortable talking about it, or would you prefer not to?'

Parents often don't self-identify as having an intellectual disability. You could ask them if they receive a disability pension and if they do whether they know why they do. You might ask them about their schooling experience. The answers to these questions may provide an indication of their needs.

Don't make assumptions about people or their disabilities. If you have a question about what to do, how to do it, what language or terminology to use, or what assistance to offer, ask the person. The person with the disability should be your first and best resource.

Talk directly to the person with the disability, not to the interpreter, friend or child. Focusing on your interaction with that person will demonstrate respect.

Ask before you help. Before you help someone, ask if she would like help. In some cases a person with a disability might seem to be struggling, yet she is fine and would prefer to complete the task on her own. Follow the person's cues and ask if you are not sure what to do. Don't be offended if someone declines your offer of assistance.

Speak normally. Some people have a tendency to talk louder and slower to people with disabilities; don't. Don't assume that because a person has one disability, that they also have a cognitive disability or is hard of hearing. For example, a person with cerebral palsy might use a wheelchair, have uncontrolled upper body movements, have difficulty speaking, and yet have very good hearing, cognitive abilities, and intelligence.

Bringing up baby

The caseworker below understood that she needed to build a trusting relationship with the mother she was working with in order to assist her in gaining an understanding of risks and concerns about her children. She maintained the relationship and helped her to get the support she required as well as develop other important relationships

There were many complicating factors in Jenny's case, including that she had a mild intellectual disability. Part of our engagement involved exploring her childhood, which had been very traumatic. There was a history of abandonment, neglect and abuse.

Despite being the one to contact us, Jenny was initially very distrustful of FACS because of losing her older children. We had to build a relationship with her and give a lot of reassurance about our motivations which were about the baby and its safety.

At the same time, we also helped her accept responsibility for some of the circumstances that had led to the other children being taken from her and this meant having some very honest discussions. It was really important for her to see what she could do differently to avoid a repeat of the past

I visited them at home on a regular basis to check that everything was okay, talk with Jenny about what was going well and things like child development, healthy relationships and social boundaries. Because of her intellectual disability I'd get her to repeat the key points to make sure she'd understood and that we were on the same page.

This family's history meant we had to look beyond some biases and assumptions about what we thought the outcome would be

Margot, caseworker



Access and read full story in the **2013** edition of **Shining a Light on Good Practice in NSW**

<http://www.facs.nsw.gov.au/publications/shining-a-light-on-good-practice>

What were the complex issues in this case?

What were some of the helpful strategies Margot used to assist Jenny with her understanding of what was happening?

'Parents with intellectual disability are over-represented in the child protection system where there can be a focus on deficits rather than parental competency, combined with a lack of long term support for parenting.'

Ivec 2013, p 30



Refer to the **Care and Protection Practice Standards** on the iPractice site and review Standard 8: Practice expertise. The importance of seeking guidance around issues you require more information about is a key aspect of working with families.

ENGAGEMENT CHALLENGE S

It is not uncommon for families involved with FACS to appear resistant or hostile at attempts to engage with them. Acknowledgement of the power imbalance associated with the caseworker role as well as awareness of the possible reasons behind these reactions is paramount to moving forward and developing a relationship.



Based on your experience and the content of this module make a list of the factors you need to be mindful of when resistance or hostility is expressed by parents/carers, children and young people.

For example, fear.

What behaviours do you think may be present due to the factors you identified? Complete the table for both parents/carers and caseworkers.

Parents/carers/children/young people	Child protection caseworker
e.g. denial	e.g. frustration

'They are asking you all the questions and you're defensive.'

Parent

'They put you into a category and that can get really frustrating because when you are at a vulnerable point in your life, you are angry....'

Parent

Challenging behaviour engagement strategies:

acknowledge the position of the client to make the parent/carer feel heard and understood.

