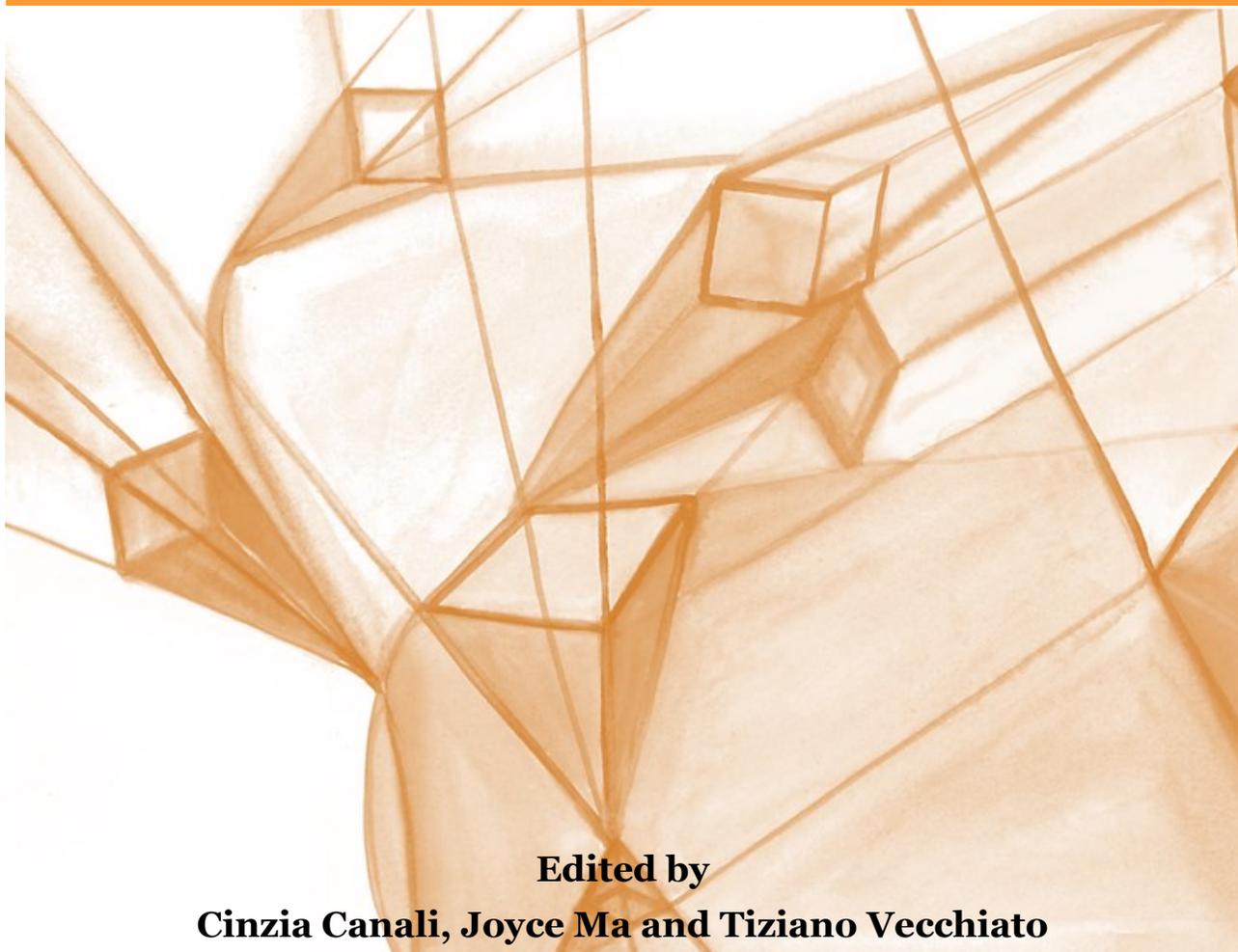# New Perspectives for Outcome-based Evaluation and Research on Family and Children's Services

Edited by

Cinzia Canali, Joyce Ma and Tiziano Vecchiato

**Fondazione
E. Zancan onlus**

iaOBERfcs
**International Association for
Outcome-based Evaluation
and Research
on Family and Children's
Services**

香港中文大學社會工作學系
DEPARTMENT OF SOCIAL WORK
THE CHINESE UNIVERSITY OF HONG KONG

New Perspectives for Outcome-based Evaluation and Research on Family and Children's Services

Edited by
Cinzia Canali, Joyce Ma and Tiziano Vecchiato

This book gathers the extended abstracts presented at the International Conference *New Perspectives for Outcome-based Evaluation and Research on Family and Children's Services* held in Hong Kong, on September 7-8, 2017, by The Chinese University of Hong Kong in collaboration with *International Association for Outcome-based Evaluation and Research on Family and Children's Services* (iaOBERfcs) and Fondazione Emanuela Zancan (Italy).

Thanks to all authors who prepared their extended abstracts in order to have them ready for dissemination at the international conference.

Cover by: Laura Adelaide Gius. The lamps represent the need to highlight research and guide its paths. These lamps also indicate the direction to follow in order to explore all possibilities and share knowledge and available solutions for increasing the effectiveness of services for children and families. We first used the lamps in 2008 at the international Eusarf-Iaoberfcs conference on «*Assessing the 'Evidence-Base' of Intervention for Vulnerable Children and their Families - Cross National Perspectives and Challenges for Research, Practice and Policy*» (Padova, Italy) and later in 2013 at the 7th annual seminar of the International Foster Care Research Network on: «*Foster care in Europe: what do we know about outcomes and evidence?*» (Padova, Italy). We have decided to use them again so that they can continue to shed light on new research and solutions on outcomes. They will help us to understand if our work is useful, how much it is useful, what advantages it produces, if we are able to co-produce outcomes with our users and inside our community.

Contents

4

Introduction

The challenges of evaluation bring us well beyond the present that we know. In our reality, problems prevail over solutions and positive practices struggle to make their way in the traditional welfare systems. Such systems are rooted in a welfare-dependency culture, which leads services to deliver standardized and manualized interventions that are hardly sensitive to the diverse cultural contexts where they are applied. Evaluation should help to understand this, to focus on what children and families really need, avoiding useless consumption of resources.

The main reason why welfare systems are facing difficulties is their limited sustainability. Resources are not enough while needs and inequalities are growing. Hong Kong represents an international crossroads to address these issues, valuing the meeting of different cultures and experiences and to anticipate a possible future that we can build together.

The Family and Group Practice Research Center, Department of Social Work at the Chinese University of Hong Kong, has focused on this challenge, organizing the international conference on «*New Perspectives for Outcome-Based Evaluation and Research on Family and Children's Services*» (September 7-8, 2017). It is a joint initiative with the International Association for Outcome-Based Evaluation and Research on Family and Children's Services (iaOBERfcs) and the Emanuela Zancan Foundation. Many people from various countries have shared this challenge by summarizing their experiences, their questions and their proposals in this book. They are researchers, professionals, academics, managers, policymakers and people interested in new perspectives of family and children's services. Together they are converging on Hong Kong for discussing the present while looking at the future.

The conference aims to provide an international platform to share research and advance knowledge development in outcome-based evaluation worldwide. Why this choice? Because outcome evaluation is a human and professional challenge for all of us. It tells us if our work is useful, how much it is useful, which are the advantages, if we have been able to co-produce outcomes with our users and inside our community.

We need to design the services of the future, being aware that many and new problems are hindering welfare systems. This does not mean, however, that those problems are leading to an irreversible crisis. Instead, they require us to look for new solutions to take care of the fundamental human needs, developing new ways for societies to be more sustainable and inclusive. This is particularly relevant for those societies that are facing faster structural social and economic changes than others,

counting on the positive growth of new generations. They realize, better than other countries, that the traditional practices are not enough.

The book collects these questions, the possible solutions, and research and evaluation tell us what is useful and what is not useful. The book is divided into three sections: children and families in a changing world; services development and evaluation for children and families in need; social policies, communities and cultures for families and children. The authors wrote many contributions following the same format: a preliminary background of the main topic, the goals and methodology, the key findings, the conclusions and the main references, also finally providing the details of a contact person for anyone interested in deepening each specific issue. This effort provides us with a repertoire of thoughts that can be more easily compared and discussed during and after the conference. It is a common platform, so it represents not the final but rather the starting point for a community of researchers and professionals who will be able to proceed together along a journey full of questions and potential.

Cinzia Canali, Joyce Ma, Tiziano Vecchiato

Part one

**Children and families
in a changing world**

A changing context

Today's Chinese families in the midst of the great social transformation: challenges and responses
Shengli Cheng

Keywords: Chinese families, great social transformation, family friendly social policies

China's great social transformation
Since the implementation of reform and opening up policy in 1978, in less than 40 years, China, the world's most populous country, has experienced the most rapid economic development and the most dramatic social transformation in human history. China has developed from a poor country to the world's second largest economy, and transformed from an agricultural society into an industrial society, and gradually to a post-industrial society; from a rural society into an urban society gradually; from a traditional society to a modern society.

From 1978 to 2017, China maintained steady and rapid economic growth, despite experiencing several global economic crises in between. In 1978, China's GDP was only 367.9 billion Yuan (about 54.6 billion US Dollars at the current exchange rate). In 2015, it reached 68905.2 billion Yuan (about 10227.4 billion US Dollars at the current exchange rate), which was 187.3 times the GDP in 1978. From 1978 to 2015, the average annual growth rate of GDP was 15.2%, which means that the GDP doubled in every five years (National Bureau of Statistics, 2016).

But this is not the most important aspect. More important is the huge shift in social structure. In 1978, agriculture accounted for only 28.2 percent of China's GDP, secondary and tertiary sectors respectively accounted for 47.9% and 23.9% of GDP, but the vast majority of Chinese people (82.1%) lived in rural areas and were engaged in agricultural production. China's rural population accounted for 82.1% of the total population, the urban population only accounted for 17.9% of the total population. China could be said to be an agricultural society in the true sense at that time. In 2013, the proportion of China's agriculture in GDP had dropped to only 10%, the proportion of rural population had declined to 46.3%, more than half of the Chinese people had become the urban population, they were mainly engaged in the secondary and tertiary industries, the proportion of secondary and tertiary sectors respectively accounted for 43.9% and 46.1% of GDP (National Bureau of Statistics, 2014). No matters in terms of urban and rural distribution of the population or in term of the distribution of industries, China has thus become an urbanized industrial society or post-modern industrial society.

We aim to comprehensively analyze today's Chinese families in the midst of the great social transformation: challenges and responses.

Contemporary Chinese families in the great social transformation
Meanwhile China has implemented the most rigorous family planning policy in human history, which radically changed the age structure of China's population and the structure of the Chinese family, so that China quickly became an ageing society and aged society

from a young society. Big families with several generations living together were gradually replaced by nuclear families composed of parents and their minor children, non-traditional families like single parent families and remarried families have sprung up.

1. The miniaturization and kernelization of Chinese family

Chinese family size reached its maximum in 1973, when the average family population reached 4.81, and from then on it began to decrease. It became 4.41 in 1982 from data of the third census, 3.97 in 1990 from data of the fourth census, 3.44 in 2000 from data of the fifth census, and 3.10 in 2010 from data of the sixth census. The average population of families in China then became only 2.97 in 2014 (Chen, 2001; Meng, 2013; National Bureau of Statistics, 2015). In the meantime, the family structure has also changed. Families with two and three members have become the main body of Chinese families; more than 80% of Chinese families are nuclear families composed of two generations; there are more and more single-person families, «dink» families and empty-nest families with only the elderly (Guo, 2008; National Health and Family Planning Commission, 2015 & 2016).

In 2014, within 430 million families in China, families which have people aged 65 and above are more than 88 million, more than 20% of the total number of families (National Health and Family Planning Commission, 2014). The percentage of elderly people (couples or singles) who live independently accounts for 51.9 percent of the elderly population. In addition, after more than 30 years of implementation of family planning policy, the families doing family planning have become the main body of Chinese families. In 2014, the families which did family planning reached 300 million, accounting for about 70% of total families in China (National Health and Family Planning Commission, 2014).

2. The disintegration and fragmentization of Chinese family

Firstly, more and more families are disintegrating because of divorce. People's acceptance and recognition of divorce are increasing, more and more people choose divorce as a solution to marital and family conflicts. As a result, the divorce rate has been continuously rising in recent years. In 1985, fewer than 460,000 couples in the country divorced, and the crude divorce rate was only 0.44‰. In 2015, 3.84 million couples divorced, which is 8.3 times the amount in 1985, and 5.6% more than the previous year; crude divorce rate reached 2.79‰ in 2015, which is 6.3 times that in 1985, and 0.2‰ higher than the previous year. In 2015, totally 12.25 million couples got married, and 3.84 million couples divorced, the number of divorces was 31.4% compared with the number of marriages (National Bureau of Statistics, 2015). If that ratio stays the same, it means that in the long run, one in three married couples will end up with a divorce. Other studies have found that the lasting time of a marriage of a divorced couple tends to be shorter and shorter, the percentage of divorced couples whose marriage lasts less than five years has kept rising from year to year; many marriages last less than 2 years; the phenomenon of quick marriage and quick divorce has become increasingly common.

Secondly, the mobility of the population, which is mainly the labour force moving from rural areas to urban areas, caused increasingly family fragmentization. China started to release data on migrant population from 2000; the number of migrant population was 121 million at that time. Since then, the number of migrant population

in China has increased year by year. In 2014, the number of migrant population in China was 253 million; almost one-fifth of the population is migrant population (National Bureau of Statistics, 2015). Data of a survey show that more than 70% of migrants are migrating from rural to urban areas, but also almost 30% of migrants are migrating between different urban areas, mainly from small towns to big cities; the main body of migrants is young and middle aged labour force; the people born in the 1980s and 1990s accounted for 66.6% of the total migrants (Guan, 2014). Many families are fragmented: husbands went to work in urban areas; wives and children were left behind; young couples went to work in urban areas and their young children were left behind, raised by their grandparents. The result is a huge number of left-behind women, left-behind elderly and left-behind children all over the country.

3. The equalization of family relations and the family power shifting from the elderly to the young
Along with family miniaturization and kernelization, the main family relationship has gradually changed from the hierarchical and ordered relationship between father and son to the equal relationship between husband and wife. Of course, this change was also related to the constant improvement of women's education, and women's increasing involvement in non-agricultural employment.

In the parent-child relationship, the power of the young generation, including the minor children, has gradually increased, and the authority of the elderly in the family and in the parent-child relationship has gradually decreased. The traditional value of respect for the elderly in family relations has weakened gradually; the components of economic rationality in family relationships have gradually strengthened. The young generation's motivation to take care of their old parents has gradually weakened, resulting in the tension and conflict between the elderly and their adult children.

4. The transition of family care from «Feedback Mode» to «Relay Mode»
There is a tendency that Chinese family care shifts from «feedback mode» to «relay mode» (Fei, 1983). After decades of rapid economic and social development, the responsibility of the parents and grandparents to take care of their children and grandchildren has not changed. Parents, mainly mothers, are the main caregivers of their children, and grandparents also play an important role in their grandchildren's daily care. A survey done in 2014 shows that 38.0% of children aged 0 to 5 were mainly taken care of by their grandparents (National Health and Family Planning Commission, 2015). But at the same time, there is a declining trend in the responsibility of children and grandchildren to take care of their parents and grandparents. Although children are the main caregivers of their old parents when they need care, a growing number of older people live in their own house or apartment, relying mainly on self-care or care from their spouse. In 2010, the number of people aged 60 and above who lived alone or only with their spouse reached 62 million, accounting for 34.9 percent of all elderly people aged 60 and above; in 2014, the number of people aged 60 and above who lived alone or only with their spouse reached 110.35 million, accounting for 51.9 percent of all elderly people aged 60 and above (National Health and Family Planning Commission, 2015 & 2016).

Challenges and responses
As can be seen from the above analysis, with the development and transformation of the society, Chinese families also undergo rapid changes and face unprecedented challenges, which are mainly manifested in the following aspects.

1. The challenges of elderly care
China is rapidly aging, the proportion of old people who are aged 60 and above increased rapidly from 4.9% in 1982 to 10.5% in 2015 (National Bureau of Statistics, 2015). At the same time, due to two reasons, the function of children and families to provide elderly care service is gradually weakening. Firstly, the young generation's motivation to take care of their old parents has gradually become weaker; secondly, family miniaturization and kernelization, urbanization and population migration, more and more women participating in non-agricultural jobs make it more and more difficult, sometimes impossible that children take care of their old parents when needed.

The shift of family care from «feedback mode» to «relay mode» appears to be an irreversible historical trend. This poses a serious challenge for China's traditional elderly care system, which relies on children and families to provide care for the elderly.

2. The challenges of children rearing
A large number of children are living in single-parent families, blended families and fragmentized families because of divorce, remarriage and parental migration from rural to urban areas.

How to safeguard the legitimate rights and interests of these minors and ensure their healthy and happy growth has become one of the greatest challenges to Chinese society and families.

3. The challenges of maintaining family harmony and marriage stability
More and more the huge number of marriages ending in divorce may not only harm the divorced couple and their children, economically, physically, mentally, emotionally, but it may also seriously affect social harmony and stability. Maintaining family harmony and stability is not only the challenge to every couple and family, but also the problem that the Chinese society must face and solve.

To tackle these challenges, family friendly social policies should be constructed to provide the necessary social support and social services for families and their members, which can help families to cope better with or to adapt to the impacts and influences brought by the dramatic social transformation, reduce and defuse family conflicts, promote family harmony and stability, promote functions of family in elderly care, children raising and maintaining physical and mental health of family members, make people more happy, healthy and successful.

Main references
Chen, W. (2001). Analysis of population factors in changing of family size. *Guangdong Social Sciences, 4.*
Fei, X. (1983). Geriatric support in changing of family structure: on changes in Chinese family structure again. *Journal of Peking University (Philosophy and Social Sciences), 3,* 7-16.

Guan, X. (2014). An analysis on the essence of Chinese migrants and related policy issues. *Journal of National School of Administration, 5,* 70-76.

Guo, Z. (2008). Discussion and analysis on changes of Chinese households. *Chinese Population Science, 3,* 2-10.

Meng, X. (2013). Family: three impacts and our choices within a century. *A Better-off Life, 10.*

National Bureau of Statistics (2014). *China Statistical Yearbook 2013.* China Statistics Press.

National Bureau of Statistics (2015). *China Statistical Yearbook 2014.* China Statistics Press.

National Bureau of Statistics (2016). *China Statistical Yearbook 2015.* China Statistics Press.

National Health and Family Planning Commission (2014). *Chinese Family Development Report 2014.* China Population Publishing House.

National Health and Family Planning Commission (2015). *Chinese Family Development Report 2015.* China Population Publishing House.

National Health and Family Planning Commission (2016). *Chinese Family Development Report 2016.* China Population Publishing House.

Contact details: Shengli Cheng, Professor, Dept. of Social Work, Shandong University, Room 1415, Zhixin Building, Central Campus of SDU, 27 Shanda Nanlu, Jinan, Shandong, China, E-mail: chengslsdu@163.com; chengsl@sdu.edu.cn; Tel. +86-13864122828.

Critical review of Hong Kong childcare services in post-handover era: towards a social investment approach
Lily Xia and Joyce Ma

Keywords: residual welfare model, social investment, childcare services, labor participation

Background
Prominent achievement of social economic development as well as multiple social challenges could be witnessed in Hong Kong after two decades of hand-over of sovereignty to China. To list a few, the per capital GDP has raised from HKD193,600 in 1996 to HKD 330,900 in 2015 (a 70.9% raise) (World Bank, 2016), while on the other hand, the Gini Coefficient which indicates wealth gap has also raised from 0.52 in 1996 to 0.54 in 2012, approaching the risky 0.6 (Social Indicators of Hong Kong, 2016). Various social problems such as unemployment, poverty, divorce and homelessness increased after the two world economic crises in1997 and 2008. The poverty rate in Hong Kong reaches 18.7% in 2015, and the phenomenon of child poverty, working poor and elderly poverty is severe (Oxfam Hong Kong, 2016).

The advent of post-industrial, knowledge-based economies informs the restructure of the labor market, which creates multiple job opportunities for the skilled and flexible labors while leaves previous factory workers out of the market and deepens the wealth gap (Leung, 2007). The advance of gender equality impels women' participation in social economic activity; however, the lack of caregiving service for the young and the elderly

coupled with the trend of population aging slow down the economic progress. Individuals and families in Hong Kong cannot deal with the various challenges alone or fully perform the full welfare function for each member as they did in the past. It requires a critical review of the current passive welfare model - «positive non-intervention» model - and to delineate a new approach of social welfare development that suits Hong Kong society.

Welfare development and economic development were posed opposite to each other in traditional welfare model. However, social welfare development does not necessitate economic stagnation or loss; on the contrary, it could be a facilitator (Midgley, 2003). The social investment model has been proposed and implemented in other western countries of similar characteristics of Hong Kong since 1990s (Giddens, 1998). As Adamson and Brennan (2014) claimed, social investment strategies are designed to prepare people for better well-being rather than repair the problems, the paper suggest its suitability for the Hong Kong social welfare development.

Purpose and methodology

This paper is to review the general social welfare development of Hong Kong after handover and uses the childcare service as an example, so as to critically examine the current provision of childcare services and the underlying welfare ideology and to search for a sustainable approach of social welfare development, especially for children and family services. The paper is a comprehensive literature review with the analysis of the social economic data in the past 20 years retrieved from various sources and the comparison of social policies of different countries.

Key findings

This paper comprehensively reviews the general social welfare and childcare service development in Hong Kong after the return of sovereignty to China in 1997, with the analysis of the social economic data over the 20 years. Social welfare expenditure increased 1.7 times over the 20 years, from HKD16.86 billion in 1996 to HKD45.84 billion in 2016, excluding the inflation effect.

Among the eight types of social services, elderly service expenditure makes the biggest increase (266%); rehabilitation service and medical social services ranks the second (247% increase), and social security (166%), services for young people (59%), family and child welfare services (53%) and services for offenders (15%); the expenditure of community service does not increase but decreases by 41%1. It reflects the emerging needs of service for the elderly and the trend of aging society on the one hand; while on the other hand, it indicates the passive residual ideology in social welfare development of the government of Hong Kong Special Administrative Region.

As for childcare, there exists multiple gaps between the needs and service provision. The limited family friendly policies (e.g. the limited maternity or childcare leave), the insufficiency of childcare services and the unbalanced distribution of service quota among the districts, the underdevelopment of community care, the lack of service for child with special learning needs and the high rate of labor loss of the professional childcare workers

---

1. Calculated from the statistics of the annual reports of Social Work Department, budget reports released by the Legislative Council, and reports of the Social Indicators of Hong Kong over the 20 years.

were prominent problems of the current child welfare system. The gaps between childcare needs and the status quo of service provision reflect that the Hong Kong SAR government has inherited the positive non-intervention strategy by the former colonial British government in developing and providing social services (Wong, 2012). The current approach emphasizes more the individual and the family's responsibility over the public responsibility in welfare provision and childcare. However, this residual model could no longer effectively resolve the tension between childcare and parents' (especially mothers) participation in labor market for better social economic condition of the family.

Conclusions

To positively respond to the aging population, the government should adopt a social investment mind-set to promote labor participation and increase child birth rate through substantial support to general and vulnerable families with childcare service needs.

The support includes not only cash subsidies for service purchasing, but also increase of service supplies for both normal and children with special needs, inspection of service quality, reform of family relevant policies (e.g. maternity leave, childcare leave) and bonus or tax exemptions for parents of young children.

Main references

Adamson, E. & Brennan, D. (2014). Social investment or private profit: diverging notions of 'investment' in early childhood education and care. *International Journal of Early Childhood, 46(1),* 47-61.

Giddens, A. (1998). *The third way: The renewal of social democracy.* Cambridge: Policy Press.

Leung, C.B. (2007). Hong Kong social policies: the balance between social protection and employment enhancement. *Journal of the 21st Century, 101,* 33-41.

Ma, J.L.C. & Xia, L.L. (2017). Development of social welfare service after 1997 in Hong Kong: the case of children service. In M.C. Cheung & W.K. Chui (Eds.), Post-1997 Hong Kong (pp. 413-444). Hong Kong: Hong Kong Institute of Asia-Pacific Studies, CUHK. (Chinese).

Midgley, J. (2003). Assets in the context of welfare theory: a developmentalist interpretation. *Social Development Issues, 25(1/2),* 12-28.

Oxfam Hong Kong (2016). *Hong Kong poverty report (2011-2015).* http://www.oxfam.org.hk/filemgr/5160/Oxfam_HK PovertyReport_Chi_20161011.pdf

Social Indicators of Hong Kong (2017). *GINI coefficient.* www.socialindicators.org.hk/en/indicators/economy/11.6.

Wong, H. (2012). Changes in Social Policy in Hong Kong since 1997, In L. Wai-man, P. Lui, and W. Wong (Eds.), *Contemporary Hong Kong Government and Politics: Expanded Second Edition* (pp. 277-296). Aberdeen, Hong Kong: Hong Kong University Press.

World Bank (2016). *Statistics of Hong Kong SAR, China.* Retrieved on Dec 8th 2016 from: http://data.worldbank.org/country/hong-kong-sar-china

Contact details: Lily Xia, Post-doctoral Fellow, Social Work Department, The Chinese University of Hong Kong, Address: SB536, Chung Chi College, The Chinese University of Hong Kong, Shatin, N.T., Hong Kong, E-mail: lixia@swk.cuhk.edu.hk, Tel. +852-39431083.

Child well-being: influencing factors
Carme Montserrat

Keywords: children, well-being, cross-cultural perspective

When we talk about people's quality of life, both material and non-material living conditions have to be considered. In relation to the latter, subjective well-being (SWB) is defined as the main psychosocial (non-material) component; that is, the perceptions, evaluations and aspirations that people have regarding the main aspects of their lives, such as interpersonal relationships, health, education, leisure time, or life satisfaction (Campbell et al., 1976). Subjective social indicators may be as useful as objective indicators in decision making and in promoting social policies.

In the case of children, studying their subjective well-being entails, first, considering childhood as a stage of life with its own sociological characteristics (Casas, 2011). Children should be regarded not merely as passive subjects but as active social stakeholders. The assumption that they cannot participate in research and decision making that affects them because they lack the capacity should be avoided. Children, therefore, should be listened to and their opinions and evaluations taken into account, something which incidentally already constitutes a child's right contemplated in the 1989 United Nations Convention. From this perspective, children should be able to play a key role as informants in scientific research and in the development of social policies that affect them to a greater or lesser extent. Moreover, the child perspective enables us to study the positive aspects of childhood as children are in the present, and not just from the more commonly-used approach of what they may become as adults.

Influencing factors in children's subjective well-being: a cross-country perspective
Report Card 13 (UNICEF, 2016) contains data from 41 EU and OECD countries that show how the relative position of children with low levels of income and well-being has been stagnant or has even got worse during the years of economic recession. In other words, the gap between those in the highest and lowest income groups has widened, especially in the economic and life satisfaction spheres (HBSC source[2]). The Report concludes that where there is *more inequality, the poorer and less happy* children are, adding that they lead better lives where they are treated more fairly. Moreover, the least satisfied are girls, especially the older ones.

To analyse subjective well-being in greater depth within the framework of the second wave of the International Survey *Children's worlds* (more details in www.isciweb.org/), data was gathered on the subjective well-being of children from 17 countries (54,051 children aged 8, 10 and 12 years), obtaining data on their lives, daily activities, how they used their time and how they perceived and evaluated their own well-being. This research used a quantitative methodology with representative samples from each country, based on a self-administered questionnaire with closed-ended questions, and the inclusion of psychometric scales. The same questionnaire was also conducted among vulnerable populations, such as children in foster care in Spain (Llosada-Gistau et al., 2016). A series

---

2. Data from the 2013/2014 wave of the health behaviour in school-aged children (Hbsc) www.hbsc.org

of factors common to children with low subjective well-being can be inferred from these studies. These factors are:

a. *Material conditions.* Low levels of subjective well-being have been linked to problems of access to some material resources (such as, clothes in good condition, access to a computer and internet, and books at home), and to the level of satisfaction with one's own home and space (Main et al., 2017).

b. *Perception of poverty.* Children who perceived their family as less, or much less, well off than other families in their area had much lower levels of subjective well-being than the mean. In contrast, those who claimed never to worry about the money their family had revealed greater subjective well-being (Montserrat et al., 2015).

c. *Family-related factors.* Children from ethnic minorities, or those who lived in jobless households had lower subjective well-being than children in the general population (The Children's Society, 2012), and lower SWB was also observed among children in foster care, especially those in residential care, and more so in the case of girls (Llosada-Gistau et al., 2016).
Parental figure stability and living in only one home also had a positive impact on their well-being (Dinisman et al., 2017).

d. *Instability in their lives.* Changes in role models with whom they had been living in the last year (father, mother, foster parents, or educators) or moving home, to another neighbourhood or another country, or changing schools, also had a negative effect on their subjective well-being. Girls also seemed to be more affected by instability (Montserrat et al., 2015).

e. *School-related factors.* Children also had lower levels of subjective well-being if they did not like going to school, felt unsafe, felt that their teachers did not listen to them, or if they were dissatisfied with their academic results, or did not get on well with their classmates (see also for those in care in Llosada-Gistau et al., 2016), and especially in *bullying* situations (The Children's Society, 2015).

f. *Interpersonal relationships and friends.* Not being able to go out with friends, feeling they were treated badly by their friends, or not having any friends could also have a negative impact on their subjective well-being. This finding was in line with several studies in which the importance of interpersonal relationships for life satisfaction was stressed (Casas, 2011).

g. *Participation in leisure-time activities.* Children who more frequently play sports or exercise tend to have higher subjective well-being (The Children's Society, 2015)

h. *Being listened to.* Feeling that adults *did not listen to them* also had a negative impact on children's subjective well-being. Moreover, many of the child respondents said they were unaware of their rights set out in the UN Convention (González et al., 2015).

i. *Health and safety.* In most countries, high levels of satisfaction were linked to high levels of *perceived* health *and safety* (Children's Worlds, 2016).

Conclusions

Contexts of poverty and inequality, family and foster care environments, school, access to leisure-time activities and, in particular, interpersonal relationships, all had a direct influence on children's well-being. In addition, it should be noted that a) girls tended to

be more affected in adverse situations; b) the importance of eradicating violence at home or in the community, and c) the importance of promoting child participation.

However, from a cross-cultural perspective some questions emerge. On one hand questions related to research methodology: the use of self-report questionnaires, problems with language use and translations, cultural biases when answering, and variability in survey implementation in each country. On the other hand how to understand and explain the differences between countries, such as, for example, important differences regarding school satisfaction, or the uncertain relationship between a country's macro-economic indicators and the happiness expressed by its children. Finally, what is the purpose of the comparisons and what to compare. All these issues need to be analysed and understood in order to be truly effective in enhancing children's quality of life worldwide, particularly for children living in vulnerable situations.

References

Campbell, A., Converse, P. & Rodgers, W. (1976). *The quality of American life: perceptions, evaluations and satisfactions.* New York: Russel Sage Foundation.

Casas, F. (2011). Subjective social indicators and child and adolescent's wellbeing. *Child Indicators Research, 4(4),* 555-575.

Children's Worlds (2016). *Children's views on their lives and well-being in 17 countries: Key Messages from each country*. Final report available at: www.isciweb.org/

Dinisman, T., Andresen, S., Montserrat, C., Strózik, D. & Strózik, T. (2017). Family structure and family relationship from the child well-being perspective: Findings from comparative analysis. *Children and Youth Services Review,* https://doi.org/10.1016/j.childyouth.2017.06.064

González, M., Gras, M.E., Malo, S., Navarro, D., Casas, F. & Aligué, M. (2015). Adolescents' Perspective on Their Participation in the Family Context and its Relationship with Their Subjective Well-Being. *Child Indicators Research, 8(1),* 93-109.

Llosada-Gistau, J., Casas, F. & Montserrat, C. (2016). What Matters in for the Subjective Well-Being of Children in Care? *Child Indicators Research,* doi: 10.1007/s12187-016-9405-z.

Main, G., Montserrat, C., Andresen, S., Bradshaw, J. & Joo Lee, B. (2017). Inequality, material well-being, and subjective well-being: Exploring associations for children across 15 diverse countries. *Children and Youth Services Review.* https://doi.org/10.1016/j.childyouth.2017.06.033

Montserrat, C., Dinisman, T., Baltatescu, S., Grigoras, B.A. & Casas, F. (2015). The effect of critical changes and gender on adolescents' subjective well-being: Comparisons across 8 countries. *Child Indicators Research, 8(1),* 111-131.

Montserrat, C., Casas, F. & Moura, J. (2015). Children's subjective well-being in disadvantaged situations, In E. Fernández, A. Zeira, T. Vecchiato, and C. Canali (Eds.), *Theoretical and Empirical Insights into Child and Family Poverty: Cross national perspectives* (pp. 111-126). New York, London: Springer Publisher.

The Children's Society (2012). *The Good Childhood Report 2012.* London: The Children's Society.

The Children's Society (2015). *The Good Childhood Report 2015.* London: The Children's Society.
UNICEF (2016). *Fairness for Children: A league table of inequality in child well-being in rich countries, Innocenti Report Card 13.* Florence: UNICEF Office of Research.

Contact details: Dr. Carme Montserrat, Faculty of Education and Psychology at the University of Girona (Spain), Quality on Life Research Institute, Plaça Sant Domènec 9, 17004 Girona Spain, E-mail: carme.montserrat@udg.edu - Tel. 34972418313.

Intervention for enhancing family life in Korea
Kim Yeong-Hee

Background
Healthy Family Support Center is the government commission organization to enhance family functioning and prevent the various family problems through family life education, family counseling, risky family intervention, cultural activities, and child care programs. Providing various family support services to community family members, Healthy Family Support Centers were settle down as the main family welfare institutions in Korea.

The importance of intervention for enhancing family life in Healthy Family Support Centers is widely recognized among families, practitioners, and family policy makers. However, few evaluations have been conducted on the effectiveness of programs in five different areas run by Healthy Family Support Centers.

The results of previous studies showed that family who participated the programs were highly satisfied with services and perceived a positive impact for themselves and their families, suggesting that users of centers generally showed better perceptions of service quality. Due to the small number of studies, their heterogeneity, and the predominantly high risk of bias inhibit any firm conclusions about the program effectiveness. Without critical evaluation of existing programs, new programs are likely to invest much time and energy reinventing strategies that others found repeating the same mistakes made by earlier program. Systematic evaluation about effectiveness of family intervention need to be well documented and disseminated. This systematic review study will aim to investigate the significant predictors of the program effectiveness.

Purpose and methodology
The purpose of current study is to review systematically the literature with a special focus on the effectiveness of intervention for enhancing family life at Healthy Family Centers.

The review consists of three thematic areas: (1) the overall effectiveness of the intervention, (2) barriers and facilitators associated with implementation of intervention, (3) suggestions for future research and methodological considerations aimed at the strengthening intervention for enhancing family life in Korea.

The literature search for this review included journal articles, Master's thesis & dissertation, and electronic reports of Healthy Family Centers in different areas.

A comprehensive database search from January 2007 to June 2017 was performed in the following databases: National electronic library, electronic reports of Healthy Family Centers, RISS, KISS, and DBPIA. An integrative research review was conducted on 15 studies.

Key findings
Regarding the first research question, the systematic review results showed that the intervention for enhancing family life at Healthy Family Support Centers made a remarkable contribution to improve the family relationship such as family communication, connection, intimacy, understanding mutual similarities or differences, and conflict management, especially for newly married couples. It also helped families effectively cope with various types of family crises. After a program was done, information was collected on such factors as program utilization rates, participation rates, level of satisfaction with program, and characteristics of the participants including their age, education, and monthly average income. Such information can inform program's scope and give an accounting of participants, comparing the relative effectiveness of various program approaches.

Secondly, the facilitators associated with implementation of intervention were the staff members' professionalism. The high confidence of staff members facilitates the implementation of intervention. The lake of experience and the necessary skills to carry out family intervention were the barriers of implementation program.

All of the studies included in this systematic review were based on participants' satisfaction. As a result, how the interventions in fact influence participants' family life is still questionable. There should be more primary research on the influences of intervention in the actual family life. Moreover, no evaluation research was not performed to examine the implementation process. None of the studies evaluated any long-term effects of interventions and macro-level. Future research need to be done the use of skills and professionalism during the implementation process and investigate how the family intervention contribute to make better society at macro level longitudinally.

Conclusions
The findings reveal that family intervention and programs can facilitate to support family, especially in crisis. This systematic review highlights the importance of education and training of staff members to conduct the implementation process. This involves conducting what is typically known as a process.

The evaluation of implementation process provides feedback about how a program is functioning, how well the objective appears to be implemented and whether the perceived needs of program on the program's internal dynamics and functioning. This can be the most useful and cost-effective type of evaluation activity. However, there is

no formative evaluation of implementation process due to only focusing on the program effectiveness.

Efforts should be focused on conducting the evaluation of implementation process in family intervention. In conclusion, high-quality evaluation of intervention can make to improve the quality and scope of intervention for enhancing family life.

Main references

Epley, P.H., Summers, J.A., & Trunbull, A.P. (2011). Family outcomes of early intervention: Families' perceptions of need, services, and outcomes. *Journal of Early Intervention, 33*(3), 201-219.

Gracio, J., Goncalves-Pereira, M. & Leff, J. (2016). What do we know about family interventions for psychosis at the process level? A systematic review. *Family Process, 55*, 79-90.

Murphy, N., & Withnell, N. (2013). Assessing the impact of delivering family intervention training modules: Findings of a small-scale study. *Mental Health Nursing, 33*(5), 10-13.

Small, S.A. (1990). Some issues regarding the evaluation of family life education program. *Family Relations, 39*, 132-136.

Soun, M. & Lee, S. (2010). Reports of Service Evaluation at Healthy Family Support Centers in Seoul.

Contact details: Kim Yeong-Hee, Professor, Dept. of Child Welfare, Chungbuk National University, Address: 1 Chungdaero, Seowongu, Cheongju, Chungbuk, 28644, E-mail: enjoy@chungbuk.ac.kr, Tel. 82-10-5463-3148.

Views on child protection

Child protection in China: Changing policies and reactions from the field of social work
Fang Zhao, Juha Erkki Antero Hämäläinen and Honglin Chen

Keywords: child protection, policies, social work

Background

In the recent 20 years, great changes have taken place in Chinese families and communities. The execution of the One Child Policy, an increased social mobility, the promotion of competitive mechanism and market economy all have impacted family ethics, leading to smaller family sizes and weakened protection function of Chinese families.

The urban organization system disintegrated and more migrant workers flooded into cities. The cohesive force and protection function of rural communities have been weakened attributable to the large number of people moving out for work. The fact of

weakened family and community function has made it clear the importance and urgency of child protection.

The new child protection policy system
With the social changes, China has also seen great changes concerning child protection policy, and the building up of a new child protection policy system has started:
1. the gradual transformation of child welfare system from compensating type to universal type. In 2013, the Ministry of Civil Affairs promulgated new policy, categorizing children into orphans, children living under deprived circumstances, children from troubled families and children under ordinary circumstances. The issue of this policy granted all children necessary security at national safety network level. Although such security was still restricted to basic life support, yet the proposal of a «socialized child welfare service system» to some extent responded to the needs of troubled children, including children potentially suffering from abuse and neglect;
2. the establishment of child abuse mandatory report system and surrogate care provision. Compared with previous laws and regulations, the *Anti-Domestic Violence Law of the People's Republic of China* issued in 2016 expanded potential reporters to any concerned organization or citizen, with mandatory report obligation for certain organizations under certain circumstances. In addition, the settling and surrogate care provision for minors were also regulated. Although the description of domestic violence in *Anti-Domestic Violence Law of the People's Republic of China* was too generalized, neither the type nor the degree of the violence was defined, and child neglect was not mentioned, yet compared with previous regulations on minor protection, real progress has been made;
3. the establishment of child custody transfer system. In December 2014, the Supreme People's Court, the Supreme People's Procuratorate, the Ministry of Public Security and the Ministry of Civil Affairs jointly published the *Policy Guidelines for Legal Prosecution of Custodians Violating the Rights of the Minor*. Seven possible situations were stipulated in which when custodians violate minors' rights, immediate measures should be taken by public security agencies to defer violation behaviors reported by organizations and citizens. In particularly serious circumstances, minors should be taken away from the custodians. The Ministry of Civil Affairs is required to establish minor protection service centers, provide custody for child victims and appeal to the People's Court to terminate custodianship of the violators when necessary. Later on, judicial practice to terminate custodianship took place in Fujian and Shandong. It was the first time in history that situations in which to terminate custodianship were specified in the Chinese legal system. It was a giant step forward, signifying that more child protection obligations are taken by the nation and that practical progress has been made;
4. nonprofit organizations and professional social work entering the field of child protection. As social organizations develop in China, large number of nonprofit organizations have been founded and more and more social organizations and professional social workers have taken part in child protection services. The establishment of a new child protection system places an emphasis on nation's

ultimate liability for child protection, advancing child protection work a huge step forward.

Challenges

The professional social work's entering child protection area is accompanied by challenges from policy, system and professional development:

1. the professional role and status of social work have not been specified in most child protection policies. Except that in the *Law of People's Republic of China against Domestic Violence*, the role and status of social work are briefly mentioned – «people's government at all levels are requested to support social work service organizations with work on mental health counselling, family relationship instruction, domestic violence prevention education». No other policies have mentioned the role and status of social work, and social work services in the field of child protection are yet to be secured by law;

2. there is a great deficiency in child protection process. Departmentalization results in resource disintegration, especially between different organs of public security department, civil administration department and women's federation. The carrying out of social work services is short of resource support;

3. under the influence of Confucianism, children are still considered family private property, the carrying out of child protection services lacks culture support;

4. severe deficiency of professional social work organizations on child protection, child protection work is still at exploration phase, detailed evaluation standard, process and instruction are yet to be formulated;

5. ethics, knowledge and technology on child protection are missing in social worker cultivation system, professional child protection talents are seriously insufficient.

Though the reconstruction of child protection policy has promoted the development of child protection work in China, yet challenges during execution do exist: failure to carry out the policies, social work services falling behind the need of policy development, etc. Further explorations are needed to solve these problems.

Main references

Chen, C.X. (2013). Taiwan diqu ertong ji shaonian nuedai falv baohu shiwu: jianlun 2012 nian xingfa xiuzheng [Legislation protection against child and teenager abuse in Tanwan]. *Shandong Jingcha Xueyuan Xuebao [Journal of Shandong Police College], 128(2),* 62-69.

Chen, Y.X. & Meng, X.Z. (2007). Meiguo ertong baohu jieshao [Introduction to child protection policy in US]. *Zhongguo Fuyou Jiangkang Yanjiu [Chinese Journal of Woman and Child Health Research], 18(2),* 144-145.

Chen, Y.F. (2011). Ertong fangnue tixi bijiao: shehui zhengce shijiao [A contrastive study on social policy prevention against child abuse]. *Zhongguo Qingnian Yanjiu [China Youth Study], 9,* 43-45.

Liu, J.T. (2010). Zhongguo ertong fuli lifa yu zhengce kuangjia sheji de zhuyao wenti jiegouxing tezheng [Major issues and structural features of China child welfare legislation and policy framework design]. *Zhongguo Qingnian Yanjiu [China Youth Study], 3,25-32.*

Xiong, Y.G. (2014). Fuli guojia ertong baohu yu shehui zhengce de jingyan bijiao fenxi
        yu qishi [A contrastive study of social policy on child protection across welfare
        countries]. *Jianghai Xuekan [Jianghai Academic Journal], 3,* 96-103.

Contact details: Fang Zhao, Associate professor, Department of social work, Fudan
University, No122., Handan Road, Shanghai, China, Tel.: 13661642844, Email:
zhaofang223@163.com

Singapore's strategy in delivering social services in the community: The Family Service Centre model and its evolution towards evidence-based practices
Alice Koo

Keywords: evidence-based practice, Singapore, Family Service Centre

Background
Family Service Centres (FSCs) in Singapore play a unique role in supporting at-risk,
underprivileged, and vulnerable families and individuals «to help them achieve
independence, stability and resilience» (Ministry of Social and Family Development,
2017). FSCs are run by voluntary welfare organizations (VWOs) while heavily funded
by the government; they are community-based social service agencies that provide a
wide range of social services targeting individuals, families and the community. As of
2017, there are 47 FSCs in Singapore.

Community-based social work first started in the sixties by VWOs in response to
the need to rebuild communities due to massive relocation of citizens from squatters
and villages to high-rise housing estates. As services evolved, the focus gradually shifted
from building communities to supporting vulnerable families. The first FSC was piloted
in 1977 by the government with a dual focus on community and family work.

As the population expanded, the government recognized the need for more FSCs.
Based on an evaluation report in 1989, the FSC model was established, where VWOs
were invited to establish FSCs with 50% funding provided to run 'core services' of
casework and counselling, information and referral, family life education and volunteer
management. Over the years, funding raised from 50% to the current level of 99%, but
the key feature of funding 'core services', which is predominantly casework, has not
changed. FSCs are required to report main performance indicators to the Ministry, but
only the number of active cases determines the funding an FSC can get from the
government. There is no prescription of intervention, and no punitive measures for poor
outcomes.

From 2013 till now, Ministry of Social and Family Development (MSF) has
initiated a fresh wave of integration exercise, where all FSCs are required to adopt 'Code
of Social Work Practice' (FSC-CSWP), which specifies the mission, target, range of
services, level of competencies expected, and how case management and assessment are

conducted in FSCs. It paves the way for integration of different intervention methods, and enhances outcome management.

Purpose and methodology

The purpose is to examine the extent of evidence-based practice in FSC work in Singapore over time. Methods include literature review on the development of FSC Model in Singapore, and semi-structured interviews with key informants who belong to one of the following groups: 1) FSC Leaders, 2) FSC practitioners, 3) Ministry decision makers, 4) Supervisors in FSC, and 5) Field placement students.

Interview questions are crafted based on Sackett et al. (1996)'s model of Evidence-based Medicine, a widely-adopted model in the field of social work, plus various discussions on the favourable and unfavourable conditions for Evidence-based Practice (EBP) in social work to develop (e.g. Drisko & Grady, 2015; Wike et al., 2014). A few areas identified for explorations were:

1. Practitioners' perceived readiness and barriers.
2. Agency's effort to support practitioners in EBP.
3. Government's positioning of FSC work, funding and regulating requirements as experienced by FSCs and practitioners.
4. Training of social work professionals in EBP-related skills.
5. Availability, accessibility and relevance of research and research support related to practice.

Key findings

1. *At individual level.* Informants generally observed an increase in the education level of practitioners, and their awareness of the importance of EBP. Practitioners vary in their confidence in identifying relevant research or conducting their own practice research. Informants mostly read about practice through internet but not research articles. Workload has been and remains a major barrier for them, particularly in the current stage of re-structuring of FSC model where more time is taken up for administrative work.
2. *At agency level.* FSCs have always been collecting evidence relevant to their work. In the earlier days, a lot of needs assessments were initiated to facilitate planning of services; now evidence is collected more for reporting purpose. Other evidence collection such as outcome measurements for group work, or the level of justification required for a particular intervention to be approved, vary from agency to agency as there is currently no standardized guideline from MSF. In this aspect, experience of practitioners, their supervisors and the agency become crucial for EBP to happen. Agencies also vary in their available resources to support workers in terms of training, guidance, protected time and reduction of workload.
3. *Social Work Academics and Research Resources.* Over the years, there is an increase in the number of graduates and post-graduates in the profession to meet the manpower demands of the rapid expansion of FSCs since the millennium. Together with this change is an increase in research on local issues and practice, which was very limited during the beginning days of FSCs. A more recent development is the increase in collaboration between universities and FSCs in studies of trends and interventions. Accessibility of research resources has

improved as the National Council of Social Service has started a research support unit. National University of Singapore has also started research trainings tailored for practitioners.

4. *Positioning of FSC in Social-Political Landscape.* Over the years, FSCs have become a crucial part of government's responses to individuals and families who 'fall through the cracks' of various social security measures. Although FSCs are not YET required to demonstrate their effectiveness in intervention to secure funding, there is an increased pressure perceived by FSC workers to perform as the complexity of issues faced by Singapore families has increased. It will be of interest to FSCs to develop their own practice-based research.

Conclusions

This study aims at comparing the status of Family Service Centres of Singapore in terms of promoting Evidence-based Practice over time. It is found that FSC workers nowadays are in general more attuned to the importance of EBP, and are more aware of the various interventions available.

The macro environment is more conducive to EBP as well, with increased resources and collaboration in research particularly pertaining to local issues and needs. However, the actual implementation of EBP is still limited by the many other tasks practitioners and the agency need to do, which compete for their time, attention and resources.

Main references

Briscoe, C. (2006). *A study of the community work approach of family service centres in Singapore* (PhD Thesis). Singapore: National University of Singapore.

Drisko, J.W. & Grady, M.D. (2015). Evidence-based practice in social work: A contemporary perspective. *Clinical Social Work Journal, 43,* 274-282.

Ministry of Social and Family Development (2017). *Family Service Centre Code of Social Work Practice*. Singapore: Ministry of Social and Family Development (unpublished).

Sackett, D.L., Rosenberg, W.M.C., Gray, J.A.M., Haynes, R.B. & Richardson, W.S. (1996). Evidence based medicine: what it is and what it isn't. *British Medical Journal, 312(7023),* 71-72.

Wike, T.I., Bledsoe, S.E., Manuel, J.I., Despard, M., Johnson, L.V., Bellamy, J.I. & Killian-Farrell, C. (2014). Evidence-based practice in social work: Challenges and opportunities for clinicians and organizations. *Clinical Social Work Journal, 42,* 161-170.

Contact details: Alice Koo Ngar-shan, Senior Social Worker, Rotary Family Service Centre, #01-32, Block 346, Clementi Avenue 5, Singapore 120346, Tel. (65) 67799488, E-mail: alice@rotaryfsc.org

Analyzing child protection systems through a comparative lens: The case of The Netherlands
Hans Grietens and Nina Biehal

Keywords: child protection, child welfare, policy analysis, cross-national

Background
In 2015, the Dutch child welfare system underwent major reform, with the implementation of the new Youth Act. The government decided to transform the child welfare system into a more decentralized system and to make the municipalities responsible for the provision, organization and outcomes of care to vulnerable children and families. The idea behind this decentralization was to bring care closer to the citizens, to increase participation and agency of children, youth and families and to build a welfare system embodying the idea of a truly 'civil society'. Another reason for this transformation was to stop the overconsumption of specialized youth care and out-of-home placements, and to reduce costs. So, both politico-ethical and economic reasons lie behind the current transformation.

This change in the Dutch child welfare system has major impact on how child maltreatment can be reported to authorities and on the way reports are treated. At this moment, there are three possible ways to report concerns about the safety and wellbeing of children to professionals in the child welfare and child protection system. First, there are the local teams coordinating support and care within the municipality. Each citizen can report concerns about children to these teams, which are very accessible and have a highly preventive task. Second, concerns can be reported to the local advice and reporting centres for child maltreatment and domestic violence (also known as AMHK). Third, there is the Child Protection Board (CPB), which is organised by the central government. The CPB is responsible for more serious child protection investigations and cases of child custody. The CPB is informing the court about what is the best place for a child to grow up and may advise short-term or long-term out-of-placement in a kinship family, a foster family or a home. The AMHK is referring serious cases to the CPB.

The recent decentralization and the ideas and principles underlying the reforms (civil society, 'one family, one plan, one director' principle) make the Netherlands to an interesting case for child welfare policy researchers. Thus far, however, the Dutch new child welfare system has not been evaluated. At the national and local level several policymakers have been criticizing the system. In particular, they have been questioning whether local teams can guarantee children's safety and whether they have sufficient knowledge and expertise to adequately address concerns about children and families. However, no analysis of the overall policy within a European context has been made and evidence from large-scale studies is lacking on the outcomes of the transformation for children and families.

Objectives
Project Hestia, named after the Greek virgin goddess of the hearth and the home, is financed by the Welfare State Futures programme of Norface, a consortium of research councils in Europe and Canada.

The overall aim of the project is to compare policy and responses towards child maltreatment in England, Germany and the Netherlands. To reach this aim, several work packages have been developed, among other a detailed analysis of national policies regarding child protection in the three countries, a large-scale comparative case file study of decision-making outcomes following referrals for child maltreatment (400 cases per country), and a qualitative study using semi-structured interviews to obtain a better understanding of the experiences of parents who have been involved in child maltreatment investigations. Project Hestia is the first large study on the child protection system in the Netherlands since the 2015 reforms. We present findings from our policy analysis of the Dutch child protection system and discuss the similarities and differences between the Dutch system and the systems in Germany and England.

Methodology
We based the policy analysis on Wulczyn et al.'s (2010) paper. In this paper, a systems approach to child protection is developed. Following this approach, the Hestia team created a framework and refined this by means of group discussions until consensus upon a final scheme was reached.

The scheme is built around four major topics: definitions of child maltreatment, national statistics on service use, legislation on child protection and implementation of legal frameworks in the field of practice. In each country, a literature study was conducted, using a template devised by the research team to capture material on key aspects of policy and service provision. Reports of the national policies regarding child protection were made and discussed in the team. These group discussions helped to clarify the reports and understand the local 'flavour' in English, German and Dutch child protection policies. Summaries of the reports were published in briefings (Baldwin & Biehal, 2016; Bouma et al., 2016; Witte et al., 2016) and in a next step cross-national comparisons of the policies were made. Publications on these comparisons are in preparation.

Key findings
The new Dutch Youth Act suggests an integrated and multi-disciplinary approach, due to the seriousness and complexity of child maltreatment and the high prevalence in the general population. All agencies and professionals involved in the chain of child protection have to cooperate in order to fulfil the basic principle 'one family, one plan and one director' (Memorie van Toelichting Jeugdwet, 2013). Unravelling the referral procedures makes clear the complexity of the system. Neither the AMHK nor the CPB define themselves as 'truth' commissions looking for evidence on reports. Their main concern is to prepare informed decisions on what is the best place for the child to grow up. In this respect, the Dutch system differs from the English system, in which evidence of maltreatment is one aspect of the assessment process, along with assessment of parenting capacity and environmental factors that may contribute to safeguarding the welfare of the child.

Definitions of child maltreatment used in the Netherlands closely correspond with commonly used definitions in the international context. As in the other countries, there is a focus on harmful behaviour as well as likelihood of serious harm to children. It is interesting to note that dependency of victims is a central element in Dutch definitions of child maltreatment. Figures on child maltreatment in the Netherlands are less clear

than those in England and Germany and on some topics, for instance the number of children in out-of-home care with a court order, there are no figures available. Compared to England, there are far less child maltreatment investigations.

Further, national and international laws determine Dutch child protection policy. As in England and Germany, the legislation is underpinned by the principles of the Children's Rights Convention. The country has a long history of subsidiarity in service provision, comparable to the German system.

The Dutch system tends to be family-oriented and high priority is given to early prevention, intensive family support and family preservation. In case of out-of-home placement, family foster care or kinship care are the first options to be considered, particularly for children under the age of twelve. Placements are mostly short-term and reunification of children with their birth parents is the major aim of placement, except for severe cases. Unlike England, permanency planning is not viewed as a key issue in the Netherlands and there is no adoption from care. Long-term kinship care, other family foster care and residential care are the most common types of long-term placement in the Netherlands and Germany.

In the Netherlands, the debate on mandatory reporting of child maltreatment is going on, as is the case in Germany. In the near future, stepwise procedures for obligatory reporting will be installed.

Conclusions

The Dutch chain of child protection is rather complex and difficult to understand, since the system is very fragmented. There are many similarities but also large differences between the Dutch system and the English and German systems. More research is needed on the implementation of the new Dutch policy in practice, the follow-up of reports and the outcomes of decisions made by child protection professionals on children and families.

Main references

Baldwin, H. & Biehal, N. (2016). *Briefing on the English child protection system.* Retrieved from www.projecthestia.com.

Bouma, H., López López, M., Knorth, E. & Grietens, H. (2016). *Briefing on the Dutch child protection system.* Retrieved from www.projecthestia.com.