This doesn't mean having to agree with the client. Collaborate with the person, not the abuse

be up front, open and honest about your role and purpose. Communicate the reasons for your concerns about the family and what needs to happen to resolve these concerns

help identify what the family has done before to keep the children safe. Often families are aware of the bad stuff, and not aware of actions where they have kept their children safe

work collaboratively and gain agreement on what needs to change to ensure the child's safety. Focus on safety instead of blame

empower the parents to be part of the change process. A focus on safety moves us away from a focus on blame

establish and maintain clear bottom lines

ensure the client is aware of review processes to pursue a fair process if he or she feels unheard. Barber (1991) cited by Fook in *Radical Social Work* (1993) refers to this process of establishing bottom lines and choice as negotiated casework.

Miller (2009) provides five guidelines in his 'no bull therapy' approach to working with individuals and families who are not comfortable working with child protection.

1. Strive for reciprocal honesty and openness in working relationships;
2. Openly negotiate levels of honesty and directness;
3. Combine honesty and directness with warmth and care;
4. Be forthright about concerns and limits;
5. Don't use jargon.



Access and read the '**Communication in challenging situations**' from the readings on the LMS to support learning for this topic.



For further information access the '**Communication in challenging situations**' website for what is meant by challenging situations, defensive behaviour including silence, mistrust and aggression and breaking bad news.

<http://www.scie.org.uk/assets/elearning/communicationskills/cs07/resource/index.html>

TALKING ABOUT CHILD SAFETY

Talk to the clients about what they want to build their goal/picture for their 'better life'

Parents/carers are much more likely to cooperate if they think we are taking their view seriously which is why we need to gain an understanding of the clients' goals. Future-focused questions and follow up questions can determine how people want things to be. Go slowly (even in the situation of real risk and concern) and take time to build this picture with clients.

Look for 'overlap' or common ground

Look for anything in the clients' view that aligns with what you think should happen. Be open to ideas that suggest they have a similar final goal in mind even if the strategy they are suggesting is different. This means looking 'behind' the strategies they suggest to what the ultimate 'end' or outcome would be and seeing how much this fits with your preferred outcome.

What does the family feel might make a difference?

Ask questions that allow the family to talk about our 'bottom line'.

'So what do you think it would take for me to say I didn't have to work with you any more?'

'What do you think needs to happen for me to be able to know your children are safe?'

'Okay, so you know that we have some worries about things going on in your family – and I know that you don't necessarily see it the same way – but what do you think would need to happen for me to agree with you that everything is okay for your kids?'

'What are the things that have worked for your family in the past – in any area of your day to day family life?'

If we are going to ask a family to do particular things, it is helpful to link these to things they have done successfully in the past. If we frame our requests as extensions, or different examples, of what they've already done, things are less likely to lead to confrontation.

'What kinds of things help when everything feels too much?'

'When are the times you'd say things are going best in the family?'

'What are you doing at those times?'

What is really important to the family? Which parts of those things identified can we go along with without compromising child safety?

It is important to involve the family by asking for their contributions to what they feel could help them and assisting them to achieve their goals when possible. Responding quickly in practical ways to the needs of a family can quickly add value to the engagement process and provide a base from which we can move to the issues of safety.

'What is one thing that would make a difference for you and your kids?'

What do you think we could do today to help improve how things are right now?

'If we could do something that would help you feel things were improving what would it be?'

Think about the kinds of things families might want which we could go along with that would help demonstrate to them our good faith?

What's working now? What exceptions are present, even if only in small ways?

It is demoralising and pessimistic for us to emerge with a long list of 'risk factors' that gives us nowhere to go. We must always ask what factors are present (what are family members doing) that contribute to safety?

'What's different about the times you get angry with him but don't hit him? What do you do?',
 'How do you do that?'
 'You said that things haven't gotten that bad for a few weeks, so how have you been handling things since then?'
 'You said it's not always like this. So can you tell me about the other times when it's more under control?'

How can we build on these?

It is much better to expand upon what they are rather than trying to impose something new. Parents are much more likely to agree to do something if it is based on an extension of what they are already doing. If we can genuinely affirm what they are already doing, we are much more likely to be able to proceed cooperatively.

'Okay, so what would it take to be able to do that more often?'
 'Oh, so that was a time when you felt you handled it better because YOU were less stressed. What needs to happen for you to be less stressed?'



Refer to **Case Study 1 – Jimmy and Kimberley** to complete this activity.

List two strategies or questions you could use to raise the bottom line issues with Alinga. Please include what you would actually say to Alinga to clearly communicate what safety issues you are worried about. For example:

1. Describe Alinga's behaviour (e.g. I'm really worried about how much alcohol you're drinking).

2. Describe the child's experience of Alinga's behaviour (e.g. when you have been drinking, you have blacked out a couple of times, and told me that Jimmy is not fed, and has previously wandered down the street. It's really important that we keep Jimmy safe, that he is fed and doesn't wander down the street.)



Practice point:

Our ability to remain assertive in personal situations may differ in professional settings. Within your role as a caseworker there is often a 'bottom line' where you need to ensure a particular outcome is achieved. This will be relevant in cases where there is significant risk of harm to the safety, welfare and wellbeing of a child or young person. Unlike in personal situations where you have the opportunity to walk away or back down, your responsibilities within your role as a caseworker require you to remain professional, assertive and achieve the outcomes that will best support the needs of the child or young person. This can be difficult in situations where there is resistance, conflict or other circumstances that make it difficult to demonstrate assertive behaviour.

Your MCW and other experienced colleagues can be a valuable source of support to you. It is essential that worker safety be considered at all times. It will be helpful to talk with your MCW about the processes for identifying, and managing, unpredictable or potentially unsafe situations.



For more information on this topic refer to the 'Predicting and Managing Occupational Violence' (PMOV) training. Information on safe work practices can be located on the intranet '**Managing Client Initiated Violence**'

STRENGTH-BASED PRACTICE

FACS works from a strength-based assessment perspective. This approach is characterised by an exploration and validation of experience, strengths, exceptions, aspirations and resources available to sustain change.



Access and read the '**Strength-based approach**' and '**Strength-based techniques**' from the readings on the LMS to support learning for this topic.



Refer to **Case Study 1 – Jimmy and Kimberley** to complete this activity

Drawing on the engagement strategies and techniques discussed in the readings and the information in Case Study 1, list two questions you would ask Alinga for each strength-based tool in relation to her drug use.

Strength-based techniques <i>You will need to read the reading to understand what these tools are.</i>	List two questions or statements you would ask Alinga in regard to her drug use
Normalising	
Externalising	

Reframing	
Identifying exceptions	
Developing a picture of the future	
Ensuring change is noticed	
Assuming the possibility for change	

The excerpts below from the **'Shining a Light on Good Practice'** NSW reports (2013 & 2014) highlight the use of strength based engagement strategies in real cases.

'When I talk with Sally I have to be very mindful of my language and not to use jargon. I break up the information, make it meaningful and let her process it at her own pace. Despite how busy I may be, my job is to make her feel like I have all the time in the world just for her. I need Sally to come to realisations in her own way. There's no point me sitting there saying that's not going to be work for A, B and C reasons. I need to give her hypotheticals and scenarios to let her come to that that natural conclusion.'

Tania, FACS Caseworker

'One of the most positive things about this particular case is how mum took advice on board. With all my clients I try to set up a really honest relationship. I'll say: 'Sometimes I'm going to tell you things you don't want to hear and sometimes you'll tell me things I'm not particularly happy about. But we're going to work through it, that's part of the process.'

Yvonne, FACS caseworker

With her it has always been FACS telling her what to do and clearly that hadn't worked in the past. Fear gets caseworkers into bad habits and I was worried that if I was anxious I would be more directive and patronising. This would just increase Sara's powerlessness and her fear about our intervention when what she needed most was support and empowerment.

In supervision I was challenged by my colleagues to see things from a different angle. Group supervision helped me to understand Sara's strengths as a parent. My colleagues had witnessed the powerful bond between Sara and Tahlia (daughter) when she had previously been removed and how they had fretted for each other. There was no doubt they loved each other very much. Knowing this and talking it through helped me to plan a conversation with Sara that was very different from me telling her what to do.

Michell, FACS caseworker



Access and read full story in the 2013 and 2014 editions of **Shining a Light on Good Practice in NSW**
<http://www.facs.nsw.gov.au/publications/shining-a-light-on-good-practice>

How will you remain open to the strengths and attributes a family possesses while at the same time hold a realistic picture of the risk involved?