Memorie van Toelichting Jeugdwet (2013). Retrieved from www.rijksoverheid.nl/documenten-en-publicaties/kamerstukken/2013/07/01/memorie-van-toelichting-bij-de-jeugdwet.html.

Witte, S., Miehlbradt, L., van Santen, E. & Kindler, H. (2016). *Briefing on the German child protection system.* Retrieved from www.projecthestia.com.

Wulczyn, F., Daro, D., Fluke, J., Feldman, S., Glodek, C. & Lifanda, K. (2010). *Adapting a systems approach to child protection: Key concepts and considerations.* New York: United Nation Children's Fund (UNICEF).

Contact details: Hans Grietens, full Professor, University of Groningen, Centre for Special Needs Education & Youth Care, Grote Rozenstraat 38, 9712TJ Groningen, the Netherlands, Tel. +31 50 3639176, E-mail: h.grietens@rug.nl

Actuarial risk assessment in child protection: what it can do and what it needs to be successful
Raelene Freitag

Keywords: child protection, risk assessment, decision, practice, implementation

Background

Within the group of families investigated by child protective services (CPS), some families are very likely to abuse or neglect children in the future if they do not receive needed services. Other families are likely able to keep their children safe and well on their own. Discerning whether a family is likely or unlikely to keep their children safe and well over time is both necessary and difficult.

This discernment is necessary because intervening needlessly uses resources without contributing value and creates unwarranted intrusion into families. Conversely, failing to intervene when needed exposes children to future harm.

Making judgments about when to intervene is difficult because it requires one to estimate the risk of a future event. Extensive research demonstrates the difficulty of this task. Even the most experienced, educated, perceptive and dedicated professionals cannot consistently estimate risk as reliably as well-constructed formulas can (Kahneman, 2013).

Formulas such as actuarial risk assessment tools, which are designed to help estimate risk of future abuse or neglect, have been validated and used for more than 25 years in the United States, Canada and Australia (Baird, 1997; Johnson, 2004). However, simply developing and training on the use of a risk tool has not always resulted in optimal benefit (Alfandari, 2017).

Two important questions will be explored:

1. Can actuarial tools be developed in Asian contexts?
2. What do workers need to successfully incorporate the use of actuarial risk assessment in CPS?

Purposes and methodology

There are four main purposes:
1. To describe the concept of risk in CPS and how actuarial tools can be used.
2. To describe an actuarial risk validation study in Singapore.
3. To describe the process of introducing actuarial risk assessment in Singapore, including practice-level, organizational-level and community-level considerations.
4. To summarise potential benefits and limits of actuarial risk assessment in CPS, particularly in Asian contexts.

The construction of an actuarial risk tool in CPS involves collecting data on cases investigated by CPS during a specific period of time, then observing each family for a defined follow-up period to track outcomes such as re-reports, new investigations and future foster care placements. These data are analysed to identify which family characteristics most strongly correlate with adverse outcomes, and to craft a tool that produces the most robust difference in outcome rates by risk level.

Most Western jurisdictions begin with a standard risk tool that has been developed and used in multiple jurisdictions. Ideally, local data are used to test key features of the tool prior to use to ensure a good fit. As soon as practicable, typically after about two years, a local validation study is completed. Using local data, the standard tool can be refined to best fit local jurisdictions. Risk tools should be validated every five to 10 years - or sooner if there are major changes in population, legislation, policy or practice - so the tool can be adjusted and updated as needed.

A mutual decision was reached to not begin with a standard risk tool in Singapore because the way it would perform in an Asian context was unknown. Further, electronic data to test a standard tool against pre-existing local data were not available. Instead, an original prospective design was used.

Highlights of the study in Singapore
- A workgroup developed a Singapore-specific risk data collection instrument after reviewing several previous risk tools.
- Workers completed data collection on consecutive investigations for just over one year, creating a sample of 439 families.
- Each family was followed for a standardised 12-month period, during which outcomes of several types were tracked.
- Analysis was conducted to create a risk assessment instrument that could classify families into three risk-level groups.

Several unique features complicated the analysis. The low number of investigated cases in Singapore meant that even reaching a goal of about 400 families took more than a year. Ideally, the sample size would be 1,000 or more. A larger sample size would allow researchers to split the group into a construction sample and a validation sample. This was not possible with a total sample of only 439.

Further, the rate of new reports on the sampled families was low. One possible explanation is the low reporting rate in general in Singapore. There is no mandatory reporting, and reporting to CPS is not common practice. Another possible explanation is that when a family is investigated, the potential for a child to be placed into care and to remain in care throughout the follow-up period means that fewer families in the study had the opportunity to experience one of the outcomes.

The combination of low base rate and small sample size meant that few data collection items had bivariate relationships with outcomes that were statistically significant. Therefore, rather than starting with statistically significant bivariate relationships and building the tool from those, the researchers began with the items found on most risk tools and replaced each one with the corresponding item and related data from the Singapore sample. The resulting tool was tested and then modified as needed, using Singapore data until the best tool could be crafted.

Key Findings

Findings can be listed as follow:
- It was possible to create an actuarial risk instrument in Singapore.
- The small sample size, complicated by a low base rate of outcomes, required researchers to modify the analytic method. The best-fitting tool has less range between recurrence rates for the lowest-risk group compared to the highest-risk group than is often found. The range obtained in the Singapore risk tool is statistically significant and meaningful for practice and policy.
- Recording of outcomes had limitations based on how they have been classified and collected.
- Once implemented, the tool itself becomes a data collection instrument that will facilitate future revalidations that will have larger sample sizes and more consistently recorded outcomes.

A risk validation study using a custom approach to development is also underway in Taiwan. The completion of the Taiwan study is expected by the end of 2017.

Conclusions

With its first actuarial risk tool, Singapore can design a CPS system that helps target resources toward the highest-risk families. To implement the system effectively, the following considerations are as important as the tool itself.

Practice Level. Introducing the concept of risk and risk assessment to how workers practice with families must be understood as more than simply filling out a form. There must be a culture of practice that values the role of decision-support tools, transparency with families, skill at gathering and analysing information and skill at using risk level as an engagement strategy.

Singapore is using a practice approach known as Partnering for Safety (PFS). PFS includes a set of principles, skills and tools that encourage balanced and collaborative practice. Importantly, the practice approach and the decision-support tools must work seamlessly and be mutually supportive.

The PFS approach will be described, along with the training and coaching used to support this practice. Key strategies for ensuring fit between the practice approach and use of decision-support tools will be discussed.

Systems Level. Policy development needs to be framed around risk level (as well as other decision-support tools at different decision points). Risk level can be used to design specific intervention approaches for families at each risk level. This is particularly effective when combined with a safety assessment. Risk level can be incorporated in developing workflow processes, which will be described.

Continuum of service across public and private sectors can be clearly defined and specified based on the risk and safety status of each family. The variety of public and private intervention options will be described, along with the ways risk level and safety status will help shape decisions about the best service fit for each family.

Continuing use of data can be enhanced by including risk level as a key factor for tracking workload and outcomes. A few examples will be provided for ongoing use of aggregate risk data.

Risk assessment is not perfect, and fidelity implementation is not automatic. Introduction of an actuarial risk tool cannot solve all the issues CPS faces. When implemented well at both the practice and system level, actuarial risk assessment can help address many of the issues faced by child protection systems.

Main references

Alfandari, R. (2017). Systemic barriers to effective utilization of decision making tools in child protection practice. *Child Abuse & Neglect, 67,* 207–215.

Baird, C. (1997). *Child abuse and neglect: Improving consistency in decision-making.* Madison, WI: NCCD Children's Research Center. Retrieved from nccdglobal.org/sites/default/files/publication_pdf/ocan_1997_reliability.pdf.

Johnson, W. (2004). *Effectiveness of California's child welfare Structured Decision-Making (SDM) model: A prospective study of the Validity of the California Family Risk Assessment.* Retrieved from www.nccdglobal.org/sites/default/files/publication_pdf/ca_sdm_model_feb04.pdf.

Kahneman, D. (2013). *Thinking, fast and slow.* New York, NY: Farrar, Straus and Giroux.

Contact details: Raelene Freitag, PhD, Manager of International and Special Projects, 426 South Yellowstone Drive, Madison, WI 53719, E-mail: rfreitag@nccdglobal.org, Tel. (800) 306-6223.

Signs of Safety: An evaluation across ten areas in England

Mary Baginsky, Jo Moriarty and Jill Manthorpe

Background

Between 2014 and 2016 the Department for Education (DfE) invested £100m in 57 projects as part of the English Innovation Project. King's College London (KCL) was commissioned to evaluate a project known as Transforming Children's Services with Signs of Safety Practice at the Centre in ten local authorities.

Signs of Safety (SoS) is a strengths-based approach to child protection casework that was developed in Western Australia in the 1990s but has since been adopted in other jurisdictions across North America, Australasia and Europe. It is based on three key principles:
– working relationships are fundamental - honest and respectful relationships between the worker and families and between all professionals involved to achieve

a shared understanding of what needs to change and how this will be achieved within a culture where collaborative, appreciative inquiry methods are valued,
– stance of critical inquiry - critical thinking to minimise error and create a culture of reflective practice, designed to minimise error, allow admission of errors, and support regular review of the balance of strengths and dangers to avoid drift, which may perpetuate an overly optimistic or pessimistic view of the family,
– locating grand aspirations in everyday practice - where the experience of the child is at the centre and where families and front line professionals judge the effectiveness of practice (Turnell, 2012).

An SoS assessment, defined as a mapping, records:
– past harm - described as 'the harm that has actually occurred, not what we are frightened about'
– future danger - defined as based on past harm, what children's services are worried could happen if there were to be no change in the family's behaviour
– complicating factors - any circumstances that may be associated with risk to children and young people such as poor mental health, drug and alcohol abuse, and domestic violence.

Objectives and methodology
The evaluation sought to address 3 main questions:
– how was SoS delivered?
– what are the outcomes for children and young people?
– what are the costs of implementing SoS across children's social care?

The evaluation adopted a mixed methods approach consisting of:
– site visits and interviews with approximately 50 strategic leaders and those with responsibility for implementing SoS in the 10 pilots, at the start of the project and repeated between 15 and 18 months,
– interviews and focus groups, surveys and time diaries involving a total of 471 social workers,
– completion of a self-profiling instrument developed with, and completed by, the 10 pilots,
– interviews with 270 families in the 10 pilot areas including the use of standardised measures at Time 1 (T1); the interviews and measures were repeated approximately 6 months later with 187 of the 270 families at Time 2 (T2),
– scrutiny of case records of the above families at T1 and T2,
– examination of 24 key performance indicators for pilots and their statistical nearest neighbours (SNNs) as well as expenditure ratios derived from data collected over a 4-year period (2012/13–2015/16),
– a cost study examining resources, outputs and expenditure across the pilots.

Key findings
Managers in the 10 pilots were overwhelmingly positive about the benefits of SoS as a practice framework. Despite challenges around recruitment and retention of social

workers, high levels of referrals, constraints on budgets and reorganisations. They were optimistic that in the long term SoS would help to strengthen the service they provided to families.

They assessed that the greatest progress had been in relation to embedding both an organisational commitment to SoS and to training all social care and partner agency staff in the approach alongside:

- using plain language that can be readily understood by families,
- introducing tools to engage children and young people,
- mapping cases, both by individual social workers and in teams,
- using safety plans across initial and review child protection conferences and in all related groups,
- aligning initial child protection conferences with SoS,
- establishing practice leadership and supervision processes to support SoS.

They considered that considerable work still had to be done to build more constructive working relationships between professionals and family members, but that this would only be possible if social workers were more able to spend more direct contact time with families by receiving help with administrative tasks and by recruiting additional high-quality staff. They also felt that there was some way to go before they were confident that the service was intervening at the right time, creating a culture where it is permissible to admit mistakes.

Social workers reported a reasonably high level of confidence in using SoS as a practice framework as well as in using the associated tools. This was reflected in an increased use of safety planning and mapping over the course of the evaluation as well as an increased use of the Three Houses tool and, to a lesser extent, Words and Pictures tool. They also thought that the quality of their assessments had improved and that that safety planning, helped to identify and manage risk and led to better communication with families and greater inclusion of children and young people.

It is worth noting that just over half (52%) of *parents* in the study were satisfied with the contact with social workers and/or the help received, and believed their lives had improved as a result. The nature of the study meant that it was not possible to conduct pre-post testing and it was not possible to say if these families' responses would have been different from those in authorities where SoS was not used, although as most families were seen on two occasions it was possible to measure some changes over time.

Nearly three-quarters of *parents* interviewed said that they agreed with their social worker about the changes that were needed and over half (52%) of parents interviewed believed they had the same goal as their social workers and, of the remainder, 17 per cent thought that, while their goals were different from those of their social workers, the social workers' goals were designed to achieve what they considered to be positive outcomes. Only a small proportion (4%) thought their social workers were working towards a negative outcome; in all these cases they believed the intention was to remove their children.

Over two-thirds of parents interviewed agreed with the goals for their family and thought that their social workers understood the goals that were important for them.

The proportions of parents 'strongly agreeing' and 'agreeing' with the statements about shared understanding of goals with their social workers were consistently higher in the authorities with more experience of SoS and increased overall as the evaluation proceeded and social workers became more experienced at using SoS. The proportion of parents saying that their social workers had worked with them to identify the family's strengths and resources was also higher in those areas that had most experience of SoS, but by the time Cohort 2 families were interviewed it has also increased in those authorities newer to the SoS framework. When interviewed at T2 a higher proportion of families in the authorities that had used SoS for longest said their goals had been achieved.

Parents' awareness of the elements of SoS was reasonably good but only one-third of parents thought that their social workers had helped them to develop their personal networks and sources of support. However, many families were antagonistic to the idea of developing their networks.

There were indications that SoS had provided fresh opportunities for social workers to involve families to a much greater extent than had been the case previously and that it supported a deeper understanding between social workers and families. There were also indications that SoS supported a more focused approach to goals and how they could be achieved. Where families said they had been involved in goal planning they were more likely to report that their goals had been achieved, but the numbers were too small to draw firm conclusions.

There were, however, a few areas that required attention. Just over half of the families interviewed considered that their social workers had not given them clear enough information about the criteria by which social workers would assess their progress. Parents were more likely to say that social workers worked with their strengths at T1 than at T2, which may indicate that the planning developed in the early months is not being used effectively as the case proceeds.

It had been intended to conduct a full cost study but at the stage at which the evaluation was conducted the analysis of expenditure ratios did not suggest that SoS had brought about sufficient practice and system change to influence overall expenditure patterns (full details of findings are available in Baginsky et al., 2017).

Conclusions

The evidence shows that the SoS framework is workable where authorities make the necessary commitment of trust in their staff at all levels, backed up by resources and time. However, there may be scope for other tools to be incorporated to support practice.

Our conclusion is that while SoS is not a 'magic bullet' for the challenges that face children's social care it has the potential to help improve services for children and young people.

Main references

Baginsky, M., Moriarty, J., Manthorpe, M., Beecham, J. & Hickman, B. (2017). *Evaluation of Signs of Safety in 10 Pilots.* London: Department for Education. Retrieved from https://www.gov.uk/government/publications/signs-of-safety-practice-in-childrens-services-an-evaluation

Turnell, A. (2012). *The Signs of Safety Comprehensive Briefing Paper.* Perth: Resolutions
    Consultancy.

Contact details: Mary Baginsky (Dr), Senior Research Fellow, King's College London,
Social Care Workforce Research Unit, Virginia Woolf Building, 22 Kingsway, London
WC2B 6NR, Tel. 0044 07812 769677, E-mail: mary.baginsky@kcl.ac.uk

«WAIT»: The critical factors in developing an outcome-oriented model of evidence-informed child welfare services in Finland. An example from one municipality

Riitta Vornanen, Janissa Miettinen, Johanna Hietamäki, Arja Tolttila, Pirjo Pölkki and Päivi Petrelius

Keywords: child welfare, outcome-oriented model, development, critical facilitators, critical barriers

Backgrounds

The development of outcome-oriented work in child welfare is described. Child welfare in Finland is part of the municipal social welfare and Nordic welfare systems. It is family-oriented and child-centred. Every child has a right to his own social worker who is responsible for protecting his best interests and guaranteeing the provision of services to him and his family. Despite these good aims, effective and intensive work with families has been challenging, since child welfare in Finland is bureaucratic, and the number of children per social worker has been too high, which increases worker turnover and the risk of burnout.

Government policy programmes for child welfare and national committees have increased pressure for child welfare outcomes; these are steered by laws, resources and information. There is little research on how child welfare is organised and how local efficacy is evaluated. From 2019, child welfare will be part of a larger system of social and health care districts (18 in Finland, instead of 300+ municipalities). Now, there is a need to develop more effective and evidence-based child welfare practices.

O'Brien (2011) notes more evidence of the effectiveness of specific programmes than routine child protection systems services. This study focuses on one municipality that has actively adapted a system-based model for organising child welfare based on the 'Hackney model' (Forrester et al., 2013; Cross et al., 2010). This work is holistic, aiming to change how we organise services, work as a team and help children and families more systematically. The process includes working meetings of different helping professionals and training sessions by experts in systemic work. The researchers have given feedback via short reports on progress and recommended readings of previous research. Here we draw the first results from the start of the development process. In the future, we plan intervention research on child welfare, but first we need a careful

evaluation of the outcome-focused child welfare model for 'routine services'. The expected impact of the model on clients is considered in the results section.

Goal and methodology

Our goal is to detect the critical facilitators and barriers for change in Finnish child welfare practices. Here, we use data from the 'exploration phase' on how one child welfare unit is adapting to new ways of working. We ask, what are the prerequisites for change and the expected outcomes for the ways of working and organising child welfare, and try to capture the critical factors and turning points from the developmental processes.

Our study qualitatively analyses practitioner-led processes for developing child welfare and employs the critical incident technique (Kemppainen, 2000) for content analysis. 'Critical' refers to the critical reflection of participants and the critical factors that either promote or inhibit the development of child welfare in determining outcomes of the development process.

The data consists of seven long recorded group discussions of the development process between 9.2.2016–8.6.2016 (duration of recordings 18.5 hours). Participants in group discussions were diverse, including the head of child welfare, a social work developer, four social workers, a leading psychologist, a leading mental health and substance abuse issues specialist and the expert trainer.

Group discussions are analysed as critical incident reports on the process (Kemppainen, 2000, p. 1265). We analysed units of meaning addressing the different areas of change, including origins of change, changes in case processes with clients, changes in organising services and working methods and adapting the Hackney and team models. Then, we identified critical barriers and facilitators in each area, considering their possible impact on the expected outcomes.

Key findings

The findings reveal the origins of change and the facilitators and barriers for developing outcome-focused child welfare. Important changes are identified for service design, working methods, teamwork, maltreatment assessments and case processes with families. These results are preliminary and focused on the 'exploration' process during spring 2016; they will be analysed further in the later phases of preparing, implementing and sustaining the new model.

The origins of change were rooted in the need to decrease out-of-home placements and the ineffective nature of current means for helping troubled families. The aim was to become intensive change workers, instead of case managers, and to provide holistic and effective help to families, so that children can stay at home, and to prevent multigenerational deprivation. Municipality workers adapted the Hackney model, which demonstrated positive outcomes in the UK.

One prerequisite for change was the national steering of child welfare by the Social Welfare Act (1301/2014), which guided the division of child welfare into family social work with preventative measures and child welfare for families with children at risk (Child Welfare Act 417/2007). Today, we are seeking boundaries between these. The facilitators for being more effective in child welfare are having fewer clients and more time for them. Barriers are the hierarchy, discussions of workers' competences, power

relations between services and disputes over interpreting laws and boundaries. The expected change is gaining more outcomes and extra value for families in child welfare.

The problems of child welfare client families are severe, consisting of living with prolonged crises, multigenerational problems, previous child welfare interventions, trauma and complicated custody disputes and psychiatric problems. Young people suffer from multiple rejections, neuropsychiatric problems and failed placements. Recognised critical barriers to change are a lack of competence dealing with psychiatric problems, lack of support measures and the risk of clients falling between institutions of child welfare and psychiatry. Recognised facilitators are more careful client assessments and analyses for better outcomes. The goal was to work more intensively, determining outcomes with selected active clients and with a future orientation. Most work addresses the zone of family preservation and preventing out-of-home placements.

The goals in changing the working methods were towards more systematic, therapeutic and relationship-based work where good and intensive relationships with clients are at the core. Critical barriers for change include too many clients per social worker and difficulties of changing the ways of working with 'old clients'. Facilitators for a change were flexibility, trust and connecting family assessments with therapeutic work.

Adapting the Hackney model is part of the change process. Identified critical barriers were the problem-focused language, feeling hurried and burdened with juridical pressures, role conflicts from being a change agent and the responsibility of taking children into care. Critical enabling factors for adapting the model were reflective ways of working in teams, using hypotheses with families, motivation and training, managerial support, long histories of working together, careful planning of teamwork and roles, shared responsibility for client families and intensive and organised working for change.

The contents and targets for training were selected during the exploration phase. Training will consist of systematic and therapeutic work, family assessment models and documentation. The aim will be to shorten case files, to have updated and sound case plans and the ability to deal with quick changes in families. The facilitators for learning and expertise are a willingness to participate and refresh old ways of working, accepting change, managerial support, process-oriented trainings with immediate feedback, reflections and aims for sustainable change.

Conclusions

These results from one Finnish municipality show the changes that have occurred since the Social Welfare Act 2015. The shift has been towards the division of families to those who manage via preventative support and more selectively to those who need child welfare interventions. This calls into question how more intensive work in child welfare is possible for better outcomes. Our results show the origins of change and the barriers and facilitators for developing child welfare, analysed by the critical incident method.

The expected outcomes are: a new team model for intensive, long-term, outcome-determined work with families; social workers becoming change agents, not case-managers; declining out-of-home placements; shared responsibility between clients and responsible social workers; orientation toward strengths; good, clear boundaries and cooperation between family social work and psychiatry; and updated documentation that supports systematic and outcomes-oriented helping processes. These goals are internationally described as close to the orientation of wraparound services and family

preservation, which also target intensive work with children and families at risk of out-of-home placements.

These analyses are important early, explorative basis for future results. We have more data for 2017, since these analyses will continue. The target is to create a model of outcome-focused work in child welfare and develop an intervention research design. The challenge will be measuring the outcomes of routine child welfare services. The aim will be in case outcomes (prevented out-of-home placements) and client outcomes (children's and parents' well-being). These types of studies are limited by the diffusion of child welfare models, because there are also national developments pursuing similar models.

This child welfare unit has already had promising outcomes; the number of out-of-home placements and the costs of child welfare have decreased; the number of clients per social worker is now 15, compared to the previous 40–60. The unit has already been awarded the 2017 national Working Life Prize, and there is growing interest in this work.

Main references

Cross, S., Hubbard, A. & Munro, E. (2010). *Reclaiming social work. London borough of Hackney children and young people's services.* London: The London school of economics political science.

Forrester, D., Westlake, D., McCann, M., Thurnham, A., Shefer, G., Glynn, G. & Killian, M. (2013). *Reclaiming social work? An evaluation of systemic units as an approach to delivering children's services.* Bedfordshire: University of Bedfordshire.

Kemppainen, J. (2000). The critical incident technique and nursing care quality research. *Journal of Advanced Nursing, 32 (5),* 1264-1271.

O'Brien, M. (2011). Measuring the effectiveness of Routine Child Protection Services: The results from an evidence based strategy. *Child & Youth Services, 32 (4),* 303-316.

Contact details: Riitta Vornanen, PhD, Professor, Department of Social Sciences, University of Eastern Finland, Yliopistonranta 1 E, Snellmania, P.O.Box 1627, FI-70211 Kuopio, Finland; Tel. +358-44-7162648; E-mail: riitta.h.vornanen@uef.fi

Men as a risk and a resource in child protection
Marian Brandon, Georgia Philip and John Clifton

Keywords: Men, fathers, child protection

Background
International research shows that child protection professionals struggle to engage men (Zanoni et al., 2013). Consequently, assessments may not accurately reflect men as either a risk or a resource for children they care for, potentially endangering children and excluding men (Scourfield, 2014). Once men are assessed there can be a fixed categorisation of them as all good or all bad fathers. To date, this problem has been investigated mostly from the viewpoint of professionals.

Objective and methodology

The objective of the qualitative aspect of the Nuffield Foundation-funded research reported here, is to improve social work practice in child protection by learning from men's perspectives and experiences of the child protection system in England once child maltreatment had been substantiated.

The mixed methods project involved a quantitative, retrospective, examination of father involvement in child protection over 12 months for 150 children (in England). Data were collected from children's case files and SPSS was used to produce descriptive statistics. Findings provided background context for an innovative prospective, qualitative longitudinal (QL) study of 35 men, following their lives and involvement with child protection, intensively, over twelve months (Thomson, 2007). NVivo frameworks was used to analyse the rich data from each man's case across four time waves. Child protection themes were tracked while individual case studies traced men's life trajectories and pathways through services.

Key findings

Men were present in their children's lives and most were, or wanted to be, involved fathers. However, direct intervention with or the inclusion of men in child protection was limited and expectations of men were often low and gendered. Men's personal lives affect their ability to father and engage with the care and protection issues identified for their child.

Many participants were facing significant health, employment, housing and relationship difficulties and economic marginalisation. Many reported high levels of stress, anxiety, depression and a number were contending with substance misuse. However, fathers were not just passive casualties of social forces. They were often at the centre of complex networks of relationships surrounding their children in which they were attempting to maintain some sense of stability, strategising to balance home and work, communicating with ex-partners and children whilst trying to keep current partners onside (Palkovitz & Palm, 2009).

We found little evidence that fathers were being assessed in a holistic way, with attention paid to their lives. Instead the focus tended to be exclusively on whether or not they posed a risk to their child. Attention to fathers as people with needs and concerns of their own, and a curiosity about what they are actually doing may be highly relevant to their ability to be effective fathers.

We developed an initial positioning of social workers' perceptions of men in relation to the child and the child protection concern at the time maltreatment was substantiated. This positioning also involved social workers' perceptions of a man's culpability and his history. Our analysis allowed us to categorise different positions and their movement over time.

Most movement and positioning of men as fathers over the year was in a positive direction, with 11 men coming to be accepted by social workers as 'good enough' fathers, or as a 'safe pair of hands'. Other positive shifts were away from being 'in the frame' or 'on trial', but also included two moves away from being 'on the fringe' as separated non-resident fathers, to taking on full time care of their child.

Fig. 1. Social workers' positioning of men at time of initial child protection conference (Time 1) and 12 months later (Time 2)

Category	Time 1 (n=35)	Time 2 (n=28)	Definition
Safe pair of hands	1	3	Men whose care of the child is deemed positive and protective and/or is tried and trusted.
Good enough	3	8	Men whose care of the child is seen as acceptable, though there may be a perceived need to monitor over time.
On trial	7	1	Men whose care of the child is seen as needing to be tested. The concerns may be more or less serious.
In the frame	10	2	Men under suspicion for the child protection incident and who are the main focus of concern.
On the fringe	5	7	Men seen as peripheral to the case, and whose involvement is not the focus of the child protection plan.
'Marked men'	9	7	Men with past child removals and/or offending histories (IPV or other violence) seen as high risk to the child. 'Marked' denotes the stigmatising effect of the histories and their impact on men's futures as fathers.

The experience of how, and when this movement or stasis occurs is different for different groups of men, and can be facilitated or stalled by the actions and interactions between social workers and men. Birth fathers, living with their children and the child's mother were more likely to be included in assessments (and included early). Separated non-resident fathers however, tended to either move to or remain on the periphery. Fathers facing, and posing the greatest challenges for involved fatherhood are the least likely to experience any progression through the system. These men are also the most likely to actively reject the process or absent themselves from it. The rehabilitative issues for such 'marked men' are rarely addressed by children's services, and their appearance in child protection and care proceedings can become cyclical.

One way to understand the barriers and enablers to movement through the child protection system is as a form of gatekeeping for men. Gatekeeping is defined as an interactive series of encounters between men and social workers within which positive change requires the participation of both parties (Trinder, 2008). Social workers are able to generate, or act on gate opening and gate closing opportunities for men's involvement as fathers, and men are also able to influence such opportunities arising, or consider their own response to these. The presence or absence, development or deterioration of a working relationship with the social worker was central to this process. Most men did want a relationship with the social worker and acknowledged the two-way nature of the encounter. They wanted to be listened to and taken seriously and wanted the relationship to have some reciprocity. They also wanted (often practical) support.

A 'bearable' working relationship, had enough mutual respect, receptiveness, flexibility and reliability to generate some shared understanding as a basis to discuss the man's involvement in the child's life. Barriers to forming working relationships included men and social workers mirroring a sceptical view of each other, with each describing the other as 'hard to reach', evasive or defensive. However, things could, and did, change for most men. Most men either described 'ups and downs' in their relationship, or could

recall at least one previous social worker with whom they had worked well. Yet a significant minority of men (including some but not all of the 'marked men') experienced this mutual scepticism and mistrust as reinforcing, and did not develop any constructive relationship with the social worker.

Factors that may help or hinder the development of working relationships, include managing 'opening gambits', and the capacity of social workers to 'tolerate' men's emotions, and be flexible and reliable. A combination of organisational and attitudinal factors contribute to the gatekeeping mechanisms for men in child protection. A more general model of interaction between men and social workers (Figure 2) shows how different types or degrees of father engagement may emerge with three kinds of engagement with fathers. Although 'strategic exclusion' may be necessary in some cases, when this occurs, opportunities can be lost for fresh thinking and rehabilitative possibilities. There appears to be a tendency for social workers to settle for 'passive inclusion', yet when there is 'active involvement' the results can be transformative.

Conclusions

A significant implication for practice is social workers' key role as gatekeepers with the opportunity to build better relationships with fathers. Both fathers and social workers can recognise their own responsibility for relationship building. Either, or both social workers and fathers, can be agents for change in the way that working relationships are developed or stalled.

Focusing on this interactivity and dynamism is important for practice because it can challenge longstanding assumptions about father 'absence', 'difficulty' or 'disengagement'.

Fig. 2. A model of interaction between men and social workers
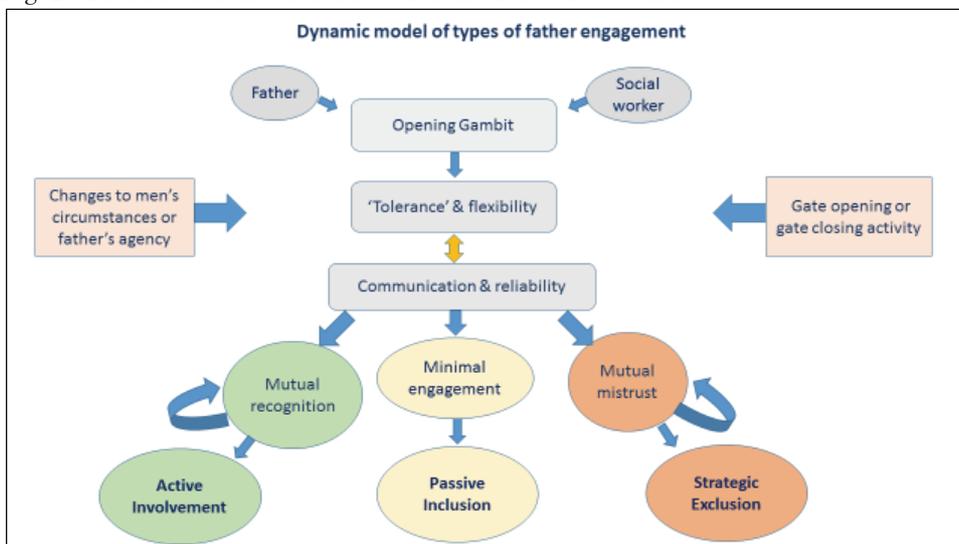
Main references
Palkovitz, R. & Palm, G. (2009). Transitions within Fathering. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*, 7(1), 3-22.
Scourfield, J. (2014). Improving work with fathers to prevent child maltreatment. *Child Abuse & Neglect*, 38, 974-981.
Thomson, R. (2007). The qualitative longitudinal case history: practical, methodological and ethical reflections. *Social Policy and Society, 6(4),* 571-582.
Trinder, L. (2008), Maternal Gate Closing and Gate Opening in Postdivorce Families. *Journal of Family Issues*, 29(10), 1298-1324.
Zanoni, L., Warburton, W., Bussey, K. & McMaugh, A. (2013). Fathers as 'core business' in child welfare practice and research. *Children & Youth Services Review, 35,* 1055-1070.

Contact details: Marian Brandon, Professor, Director of the Centre for Research on Children and Families, School of Social Work, University of East Anglia, Elizabeth Fry Building, Norwich Research Park, University of East Anglia, Norwich NR4 7TJ, United Kingdom, Tel. +44(0)1603 592068, E-mail: m.brandon@uea.ac.uk

Scoping review of research on client satisfaction in child welfare
Clare Tilbury and Sylvia Ramsay

Keywords: child welfare, client satisfaction, outcomes, quality

Background
Working constructively in partnership with parents is a long-established principle in child welfare policy and practice, although studies have shown that partnership has been difficult to achieve in practice (Gladstone et al. 2012; Thoburn et al. 1995).

Reasons for listening to parents and involving them in child protection decision-making can be categorised as follows:
– *Justice and rights:* Parents have legal and moral rights to be treated fairly when the State intervenes in family life. Procedural unfairness can engender feelings of intimidation and powerlessness resulting in anger and resistance to authority.
– *Improved outcomes for children:* Better decisions are made when parents are informed and can participate in decisions about their child's safety and care. While children are in care, parents need support to maintain contact with their children to facilitate continuity, maintain family connections, and assist identity development.
– *Therapeutic reasons:* Engaging parents means more effective casework that is likely to lead to desired changes in parental knowledge, understanding, skills, behaviour, and resources.

Agency efforts to obtain parental perspectives on whether services meet their needs and expectations can be incorporated into evaluation and service improvement (Kapp & Vela 2004; Tilbury et al. 2010).

Objectives and methods
The research questions guiding the study were: (1) How much research has been undertaken that obtains the views of parents about their satisfaction with child protection services? (2) What methods have been used to investigate parental satisfaction? (3) What has research revealed about parental satisfaction?

This scoping review was designed to assess the quantity and nature of research on the topic. Scoping reviews can accommodate diverse methodologies and do not always involve a quality appraisal of the studies, as required for systematic evidence reviews designed to answer 'what works' questions (Pham et al., 2014). However, the techniques used in systematic evidence reviews are also adopted in scoping reviews, including a rigorous and transparent approach to searching for, selecting, and analysing the literature as it relates to the research question (Pham et al., 2014). The present study reviewed articles reporting original empirical research about parental satisfaction with child welfare services, published from 2000 to 2016. English-language, full text papers accessible online were included. The timeframe was selected in order to review recent developments, since performance measurement has become more evident in human services. The articles used multiple terms to describe parental satisfaction – satisfaction, engagement, perceptions, perspectives, experiences, views, voice.

Findings
There were 52 studies published between 2000 and 2016 that met the inclusion criteria. Most used qualitative methods. Eight standardised survey instruments were used in the quantitative studies. There were 21 factors most frequently associated with parent satisfaction or dissatisfaction, categorised as attitudes of workers, skills of workers, worker actions or interventions provided, and aspects of the child welfare system.

Factors associated with high parental satisfaction
The factors that were associated with parental satisfaction related to workers attitudes, skills, and actions.

Attitudes of the worker
1. *Respect:* receiving positive acknowledgement, recognising parental cultural backgrounds, and a non-judgemental approach.
2. *Honesty:* clear communication of expectations, demonstrating accountability and transparency by sharing information about assessments, providing rationales for decisions, and providing clarity about worker roles and processes.
3. *Trust:* listening to parents' opinions and taking account of the issues they raised, such as poverty or partner violence.

Skills of the worker
4. *Good interpersonal skills:* being a good listener, having a sense of humour, being relaxed, accessible, and approachable.
5. *Courtesy:* workers who were organised, reliable, kept in touch regularly, returned phone calls, kept appointments, and followed through with promises.

6. *Qualified and experienced:* being knowledgeable and respectful rather than employing a top down approach, demonstrating understanding about the difficulties of parenting.

Actions of the worker
7. *Collaboration:* valuing the involvement of parents in the child welfare process, keeping parents informed, and enabling active participation in meetings and decisions.
8. *Practical support:* included assistance to negotiate the child welfare system, prepare for case conferences or meetings, and referral to helpful services, such as in-home support, financial assistance, transport, practical parenting advice, and mediation between family members.
9. *Social and emotional support:* having a connection with a worker, a feeling of being able to safely raise issues, and receiving emotional support.

Factors associated with low parental satisfaction
Research also identified factors associated with lower parental satisfaction. These factors relate to caseworkers and the organisation as a whole.

Attitudes of the worker
10. *Stigmatises or labels:* Workers who were judgemental and focused on parental faults, while ignoring the family situation or circumstances.
11. *Dismisses parents:* When their concerns were dismissed, parents reported feeling disqualified, diminished, humiliated, or belittled.

Skills of the worker
12. *Discourteous:* included a failure to return calls, being late, regularly cancelling appointments, making unannounced visits, being superior, bossy, or uncaring.
13. *Unqualified or incompetent:* workers who appeared to lack real-life knowledge about the dynamics of issues such as domestic violence, poverty, cultural differences, mental health, and disabilities, and workers who retaliated when parents did not cooperate.
14. *Poor interpersonal skills:* workers who did not listen or provide explanations that parents could understand.

Actions of the worker
15. *Does not collaborate:* workers who were not open to developing mutual understandings or exploring a range of options to assist.
16. *Does not share information:* workers who withheld information from parents, including explanations for decisions.
17. *Disempowers parents:* requiring participation in services that were inappropriate or inaccessible, and interviewing children without parental consent.

System Faults
18. *Poor service provision:* long wait times between visits or before receiving services, a lack of follow-up on promised actions and plans, and service provision that was not individualised.

19. *Accountability and power imbalance:* workers who did not tell parents what their legal rights were, and a system of complex arrangements, meetings, language, and paperwork.
20. *Inaccurate or unfair assessment:* Assessments that were coercive or threatening, when the worker did not gather all the relevant information and only focused on parental weaknesses, when there was reluctance to modify assessments based on new developments.
21. *High worker turnover:* when there was no worker continuity, different workers had different opinions, or no-one knew the whole situation accurately.

Conclusions

The worker skills and qualities identified are foundational for relationship-based social work practice, in which the worker-client alliance is key to achieving positive outcomes.

Parents' satisfaction with child welfare services goes beyond their relationships with workers, there are aspects of the system relating to practice frameworks, investigation and assessment, service provision, and accountability that also require policy attention.

For example, cultural bias may be addressed through integrating the perspectives of parents from indigenous and minority groups, especially given the racial disparities evident in child welfare systems.

Because there are adversarial aspects of child welfare that parents can be expected to find difficult, negative feedback from parents should be used as part of continuous quality improvement rather than used summatively to evaluate workers or agencies.

Hearing parents' opinions helps policy makers and practitioners to understand their impact on families and develop strategies for practice improvement. It is a mechanism for continuous improvement and ongoing quality assurance.

Main references

Gladstone, J., Dumbrill, G., Leslie, B. & Koster, A. (2012). Looking at engagement and outcome from the perspectives of child protection workers and parents. *Children and Youth Services Review, 34(1),* 112-118.

Pham, M. T., Rajic, A., Greig, J.D., Sargeant, J.M., Papadopoulos, A. & McEwen, S.A. (2014). A scoping review of scoping reviews: Advancing the approach and enhancing the consistency. *Research Synthesis Methods*, 5, 371–385.

Kapp, S.A. & Vela, R.H. (2004). The unheard client: Assessing the satisfaction of parents of children in foster care. *Child & Family Social Work,* 9(2), 197-206.

Thoburn, J., Lewis, A. & Shemmings, D. (1995). *Paternalism or Partnership? Family Involvement in the Child Protection Process.* London: HMSO.

Tilbury, C., Osmond, J. & Crawford, M. (2010). Measuring client satisfaction with child welfare services, *Journal of Public Child Welfare, 4(1),* 77-90.

Contact details: Clare Tilbury, Leneen Forde Chair of Child and Family Research, Griffith University, Australia, c.tilbury@griffith.edu.au

A profile of child abuse in Taiwan - Evaluation for adapting SDM safety assessment tool
An-Ti Shih

Keywords: SDM safety assessment, child protection, child abuse

Background

In Taiwan, the authority of Child Protection Systems (CPS) to intervene in situations of inappropriate parenting or even remove abused children from their original family has sustained less than 20 years (Yu et al., 2010). Parents who maltreat their children grew up in the society with belief that parents had obligation to discipline their children, no matter how harsh it might be as long as the children were still alive.

Within this growing-up experiences, when CPS workers appear in front of family in order to protect children from maltreatment and provide service to improve parents' parenting skill, they usually face huge resistance from parents, since parents tend to believe that CPS workers misunderstand their discipline behaviors as maltreatment and have wronged feelings.

On the other side, CPS workers with their professional authority and «savior of abused children» self-identity, they tend to stereotype and misjudge parents' parenting capability, and make certain treatment plans which are based on workers' professional training or assumption but might not be doable for family and then increase larger backlash as well as tension between CPS and family with maltreated children (Chang, 2009). Unfortunately, this hostility not only decreases parents' will to accept the services from the CPS for improving their family function but also increases the possibility of recurrence for child abuse.

Meanwhile, although the legislation for protecting Children has become more and more complete, the criteria for the CPS workers to make decisions at every critical point are still lacking. Workers are asked to make difficult decisions when they involve in families with maltreated children. However, workers have different levels of training, with various experiences, and might be under diverse superior pressure, especially when they make different decisions from their superior, even though they all considered child welfare experts. Decision making regarding case openings, child removal, reunification and other related services vary from worker to worker. Consequently, a series of known child maltreatment cases die under the CPS service during 2010 to 2011 widely awaked public attentions, and made central government face the problem that the CPS workers lacked useful assessment tools to help them make decisions at every critical decision points to reduce harm and secure safety of child.

In 2011, to counter the above problem, Taiwan government worked with Children's Research center (CRC) which is a division of the US National Council on Crime and Delinquency (NCCD), localized safety assessment of Structured Decision-Making Model (SDM-S) to help CPS workers make structural, more accurate and consistent, collaborating, and solution-oriented assessment to bring out the decisions about child's removal to increase child safety and family wellbeing (CRC, 2008). After 14 hours introduction and operating training for each CPS worker, since November 2014, CPS in Taiwan has fully adapted SDM safety assessment tool for facilitating

workers to consider both immediate danger of serious harm and current protective capacities as well as interventions to make removal decisions for children in danger situation (Ministry of health and welfare, 2015).

Objectives

This study could be considered as an evaluation for previous SDM-S training project from 2013 to 2014 as well as exploration study from SDM-S coaching project from 2015 to 2016 for whole country. After more than a year practice, CPS workers were supposed to acknowledge the principles of SDM-S, and be more familiar with using SDM-S tool to provide more accurate assessment about child maltreatment in family; therefore, the data should be able to inform policy and practice for the future.

There were two purposes of this study. One was organizing the barriers that the CPS workers might face, as well as evaluating CPS workers' understanding about SDM-S assessment; especially when they had to use a new working approach which was far different from their original working style. The other was describing a clearer profile of child abuse in Taiwan. By understanding more about the barriers of workers in using SDM-S and the profile of target group, more doable improvement for on-job training and suitable service policies might be created.

Methodology

Several methodologies were adapted for different purposes. For purpose 1, three data sets were used. First, via 12 coaching meetings around the country, CPS workers' 119 difficult cases in operating SDM-S assessment tool were gathered and classified for understanding CPS workers' barriers. Second, for understanding the logical consistencies, 23,431 new CPS cases (families) which received SDM-S assessment from November 2014 to October 2015 in whole country were analyzed to determine whether CPS workers got the concepts and principles of the tool. Third, from the total new cases at October 2015 (SDM-S tool had been used for a year), 138 cases which received SDM safety assessment had disproportionate stratified randomly selected, mostly based on 1% of average opening cases within 2013 and 2014 in every city or country for getting more understanding about CPS workers' process.

For purpose 2, through analyzing case records, the danger factors and protection factors within family were sorted to describe the profile of child abuse in Taiwan.

Key findings

Three key findings based on different data set would be described as following:

1. Data from difficult cases, the most 3 common dilemmas that CPS workers face were «inappropriate corporal punishment» (39.5%), «sexual abuse related cases» (15.1%), and «children with mental illness caregivers» (8.4%). The most major barrier about «inappropriate corporal punishment» was CPS workers confused immediate danger with risk. When the purpose of SDM-S was clarified, workers would know how to work with families on children's safety. However, in the situations of the second and third dilemmas, workers usually were not able to recognize or believe family's capability for protecting child from sexual abuse or maltreatment again; therefore, they tended to follow their original practice to remove child from family, even though the logic of assessment indicated creating

safety plan with capable family members might be an alternative option.

2. Records for a whole year safety assessment showed large logical inconsistence rate (77.1%), also known as incorrect result of SDM-S. This might be due to workers' unfamiliarity with the tool, but there might be other factors detouring workers' decision, such as lack of placement space, pressure from superior or very important person, or the caseload of workers. Learning how to use a new skill with different approach in practice requires some time to transform the thinking and get familiar. Whole year record data could not show the process for workers in using SDM-S. Therefore, the third data set, which randomly gathered the last month information after a year practice might provide clearer profile of child abuse in Taiwan.

3. Standing on the random samples, the inconsistence rate reduced to 11.6%; this indicated that workers did get progression at the end of the first practical year. Excluding inconsistence cases, 120 cases had remained. «Severe body injury» (40%) was the most common danger factor; the most common protection factor within family was «child has ability of self-protection» (16.7%), and «intervention or direct services by worker» (37.1%) was the most common safety intervention. The distribution for result of assessment was from safe (85.0%), safe with plans (12.5%), and unsafe (2.5%).

Conclusions

Grounded on above key findings, there were challenges, advances, and strategies could be illuminated.

1. *Challenges*: There were three different levels of CPS workers facing challenges in using SDM-S. Workers in the first level, «rejected», had their own systems to work with child maltreated family. SDM-S for them was merely another form to fill. Workers in the second level, «accepted but blurred», had accepted the logic and approach of SDM-S; their thinking had been shifting, but they still felt confused on related concepts. Workers in the third level, «comprehended but need more practice», had completely understood the logic and structure of SDM-S, but were unfamiliar with the practice. Based on these levels, more relevant on-job training could be provided.

2. *Advances*: At the end of the first year, the inconsistence rate of SDM-S had dramatically reduced from 77.1% to 11.6%. It meant that 88.2% cases were assessed consistently in logic after just a year practice. When random selected sample generalized to CPS workers, the result was quite positive. The CPS workers in Taiwan were fast learners with high quality. Meanwhile, during coaching meetings, it could be sensed that workers had shown higher and higher acceptance as long as they did realize SDM-S was a tool to accurate their assessment and improve their skill rather than another form to fill.

3. *Strategies*: When the practice of SDM-S become more accurate, CPS in local government could get more specific understanding about the properties of target group, such as what kind of vulnerability they had most, what kind of danger factors had more occurred in their area and so on, and then the government and agencies could provide more specific services to help families in vulnerable status, and put more attention on the danger factors when conducting on-job training or creating new services.

Main references

張素梅（2009）。兒少保護家庭及高風險家庭接受處遇服務之經驗探討－以臺中縣為例。東海大學社會工作研究所碩士論文。臺中：東海大學。 [Chang, S. M. (2009). *The experience of receiving intervention services of child protection families and high-risk families - Taking Taichung Country as an example* (Unpublished master's thesis). Taichung: Tunghai University, Taiwan, ROC.]

游美貴、郭貴蘭、畢國蓮（2010）。兒童少年保護工作概論，收錄於「社工專協兒保訓練教材」。線上檢索日期：2016 年 12 月 27 日。取自：http://www.mohw.gov.tw/CHT/DOPS/DM1_P.aspx?f_list_no=145&fod_list_no=4639&doc_no=43791 [Yu, M.K., Kuo, K.L. & Bih, K.L. (2010). *The overview of child protective social work.* Retrieved from www.mohw.gov.tw/CHT/DOPS/ DM1_P.aspx?f_list_no =145&fod_list_no=4639&doc_no=43791]

衛生福利部（2015）。「兒少保護結構化風險評估決策模式委託科技研究計畫」。取自：http://dep.mohw.gov.tw/DOPS//cp-1234-6822-105.html [Ministry of health and welfare (2015). *The commissioning research for SDM risk assessment in child protection.* Retrieved from http://dep.mohw.gov.tw/DOPS//cp-1234-6822-105.html]

Children's Research Center (2008). *The structured decision making model: An evidenced-based approach to human services.* Retrieved from www.nccdglobal.org/sites/ default/files /publication_pdf/2008_sdm_book.pdf

Contact details: An-Ti Shih, Assistant Professor, Department of Social Work, National Taipei University, 151 University Rd., Sanshia Dist., New Taipei City 237, Taiwan, E-mail: andieshih@gmail.com Tel. +886 2 86741111 #67035

The lived experience and long-term outcomes of adults who have experienced physical, emotional and sexual abuse and neglect as children in care
Elizabeth Fernandez

Background
People who have lived in child welfare institutions and other substitute care as children are known to have suffered significant abuse and disadvantage in their life course. There is international concern about the trauma and victimisation many of them experienced while in care and the significant and lifelong impacts of abuse in care. Adult care leavers' lived experience of the conditions of their care and their current outcomes are profiled through this national research study conducted in Australia. Using a mixed methods approach research explored the range of experiences and outcomes for those who experienced residential and foster care. The study included surveys, personal interviews and focus groups, the sample comprising 700 respondents across Australia. The paper will draw on both quantitative findings and voices of research participants. Implications of the

findings for redress, and for policy and practice in contemporary out of home care systems will be discussed.

Many children were placed in orphanages and a range of institutions that were run by the State, religious groups and other organisations during the last century. It is estimated that in Australia during the twentieth century, 500,000 children spent time in care (Senate Community Affairs References Committee, 2004). This article reports the in-care and post-care experiences of the three cohorts in institutional and out-of-home[3] care during the period 1930-1989. These children included the 'Forgotten Australians' (mainly non-Indigenous Australian born children who were in OOHC (Senate Community References Committee, 2004, p. 6)), the Child Migrants (children exported from the British Isles to Australia (Bean and Melville, 1989)) and the 'Stolen Generations' of Indigenous Australians (Aboriginal children forcibly removed from their families and placed in white families and institutions (HREOC)).

State intervention targeting families and assuming control over children can be traced to the early period of white settlement with the establishment of orphanages, industrial schools and boarding out systems. There were significant child welfare concerns in the early period of settlement when major economic, housing, physical and mental health, death and incarceration of parents and social control issues prevailed (Scott and Swain, 2002; van Krieken, 1991). The nineteenth century saw the establishment and proliferation of a range of institutions to respond to child welfare needs at the time. The conditions experienced by children in these institutions were harsh. Once placed in care children were often forced to undertake hours of work sometimes to the detriment of schooling and their health.

Aims

The research was conducted at the University of New South Wales in collaboration with six community partners: Alliance for Forgotten Australians, Association of Children's Welfare Agencies, Berry Street Victoria, Relationships Australia NSW, CatholicCare Diocese of Broken Bay, Families Australia and Micah Projects over the period 2014-2016. Specific aims of the study:

– explore patterns of older care leavers' experiences and life trajectories in care/post care,
– identify factors in their past or present experiences that are protective or accentuate risks,
– identify their current unmet needs and ways to support them,
– apply learnings to contemporary out of home care and after care to enhance favourable life outcomes and transition services for those in care systems currently.

Key areas of inquiry included the identification of significant events during and after care, problems, strengths and achievements of participants, the provision or absence of services critical for long term health and wellbeing outcomes. Using a life-course approach (Santrock, 2010) the study attempted to capture a wide range of outcomes including physical

---

3. Institutional and out-of-home care' includes the range of services types that operated in the 1930–1970s period to provide care for children who did not live with their own family. This typically included institutions run by religious orders, NGOs and State governments and, in NSW, a form of department-sponsored home-based care. In addition, detention centres, and psychiatric institutions were also sometimes used to provide custody for children and young people where it was determined that additional control or treatment was required.

and psychological health, education and employment, and identify areas for intervention. A fuller account of the study is available in Fernandez et al. (2016).

Method

1. *Study design.* This study used a mixed-methods design to gain both broad and in-depth information (Doyle, Brady, Byrne, 2009) including surveys, interviews, and focus groups. Using a convergent parallel design (Creswell & Plano, 2011), quantitative and qualitative research components were run simultaneously with equal priority.

2. *Participants.* Of the 669 survey participants, 75.9% were Forgotten Australians, 10.0% were Child Migrants, 6.0% identified themselves as members of the Stolen Generations, and 8.1% did not report their group identification. The mean age of survey participants was 61.74 (SD = 11.24) where the youngest participant was 27 years old and the oldest participant was 100 years old. More than half (57.4%) were female. In terms of Aboriginal status, 86% were non-Indigenous, 7.8% were Aboriginal/Torres Strait Islander, and 6.3% did not identify. About half of respondents were married (42.7%) or in a de facto relationship (7.7%) at the time of surveys. Participants were from all Australian states and territories although the majority of participants were from the most populated States, New South Wales (35.3%), Queensland (28.9%), and Victoria (18.6%).

3. *Instruments.* The questionnaire focused on experiences in care, experiences of leaving care, life outcomes after care (education, employment, health, wellbeing, and relationships), current service needs, and participation in care leaver organisations and the Royal Commission into Institutional Responses to Child Sexual Abuse. The questionnaire included two standardised scales: the Kessler Psychological Distress Scale (K10) (Kessler et al., 2002) and the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988). The interview guide for care leavers broadly focused on the same issues explored in surveys. In addition, participants were asked about their coping strategies and resilience, significant events post care to the present. The focus group guide covered the same themes; however, less emphasis was given to questions about individual experiences, due to focus groups being collective in nature.

Results

Entry to care. At the time of entry into care, 52.9% of survey participants were State wards and they were 6.28 years old on average (ranging from at birth to 17.58 years old). Respondents entered into care for multiple reasons. The most cited reasons were parents' inability to cope (39.4%), marital problems between parents (36.4%), neglect (27.2%), abandonment (24.6%), domestic violence (24.4%), parental drug and alcohol problems (24.2%), financial difficulties (22.1%), and parental illness (21.2%).

Trajectory in care. Respondents experienced various types of placements. The majority of them (84.8%) had the experience of being placed in children's Home/orphanage, 33% in foster care, 25% in youth correctional facilities, and other care settings (such as residential care, family group home, boarding house, psychiatric hospital, or training institution). While in care, 24.5% of respondents did not have any contact with their family, 19.4% had contact less than yearly, 19.6% had contacts 2–3 time a year, 16.3% had contact monthly, and 20.2% had contact fortnightly or more.

Research participants provided detailed comments on their perceptions of the circumstances that led to their entry to care. They also commented on the regimented orientation of institutions and the depersonalisation experienced. When I went in there, I was only a number, and it wasn't until I was 10, 11 year old when I found out, that I had a name ('Frank'). Research participants also commented on the demeanour of staff and the lack of warmth in the care environment. There was a sort of militaristic background to a lot of them, but there was always this glass barrier between you and the staff, and the staff were never to get close. There were never allowed to hug the children, they could never show any bit of love to the children ('Ethan').

Educational neglect was rampant and many left care illiterate and innumerate. The majority of respondents (85.8%) said their schooling was affected by their experience of being in care. Only 19.2% obtained a Higher School Certificate (or Leaving Certificate, Matriculation, Senior Certificate, Year 11 or Year 12), 23.8% obtained an Intermediate Certificate (or School Certificate, Junior Certificate, Achievement Certificate, Year 10), and 56.9% did not obtain any school certificate although most of them attended primary and secondary schools. One of the participants observed that being a 'home kid' attracted low expectations and stigma. We were never permitted to be called by name. We were all called simply «home kid». We were ostracised by both teachers and students. Our school work and/or homework was never checked as we were told that we were only home kids and not expected to do anything in life other than life on government assistance ('Anon').