ENGAGING WITH SERVICES

Adopting a collaborative, integrated approach is fundamental to engagement in a child wellbeing or child protection context. It may involve the provision of practical assistance in the form of resources or specific support to meet a need within the family. Before assistance is sought it is important to discuss involvement of external services with the parents/carers, children and young people you are working with.

Working collaboratively may include:

- discussing whether a 'key worker/organisation' is required; who could be the key contact; and who would be responsible for overseeing the joint approach

- identifying other organisations who are working, or have worked with the child or young person or their family

- liaising with relevant organisations

- sharing information

- advising and providing feedback to other workers and organisations that have a responsibility for the child or young person

- considering whether protocols and agreements may maximise effective collaboration

- if there is more than one organisation that is needed, or is involved it is important that best endeavours are made to ensure a coordinated approach.

This commitment to working collaboratively is embedded in section 245E of the Act which states that prescribed bodies are, in order to effectively meet their responsibilities in relation to the safety, welfare or well-being of children and young persons, required to take reasonable steps to co-ordinate decision-making and the delivery of services regarding children and young persons



Legislative links

Children and Young Persons (Care and Protection) Act 1998

The [Children and Young Persons \(Care and Protection\) Act 1998](#) provides the statutory framework for FACS to engage with children, young people and their families.

Section 16(2) Interagency procedures and protocols

A prescribed body is any organisation specified in section 248(6) of the Act or in clause 7 of the Children and Young Persons (Care and Protection) Regulation 2000. For further information about prescribed bodies refer to the Exchanging Information chapter 16A.

INTERAGENCY COLLABORATION

The examples below demonstrate the effectiveness of working collaboratively with interagency partners to provide services to meet the needs of a family.

'I connected the family with specialist services. Catholic Care intensive family based support services worked closely with the family. So did the Child Protection Counselling Service, an occupational therapist, an autism behaviour specialist and the Migrant Resource Centre. The youngest children were connected with childcare and a supported playgroup. It was a lot of work to coordinate all the services. We had to make sure we were all giving the family consistent advice and focused on the goal of restoring the children to their parents. We held regular teleconferences and meetings, and agreed to share emails among the group. When it came to home visits, we limited the number of people to five at any one time. After all, we were there to help, not intimidate.'

Rose, FACS caseworker

'I work in a tri-agency setting consisting FACS, NSW police and NSW Health. All three agencies spend hours briefing, debating, consulting and discussing how to proceed. We go through all possible scenarios for our meeting with Max... Our immediate goals are to engage and empower him through our intervention. We need to understand his experience to know the best pathway for him and what services he might need ...'

Chanel, FACS MCW



Access and read full story in the **2014** edition of **Shining a Light on Good Practice in NSW**

<http://www.facs.nsw.gov.au/publications/shining-a-light-on-good-practice>

Ongoing engagement with a family will often require the support of a number of services. How will you go about establishing and developing relationships with the relevant services in your area?



Refer to the **Care and Protection Practice Standards** on the iPractice site and review Standard 4: Collaboration. Key expectations 5, 6 and 7 provide strategies for service involvement and the reflective prompts are important reminders of what steps need to be undertaken to ensure a family is well supported.



For further information and a list of community partners, refer to the iPractice site > Our Knowledge

http://cslearning.nsw.gov.au/iPractice/our_knowledge/community_partners.html

SELF CARE



'It is one of the most beautiful compensations of this life that no man can sincerely try to help another without helping himself.'

Ralph Waldo Emerson

(American essayist, lecturer and poet 1803-1882)

In Module 1 you were referred to the [Self Care Toolkit](#) located in the 'key resources' section on the LMS.



For this module, access and read the '**Looking After You**' and '**Self Care Tips and Ideas**' factsheets from the LMS.

Discuss these self care topics with your MCW in supervision.



KEY POINTS FOR PRACTICE

To ensure safety and wellbeing of the child and their family, engaging with families in a partnership that encourages and enables change to occur and be sustained is the key to good practice. Be clear and transparent about the bottom line of safety.

When case planning, promote wellbeing by including opportunities for the child to participate in play, social, recreational and other interests and community and cultural activities.