Experience of maltreatment in care. Findings reveal emotional, physical and sexual abuse occurred frequently and concurrently. Children were also subject to hard physical labour from a very young age. Maltreatment was extensive in care. The majority of those in care (96.7%) experienced some type of maltreatment in care and 41% of participants reported to have experienced all forms of maltreatment in care. The most prevalent type of abuse by adults was emotional abuse (87.3%), followed by verbal abuse (82%). The most prevalent abuse by peers was bullying (77.6%), followed by verbal abuse (73.7%). Sexual abuse was widespread and over 60% experienced this form of abuse from someone: 55.3% experienced sexual abuse by adults and 41.8% experienced sexual abuse by peers.

Transitioning from care. At the time of leaving care, the average age of survey participants was 15.20 (SD = 3.24), ranging from 3 weeks to 22 years old. About 62% did not have a job when they left care. Nearly half of respondents (51%) said that they were not prepared at all for living independently at the time.

Post Care Outcomes. The consequences of maltreatment in care extended well beyond their childhoods persisting into adulthood. Results indicate that those who experienced poly victimization through multiple types of abuse had generally worse outcomes in various domains of well-being.

Nearly half of survey participants (50.9%) had a disability. At the time of surveys, 68.2% had physical illnesses requiring on-going treatments and 6.1% had such illnesses in the past. Among them, 46.7% considered these physical illnesses were related to their experiences in care. Fifty-nine percent of respondents reported having mental illnesses requiring on-going treatments at the time of surveys and about 11% had in the past. Among them, 85.9% considered these mental illnesses were related to their experiences in care. Seventy-six percent of survey participants reported having flashbacks, 64.9% had suicide ideations, and 38.8% had attempted suicide at some point.

Care leavers in this study experienced high levels of psychological distress. The average score of the K-10 psychological distress scale was 25.50 (SD = 11.04). Compared to community samples (2007 HILDA and 2007 NSMHWB), much higher percentages of care leavers in this study reported 'very high' (38%) or 'high' (21%) levels of distress. For instance, when the percentage of people with 'very high' distress is compared, the percentage found in this study is 8.5 times greater than the percentage found in HILDA (2007) and 14.4 times greater than the percentage found in NSMHWB (2007).

Very few participants left care with an adequate education. That deficit in formal preparation, together with health and mental health issues and financial disadvantage, has made participation in continuing education enormously difficult. This study's narratives are consistent with existing research (Courtney et al, 2011; Harvey, McNamara and Andrewartha, 2015; Mendes and Snow 2016; Pecora et al., 2006).

Participants relayed that leaving care was an experience of profound fear and abandonment. The widespread systemic abrupt and accelerated discharge of care leavers practiced during the study period has had predictably tragic consequences for many research participants. Protracted periods of homelessness and various forms of institutionalisation, especially in mental health facilities, youth justice or prisons, have been described by many participants as the impacts of care leaving; this is consistent with existing evidence (Mendes and Snow, 2016; Senate Community Affairs References Committee, 2004). Many young people attempted to reconnect with their families; most of these attempts were un-supported and proved unsuccessful, resulting in a further experience of trauma and abandonment.

Implications for policy, practice and services

The long term emotional cognitive and social impacts of the trauma associated with maltreatment and cumulative adversities in care has therapeutic, legal and policy implications for adult care leaver participants in this study. These include:

- redress that must be available to all, no matter what type of abuse suffered or in what State or Territory;
- health safety net to support the increasing frailty, illness and disability within this vulnerable and ageing cohort;
- non institutional forms of aged care to minimise disruption to living arrangements, ensuring care settings do not replicate the oppressive aspects they were exposed to as children;
- training to orient social workers and health practitioners to the impact of exposure to maltreatment on psychosocial problems across the life course;
- support for care leavers in their access to health and housing services, counselling and access to records to support their emotional and social well-being and their healing journeys;
- better practices to safeguard children by professionals involved in decision making and administering care systems;
- acknowledgement of failures of the past and application of those learnings to today's practice.

References

Bean, P. & Melville, J. (1989). *Lost Children of the Empire.* London: Unwin Hyman.

Courtney, M.E., Dworsky, A., Brown, A., Cary, C., Love, K. & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26.* Chicago: Chapin Hall at the University of Chicago.

Creswell, J.W. & Plano, C.V.L. (2011). *Designing and Conducting Mixed Methods Research.* Los Angeles: SAGE Publications.

Doyle, L., Brady, A.M. & Byrne, G. (2009). An overview of mixed methods research, *Journal of Research in Nursing, 14(2),* 175-185. doi: 10.1177/1744987108093962

Fernandez, E., Lee, J.-S., Blunden, H., McNamara, P., Kovacs, S. & Cornefert, P.-A. (2016). *No Child Should Grow Up Like This: Identifying Long Term Outcomes of Forgotten Australians, Child Migrants and the Stolen Generations.* Kensington: University of New South Wales.

Harvey, A., McNamara, P. & Andrewartha, L. (2016). Towards a national policy framework for care leavers in Australia Higher Education, In P. Mendes, and P. Snow (Eds.), *Young people transitioning from out of home care. International research policy and practice* (pp. 93–114). London: Palgrave Macmillan.

Human Rights and Equal Opportunity Commission (HREOC) (1997). *Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families.* Sydney: Human Rights and Equal Opportunity Commission.

Kessler, R.C., Andrews, G., Colpe, L.J., Hiripi, E., Mroczek, D.K., Normand, S.L.& Zaslavsky, A.M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychol Med, 32(6),* 959-976.

Mendes, P. & Snow, P. (Eds.) (2016). *Young people transitioning from out-of-home care. International research, policy and practice.* London: Palgrave Macmillan.

Pecora, P., Kessler, R., O'Brien, K., Roller, C., Williams, J. & Hiripi, E. (2006). Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest Foster Care Alumni Study. *Children & Youth Services Review, 28,* 1,459-1,481.

Santrock, J.W. (2010). *A Topical Approach to Lifespan Development* (5th ed.). New York: McGraw Hill.

Scott, D. & Swain, S. (2002). *Confronting cruelty: Historical perspectives on child protection in Australia.* Carlton, VIC: Melbourne University Press.

Senate Community Affairs References Committee (2004). *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children.* Canberra: Commonwealth of Australia.

van Krieken, R. (1991). *Children and State: Social Control and the Formation of Australian Child Welfare.* Sydney: Allen and Unwin.

Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment, 52(1),* 30-41. doi: 10.1207/s15327752jpa5201_2

Contact details: Professor Elizabeth Fernandez, School of Social Sciences, University of New South Wales, Australia, e.fernandez@unsw.edu.au

Part two

**Services development and evaluation
for children and families in need**

Development and evaluation in out-of-home care

Outcomes for children in out of home care
Nina Biehal, Helen Baldwin, Linda Cusworth and Jim Wade

Keywords: abuse, neglect, outcomes of out of home care

Background
It is widely considered that outcomes for children in out of home care are generally poor. Research has pointed to poor education outcomes, high rates of mental health problems and involvement in crime and subsequent over-representation among the unemployed and homeless populations. However, most studies compare outcomes for children in care to those for the general population of children and then assume that any problems identified are entirely due to being in care, ignoring the fact that children in foster care have often experienced abuse, neglect and other adversities which are likely to have an effect on outcomes. As a result, it is not possible to know how far outcomes for children in care are due to their experience of being in care and how far they reflect the adversities they experience in their families prior to admission.

The *Outcomes of Care* study took a different approach, comparing the mental health and educational attainment of children in foster care to that of other maltreated children who did not enter out of home care. It compared the histories, circumstances and key outcomes for children who entered care to those for maltreated children who were never admitted to care.

Aim and methodology
The primary aim of the study was to compare outcomes for children placed in out of home care due to maltreatment to those for a comparison group of maltreated children who remained at home.

This comparative, longitudinal study was a natural experiment, which drew on data from local administrative databases to identify and recruit a representative sample of children (n=390) who had been exposed to abuse or neglect before the age of eight years. The study compared 216 children who had ever been in care (the *ever in care group*) to those for 174 children who had been monitored and supported at home on a child protection plan but had never been in care (the *never in care group*). The «never in care» group received supervision and support at home under a Child Protection Plan. By follow-up, an average of 4.2 years after the first intervention (either a Child Protection Plan or placement in out of home care), 92 children in the *ever in care* group had been reunified with their families.

Outcome data were collected through interviews with parents (of the *never in care group* and of children who had been reunified) or foster carers (of non-reunified children in the *ever in care group*), which included questions on children's development and current circumstances and a standardized screening measure of child mental health, the SDQ (Goodman, 1997). Data on the children's histories and on types and reasons for intervention were collected via a survey of social workers, which included a standardised measure of the nature, severity and timing of the maltreatment experienced, the

Modified Maltreatment Classification System, or MMCS (English & the Longscan investigators, 1997). These sources of primary data were linked to three administrative datasets, which provided data on referrals, child protection interventions, patterns of placement and educational attainment. A standardized measure of speech and language development, the BPVS, was administered to a sub-sample of children (Dunn et al., 1982).

Key findings
Mental health. High scores for emotional and behavioural difficulties (on the caregiver-completed SDQ) were reported for one-third of the children who had ever been in care, whereas only 10% of children in the general population have difficulties of this kind (Meltzer et al., 2000). However, high scores for emotional and behavioural difficulties were also reported for one-quarter of the children who had been on a Child Protection Plan but had never entered care. Overall, children who experienced more types of abuse or neglect were more likely to have these mental health difficulties than those who experienced fewer types.

These findings indicate that maltreatment may increase the risk of mental health difficulties, whether or not children are placed in care. Emotional and behavioural difficulties were also significantly more likely among children with a disability or developmental delay, a group that was significantly more likely to be placed in out of home care than on a Child Protection Plan. Placement in care was therefore not the sole, or principal, cause of mental health problems for the children who enter care.

The family context in which the children were living when they were followed up, an average of four years after they were first referred to social workers, also had a bearing on their mental health. Children whose current caregivers (parents, relatives or foster carers) had a warm relationship with them were less likely to have these difficulties. However, they were more likely to do so if their current caregivers had mental health difficulties, as measured by the GHQ (Goldberg et al., 1997).

Educational attainment. Scores on national tests of communication skills indicated that 46% of children in foster care achieved the expected level for their age, a significantly lower proportion than among those living at home at follow-up (70%). However, there were no significant group differences in relation to national tests of literacy.

Conclusions
The study provides important new evidence on the drivers of mental health and educational attainment for children placed in out of home care before the age of eight years. It shows that mental health difficulties and educational attainment for maltreated children placed in out of home care were to a large extent due to their experiences of abuse, neglect and associated adversities before they entered care. It also highlights the vital importance of paying attention to the quality of current relationships for children, both for those in foster care and those living with their families, and to the mental wellbeing of their current caregivers.

Main references

Dunn, L.M., Dunn, L. & Whetton, C. (1982). *British Picture Vocabulary Scale*. Windsor: NFER.

English, D.J. & The Longscan Investigators (1997). *Modified Maltreatment Classification System (MMCS)*. Retrieved from http://www.iprc.unc.edu/longscan/.

Goldberg, D., Gater, R., Sartorius, N., Ustun, T., Piccinelli, M., Gureje, O. & Rutter, C. (1997). The validity of two versions of the GHQ in the WHO Study of Mental Illness in General Health Care. *Psychological Medicine, 27,* 191-197.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry, 38,* 581-586.

Meltzer, H., Gatward, R., Goodman, R. & Ford, T. (2000). *Mental Health of Children and Adolescents in Great Britain*. London: The Stationery Office.

Contact details: Nina Biehal, Professor, Department of Social Policy and Social Work, University of York, Address: Alcuin College C Block, University of York, York YO10 5DD, England, E-mail: nina.biehal@york.ac.uk

Partnering with families in therapeutic residential care: An Australian scoping study

Patricia McNamara and Sara McLean

Keywords: residential care, therapeutic, families, Australia

Background

Residential care for children and young people is arguably the most contentious domain within out-of-home care internationally. In many countries, including Australia, a tragic history of institutional abuse and neglect casts enduring shadows over today's residential programs. Legitimate concerns are also raised regarding current standards of service delivery and evidence of poor outcomes. Those concerns sometimes give rise to media coverage, leading to negative views of residential care within the broader community. A perception of high costs too, is frequently contested (McNamara, 2015). In Australia, residential care is frequently the placement option of last resort. Many children and young people enter residential care after multiple placement breakdowns, especially within foster care. Most young people in residential care are adolescents, although sibling groups can often include younger children. Residential care represents only 5% of Australian out-of-home care placements overall. There is, however, some marked variation by State, with Northern Territory recording 11% of all placements in care as residential and South Australia 15% (Australian Institute of Health and Welfare, AIHW, 2017). Notwithstanding the undeniable challenges confronting residential care, Australia manifests encouraging progress in the development and implementation of therapeutic approaches to residential care.

Therapeutic residential care (TRC) in Australia has been defined thus: *....an intensive intervention for children and young people, which, in Australia, is a part of the*

out of home care system. It is a purposefully constructed living environment which creates a therapeutic milieu that is the basis of positive, safe, healing relationships and experiences designed to address complex needs arising from the impacts of abuse, neglect, adversity and separation from family, community and culture. Therapeutic care is informed by current understandings of trauma, attachment, socialisation and child development theories, which are translated in practice and embedded in the therapeutic care program (National Therapeutic Residential Care Alliance - Australia, Ntrca 2016, www.ntrca.org.au).

Almost every child and young person entering TRC has experienced extreme trauma and attachment disruption (McLean et al., 2011). Often transgenerational patterns of trauma are manifest, becoming cumulative with placement in out-of-home-care. This is especially the case with Aboriginal and Torres Strait Islander (ATSI) children and young people who are highly over-represented in Australian out-of-home-care overall, including TRC. ATSI children are currently around ten times more likely to enter care than children in the general population (AIHW, 2017). For these children and their families, placement away from family, community and country has strong resonance with Stolen Generation experience (Australian Human Rights Commission, 1997). This adds a further dimension to trauma and vicarious trauma.

Statutory TRC programs in Australian child welfare generally involve small group care in a suburban family home (up to four young people). Programs must be intentionally therapeutic with qualified mental health staff or consultants and have appropriate clinical governance. They should provide a bio-psycho-social assessment of children in the service with a case formulation and a credible intervention plan. This should be based on an understanding of child development and articulate how the young person's experience has created their current problems and what will be done to assist (Ntrca, 2016).

TRC homes are geared to living and learning in a safe therapeutic milieu. TRC privileges recovery from trauma and attachment disruption. There is emphasis on building trust and problem solving without conflict. Managing dysregulation, development of relationships (with adults and peers), mindfulness, personal growth and change, maturation, life skills and building readiness for independent living are high priorities. Various models of TRC are practised in Australia and local evidence is emerging of good outcomes for young people where programs are of high quality (Verso, 2011; McLean et al., 2011).

Alienation from/conflict with family is common for children and young people entering TRC and a stay in Australian TRC can often continue for over two years. Partnering with families over this period with a view to healing trauma, building trust, improving communication patterns and facilitating reunification where possible, is an important element in most TRC models (McNamara, 2015; Verso, 2011). Frequently, intrafamilial conflict and/or estrangement is long-term and complex in origin. Healing attachment disruption and recovery from trauma can be a highly challenging process for young people and families; it demands advanced therapeutic skills from residential teams (McLendon et al., 2012). Effective collaboration with families is potentially a key contributor to good outcomes from therapeutic residential care (TRC). Outcomes of family partnerships within Australian TRC have yet to be formally documented. Current anecdotal evidence of good practice however, suggests excellent outcomes where strong partnerships with families have been achieved (McNamara, 2015). The sector

acknowledged need to build an evidence base informing policy and practice in relation to TRC partnering with families has given rise to this study.

Purpose and methodology

The purpose is to present a qualitative scoping study in progress under the auspice of the National Therapeutic Residential Care Alliance - Australia (Ntrca)[4]. This Australia-wide study aims to:

1. explore current opportunities and constraints to partnering with families in Therapeutic Residential Care (TRC),
2. identify sector perceptions of best practice in partnering with families in TRC,
3. explore sector experience of outcomes from strong TRC-family partnerships,
4. identify areas for further research focused on partnering with families in TRC.

A small purposive sample of therapeutic residential care managers representing 2 key providers in each Australian state and territory (N=16 max) are being interviewed. They are asked to describe features of partnering with families within their own setting. Such features include: numbers of young people and families engaged in TRC State-wide; theoretical model practiced in their own organisation and how this underpins family engagements and partnerships; where family partnering sits as an interventive priority; qualifications of staff engaged in family partnering specifically; what the specific approach to partnering looks like in practice; what creates opportunities/constraints for partnering with families; type and frequency of supervision and/or mentoring; training programs employed to facilitate family partnering; perceived theoretical and practice outcomes of partnering with families.

Participants are also requested to provide a State-wide overview of TRC and to present their views on best practice and areas for policy and programmatic development. In addition, up to 6 local and international expert informants are being interviewed. These interviews focus on perceived best practice, current research evidence and policy development. Semi-structured questionnaires are being administered over one-hour, either face-to-face or via telephone interview. Interviews are recorded and transcribed and data analysed for content and themes utilising NVivo10 software.

Findings

Evidence of congruence and difference in approaches to partnering with families is anticipated across Australia. This can also be expected in perceptions of what constitutes best practice and policy, locally and internationally.

Identifying theoretical frameworks, practice models, staffing, training, mentoring and supervision approaches most likely to lead to strong family partnerships and good outcomes is central to effective policy and program development in TRC.

---

4. This research is being conducted under the auspices of the *National Therapeutic Residential Care Alliance (Australia)* (NTRC). The NTRCA comprises key stakeholders across Australia, including senior practice managers and academics.

Conclusions

Research in this domain remains extremely limited, nationally and internationally (Whittaker et al., 2015). Outcome-based research relating to Australian TRC is minimal (McNamara, 2015; McLean et al., 2011; Verso, 2011) and there is currently no documented Australian research focused specifically on family partnerships in TRC.

The present scoping study will begin to address this important knowledge gap. Improving the evidence base regarding effective approaches to partnering with families in TRC has the potential to enhance policy, practice and programmatic development. This can potentially give rise to better outcomes for children, young people and their families.

It is envisaged that this scoping will platform formal evaluation of family partnership practice in TRC, including impact(s) on client outcomes. Such research is needed to build the knowledge base in this domain and address evidence gaps at national and international levels.

Main references

Australian Human Rights Commission (1997). *Bringing Them Home: The 'Stolen Children' Report*. Retrieved from http://www.humanrights.gov.au/publications/bringing-them-home-stolen-children-report-1997

Australian Institute of Health and Welfare (2017). *Child Protection Australia 2015-2016*. Child Welfare Series 66 Cat. no CWS 60. Canberra: AIHW.

McLean, S., Price-Robertson, R. & Robinson, E. (2011). *Therapeutic residential care in Australia: Taking stock and looking forward.* Melbourne: Australian Institute of Family Studies.

McLendon, T., McLendon, D. & Hatch, L. (2012). Engaging families in the residential treatment process utilizing family-directed structural therapy. *Residential Treatment for Children and Youth, 29(1),* 66-77.

McNamara, P. (2015). A new era in the development of therapeutic residential care in the State of Victoria, In J.K. Whittaker, J. Del Valle, and L. Holmes (Eds.), *Therapeutic residential care with children and youth: identifying promising pathways to evidence-based international practice* (pp. 126-139). London and Philadelphia: Jessica Kingsley Publishers.

Verso (2011). *Evaluation of the therapeutic residential care pilot programs.* Melbourne: Department of Human Services Victoria. Retrieved from http://www.dhs.vic.gov.au/data/assets/pdf_file/0005/712868/therapeutic-residential-care-report.pdf

Whittaker, J.K., Del Valle J.F. & Holmes, L. (Eds.) (2015). *Therapeutic residential care with children and youth: Developing evidence-based international practice.* London and Philadelphia: Jessica Kingsley Publishers.

Contact details: Patricia McNamara PhD, Senior Fellow (Honorary), Department of Social Work, University of Melbourne, Victoria, 3010, Australia, Tel. +61 417138884, E-mail: mcnamara.p@unimelb.edu.au

Determinants and outcomes of social climate in therapeutic residential youth care: A Systematic review

Jonathan D. Leipoldt, Annemiek T. Harder, Tormod Rimehaug, Nanna S. Kayed and Hans Grietens

Keywords: therapeutic residential youth care, systematic review, meta-aggregation, social climate, determinants, outcomes

Background

Residential care concerns the treatment and care of young people outside their family environment and aims to provide services to protect, care, and prepare young people for return to life outside the institution (Harder & Knorth, 2015).

Treatment usually takes place within a therapeutic holding and learning environment and the number of institutions adhering to evidence-based treatment interventions is growing. Recently, the international workgroup on therapeutic residential care (Whittaker et al., 2015) published a consensus statement using the following definition of Therapeutic Residential Youth Care (TRC): *the planful use of a purposefully constructed multi-dimensional living environment designed to enhance or provide treatment, education, socialization, support, and protection to children and youth with identified mental health or behavioral needs in partnership with their families and in collaboration with a full spectrum of community-based formal and informal helping resources* (Whittaker et al., 2016). Within this definition, we distinguish therapeutic residential care from other types of residential care with other primary purposes, such as detention, isolation, and basic care (e.g., orphanages). The defining characteristic is the inclusion of a pronounced 'therapeutic' component.

A meta-analysis on outcomes in residential care showed small to moderate effects on improvement in emotional problems, a decrease in externalizing problems, and less recidivism of adolescents in residential care. However, long-term results show a less retained effect compared to short-term results. Moreover, there is limited evidence on how residential care achieves treatment goals: residential care remains too much a «black box» (Harder & Knorth, 2015).

Therefore, we need to know more about how results are achieved. One of the factors associated with this process of change is social climate within TRC institutions. Previous research showed that social climate is an important factor in different types of residential care settings, such as child welfare services, residential homes, supported group homes, and mental health facilities. We will further group these different settings as TRC if they meet the requirement for an accentuated therapeutic component in the program.

The concept of social climate is related to the Self-determination Theory, which states that an environment that satisfies the three innate basic psychological needs competence, relatedness, and autonomy is important for growth and motivation to learn. A TRC environment that adheres to the concepts of growth and support is thought to have the best effect on young people's well-being. Studies showed that a positive climate consists of high levels of support and autonomy, low levels of repression and anger, and a clean, safe, clear and structured environment. In addition, an environment focusing

on targeting young people's problems and positive relationships between staff and young people is considered positive. Negative social climates consist of lower levels of support, autonomy, poor staff-adolescent relationships and higher levels of repression, anger, non-clarity, and structure (Van der Helm, 2011).

According to the theoretical model of Moos and Lemke (1996), social climate can be seen as both a predictive and outcome factor for (young) people in residential care (Figure 1). The framework emphasizes the central position of social climate in relation to determinants and outcomes and can therefore be seen as the 'match' of the person with the environment. Up until now, it is unclear what determines social climate in TRC. Previous cross-sectional studies on the relation between determinants and social climate have shown that small residential group size, public owned institutions, and institutions that adhere to routines and policies have a more positive social climate compared to larger, private owned institutions and institutions that do not have structured policies. Furthermore, studies reported on the associations between social climate and TRC outcome variables. For example, a positive social climate is positively associated with the development of adolescents' treatment motivation, active coping strategies, and higher levels of client and staff satisfaction. On the other hand, a negative social climate is associated with more social and behavioral problems, peer victimization of adolescents during TRC, and higher recidivism rates.

Comparison of the results proves to be difficult due to various definitions of social climate (cf. group climate, living, physical, and psychosocial environment) and differences in assessing social climate. Therefore, we need more systematic knowledge to better understand the impact of social climate in TRC. Up until now, no literature review has been performed regarding positive and negative effects of social climate in TRC.

Objectives

The aim of this systematic review is to provide knowledge on what constitutes a good social climate according to adolescents and staff members and whether it is possible to formulate «what works for whom» principles regarding good quality of TRC for adolescents with psychosocial problems.

The main questions that this review will address are: (1) What are the determinants of a positive/negative social climate in TRC?, and (2) Which aspects of social climate in TRC are associated with positive/negative outcomes of TRC? Based on previous research, we expect that different determinants are related to both a positive and negative social climate and that a positive social climate is associated with positive outcomes.

Methodology

We carried out a systematic literature review and included peer-reviewed studies (books, journal articles, dissertations, and reports) from 1990 until March 2017 in the English language. We used a combination of search terms and synonyms for adolescents in TRC, different types of TRC institutions, and social climate.

Studies were included if they adhered to the following criteria: (1) the intervention setting matched the definition of TRC, (2) the research respondents were adolescents between 10 and 23 years old or staff members, (3) social climate had to be measured, either in a quantitative or qualitative way, and (4) variables had to measure determinants

or outcomes. Potential determinants of social climate are institutional size, staff, financing, policies, routines, and organization. Potential outcomes include symptom scores, behavioral problems, goal realization, treatment satisfaction, quality of life, and recidivism. Studies on interventions in schools, outpatient clinics, prisons without therapeutic component, foster homes or families, combining TRC and outpatient care, or medical settings were excluded, as were studies on young people older than 23, case studies, and non-structured interpretative qualitative studies.

Fig. 1. A model of relationships between determinants and outcomes of social climate
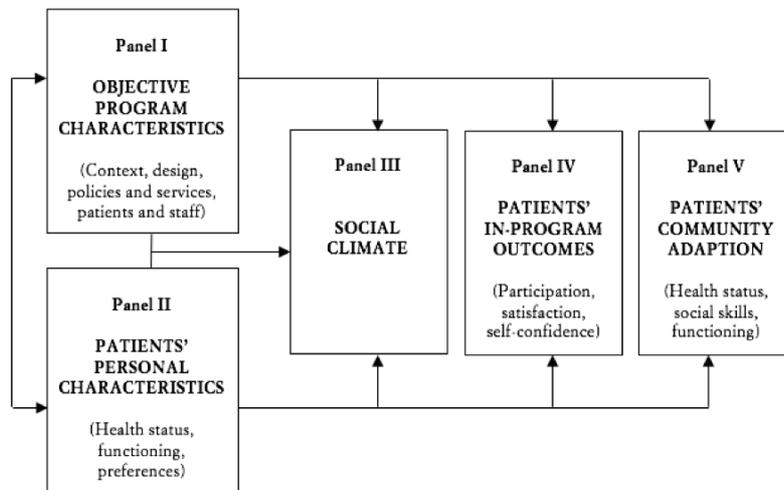
We performed the selection procedure in three steps. The first author screened the titles yielded by the search against the inclusion criteria. After title screening, the first, second, and third author screened the abstracts. Third, the first two authors determined the eligibility of the remaining studies by reading the full articles. To ensure literature saturation, we scanned the reference lists of the included studies. We applied meta-aggregative techniques to synthesis findings from the final selection.

Key findings
The initial search resulted in 9,830 studies. We excluded 9,504 studies after screening the titles. Around 85 to 90% of the remaining studies were excluded on abstract, resulting in a synthesis of around 40 studies.

Preliminary analysis of the studies included indicates associations between social climate and type of institution, staff characteristics, size of institution, and organizational characteristics. In less restrictive settings, a more positive social climate and less problematic behavior of adolescents are reported, compared to more restrictive settings.

Furthermore, a balance between support, autonomy, and control is required to promote less psychosocial problems for adolescents in TRC. The preliminary findings from this study point to the importance of shaping environments that match the heterogeneous groups of adolescents living in TRC.

Conclusions

The results of this study will provide clear recommendations for TRC institutions to improve their social climate at residential groups. Future empirical assessments of TRC outcomes should include living environment measures in order to evaluate how results are achieved compared to what results are achieved.

Main references

Harder, A.T. & Knorth, E.J. (2015). Uncovering what is inside the 'black box' of effective therapeutic residential youth care, In J.K. Whittaker, J.F. Del Valle, and L. Holmes (Eds.), *Therapeutic residential care with children and youth: Developing evidence-based international practice* (pp. 217-228). London and Philadelphia: Jessica Kingsley Publishers.

Moos, R.H. & Lemke, S. (1996). *Evaluating residential facilities.* Thousand Oaks, CA: Sage.

Van der Helm, G.H.P. (2011). *First do no harm: Living group climate in secure juvenile correctional institutions.* Amsterdam: Uitgeverij SPW.