Where there is risk of significant harm, caseworkers are reminded that a referral to another service will not ensure that the family will engage with that service or that change will occur. There needs to be active casework to ensure that the family actively engages with the service in a meaningful way.

Consider where a parent/carer is positioned in the stages of change to determine the appropriateness of service referral. Ensure case planning around safety as they move through these stages. Be aware that they may face challenges with each stage, and review the case plan for safety at these times.

We cannot work effectively with children, young people and their families unless we understand the experiences of the child or young person.



WHERE TO GO FOR FURTHER LEARNING SUPPORT

Research

You have been directed to a range of external websites and resources throughout this module, it is recommended that you continue to seek up-to-date research.

Policy

Child Wellbeing and Child Protection – [NSW Interagency Guidelines](#)

Restoration as a Good Practice Outcome – FACS Research to Practice Seminar 2012

http://dccms3/docsintwr/assets/main/lib90394/restoration_marie_connolly.pdf

People

The **Office of the Senior Practitioner (OSP)** works to promote good practice and inspire, support and review the work of child protection practitioners

<http://docsonline.dcs.gov.au/osp>

The **Clinical Issues Unit** provides specialist advice and support to practitioners in cases where drug and alcohol misuse, mental illness or domestic violence are impacting on the safety and wellbeing of children and young people.

<http://docsonline.dcs.gov.au/osp/clinical-issues-team>

The **Practice Support Team** includes directors practice standards and casework specialists located in all FACS districts across NSW and reports to the Office of the Senior Practitioner.

<http://docsonline.dcs.gov.au/osp/practice-support>

The **Multicultural Services Unit** provides information and resources to help FACS staff provide accessible, equitable and effective services to people and communities from culturally and linguistically diverse (CALD) backgrounds. <http://docsonline.dcs.gov.au/service-delivery/multicultural-services>

The **Aboriginal Services Branch (ASB)** is a central source of expert, specialist advice on issues affecting FACS Aboriginal staff and clients and works across all areas of the Agency. <http://docsonline.dcs.gov.au/service-delivery/aboriginal-services>

Resources for families

Information sheets can be located on the Intranet to assist in explaining to parents, carers and children the function of case plan meetings.

Case Meetings – [information](#) for children and young people

Case Meetings – [information](#) for parents and carers.



EXTENDING PRACTICE

Now that you have completed this module, you may wish to consider tasks to extend your practice that you have been introduced to here.

These activities are designed and suggested as optional, additional activities to further develop skills, knowledge and attitudes in engagement, interventions and supports. These tasks are not assessed by Learning & Development and may be undertaken at anytime after this module is completed.

Practice Ideas

Preparation for supervision

Use this opportunity to consider topics for reflection in supervision with your MCW. As a starting point you might like to consider; exploring the challenges of working with resistant clients, strengthening skills in building relationships and how to discuss 'bottom line' safety with clients effectively.

Organise a case management / referral meeting

Arrange a meeting between FACS workers and an agency/ies to discuss a case that is currently open and being worked on by both parties.

Plan a date and time, manage the agenda, invitations, bookings, and relevant KiDS entries.
 chair meeting to work through agenda
 review minutes to complete outstanding actions from FACS, follow up with agency/ies
 liaise with interagency partners to maintain a strong working relationship and remain goal oriented
 document any updates to the case plan on KiDS.

Develop a register of service information

Consider services that undertake case management in your local area. This could include but is not limited to urinalysis services, AOD services, DV services, MH services, ECHN services, counsellors and psychologists, childcare and education. Develop a register or folder to store and maintain up to date information on referral processes, criteria and any relevant documents that they require.

References

Bloom, S. L. (1999) Final Action Plan: A Coordinated Community-Based Response to Family Violence. Attorney General Mike Fisher's Task Force on Family Violence, Commonwealth of Pennsylvania.

Cousins, C. (2005) 'But the Parent is Trying...' Child Abuse Prevention Newsletter, Australian Institute of Family Studies, 13, 1, pp. 3-6.

De Boer, C. & Coady, N. (2007). Good helping Relationships in Child Welfare: learning from stories of success, *Child and Family Social Work*, 12, pp 32 – 42.