Whittaker, J.K., Del Valle J.F. & Holmes, L. (Eds.) (2015). *Therapeutic residential care with children and youth: Developing evidence-based international practice.* London and Philadelphia: Jessica Kingsley Publishers.

Whittaker, J.K., Holmes, L., Del Valle, J.F., et al. (2016). Therapeutic residential care for children and youth: A consensus statement of the international work group on therapeutic residential care. *Residential Treat Child Youth*, *33*, 89-106.

Contact details: Jonathan D. Leipoldt, PhD Candidate, Department of Special Needs Education and Youth Care, University of Groningen, Regional Centre for Child and Youth Mental Health and Child Welfare, Norwegian University of Science and Technology, Grote Kruisstraat 2/1, 9712 TS Groningen, The Netherlands, Tel. +31 50 3639823, j.d.leipoldt@rug.nl.

Cultural evolution in a correctional home: from control and discipline to support and development
Kim Leung and Rita Ho Tsz-mei

Keywords: PBMS, behaviour, relationship

Background

The Tuen Mun Children and Juvenile Home (TMCJH/ the Home) of the Social Welfare Department (SWD) is a gazetted integrated correctional home serving as a place of refuge, a remand home, a probation home and a reformatory school under respective ordinances. The Home commenced operation in March 2007 with a capacity of 388 in total. The Home renders short-term/transitional care, protection and/or supervision to children and juveniles of both sexes who have encountered difficulties in their lives or have been involved in or convicted of criminal offences. By way of social work intervention, the Home provides daily care and training, education and vocational training, individual

counselling, group activities, community service, family support, recreational activities, etc. with the objective of enabling residents discharged from the Home to reintegrate into the community and lead a positive life with confidence and discipline.

Residents admitted to the TMCJH have faced both internal and external challenges in their quest for self-identity, self-worth, love, sense of belonging, peer identification, independence, autonomy and a place in society. With unmet needs and as a result of undesirable socialisation, they display anti-social traits, aggression and self-harming behaviours. Their developmental problems are complicated by their exposure to substance abuse, domestic violence, internet addiction, materialistic orientation, peer bullying, etc. Some children even suffer from emotional or mental disturbances. Residential staff of TMCJH thus encounter great challenges in managing the emotion and discipline of the residents.

Challenging behaviours always separate people from society and present a risk to the health and safety of all people. On the contrary, when people are engaged in healthy and meaningful relationships, they are set up for behavioural transformation and functional skill development to do better (The Mandy System®, 2012; Richardson, 2001). In view of the increasing challenging behaviour of the residents in the Place of Refuge and the Remand Home of the Girls' Section and the frustration of the frontline staff who found tightening control and discipline yielded little positive effect in helping the residents to improve their behaviours, a comprehensive review on the reward and punishment system in the Girls' Section of TMCJH was conducted in 2012. Establishment of quality care and supervision to support residents' positive development was shared as the common vision in service delivery. Believing that changing the culture of the Home would lead to change in outcomes, the Home started implementing a holistic and systemic intervention framework called Positive Behavioural Management System (PBMS) in the Place of Refuge and Remand Home of the Girls' Section in 2013. The mode of intervention offers positive behavioural support to people as well as re-engineering of the environment. It moves away from a deficit model to a positive developmental one, stepping forward to assist the residents to rebuild a meaningful life. This cultural evolvement creates an atmosphere in supporting rather than controlling people. Research on this approach in promoting meaningful life transformation and youth resilience is substantial (Brendtro, Brokenleg & Bockern, 1990; Richardson, 2001; Geldard, 2009).

PBMS is constructed by a series of relational, behavioural and developmental initiatives to meet the unique strengths and needs of the residents as replacement and prevention of their misbehaviours. To navigate the residents towards positive social-emotional and behavioural changes, multiple strategies emphasising safe working environment, positive staff team and healthy worker-client relationship are developed in all segments. They contained building enhanced healing rapport, diversified reward-focused management in discipline training, various inputs of positive psychology and family values, system interventions, etc. The use of positive interactions to make residential life meaningful is cultivated among residents and staff.

Goal

The goal is to measure and analyse the effectiveness of PBMS for the period from 2013 to 2016 in respect of cultural evolution as an intervention approach to adopt positive behavioural support in TMCJH.

In 2016, after implementing PBMS for 4 years, we considered it an appropriate time to evaluate the effectiveness of PBMS in the Place of Refuge and the Remand Home of the Girls' Section in TMCJH on reduction of residents' challenging behaviours and increase of desirable life transformation.

Development in areas of worker-client relationship, staff perception of residents' social-emotional and behavioural conditions, work safety, staff satisfaction, etc. contributing to the enhanced caring and supervision capacity of the staff team is also assessed.

Methodology

This study was conducted in the Place of Refuge and Remand Home of the Girls' Section in TMCJH in 2016 to evaluate the effectiveness of PBMS in facilitating improvement of residents' behavioural, worker-client relationship, work safety and staff satisfaction.

In the study, a time-series design was used, with the data of 2010 to 2012 which were the 3 years prior to the implementation of PBMS adopted as the baseline to compare with the data in the subsequent 4 years from 2013 to 2016. Mixed methods with both quantitative and qualitative designs were used.

All residents and about 20 social workers of the Place of Refuge and Remand Home of the Girls' Section from 2010 to 2016 were involved in the study. The residents were mainly local Chinese girls aged 8 to 18 with similar socio-economic background and education attainment detained by the court in TMCJH for temporary custody from less than 24 hours to several weeks during the period covered by the study. Data was collected from available documents like event logs, records of disciplinary boards, significant incident records and records of residents' use of aggression against staff in the Girls' Section. Behavioural features targeted for change included residents' aggression and other oppositional behaviours, such as attempts to escape from custody, refusal to enter into the dormitory/bedroom as instructed and according to the daily routine, pouring water over the floor/damaging fire sprinkler heads and smuggling stuffs to the dormitory from classrooms or outside. Staff injuries and the subsequent sick leaves arising from handling of residents' violent acts were also measured.

On the other hand, to evaluate the effectiveness of PBMS to increase residents' desirable behaviours, numbers of «A» grade granted to the residents for their outstanding performance every week during the period were also counted. With the phenomenon that the numbers of admission of residents varied from one year to another with a decreasing trend noticed from 2012, the proportion of incidents of the targeted behaviours to the number of admissions in a year instead of solely the numerical figure of incidents was measured for the comparison to eliminate the impact of the decreasing number of residents on the assessment. To supplement the above quantitative methods, qualitative methods such as interviews with/feedbacks from staff as well as direct observation were also used to collect useful data for the analysis.

Key findings

After implementation of the PBMS, the residents were motivated to move away from their misbehaviours to strengths building and self-development. Their compliance with the Home rules was spontaneously strengthened. They were motivated to earn their rewards and strove to obtain sense of fulfillment and respect. Opportunities for their self-enhancement were widened.

Findings of the study indicated that there was a decrease in the proportion of violence and other targeted challenging behaviours of the residents in terms of frequency and an increase in rewards earned by them in the Girls' Section, although intervention effects did not prominently take place until a year later in some aspects like residents' aggression, refusal to enter into the dormitory/bedroom and pouring water over the floor/damaging fire sprinkler heads. We considered it acceptable because it took time for the residents to adjust and respond to the cultural change and move away from their misbehaviours to strengths building and self-development under PMBS.

It is also worth mentioning that the magnitude of residents' aggression also decreased in the recent 2 years as reflected by the fact that fewer staff members were injured in a single incident and their injuries were not as severe as before even when residents used aggression against them. In fact, no staff injury or only mild injury was reported in most incidents nowadays. Healthier worker-client relationship and a more customer-friendly and child-centered organisational culture have been built. With the residents' refraining from using aggression against staff, the team of residential staff developed greater confidence with enhanced caring and supervision capacity in implementing training or activities focusing on positive behavioural support for the residents.

Conclusions

The PBMS is effective in promoting residents' positive behaviours, building residents' strengths and enhancing positive therapeutic relationship between the staff and residents in the Girls' Section of TMCJH. It has a wide range of applicability not only in the Girls' Section but also to the Boys' Sections and even other residential homes for children and youths although modification of the approach may be needed to better suit the needs of different clienteles and individual context.

With good acceptance of and positive feedback from the residents and the frontline staff towards this cultural evolution in TMCJH, a more systematic and in-depth intervention mode for the Home as well as intervention plans tailor-made for individual residents can be developed.

Besides, in addition to the promotion of the PBMS to frontline social workers, to yield a better and enduring effect on the residents' behavioural change, we should adopt a system approach and involve also other professionals such as teachers and instructors running education and vocational training courses in the Home and the residents' families in the implementation of the PBMS.

Main references

Brendtro, L.K., Brokenleg, M. & Bockern, S.V. (1990). *Reclaiming youth at risk: Our hope for the future*. Bloomington, Indiana: Solution Tree.
Geldard, K. (2009). *Practical Interventions for Young People at Risk*. London: SAGE.

Richardson, B. (2001). *Working with challenging youth: Lessons learned along the way.* New York: Routledge.

The Mandt System® (2012). *Instructor Manual: Relational, Conceptual, Technical.* Texas: The Mandt System, Usa.

Contact details: Ms Kim Leung, Social Work Officer, Tuen Mun Children and Juvenile Home, Social Welfare Department, HKSAR, 3 San Shek Wan North Road, Tuen Mun, New Territories, Email: swo2tmcjh@swd.gov.hk, Tel. 852-24607216.

Returning to parents from care: the under-valued, under-researched and under-funded permanence option?
June Thoburn

Keywords: children in care, reunification to parents, social work practice, permanence, child protection, foster care

Background
Although the term 'permanence' is not used in all jurisdictions, the aims of providing stability, safety and a sense of belonging are now shared across national boundaries in rich and poor countries alike. In the 1980s as now, in most countries the first permanence option is to return children who have needed to come into public care safely to their birth parents or, if that is not possible, to a secure place within the extended family.

The author will focus on the extent to which the aim of reunification has been prioritised in policy and practice when compared with the other 'permanence options' of adoption and long-term foster or residential care.

Objectives and methodology
The objective is to increase knowledge about return home from care as a permanence option, across national boundaries and policy and cultural contexts. Progress in United Kingdom in applying outcome-based research findings to policy and practice to return children safely from care to a birth parent will be reviewed. Researchers will then be invited to consider the relevance of this literature to other 'rich' countries as well as to developing countries and emerging economies.

An overview of key social policy, social work and research texts from the mid 1980s when the term 'permanence' first came into prominence in the USA and then UK will be presented. The paper draws on a scoping review of the international research on reunification (Thoburn et al., 2012) and on contributions to an edited book exploring (mainly UK) policy and practice when children return from care to parents. Although return to parents has been well covered over the years by USA researchers, in the UK, after a small number of studies in the 1980s and early 90s (Thoburn,1980; Farmer & Parker, 1991; Bullock et al., 1998) the research emphasis has been on achieving

permanence via placement for adoption. As the numbers in care have risen in recent years, there has been renewed interest in seeking to understand how return home can be a more successful option (Boddy, 2013). The author draws on the review of international research as well as the more recent research in England of Elaine Farmer (Farmer et al., 2011; Wilkins & Farmer, 2015; Farmer, 2017) and of Jim Wade and colleagues (2011), and the Australian research of Elizabeth Fernandez (2012) which focuses especially on the role of foster carers.

Key findings

In most jurisdictions, the aim to secure protection and stable family placement for children who enter out-of-home care are linked with the aim of continuity of birth family relationships. When compared to UK nations and the USA and, to a lesser extent, Australia and Canada, research and policy literature on 'permanence options' (including reunification) is less extensive.

In England, despite strong and coherent research findings about required practice to achieve good outcomes when children return to a parent, practice following reunification has received less attention from policy makers and services to birth families are the least adequately funded.

This is despite consistent evidence from administrative data, longitudinal and qualitative studies that, at least for children who enter care because of concerns about maltreatment (the majority in 'rich' countries though not necessarily in countries with fewer resources) it is the least successful option in securing their long-term stability, safety and wellbeing.

The author will briefly summarise the data on outcomes of alternative placement options and then focus on what the research and recent practice initiatives can tell us about how success rates when children return home (in terms of safety, stability and child wellbeing) can be improved. It will focus on the key message that, if there is a possibility that a child may return safely home, the process of entry into care, and the time away from home, has to be as carefully attended to as the process for preparing for and supporting the journey back home.

Conclusions

Return to one or both parents from care, in international and national law and guidance, is the prioritized 'permanence' option.

Despite the consistent research findings about the components of effective practice when children return to parents, these are not widely disseminated to policy makers and practitioners and funding is least likely to be made available to secure good outcomes for more of those who return home. Researchers are invited to consider why this might be the case, and whether it applies in their own countries.

Main references

Boddy, J. (2013). *Understanding permanence for looked after children: A review of research for the Care Inquiry*. London: The Fostering Network.

Bullock, R., Gooch D. & Little, M. (1998). *Children Going Home: The Re-unification of Families.* Aldershot: Ashgate.

Farmer, E. & Parker, R. (1991). *Trials and Tribulations.* London: HMSO.

Farmer, E., Sturgess W., O'Neill, T. & Wijedasa, D. (2011). *Achieving Successful Returns from Care: What makes reunification work?*. London: BAAF.

Farmer, E. (2017). *Reunification from out-of-home care: A research overview of good practice*. Bristol: University of Bristol.

Fernandez, E. (2012). *Accomplishing Permanency: Reunification Pathways and Outcomes for Foster Children.* New York: Springer.

NSPCC (2012). Returning Home from Care: What's best for children? London: NSPCC.

Thoburn, J. (1980). *Captive Clients.* London: Routledge.

Thoburn, J. & Courtney, M. (2011). A Guide through the knowledge base on children in out-of-home care. *Journal of Children's Services, 6(4),* 210-227.

Thoburn, J. (2010). Towards knowledge-based practice in complex child protection cases: a research-based experts' briefing. *Journal of Children's Services*, *5(1),* 9-24.

Thoburn, J., Robinson, J. & Anderson, B. (2012). *Returning Children from Public Care*. London: Social Care Institute for Excellence Research Briefing 42. Retrieved from http://www.scie.org.uk/publications/briefings/briefing42/

Wade, J., Biehal, N., Farrelly, N. & Sinclair, I. (2011). *Caring for Abused and Neglected Children: Making the Right Decisions for Reunification or Long-term Care.* London: Jessica Kingsley.

Wilkins, M. & Farmer, E. (2015). *Reunification: an evidence-informed framework for return home practice*. London: NSPCC. Retrieved from www.nspcc.org.uk/globalassets/documents/research-reports/reunification-practice-framework-guidance.pdf

Contact details: June Thoburn, Emeritus Professor of Social Work, University of East Anglia School of Social Work, Norwich NR47TJ, UK, E-mail: j.thoburn@uea.ac.uk, Tel. 00 44 (0)7702 330284.

A new paradigm for statutory kinship care in Australia

Juliette Borenstein, Margarita Frederico and Patricia McNamara

Keywords: kinship care, child protection, out of home care

Background

Practitioners in Australia are navigating a period of rapid change in the social policy landscape, as state sanctioned kinship care, where children in public care are looked after by relatives or friends, has become the fastest growing and predominant form of care (48.6% of children in care, as at 30.6.16) (Australian Institute of Health and Welfare, 2017). Although many benefits of kinship care have been identified (Winokur et al, 2014, Brown & Sen, 2014), its use in the public welfare system has not been unproblematic.

There are significant challenges in adopting a traditional social care arrangement as a public welfare measure, due to ambiguity about the carer-state relationship (especially

regarding responsibility for support), and ambivalence about how kinship families should be treated (often resulting in a 'hands off' approach) (O'Brien, 2012, Peters, 2005). Lack of clear practice guidance for this distinctive form of care has resulted in uncertainty amongst workers, inconsistency in practice, and inadequate support provided to kinship families (McHugh, 2009, Chipman et al 2002). There have also been increasing observations about the lack of fit with existing service systems, which in Australia and elsewhere have been shaped for many decades by foster care as the dominant paradigm (Boetto, 2010, Aldgate & McIntosh, 2009, Hegar & Scannapieco, 1995). Finally, both kinship carers and the children they care for, are likely to be subject to structural disadvantages and vulnerabilities (Kiraly, 2015, Boetto, 2010), which compound the effects of poorly targeted policy and practice.

The current study is located in Victoria, the second largest state in Australia, where kinship practice has been developing over the past decade, following legislative change to prioritise it as the first option for public care (Children, Youth & Families Act, 2005). Kinship carers within the formal system in Victoria are treated in many ways like foster carers (eg monitoring and quality of care processes), but they receive less financial and practical support, and while threshold requirements are less rigorous for kinship carers, they have not been provided with the same information and educational opportunities. The government however does provide specialised services to kinship families either from state employed workers, or through 27 government funded community kinship support programs, including ten specialized Aboriginal programs.

Purpose

The purpose of this study, which is ongoing, is to gauge from the perspective of kinship carers and practitioners how aligned practices in Victoria are to current policy and practice frameworks, and how consistent are the views among and between workers and carers. The areas of inquiry are: the nature of statutory kinship care; the role of carers and practitioners in statutory kinship care; elements of quality care; elements of quality practice; appropriate standards for statutory kinship care; and the role of the state and the carer-state relationship. These perspectives, together with the views of other stakeholders (young care leavers, policy makers and researchers) and relevant theory and research, will inform recommendations for policy and practice development.

Methodology

The study involves kinship carers and practitioners associated with 17 community based kinship support programs in rural and metropolitan regions of Victoria. Participants were recruited with purposive sampling through the support programs, and nearly equal numbers of carers (68) and practitioners (69) participated in the research. Both quantitative (survey) and qualitative (survey text response, focus group and interview) data were collected.

A 'transformative' approach (Mertens, 2012) was adopted, which considers power imbalances, and is consistent with collaborative processes, and an ethic of mutual benefit. A representative stakeholder panel had input into the development and delivery of the survey, and will provide feedback on a proposed model. Collection of data was also modified to ensure that it was accessible to all participants, and there is a commitment to disseminating findings back to the field.

The survey, which has both closed forced choice ranking questions, and open questions, was conducted online using Qualtrix software for collection and analysis, together with NVivo analysis of text responses. Focus groups and interviews were recorded and transcribed, and then analysed through thematic coding using NVivo software: identifying themes within the identified domains, and comparing the perspectives both within and between the cohorts of carers and practitioners.

Key preliminary findings

Consistent with a previous study (Chipman, 2002), survey responses from carers and workers showed concurrence of views on some aspects of kinship care, but for others there was a significant divergence both between and within the carer and practitioner cohorts, indicating a level of confusion about roles and responsibilities, and the nature of kinship care in this setting. It was also clear from responses that the perspectives of carers and practitioners were often inconsistent with the assumptions and regulatory requirements of the current practice framework.

With policy settings directing that kinship carers be regulated like foster carers, both carers (75%) and practitioners (55%) agreed that the role of kinship carer was most like that of a parent. There was less certainty about whether kinship carers should be treated the same as foster carers, with 38% of carers saying 'yes' (38%) with a view to parity of support, and workers saying 'no' (42%) in acknowledgement of the distinctive nature of kinship care. The inadequacy of support for kinship carers was a strong theme emerging from both practitioners and carers, with links being made to how it affects carers' capacity to provide care. Financial factors were nominated by both workers and carers as the most significant obstacle to caring for a child. Also consistent with previous findings (ibid), a theme for practitioners was the perceived complexity of the work, with calls made for better training, role definition and resourcing.

The greatest diversity of views was about standards of care. There were a significant number of carers (25%) who didn't know what standard of care was currently applied: particularly concerning given the reported anxiety of carers that the child would be removed. Workers indicated their belief that a lower standard of care is applied to kinship families, and expressed the view that it should be higher, while carers believed that they were maintaining a good and appropriate level of care.

The role of government also elicited divergent views, with carers preferring to receive just financial and practical support from the state (47%), while workers wanted to engage in a partnership with carers (65%), with shared responsibility for the welfare of the child.

Conclusions

Preliminary findings from this study indicate that in an ambiguous policy context in Victoria, there is significant uncertainty and lack of agreement about fundamental aspects of state sanctioned kinship care. This, together with resourcing issues, is impeding good practice and care, and ultimately compromising outcomes for the children in care. It is also impossible to ignore from the qualitative data the distress and stress caused to carers through lack of timely and appropriate support, and the stress also for practitioners in working without adequate resources, and practice and policy guidance.

It is clear, on the basis of this study, that state sanctioned kinship care needs to be unshackled from the foster care paradigm, to avoid the conceptual confusion which flows from that position. A new 'fit for purpose' framework is needed, founded in part on the views of workers and carers, as those closest to the practice. Such a framework will provide greater clarity about the roles and responsibilities of the carers, practitioners and the state, and will result in clearer prescriptions for accountability, engagement and good practice and care. This, together with support which is equitable, adequate and effective, will ensure better outcomes for children, who, in the lottery of care, find themselves living with relatives or friends.

Main references
Australian Institute of Health and Welfare 2017. Child protection Australia 2015–16. Child Welfare series no. 66. Cat. no.CWS 60. Canberra: AIHW.

Brown, L. & Sen, R. (2014) Improving Outcomes for Looked after Children: A Critical Analysis of Kinship Care, *Practice*, 26:3, 161-180.

Children Youth and Families Act (2005) (Vic.) retrieved from www.austlii.edu.au /au/legis/vic/consol_act/cyafa2005252/

Chipman, R., Wells, S., and Johnson, M. (2002). The meaning of quality in kinship fostercare: caregiver, child, and worker perspectives. *Families in Society*: Sept-Dec, 83, 5/6, 508-520.

McHugh, M. (2009). *A framework of practice for implementing a kinship care program.* Sydney: Social Policy Research Centre, University of New South Wales.

Mertens, D.M. (2012). Transformative Mixed Methods: Addressing Social Inequities. *American Behavioral Scientist,* 56(6), 802–813.

O'Brien, V. (2012): The Benefits and Challenges of Kinship Care, *Child Care in Practice*, *18(2)*, 127-146

Peters, J., (2005). True ambivalence: Child welfare workers' thoughts, feelings, and beliefs about kinship foster care. *Children and Youth Services Review*, 27 (2005) 595– 614.

Winokur, M., Holtan, A., & Batchelder, K. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. Cochrane database of systematic reviews 2014, issue 1. art. No.: CD006546. CD006546. pub3http://dx.doi.org/10.1002/14651858.

Contact details: Juliette Borenstein, PhD Candidate, Social Work and Social Policy, La Trobe University Kingsbury Drive, Bundoora, 3086, Victoria, Australia, E-mail: julietteborenstein@gmail.com

A socio-legal practice model of family restoration
Patricia Hansen and Frank Ainsworth

Keywords: The Care Act, rescission or variation of care orders, restoration to parental care

Background
The background to this contribution is the New South Wales (NSW) Child Protection system, the NSW Child Protection legislation and the NSW Children's Court. The purpose is to outline the legal and social work practice process by which parents who have had children removed from their care may seek the restoration of their child to their care.

At 30 June 2015, the total number of children in out-of-home-care (OOHC) in NSW was 16,843 (AIHW, 2016, Table A33). The number of section 90 (s90) applications seeking the rescission or variation of a care order was 842 in the year 2014-15 (personal communication, 2 December, 2016). In only 4.9% of the in care cases was an s90 application filed. The Children's Court does not collect statistical data about who filed an s90 application and, as a consequence, it is not known how many of the 842 applications were made by parents and how many were made by the Department of Family and Community Services (FaCS) or other eligible people.

The socio-legal practice model of restoration
This practice model of family restoration begins with s90 of the NSW *Children and Young Persons (Care and Protection) Act 1998* and is a process that blends social work and legal knowledge and skills. The lawyer brings to the table knowledge of the child protection legislation, relevant case precedents, knowledge of the legal tests that will be applied in deciding a case, court procedures and advocacy skills in presenting evidence and in cross examining witnesses. Social worker offers knowledge of family assessment, family dynamics including an understanding of the causes of child abuse and neglect, the impact of social disadvantage, child and adolescent development including an understanding of attachment and trauma as well as casework skills in managing the parents stress and anxiety.

An s90 application is a two-stage process. The first stage in the legal process is the leave stage which has to be granted if the case is to move forward to a full hearing of the application for rescinding or variation of a care order. The stages and steps in this process are shown in Box 1.

Stage 1, steps 1 and 2, involve the following which are critical steps that have to be satisfied in any application.
1. The threshold test - has there 'been significant change in any relevant circumstances since the care order was made or last varied' [s90, (2)].
2. Is there an 'arguable' case - Whether the applicant has an arguable case [s90, (2A) (e)].
   There are other factors to be examined as specified in s90 (2A) but the significant change and arguable case tests decide whether the application is granted leave.

Box 1. A socio-legal practice model of family restoration

Stage 1
    Step 1- Information gathering - Family and case history
    Step 2 - Legal decision. Threshold test   pass/fail
    Step 3 - Legal decision. Arguable case   pass/fail
    Step 4 - If either or both of the above are rated as fail discontinue
    Step 5 - If both of the above are rated as pass continue
Stage 2
    Step 1 - Prepare court papers, file an s90 application for leave
    Tasks parents must complete - provide supporting documentation
    Prepare and file affidavit material
    Step 2 - Possible application for a parenting assessment or a dispute resolution
    conference (DRC)
    Step 3 - Leave hearing
    Step 4 - If unsuccessful - close case
Stage 3
    Step 1 - If the application is successful prepare further evidence. Respond to requests
    for further assessments
Stage 4
    Step 1 – Negotiations. Dispute resolution conference (DRC) conference
    Step 2 – If no agreement after negotiations prepare for the hearing
    Prepare the parents for cross examination
Stage 5
    Step 1 - Hearing
    Step 2 - If unsuccessful - close case
    Step 3 - If the application is successful prepare parents for the filing of a new care
    plan and the stages of the restoration process as it affects their child

© Patricia Hansen

Outcomes and the socio-legal practice model

At 30 June 2007, that is 9 years earlier, and before this model was fully developed, children in out-of-home care (OOHC) in NSW numbered 11,843 (AIHW, 2008). In 2006-2007 the number of s90 applications was 686 (Wood, 2008; Hansen, 2012). That is to say that in 5.8% of the in care cases an s90 application was filed. A file study (Hansen, 2012) also reported that 28% of the applications were by parents seeking restoration of their child to their care. A further 24% of the applications were from FaCS (at that time by the Department of Community Services - DoCS) who were seeking a change of order whereby parental responsibility for a child would be removed from parents and would be reallocated to the Minister. The remaining s90 applications were about matters other than restoration. What we also know from the 2007 file study is that in less than 10% of the cases were the parents successful in their s90 application.

Even today, neither FaCS nor the Children's Court collect statistical data about restoration of a child to parental care. Recent amendments to the NSW child protection legislation place a priority on restoration to parent's, kin or extended family. Anecdotally, the opinion seems to be that restoration of children to parental care has increased. But we have no hard numbers to confirm this view. Whether this barely distinguishable trend will continue remains to be seen.

Implications for policy and practice
There are a significant number of social workers who obtain a law degree and a practicing certificate that allows them to represent parents in child protection cases. Not all of the social workers who qualify as a lawyer blend their social work and legal knowledge for the benefit of parents. Some simply change profession and embrace the law and cease to value and actively use their social work knowledge and skills. This socio-legal practice model was developed by the first author who argues that blending legal knowledge and skill with social work knowledge and skill adds value to actions that seek family restoration.

Another way the law and social work may come together is when a law firm employs a social worker to manage parent contact in order to free a lawyer to focus exclusively on the legal aspects of a case. It is an open issue as to which is the best way to put these two disciplines together. The argument is however that legal knowledge by itself is not a sufficient knowledge base for the effective prosecution of s90 applications.

Main references

Australian Institute of Health and Welfare (2008). *Child Protection Australia 2006-07*, Canberra: AIHW.

Australian Institute of Health and Welfare (2016). *Child Protection Australia 2014-15*, Canberra: AIHW.

Children and Young Persons (Care and Protection) Act 1998.

Hansen, P. (2012). Rescission or variation of Children's Court orders: A study of section 90 applications in NSW. *Children Australia, 37(2)*, 69-75.

Personal communication. 2 December, 2016.

Wood, J. (2008). *Report of the Special Commission of Inquiry into child protection services in New South Wales*. Sydney: Office of the Premier.

Contact details: Frank Ainsworth, Senior Principal Research Fellow (Adjunct), School of Social Work and Community Welfare, James Cook University, Townsville campus, Queensland 4811. Mobile 0405 019 450, e-mail: frankainsworth@hotmail.com

Daily care in a residential context
Gemma Beretta

Keywords: prevention, parental support

Background
In the late nineties children were separated from families both by economic reasons and by a new impulse in the care of local communities. In this context NATUR& started social work in the urban area of Seveso (a town in northern Italy) in 1995 inspired by the experience of the Legambiente «Laura Conti» Seveso, as a consequence of the ICMESA disaster in 1976 (Beretta, 2006).

From the beginning NATUR&'s social work has regenerated relational and environmental care in the area (Astori, 2017). Since 1998 NATUR& has cooperated effectively with the local authorities to deinstitutionalize girls from extraterritorial communities and to prevent removing children from families (Beretta, 2009).

Casa Aperta project, approved by Regione Lombardia, supports families with residential and semi-residential hospitality for teenagers (Beretta & Cavallini 2013): 6 in residential care and 15 in daily care, with an average daily attendance of 7/8 hosts. The service is in a historic Villa in Seveso, in the middle of an urban park, from 1998 to 2016 hosted 98 teenagers from six months to five years. From 1998 to 2008 teenagers came from Seveso Municipality (17/44). Since 2008, from 21 municipalities, 18 in Monza Brianza and 3 in Milan, because in the last years the local authority has cooperated only residually with the Association.

Objectives

The situations of 98 teenagers in «Ospitalità Diurna» (daily care) typology are investigated. Four main groups were analysed:
- Group «A»: teenagers from families (no. 56, F 28, M 28)
- Group «B»: teenagers from families wanting educational and primary care due to presence of illness or extreme cultural poverty (no. 10, F 6, M 4)
- Group «C»: disabled teenagers with psycho-physical problems (no. 28, F 16, M 12)
- Group «D»: 4 cases with other characteristics.

For Group «A»: to what extent the main objective «to prevent separation from families» is achieved and if the project has a positive outcome for the grown-up teenagers.

For Group «B» and «C»: if the project has a positive outcome on the affective relationship with parents.

Method
- Mixed pattern.
- 98 teenagers in charge examined by a group of workers.
- Sample of emblematic situations interviewed for a deeper analysis.

Tools used:
- short *case history* on technical documents including times and periods of the project;
- anonymous questionnaire for 25 people;
- interview (video-taped).

The different cases are investigated according to specific indicators such as: school, relational and working success, volunteering inclination, quality of relationship with parents, ability to stay in contact. These tools describe the present life of teenagers and specific outcomes of the experience during the project. The results have been quantitative and qualitative using comparative grids.

Key findings

As to the main objective of research - the efficacy of «Ospitalità Diurna» to prevent separation from families - we noted that:

Group «A»
- no. 32 were not institutionalized,
- no. 24:
  - 7 joined NATUR& residential care;
  - 3 were placed in foster families supported by «Ospitalità Diurna»;
  - 14 were placed in other residential care.

Those who were separated from parents say that the educational support in our community made them accept removal. Separation was avoided if good cooperation between parents and educators existed, for other cases for the educational alliance with the teenagers.

Group «B»:
- no. 10 acknowledge that the service helped them to accept their parents' illness (if present), to process the loss and favoured their emotional involvement helping them to become independent.

Group «C»:
- no. 28 acknowledge that the support of the project made them accept services. They underline improved relations with their parents, felt as persecutors before.

Conclusions

The research highlights that a daily service in a residential, associative and living context with the opportunity to experience attachment and rooting increases the education success of schools, families and communities with teenagers. The investment on daily residential services could prevent separation from families reducing the situations to institutionalize. A reflection: 10-year investment (1998-2008) in Seveso on daily service had cancelled institutionalization of teenagers, whereas closing the cooperation in the following 9 years led to 6 teenagers in community.

Main references

Astori, S. (2017). *Resilienza*. Cinisello Balsamo: San Paolo Edizioni.

Beretta, G. (2006). Creare contesti tra sociale e simbolico: l'esperienza di Seveso, In A.M. Piussi (Ed.), *Paesaggi e figure della formazione nella creazione sociale* (pp. 85-99). Roma: Carocci.

Beretta, G. (2009). Una riflessione sulle azioni solidali informali a partire da un'esperienza. *Studi Zancan, 1,* 46-56.

Beretta, G. & Cavallini, G. (2013). Fostering adolescents: how to recover the relationship with the mother thanks to another woman's help, In C. Canali, and T. Vecchiato (Eds.), *Foster care in Europe: what do we know about outcomes and evidence?* (pp. 83-85). Padova: Fondazione Emanuela Zancan onlus.

Contact details: Gemma Beretta, Social Manager, NATUR&-Onlus, Via Cacciatori delle Alpi 3, 20826 Seveso (MB) Italy, E-mail: gemma.beretta@natureseveso.org, Tel. +39 0362 507944/+39 347 6949373.

Measuring Change – Promoting Healing
Doug Faircloth

Keywords: data, outcomes, healing

Background

Verso Consulting conducted an evaluation of the Victoria Therapeutic Residential Care Pilots (care homes for children living in Out of Home Care) (Faircloth et al., 2011).

The evaluation employed quantitative and qualitative research methods. Psychometric tools used to gather quantitative data were:

– Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA); the HoNOSCA is a brief outcome measurement scale (Gower et al., 1999) and to date, in published studies, HoNOSCA has been demonstrated to have good discriminative and concurrent validity, good face validity and to be sensitive to change (Child and Adolescent Mental Health Information Development Expert Advisory Panel, 2016).

– The Strengths and Difficulties Questionnaire (SDQ); the SDQ is a widely used measure of a young person's functioning from different perspectives (Goodman, 2009). The reliability and validity of the SDQ make it a useful brief measure of the adjustment and psychopathology of children and adolescents (Goodman, 2001).

– The Brann Likert Scales (BLS) – the scales were constructed by the evaluators to have face validity for measuring the outcome domains of the Child Protection, Placement and Family Services Outcomes Framework (a National draft framework at the time of the research).

Outcomes data were gathered for 38 young people living in 12 different therapeutic residential care settings. The client outcomes data collection used all three tools covering two time points prior to each young person's entry to the TRC, as well as regular intervals post-entry as detailed in the following figure.

Box 1. Time flow

A matched comparison group, a comparison to population norms (SDQ only) and comparison to the young people's functioning in the 18 months prior to entry to the TRC were all used to measure changes and to support an analysis regarding the significance of those changes. In addition the HoNOSCA and SDQ results were compared to entry level scores for specialist child and adolescent mental health services and a multi-year database for entry scores for children and young people entering residential and foster care for a major Victorian provider of Out of Home Care (Take 2). This comparison supported insight into the probability of a disorder and/or symptom severity for young people into the TRC Pilots.
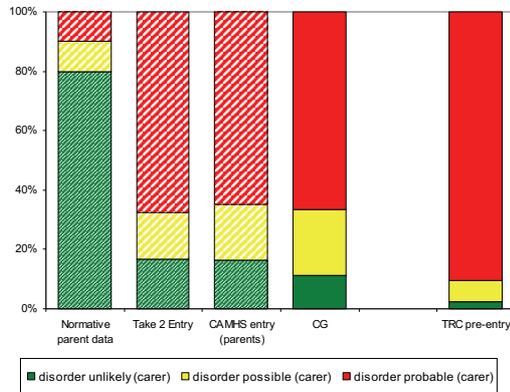
Fig. 1. SDQ Entry Scores for the TRC Young People compared to a residential TRC Comparison group (CG), broader Out-of-home care population, normative population and CAMHS Australia

The evaluation findings demonstrated that the children and young people in the TRC had symptom severity with higher indices (indicating greater complexity) than entry level into specialist child and adolescent mental health services. The HoNOSCA data collected in a smaller study of Tasmanian TRCs (TSA) was consistent with the Victorian evaluation (Faircloth & McNair, 2015).

The time series data using all three tools demonstrated that the application of identified therapeutic program elements and accompanying resources supported significantly better outcomes for children and young people in the TRC Pilots than those achieved in otherwise comparable non-therapeutic residential care. The evaluation resulted in broad adoption of therapeutic residential care in Victoria and in NSW with attendant Government investment. The evaluation has contributed to international research knowledge. As noted by James Anglin in correspondence with Doug Faircloth. He stated «….the TRC initiative and this evaluation of two-year outcomes puts Australia (especially the state of Victoria) on the world map in terms of innovations in residential care. For many years Australia did not really show up in research or practice meetings regarding child and youth care or residential care for young people, but now you have important practice and research materials to share» (2014).

The objective data from these studies has provided:

– *Clinicians and care staff* with invaluable insights into each young person supporting targeted and better informed interventions.
– *Managers* with data to assist in the maintenance of program fidelity.
– *Program funders and service providers* with evidence of program effect.

There has been significant interest in replicating the data collection, reporting, analysis and benchmarking as an embedded element of TRCs. Researchers have observed «Workload, the crisis-driven nature of the work, lack of resources and resistance from staff can all make embedding research and evaluation tools in a residential environment difficult» (Boyd et al., 2007; Butler, Little, & Grimard, 2009; Hair, 2005). In addition to these issues paper based tools are costly to administer reducing the instances where data is collected or is managed in a consistent or reliable manner that facilitates confidence in the validity of the data. Higgins comments «… and we do not have good evidence for it (OoHC) having good outcomes» (Higgins, 2015).
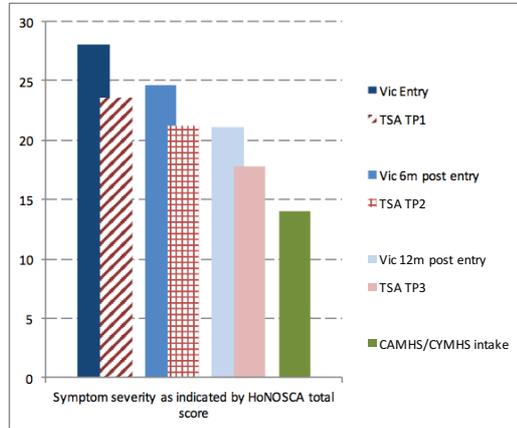
Fig. 2. HoNOSCA change overtime for young People in two Jurisdictions compared to CAMHS Entry Data

Purpose and methodology

The purpose is to provide data that can demonstrate behavioral and symptom severity of children and young people in residential out of home care in real time or at regular intervals and to provide time matched aggregated data for the program demonstrating rates and areas of change for the program. Also, to provide data that can be compared to benchmarks and objective outcome measures.

Verso Consulting (Faircloth) and The Carer's Phone (Purtell) have developed a technology based system (PC and smart device) for populating and providing automated reporting for the BLS and the HoNOSCA. The system includes data used to provide routine written reports, curated by Dr Brann, with accompanying analysis and implications. The system also provides real time data to aid the work of care staff, therapeutic specialists and program management.

In May 2016 a trial of the system began with MacKillop Family Services across 10 TRC homes. In operationalizing the system, workshops were conducted with all levels of staff and management regarding the benefits and the intended use of data. This method also used co-design processes to refine demographic data fields, report formats and the tense of questions in the Brann Likert scales as they were adapted from retrospective and reflective questions (as used in the TRC Evaluation) to an immediate reflection of what had been observed.

Key Elements Stage One: May 2016 to December 2016
– Client and staff registered with unique identifiers and PIN (for staff) and accompanying security features.
– The BLS used to collect unique data at each shift (40 seconds to 1.5 minutes to populate).
– Responses are viewed in graph form for each young person in real time with parameters for review being customized. The information is used in reflective practice meetings and daily practice by care staff and the therapeutic specialist.
– Staff regularly consider multiple and related data sets to further support their reflective practice such as the sample charts.

Box 2. Screenshot of data generated through the brann Likert scales
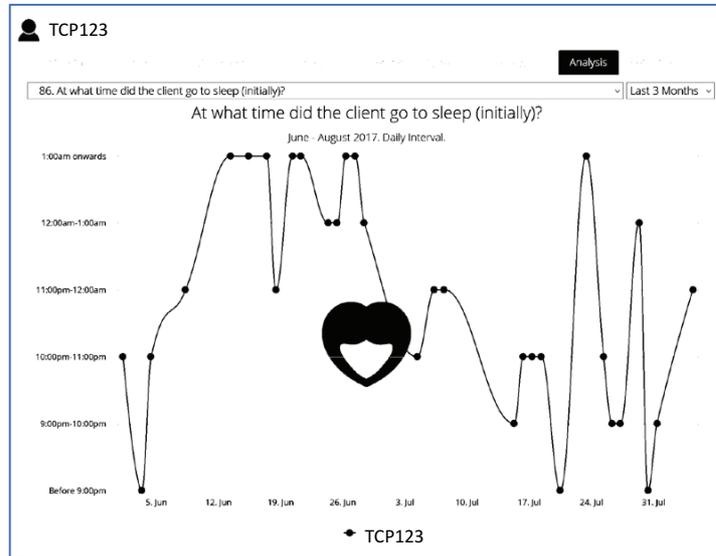
- The HoNOSCA is completed every two months to coincide with a focused review of the young person in a reflective practice meeting. The HoNOSCA is only accessible on the system (as determined by the PIN identifier) to a psychologist or a person authorized to administer the HoNOSCA and linked to a particular set of young people. The HoNOSCA cannot be submitted unless it is completed sequentially within 30 minutes. Additional prompts and data support the Therapeutic Specialist as they respond to the questions.
- Regular project meetings between the software developers (The Carer's Phone – Purtell), the Consultant (Faircloth) and the MacKillop Family Services (MFS) project team use co-design and prototyping techniques. These methodologies have supported processes, functionality, data security and customer confidence in the data. Butler notes, «Embedding research in practice and model development ultimately requires the support of senior staff and management, and the use of tools that have appropriate reading levels, are easy to administer and measure something meaningful [Butler et al., 2009]». In consultation with Dr Brann:
  - ✓ the tense of BLS questions have been changed to reflect the immediate observations while retaining capacity to align outcomes collected in the TRC Evaluation;
  - ✓ further guidance and training has been provided to aid consistent use of the tools for care staff and the therapeutic specialist;
  - ✓ report formats have been modified and additional functionality has been included in response to MFS feedback.
- A Help Desk staffed by a senior analyst who has participated in the co-design activities has been deployed to ensure the administrative and functional features minimize errors, customer dissatisfaction and maximize the care staff participation.

Key Elements Stage 2: November 2016 to June 2018
  – Based on consistent use of the system and understanding of the daily questions a base line data set has been established for the BLS and the HoNOSCA.
  – Time sequenced and aggregated data demonstrating program effect will be reported; June 2017 and December 2017 and June 2018. Data tables will be matched and contrasted to the HoNOSCA tables presented above and the BLS (as follows).

Fig. 3. Example of outcomes data over 7 time points (TRC Evaluation)

Positive sense of self - TRC
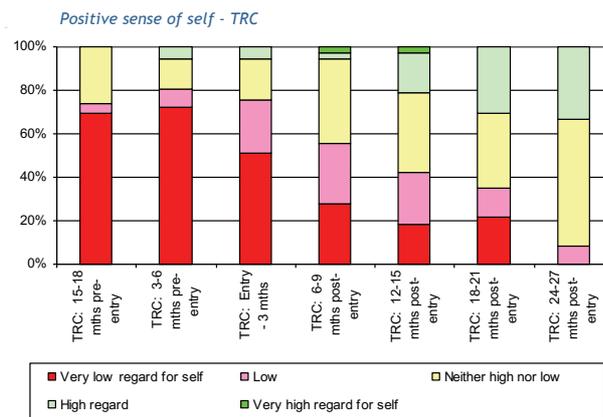
Key findings
  – The data has been integral to reflective practice by care staff, therapeutic specialist and management.
  – The structure of answering the daily questions has resulted in care staff reflecting on a wider range of positive and problematic issues than previously (without being asked the questions).
  – The data collection and reporting has been a contributing factor in galvanizing an organizational commitment, common language and a focus on the essential program elements of therapeutic care.
  – The co-design and prototyping methodology used to translate the BLS from retrospective and reflective questions to immediate observations required significant financial, human and time resources.
  – The Help Desk has been essential in maintaining a commitment to using the system by care staff particularly in overcoming minor IT usage issues.
  – The base line data and early time sequenced data reporting indicates that the children and young people in the MFS TRC program have elevated symptom severity above entry into specialist mental health services and are showing improvements at a similar and comparable rate of children and young people in the Tasmanian and Victorian TRC evaluations.
  – The high cost of developing The Carer's Phone system for OoHC could not be justified without broader commercial uptake however this system has demonstrated that research and evaluation tools can be successfully embedded in a residential setting through IT applications.

Conclusions

The data has proved useful in promoting healing for young people in the MFS TRCs through capacity to use point in time data and through data that enables a greater focus in maintaining the therapeutic program elements (care staff, individual house level and organizationally). Early indicators from Stage 2 suggest that the data will demonstrate positive program effect with the outcome that appropriate resourcing will be maintained to continue to promote healing for young people. Care staff, clinicians and managers are prepared to consistently use a system that delivers high quality outcome data.

Main references

Faircloth. D., Brann. P. (2011), Evaluation of therapeutic residential care pilots DHS 2011 Verso Consulting.

Gowers, S.G., Harrington, R.C., Whitton, A., Lelliott, P., Wing, J., Beevor, A. and Jezzard, R. (1999). A Brief Scale for measuring the outcomes of emotional and behavioural disorders in children: HoNOSCA. *British Journal of Psychiatry, 174, 413-416.*

Child and Adolescent Mental Health Information Development Expert Advisory Panel (2016), Frequently Asked Questions: The Clinician's FAQ to HoNOSCA in Australia; pp 1-2.

Goodman, A., Goodman, R. (2009). Strengths and Difficulties Questionnaire as a Dimensional Measure of Child Mental Health. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48 (4). pp. 400-3. Pages 3-4

Goodman R. (2001). Psychometric properties of the Strengths and Difficulties Questionnaire. *Journal of the American Academy of Child and Adolescent Psychiatry.* Nov 2001; 40(11):1337-1345.

Faircloth D., McNair J. (2015), National Therapeutic Residential Care Workshop Presentation February 9th.

Boyd, A. S., Einbinder, S. D., Rauktis, M. E., & Portwood, S. G. (2007). Building research capacity in residential treatment centers: An approach for empirical studies. *Child & Youth Care Forum*, 36, 43–58.

Butler, L.S., Little, L., Grimard, A.R. (2009). Implementing Standardized Outcome Measures in a Decentralized, Community-Based Residential Treatment Program; *Child & Youth Care Forum, 38(2),* 75-90.

Hair, H. (2005). Outcomes for children and adolescents after residential treatment: A review of research form 1993 to 2003. Journal of Child and Family Studies, 14(4), 551–575.

Higgins (D.), Australian Institute of Family Studies, Hansard Australian Senate committee, Melbourne, 20 March 2015, p 2.

Faircloth, D., Brann, P. (2011), Child Protection, Placement and Family Services Outcomes Framework (https://studylib.net/doc/6838041/child-protection--placement-and-family-services-outcomes, accessed 29/5/17); and Evaluation of therapeutic residential care pilots DHS 2011 Verso Consulting; Attachment 4 and discussed at p 97.

Contact details: Doug Faircloth, Managing Director Verso Consulting Pty Ltd, 109 Fergie Street Fitzroy North Victoria Australia 3068, Telephone: 61394893233 E-mail: doug@verso.com.au

Development and evaluation of specific practices

The assessment of parental competences
Cinzia Canali, Giulia Barbero Vignola and Tiziano Vecchiato

Keywords: validation, measurement, scale, parental competences

Background
An in-depth analysis carried out in 2012 with some members of the *International Association for Outcome-based Evaluation and Research on Family and Children's Services* highlighted some tools used for assessing parental competences (Barbero Vignola et al., 2017), for instance: the Family Assessment Form (Faf) developed by the University of Southern California together with the professionals of the Children's Bureau of Southern California; the North Carolina Family Assessment Scale for Intensive Family Preservation Services Programs (Ncfas); the Child's Attitude toward Mother (Cam); the Family Needs Scale of the Edgewood Institute for the Study of Community-Based Service; the Adult-Adolescent Parenting Inventory (Aapi-2), the Incredible Years Basic Parenting Programme; the Inventory of Parent and Peer Attachment (Ippa), that was also used in the CRESCERE longitudinal study[5].

The presence of gaps in parental competences often coexist with relational and psychological suffering, extreme poverty, deprivation, isolation… These problems may result in the children's difficulties tackling their developmental tasks from their early years onwards. In particular, the deprivation of parents has implications also in terms of educational poverty, delayed cognitive and behavioural development of their children (Barbero Vignola et al., 2016).

A field analysis carried out with groups of social workers in Tuscany (54) and in Piedmont (16) gave us information about the criteria used by social workers for avoiding out-of-home care placements (Canali & Vecchiato, 2012a). This investigation highlighted the importance of a shared analysis of the parental competences and of the resources of the family.

Goal
The idea of developing a tool for social workers working in direct practice with parents to assess parental competences emerged during our research (Canali & Vecchiato, 2011; 2012b; Zeira et al., 2015). Among the professionals involved in child and family care, social workers have original competences also related to the institutional mandate of protecting children. Professionals dealing with families and children usually consider four different domains related to parental competences: functions and body, cognitive and behavioural, environment and relationships, values and spirituality.

These domains are different and imply different professional competences, but a common element is the children's need for protection, safety and love. Without a loving environment, their developmental tasks and strengths can face serious risks.

The goal is to provide professionals with a tool for assessing parental competences, starting from their daily observations in order to highlight both the positive and the negative aspects, to follow their development over time and after specific professional interventions.

Methodology

The RISC project[6] highlighted that analysing the resources of the family is crucial in risk assessment. In particular, analysing the family potential allows a better focus on parental competences intended as emotional, educational and relational capabilities towards the child, but also as awareness of the problem/need, ability to actively cooperating in a support project, willingness to change (Canali & Vecchiato, 2011).

Starting from this experience and from the review of literature, we developed a tool for assessing parental competences. The indicators were organized in six observational areas, corresponding to six key questions expressed through the words of the child.

«Does my father/mother …»
1.   teach me to get along well with the others?
2.   help me to grow up and develop my knowledge and potential?
3.   take care of me, protect me, love me, think I am important?
4.   let me live beautiful experiences, through which I can grow together with the others?
5.   allow me to live in a healthy and safe environment where I feel well?
6.   teach me to do the right things according to my age?

These questions led to the construction of a 30-item scale to measure parental competences. The scale, ranging from minimum 0 (problem) to maximum 30 (no problem), is filled in by the professionals who are in direct contact with the family, particularly social workers.

Key findings

To validate the LCG scale, in March 2015 91 families were selected among those in the care of the social services of 13 different areas in Tuscany and having children 5 or more years old. These families had different social and health problems and needed interventions from different services. In many cases, professionals had reported inadequate parental roles and violence between the parents and against the children.

We evaluate the scales filled in by the professionals concerning the competences of mothers and fathers (91 and 62 forms respectively). The first version of the scale consisted of 30 items organised by area of observation. The overall index could vary from 0 (no competence) to 60 (maximum level of competences). For the selected sample

---

6. In 2008 the Italian Ministry of Labour and Social Policy designated the Fondazione Zancan to carry out a study to assess the quantity, quality and costs of the intervention of the Government, regions and local administrations in favour of the families at risk (Canali & Vecchiato, 2011), under the RISC project («*Rischio per l'Infanzia e Soluzioni per Contrastarlo" – «Risk for childhood and Solutions to address it*»).

of families, the level of parental competences varies from 8 to 59 points (mothers) and from 1 to 57 (fathers).

Box 1. List of the items of the LCG scale (© Fondazione E. Zancan, 2016)

1. Listens to the child and understands the child's needs
2. Has a caring attitude towards the child
3. Understands how the child is feeling
4. Encourages the child feeling frustrated
5. Can calm and reassure the child having difficulties
6. Guarantees the necessary nourishment
7. Takes care of the child's health
8. Takes care of the child's hygiene
9. Takes care of the house
10. Provides rules concerning behaviour
11. Provides constraints according to the child's age
12. Guarantees adequate protection according to the child's age
13. Keeps the child away from dangers
14. Sends the child to school/to the early childhood services regularly
15. Keeps in contact with the teachers/educators
16. Stimulates the cognitive and intellectual skills of the child
17. Encourages the child to engage in positive socialisation
18. Facilitates meetings with the peers (at home or out of home)
19. Tries to know who the child meets out of the family
20. Respects the timing of the child according to the child's age
21. Talks to the child appropriately according to the child's age
22. Wonders if the child's behaviour is adequate for the child's age
23. Is willing to accept suggestions and criticisms regarding education
24. Keeps the promises
25. Knows how to manage the tantrums of the child
26. Guarantees a personal space for the child
27. Protects the child from conflicts between the parents

The parental competences of the fathers, assessed by the professionals through the LCG scale, has on average lower values than those of the mothers. In particular, there are statistically significant differences concerning the satisfaction of the basic needs of the child (food, health, hygiene and home) and relations (contacts with peers, out of the family, with educators). The maximum score is observed for the item concerning the ability to «provide the necessary nourishment». The most critical aspects for both parents are «being capable of managing the tantrums of the child», «protecting the child from conflicts between the parents», «wondering if the child's behaviour is adequate for the age», «stimulating the cognitive and intellectual skills of the child».

Based on the statistical analysis, 5 dimensions underlying the items were identified within the scale:

1. *Psychological and emotional support:* the parent can listen to and understand the needs and feelings of the child, can reassure the child during difficult moments, is caring and encouraging towards the child.

2. *Material care:* the parent provides for the basic needs of the child, guarantees the necessary nourishment, and takes care of the house, the child's hygiene and health.
3. *Rules and protection:* the parent provides rules and limitations based on the age of the child, keeps the child away from dangers and guarantees adequate protection.
4. *Development of autonomy and socialisation:* the parent stimulates the capabilities of the child, encourages and orients the child towards positive socialisation, is willing to know who the child meets out of the family, facilitates contact with the peers, sends the child to school regularly, keeps in contact with the teachers.
5. *Educational skills:* the parent respects the timing of the child according to their age, wonders if the child's behaviour is adequate, talks to the child appropriately, keeps the promises, knows how to manage the tantrums of the child, is willing to accept suggestions and criticisms, guarantees a personal space for the child, protects the child from conflicts between the parents.

The analysis of the internal consistency of the items confirmed the reliability of the indices obtained for each dimension.

Conclusions

The study documented the reliability of the scale. The administration of the scale to a group of families in the care of social services showed how it can be used in the daily work, especially when professionals are working with families with multiple problems and also when the juvenile court is involved in the care process.

Professionals reported their interest in having a specific tool for assessing parental competences and following their development over time and after specific professional interventions.

Main references

Barbero Vignola, G., Canali, C. & Vecchiato, T. (2017). LCG cioè valutare le competenze genitoriali. *Studi Zancan*, *1,*-7-14.

Canali C. & Vecchiato T. (2011). *Risc - Rischio per l'infanzia e soluzioni per contrastarlo.* Quaderni della Ricerca Sociale no. 12, Ministero del lavoro e delle politiche sociali, Roma.

Canali C. & Vecchiato, T. (2012a). Valutare le competenze genitoriali. *Studi Zancan, 6,* 31-46.

Canali C. & Vecchiato, T. (2012b). *Risc II. Rischio per l'infanzia e soluzioni per contrastarlo.* Quaderni della Ricerca Sociale 18, Ministero del Lavoro e Politiche Sociali, Roma.

Zeira A., Canali, C., Vecchiato, T. & Thoburn, J. (2015). Services to prevent children coming unnecessarily into care: A cross national perspective. *International Journal of Child and Family Welfare, 16 (1/2),* 95-112.

Contact details: Giulia Barbero Vignola, Researcher, Fondazione Emanuela Zancan onlus, Via Vescovado 66, 35141 Padova (Italy), E-mail: giuliabarbero@fondazionezancan.it, Tel. +39049663800.