DePanfilis, D. & Salus, M. K. (2003) Child Protective Services: A guide for caseworkers, U.S. Department of Health and Human Services.
<https://www.childwelfare.gov/pubPDFs/cps.pdf>

Diggins, M, (2004) Teaching and Learning Communication Skills in Social Work Education. Social Care Institute for Excellence. London.

Getz, L. (2011) Parenting with Intellectual Disabilities - Changing Times. *Social Work Today*, 11 No. 6, pp. 14 – 17.

Gladstone, J., Dumbrill, G., Leslie, B., Koster, A., Young, M. & Ismail, A. (2014) Understanding Worker-Parent Engagement in Child Protection Casework. *Children & Youth Services Review*, 44, pp. 56 – 64.

Howe, D (1998a) Relationship-based thinking and practice in social work. *Journal of Social Work Practice*, 16, 2, pp. 45 – 56.

Iannos, M. & Antcliff, G. (2013) Australian Institute of Family Studies, Australian Government
<https://www3.aifs.gov.au/cfca/publications/application-motivational-interviewing-techniques>

Ivec, M. (2013) A Necessary Engagement. An International review of parents and Family Engagement in Child Protection. Anglicare, Tasmania.
<https://www.anglicare-tas.org.au/research-library/report/necessary-engagement>

Maiter, S., Palmer, S. and Manji, S. (2006), Strengthening Social Worker–Client relationships in child protective Services, *Qualitative Social Work*, 5, pp.167 – 186.

Miller, R. (2010) Best interests case practice guide. Department of Human Services, Victorian Government, Melbourne.

Munro, E. (1999) 'Common errors of reasoning in child protection work', *Child Abuse & Neglect the International Journal*, 22, 8, pp. 745-758.

Munro, E. (2011) The Munro Review of Child Protection: Final Report. A Child Centred System. The Stationery Office Ltd.

NSW Interagency Guidelines (2006) Child Wellbeing and Child Protection
http://www.community.nsw.gov.au/docswr/assets/main/documents/interagency_guidelines.pdf

Prochaska, J.O., DiClemente, C. C., Miller, W. R. (Ed), & Heather, N. (Ed). (1986) 'Toward a comprehensive model of change. in Treating addictive behaviors: Processes of change. pp. 3-27, Plenum Press, New York

Queensland Government, Department of Child Safety (2008) A Framework for Practice with 'High-risk' Young People (12-17 years): A Practice Paper.
<https://www.communities.qld.gov.au/resources/childsafety/practice-manual/prac-paper-framework-high-risk-young-people.pdf>

Ruch, G. (2005) Relationship-based Practice and Reflective Practice: holistic approaches to contemporary childcare social work. *Child and Family Social Work*, 10, 2, pp. 111 – 123.

Scott, D. (2010) Working together to support families of vulnerable children. *Social Work Now*, 45, pp. 20 – 25.

Steib, S. (2004) Children's Voice: Engaging families in child welfare practice, Child Welfare League of America.
<http://66.227.70.18/programs/r2p/cvarticlesef0409.htm>

Trevithick, P. (2003) Effective Relationship-Based Practice: a theoretical explanation, *Journal of Social Work Practice*, 17, 2, pp. 167-174.

Trotter, C. (2002) Worker Skill & Client Outcome in Child protection, *Child Abuse review*, 11, 1, pp. 38 – 50.

Ward, H., Brown, R. & Hyde-Dryden, G. (2014) Assessing parental capacity to change when children are on the edge of care: An overview of current research evidence. Centre for Child and Family Research, Loughborough University.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/330332/RR369_Assessing_parental_capacity_to_change_Final.pdf

Watson, J. (2011) Resistance is Futile? Exploring the potential of Motivational Interviewing. *Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the community* 25, 4, pp. 465-479.

Williams, J., Simmers, S., Hughes, C. and Toilolo, A. (2012) Finding the best way to work with children and young people Good engagement and giving them a voice, *Social Work Now*, 49, pp 6-12.

Victoria Family Institute (2012) Guidelines for Trauma-Informed Family Sensitive Practice in Adult Health Services, The Bouverie Centre, La Trobe University.
http://www.childaware.org.au/images/the_bouverie_centre_la_trobe_university-web.pdf