Evaluation of the impact of Bowen Family Systems Theory Parents Group intervention on parenting stress

Stone Tsang Ngan-tung and Bonnie Leong Fu-king

Keywords: Bowen Family System Theory, parenting stress, socio-economically disadvantaged families

Background

Parents of today face challenges and heavy pressure in parenting their children. Especially, socio-economically disadvantaged parents face lots of difficulties in parenting (Conger et al., 1994; Mistry et al., 2002). Parents require coping with a variety of practical difficulties in family, such as financial and living condition. It will greatly affect the communication and relationship with their children. Parents feel a certain amount of stress in the role of parental responsibility. According to <天水圍家庭功能、親職壓力及子女管教效能感研究報告> (A study of Family Function, Parental Stress and Children's Teaching Efficacy in Tin Shui Wai) in 2008, the study found that the parents' efficacy in parenting was affected by their level of education and income. On the other hand, the parenting stress was related to the factors of parents' background and pressure events in their family (陳沃聰、區美蘭、楊偉強、張安柱, 2008).

In our Centre, Bowen Family Systems Theory Parents Group (Bfstpg) was designed for the Chinese Parents with socio-economic disadvantage and their young children aged 3 to 12 years. Bowen family systems theory focuses on the parents instead of the child (Bowen, 1978). It aims at enhancing the differentiation of self and the emotional maturity of the parents (Chan, 2015). It can help the parents to become more mature and effective in parenting and connect with their children by reducing their parenting stress and anxiety.

Purpose

The purpose of this pilot study was to examine the intervention impact of a Bfstpg on parenting stress and to understand and explore participants' changes on the interaction patterns with their children after participating in the Parents Group with mixed methods including a pretest–posttest quantitative design and qualitative focused discussion group.

The study was expected to find data to support that Bfst could increase participants' awareness on understanding the interaction patterns with their children and helped them adopt a systemic perspective in daily life.

Thus, the level of parenting stress was expected to be lower than before when participants had a better understanding of the interaction patterns with their children and adopting a systemic perspective.

Methodology

The inclusion criteria were parents with socio-economic disadvantage and their children aged 3 to 12 years. Parents (n = 7) were recruited in our center Procedure. There were total 11 participants in the group. 10 participants had finished the Pretest-Posttest of

Parenting Stress Index (PSI/SF). However, three participants could not be included in the measurement of Parenting Stress Index (PSI/SF) due to inappropriate age group of their children.

This pilot study with mixed methods consisted of a pretest–posttest quantitative design and a qualitative focused group discussion.

Bowen family systems theory

Bfstpg is based on Bowen Family Systems Theory (Bowen, 1978) and adapted using for parents. The intervention consisted of eight weekly 1.5 hours group sessions. The intervention was conducted by social workers who had experience in family counseling service. They were trained in Training course for parents, educators and facilitators of parenting group, Basic Course and Clinical Applications of Bowen Family Systems Theory and Bowen Family System Therapy supervision group by the trainer Peggy Chan, a member of the Bowen Center's Network Program for the Advancement of Bowen Theory.

Pretest-Posttest quantitative designs

Pretest-Posttest quantitative designs are used to measure the degree of change of the participant occurring as a result of intervention of BFSTPG. The data were collected through the Pretest-Posttest questionnaire. Parenting Stress Index (PSI/SF) was used to conduct Pretest-Posttest Designs study and analysis.

Qualitative Focus Group Discussion

A focus group discussion was conducted for parents after the completion of the Bfstpg. Focus group lasted for approximately 1.5 hour and was conducted in Chinese with a prepared question outline. Data accuracy was ensured by the Audio-recorded of the focus group discussion. The results were interpreted and summarized by applying Framework analysis (Srivastava & Thomson, 2009) in this study.

Instruments and measures

Parenting Stress Index/Short Form, Chinese Version (PSI/SF). Parenting Stress Index/Short Form (PSI/SF) (Abidin, 1995) was used to measure parenting stress of the participating parents before the commencement and after the completion of the treatment group. The Chinese version was validated and applied in different researches in Hong Kong (Yeh et al., 2001; Lo et al., 2016). PSI/SF is a 36-item questionnaire that are 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree) and covering three subscales: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI), Difficult Child (DC) and also Total Stress (TS). Higher scores indicate higher parenting stress. The PSI has a reliability coefficient of 0.94 (Reitman, 2002).

Key findings

Quantitative Results

In this study, it is expected that the participants will have significant decrease in stress level among the four indices after receiving the Bfstpg intervention. Among the 11 participating parents, 10 completed the PSI/SF before and after the group treatment,

and only 7 of them have a child aged within the PSI/SF target range, i.e., age 1 year to 12 years. Paired sample t-tests were conducted to test whether the post-group measures are significantly lower than the pre-group measures.

The results indicated that only post-group DC is significantly lower than the pre-group DC (t=-2.19, p=0.0354, <0.05). All the other indices, including PD, P-CDI and TS are insignificantly in pre- and post-group comparisons. However, all the data show that post-group scores are lower than the pre-group scores. The results seem to indicate that the group treatment is effective in decreasing the negative perception of the parents on their children.

Qualitative Results

Overall, all parents reported very positive views on the Bfstpg and recognized that they have positive changes after the group. From the data collected, five themes (T1-T5) were identified from the focused discussion group.

T1: Aware and manage own emotion. Parents expressed that they can have more awareness on own emotion after joining Bfstpg. They can be aware of some of their emotional triggers and reactions and learn to regulate their emotion when parenting their children.

T2: Use of Systemic perspective. Parents expressed that Bfstpg helped them to learn to use systemic and objective perspective to view their parenting and the presenting problems of children. They can have better understanding about the reciprocal impact of parent and child behavior on each other rather than simply concluded by only liner cause and effect thinking.

T3: Define the roles and boundaries in the family. Some parents expressed that they had more awareness on their roles and boundaries in their family after they joined Bfstpg. They can define their roles more clearly and boundaries in triangle relationship with their husband and children. Their capacity of connecting with their children was enhanced.

T4: Aware own interactional and functional patterns. Parents expressed that Bfstpg assisted them to be aware of their own interactional and functional patterns and how these patterns to be developed from their family-of-origin. Parents also shared that they have more awareness on how these patterns affect the interaction with their children.

T5: Own the responsibilities. Some parents mentioned that they could own more their responsibilities in their parent role and parenting instead of only focusing on changing the problems of their children. Parents acquire more positive views on their responsibilities of parenting and had more confidence while handling children's behavior and their own stress.

Conclusions

In this study, the impact of Bfstpg is positive, but remains undecided as both significant and non-significant changes were identified in the quantitative results as these were found in a small sample. There were some limitations in this study including the small group size without control group.

The age range of participants' children was too diverse, that made the study hard to make comparison in some areas. Thus, it is suggested to narrow the criteria of

participants in each group. It is recommended that it could be further developed and studied.

The findings may provide insight into the effect on parenting stress when parents have a better understanding on their interaction patterns with children. It also helps future design in intervention with the Bfstpg treatment for social-economically disadvantaged families who face much anxiety and high conflict in family relationship. As there were mainly female participants in this study, it is suggested to encourage male participants to join so as to benefit more in the family.

Main references
Abidin, R.R. (1990). *Parenting Stress Index Short Form: Test Manual*. Charlottesville, VA: Pediatric Psychology Press.
Bowen, M. (1978). *Family Therapy in clinical practice*. New York: Aronson
Chan, P. (2015). Bowen Theory in Parenting, In *Bowen Theory Conference Proceedings*. Taiwan Association For Marriage And Family Counseling.
Conger, R.D., Ge, X., Elder, G.H., Jr., Lorenz, F.O. & Simons, R.L. (1994). Economic stress, coercive family process, and developmental problems of adolescents. *Child Development, 65,* 541-561.
Kwok, S. & Wong, D. (1999). *Mental health of parents with young children in Hong Kong: the roles of parenting stress and parenting self-efficacy*. Hong Kong: Department of Social Studies, City University of Hong Kong.
Lo, H.H.M., Wong, S.Y.S., Wong, J.Y.H., Wong, S. W. L. & Yeung, J.W.K. (2016). The effect of family-based mindfulness intervention on children with attention deficit and hyperactivity symptoms and their parents: Design and rationale for a randomized, controlled clinical trial (study protocol). *BMC Psychiatry, 16(1),* 65. doi:10.1186/s12888-016-0773-1
Mistry, R.S., Vandewater, E.A., Huston, A.C. & McLoyd, V.C. (2002). Economic well-being and children's social adjustment: The role of family process in an ethnically diverse low-income sample. *Child Development, 73,* 935-951.
Reitman, D., Currier, R.O. & Stickle, T.R. (2002). A critical evaluation of the Parenting Stress Index-Short Form (PSI-SF) in a head start population. *Journal of Clinical Child and Adolescent Psychology, 31(3),* 384-392.
Srivastava, A. & Thomson, S.B. (2009). Framework analysis: a qualitative methodology for applied policy research. *Journal of Administration & Governance, 4(2)*, 72–79.
Yeh, C.H., Chen, M.L., Li, W., & Chung, H.L. (2001). The Chinese version of the Parenting Stress Index: a psychometric study. *Acta Paediatrica, 90,* 1470-1477.
陳沃聰、區美蘭、楊偉強、張安柱 (2008)。《天水圍(北)家庭功能、親職壓力及子女管教效能感研究報告》。香港：香港理工大學應用社會科學系及香港國際社會服務社天水圍(北)綜合家庭服務中心。

Contact details: Stone Tsang Ngan-tung, Registered Social Worker, Hong Kong Children & Youth Services, Upper G/F, Hung Fai House, Hung Hom Estate, Hung Hom, Kowloon, Tel. +852 2761 1106, E-mail: hhc@hkcys.org.hk

Responding to families: A focus on public policies for vulnerable families
Elizabeth Fernandez

Keywords: family policy, poverty, child care, child maltreatment, family violence

Families have undergone major changes in structure and type over the last few decades. Birth rates are lower, marriages occur at older ages, there is more cohabitation, rates of divorce have increased, children have fewer siblings, and many children are raised in sole parent or blended families. With the increase in life expectancy there are more grandparents and fewer children. Across member countries of the OECD parents combine family and career, the prevalence of the male breadwinner couple being no longer the norm for most families (Adema, 2012; OECD, 2012).

Families play a significant role in the protection, care and development of its members. In recognition of their central role in society Governments subscribe to a range of interdendent family policy objectives to advance family wellbeing. These encompass responses to child and family poverty providing for social protection systems, promoting conditions to enable parents to have and raise children, initiating supports to enable women's employment and promote gender equality in the workforce, and policies to enhance children's outcomes early in the life course and beyond. Family and child policy has expanded through periods of economic and social growth highlighting the centrality of families and the increasing support for children's rights. Economic, socio historic, political and ideological factors as well as cultural and religious traditions are implicated in the development of social policies in specific countries (Robila, 2014). The United Nations Millennium Development Goals target policy agendas specific to family and child wellbeing: eradicating poverty; reducing child mortality; improving maternal health; promoting gender equality and empowering women; achieving universal education and addressing family violence. Several of these goals underpin policy and programs associated with family needs. Selected areas of family vulnerability and explicit and implicit family policy will be discussed including those relevant to child and family poverty, family friendly work practices, child care, child maltreatment, family violence and migration incorporating cross national perspectives on the issues impacting children and families.

Poverty and the wellbeing of children and families
The UNICEF Report card using a relative measure of monetary poverty estimates that an average of one child in five in 41 high income countries lives in poverty, with wide variation from one in ten in Denmark, Iceland and Norway to one in three in Israel and Romania. Bulgaria, Mexico, Spain, Turkey and the United States also reflect child poverty rates substantially higher than the rich world average (UNICEF, 2017).

Estimates of the extent and severity of child poverty in developing countries is portrayed through the Multidimensional Poverty Index (MPI) of Alkire and Santos (2010) for 104 developing countries. The authors identify countries with the highest levels of deprivation based on the percent contribution of deprivation in education, health and living standards, dimensions that align with Millennium Development Goals.

Within Europe and Commonwealth of Independent States (CSI), Tajikistan, Turkey and Estonia ranked highest in terms of multidimensional poverty. Haiti, Nicaragua and Bolivia are most deprived amongst Latin America and Caribbean, while in East Asia and the Pacific Laos, Cambodia and Indonesia had highest MPI; for these countries income poverty was equally high. Amongst Arab states, Somalia, Yemen and Morocco were identified as poorest, and Nepal, India and Bangladesh closely followed by Pakistan in South Asia. A large number of Sub-Saharan African countries ranked 75 or higher (out of 104) in terms of multiple deprivations, with Niger, Ethiopia, Mali, Burkina Faso and Burundi ranking the highest. In other counties education brings highest contribution to deprivation (e.g., countries like Uruguay, United Arab Emirates, Russian Federation, Guatemala, China, Brazil, Estonia, South Africa, or Ecuador) (Fernandez & Ramia, 2015).

Families constitute an important source of economic wellbeing for women and children, and in this context family structure and type are regarded as influencing the risk of poverty. A major influence on family wellbeing is the socioeconomic status of countries and how this translates to child and family poverty and wellbeing. An important factor implicated in family poverty is unemployment, the incidence of family poverty being six times higher among workless families than those with someone in employment (OECD, 2008). Maternal employment has become important in reducing family poverty in the context of increasing numbers of children living with single parents (OECD, 2012). Family joblessness is acknowledged as being implicated in family poverty, the outcomes for children growing up in family jobless households including poor health and low educational attainment.

Single parent families, smaller households, older persons and immigrant families are perceived to be vulnerable to higher risks of poverty. Rising divorce rates and fluid family structures have resulted in an increasing number of families headed by a single parent. It is argued that the growing number of single parent households contributes to increasing inequality and poverty (OECD, 2012) and that they are particularly vulnerable to persistent poverty (Duncan & Brooks-Gunn, 2000). Acknowledging the implications of single parent poverty for children's wellbeing much policy reform has been directed to their circumstances. While taking up employment is one of the important means by which single parents escape poverty combining breadwinning and caring roles presents challenges. However there is evidence that working single parents are vulnerable too (Alderson & Doran, 2010, cited in OECD, 2012).

Efforts to tackle poverty and its impact on families are reflected in family policies in different countries. Universal child and family benefits are favoured because they promote equity, reduce poverty gaps, increase maternal and child health and wellbeing and schooling outcomes (Bradshaw, 2011). Child allowances and tax benefit, paid parenting leave and public support for child care correlate with lower poverty rates (Engster, 2012). Direct resources transfers to children and families in the form of housing, food, and clothing to impoverished families have had positive impacts. Family centred and community based interventions when combined with economic supports offer an effective approach to reducing poverty and associated stress delivering gains for parents and children (Ma, 2015).

The role of policy in alleviating poverty is undisputed. Government spending on social security provision, financial support for families, tax credits constitute important

redistributive strategies. Studies have established a strong correlation between social spending and child and family poverty reduction (Bradshaw, 2006). With the projected growth in single parent families effective family policies to support caring and work commitments are critical to reducing poverty among the increasing number of children in sole parent families.

Women's employment, parental leave and child care

Across the industrial world women are having fewer children than previously. Diminishing birth rates imply aging populations and challenges to economies and labour supplies. A presumed link between low birth rates and labour supplies is women's participation in the labour market and family policy that supports households with mothers who are employed. Workforce participation of women has increased though rates vary across OECD countries (Adema, 2012), as do the proportion of families who have mothers working part time and full time. Family decisions are impacted by the extent to which national policies support mothers to sustain their employment, through paid maternity leave, parental leave, flexible working arrangements, quality child care and publicly funded child care places. The reconciliation of work and family commitments has emerged as a relevant concern for family policy and many countries have enacted parental leave policies to ensure work family balance. The picture varies in different countries. However there is still a wide gap between fathers' and mothers' statutory leaves. Some countries have progressed the child care and parental leave agenda more than others. The US is unique among western countries in having no federally mandated maternity or parental leave, and programs to support disadvantaged parents with child care costs are sparse.

Changes have altered the working patterns of families. Two incomes are becoming the norm for two parent families for a range of reasons: high mortgages, improving standard of living, statistical probability of divorce and threat of forced early retirement. Against this background of change the composition of families and how they operate for children has changed. The notion that children are a private responsibility of the family alone has shifted. Countries have a unique objective for child and family policy and adopt different policy approaches. However, one of the commonalities is investing in families in early childhood.

Formal child care has come to the fore as changes in traditional family care of children have come about. Child care constitutes an important family-related policy area couched between family coping and wellbeing, workplace participation of parents, gender equity, children's school readiness and children's overall wellbeing, while supporting the central tasks of parenting (Australian Institute of Family Studies (AIFS), 2012).

While it is acknowledged that in each society some women want to give priority to their children wide acceptance of this pattern of nuclear family form and gendered division of labour is changing. Modern economies require participation by both genders. The reality is that non-maternal child care is an integral part of modern societies. The provision of child care including child care subsidies and parental leave play an important role in raising women's employment rates and thereby reducing poverty rates for children (Leach, 2009). Women friendly policies including government supported child care for the early years, access to part time employment and tax systems that do

not disincentivise second earners are significant to supporting women's employment and the alleviation of poverty. Research has demonstrated the benefits of child care to families and children, and for disadvantaged children and vulnerable parents in particular (Fernandez, 2014). Participation in formal child care varies across countries. While participation in Nordic Countries is approximately 35 hours per week participation is part time in countries such as Australia, Netherlands and the UK (OECD, 2012; Ploug, 2012).

Vulnerabilities of migrant families

While immigration has been characteristic of most countries' national profile, migration from poor countries into developed countries has accelerated in the last two decades. Drivers of these trends are diverse including the substantial income differences between developed and developing countries, shrinking workforces in the western world, political events and environmental disasters. These trends point to significant implications for migrant and refugee families of the future who have the potential to reflect greater ethnic mix, new family identities and younger age profiles (Amica, 2012).

In rich countries migrant families experience higher levels of poverty and social exclusion than those whose families are native born. Poor housing, lower levels of education and linguistic isolation compound their marginalisation (Hernandez & Charney, 1998). While government support in some countries (e.g. Sweden and France) halves poverty rates for migrants, in other countries (e.g. USA) social transfers have a negligible impact on migrant families. The educational outcomes of children of migrants and labour market performance of immigrant families and their children tend to be poorer than the native population (Algan et al., 2010).

A further issue impacting on families in some countries is rural/urban migration. For example, in China there is increasing mobility of individuals and families between rural and urban areas. As rapid economic growth offered employment opportunities and required rural labour farm parents migrate leaving behind children in villages to be taken care of by grandparents. Due to inequalities in services between urban and rural areas children in villages experience compromised education and health care (Ngok & Bennett, 2012).

Families at risk: child maltreatment and domestic violence

Internationally, there is recognition of the issue of child abuse and neglect and family violence. This includes the whole spectrum of domestic violence, child maltreatment, bullying, elder abuse and sexual assault. Various countries have developed legislative and policy frameworks to respond to the correlates and consequences of child abuse and neglect and family violence. These include policies relating to early intervention and prevention as well as responding to the needs of victims and families subject to it. Legislative and policy interventions are directed at multiple systems including children's, juvenile and family law courts, forensic services and justice processes, mediation services, and services to vulnerable parents in need of mental health, drug and alcohol and accommodation services.

Limited attention has been given to international comparisons of trends in child maltreatment and family violence given the limits of definitional differences (OECD, 2011). Child protection systems across countries vary in their policies, legal systems and

the degree of regulation, as also the thresholds for intervention and their orientations to the assessment of need and risk (Berrick et al., 2017). Some countries adhere to mandatory reporting models while others (e.g. Western Europe) adopt voluntary reporting. Interventive responses include case management and varying levels of preventive and ameliorative interventions including parent education, family support for children and other family based services. Protective care in institutions, foster homes and adoption are further interventions used in many countries with varying emphasis on the use of residential care and family based placements.

Based on economic analyses of income and its relationship to some forms of child maltreatment a range of micro level correlative factors are identified pointing to critical issues for family policy design. There is emerging support for the view that we need to re-evaluate the role and function of child protection processes within the broader context of preventive policies to enhance the wellbeing of children and their families.

Most countries acknowledge the problem of domestic and family violence and there are indications that domestic violence is moving up the political and legal agenda in several countries with policies enacted for prevention, protection of victims and punishment of perpetrators including custodial sentences. Alarming rates of family violence are recorded in different countries. It is acknowledged that violence against women is gender based and deeply embedded in relationships of inequality between men and women. However, in some cultures intrafamily violence is still viewed as an accepted way of dealing with conflict and condoned. Traditional beliefs in harmony in relationships with others and keeping family matters from outsiders militate against law enforcement (Gianesini, 2014; Hwang, 2014). Progressive national policies have emerged in particular countries: for instance in Spain legislation has established judicial institutions such as courts of violence against women, public prosecutors of violence against women and cash benefits to support women leaving violent situations (Perez-Carames, 2014), while Portugal (Guerreiro, 2014) is into its Fourth National Plan against domestic violence. Taiwan is the first country to enact a Family Life Education Act designed to promote healthy family functioning and communication and effective parenting (Hwang, 2014).

To conclude, vulnerable families confront many risks including low incomes, poor housing, low educational attainment and marginal health outcomes and require integrated strategies to address their needs. Exemplars of integrated service delivery initiatives can be seen in various countries: Stronger Families and Communities Strategy in Australia; Sure Start in the UK involving the co location of related services; 'Opening Doors' in the US to address homelessness through complement are social, health, employment and educational services.

References

Adema, W. (2012). Setting the scene: The mix of family policy objectives and packages across the OECD. *Children and Youth Services Review, 34,* 487-498.

AIFS (2012). *AIFS Research Directions 2012-15*. Sydney: Australian Institute of Family Studies. Retrieved from: https://aifs.gov.au/sites/default/files/publication-documents/ researchdirections2012.pdf

Algan, Y., Dustmann, C., Glitz, A. & Manning, A. (2010). The economic situation of first and second-generation immigrants in France, Germany and the United Kingdom. *Economic Journal, Royal Economic Society, 120(542),* F4-F30.

Alkire, S. and Santos, M.E. (2010). *Acute Multidimensional Poverty: A New Index for Developing Countries.* OPHI Working Papers no. 38, University of Oxford.

Amica, C. (2011). Migrant communities: key factors that predispose them to risks of poverty. *Journal of Poverty and Social Justice, 19(3),* 295-296.

Bradshaw, J. (2006). Child support and child poverty. *Benefits. The Journal of Poverty and Social Justice, 14(3),* 199-208.

Bradshaw, J. (2011). Child poverty and deprivation, In J. Bradshaw (Ed.), *The well-being of children in the UK* (pp. 27-52). Bristol: Policy Press.

Berrick, J., Dickens, J., Poso, T. & Skivenes, M. (2017). A cross-country comparison of child welfare systems and workers' responses to children appearing to be at risk or in need of help. *Child Abuse Review, 26,* 305-319.

Duncan, G. & Brooks-Gunn, J. (2000). Family poverty, welfare reform, and child development. *Child Development, 71(1),* 188-196.

Engster, D. (2012). Child poverty and family policies across eighteen wealthy Western democracies. *Journal of Children and Poverty, 18(2),* 121-139.

Fernandez, E. (2014). Early childhood: Dimensions and contexts of development and well-being, In A. Ben-Arieh et al. (Eds.), *Handbook of Child Well-Being* (pp. 1629-1647). Dordrecht: Springer. Pages 1629-1647.

Fernandez, E. and Ramia, I. (2015). Child poverty in the international context, In E. Fernandez, A. Zeira, T. Vecchiato, and C. Canali (Eds.), *Theoretical and Empirical Insights into Child and Family Poverty: Cross National Perspectives* (pp. 11-39). New York, London: Springer Publisher.

Gianesini, G. (2014). Family patterns of change in Italy: challenges, conflicts, policies, and practices, In M. Robil (Ed.), *Handbook of Family Policies Across the Globe* (pp. 155-174). New York: Springer Publisher.

Guerreiro, M.D. (2014) Family policies in Portugal, In M. Robila (Ed.), *Handbook of Family Policies Across the Globe* (pp. 195-210). New York: Springer Publisher.

Hwang, S.H. (2014). Family policies in Taiwan: Development, implementation, and assessment, In M. Robila (Ed.), *Handbook of Family Policies Across the Globe* (pp. 273-287). New York: Springer Publisher.

Hernández, D. & Charney, E. (Eds.) (1998). *From Generation to Generation: The Health and Well-being of Children of Immigrant Families.* Washington, D.C.: National Academy Press.

Leach, P. (2009). *Child Care Today: Getting it Right for Everyone.* Cambridge: Polity press.

Ma, J.L.C. (2015). A family-centred approach in helping poor children in Hong Kong, In E. Fernandez, A. Zeira, T. Vecchiato, and C. Canali (Eds.), *Theoretical and Empirical Insights into Child and Family Poverty: Cross National Perspectives* (pp. 201-215). New York, London: Springer Publisher.

Ngok, K. & Bennett, F. (2012). Poverty and social justice in China. *Journal of Poverty and Social Justice, 20(3),* 243-245.

OECD (2008). *Growing Unequal? Income Distribution and Poverty in OECD Countries.* Paris: OECD Publishing. http://dx.doi.org/10.1787/9789264044197-en.

OECD (2011). Doing Better for Families. Paris: OECD Publishing. http://dx.doi.org/
10.1787/9789264098732-en

OECD (2012). *The Future of Families to 2030.* Paris: OECD Publishing. http://dx.doi.org/
10.1787/9789264168367-en

Perez-Carames, A. (2014). Family policies in Spain, In M. Robila (Ed.), *Handbook of Family Policies Across the Globe* (pp. 175-194). New York: Springer Publisher.

Ploug, N. (2012). The Nordic child care regime – History, development and challenges. *Children and Youth Services Review, 34,* 517-522.

Robila, M. (2014). Family policies across the globe: Development, implementation, and assessment, In M. Robila (Ed.), *Handbook of Family Policies Across the Globe* (pp. 3-11). New York: Springer Publisher.

UNICEF (2017). *Building the Future, Children and the Sustainable Development Goals in Rich Countries.* UNICEF Innocenti Report Card 14. Florence: UNICEF.

Contact details: Professor Elizabeth Fernandez, School of Social Sciences, University of New South Wales, Australia, e.fernandez@unsw.edu.au

The role of religion/spirituality in child and family social work practice: A Malaysian case study

Habibie Ibrahim, Sally Johnson, Philip Gilligan and Jones-Adu Gyamfi

Keywords: religion/spirituality, child and family social work practice, working relationships, decision making

Background

The overall research was about emotion and emotional intelligence (EI) among social workers in the workplace particularly in working relationships and decision-making processes. This paper discusses religion/spirituality as a potential resource for balancing the emotional state of human beings. As Malaysia is one of the Asian countries whose people still believe in applying religious values, religion could be one of the important aspects in the study of EI.

Many philosophers, neuroscientists and psychologists emphasise that the role of emotions in decision-making is not exempted. However, philosopher DeSousa (1987) claims that when dealing with the issue of making decisions, individuals can benefit significantly by accepting the assumption that emotions are active participants in decision-making. Thus, the importance of workplace emotions and attitudes seems to be emphasised in organisations. That is because emotions and attitudes can make a huge difference in an individual's behaviour and well-being, as well as in organisational performance and client satisfaction. Goleman's concept of emotional competence has five components: self-awareness, self-regulation, motivation, empathy, and adeptness in relationships (Goleman, 1996).

Here we emphasised on religious matters in how the child and family social workers regulated their emotions and how religion played a significant role in stimulating their emotions in working relationships and decision making processes.

Objectives and methodology

The objectives are:

1. To investigate whether social workers believe that good working relationships in child and family social work practice require the consideration of religion.
2. To investigate how child and family social workers perceive the contribution of religion to decision-making processes.

The overall research strategy was ethnographic. The researchers used a mixture of methods - individual interviews with twenty-five male and female child and family social workers were conducted to explore their perceptions concerning religion/spirituality in their relationship with clients in the workplace and the contributions of religion/ spirituality in decision-making processes.

The participants consisted of 24 Muslim workers and one Hindu. Observations were carried out over a period of three months to investigate how religion was perceived and shown in terms of behaviour. The research was conducted in Kuala Lumpur, Petaling and Kota Kinabalu, Malaysia. Participants consisted of child protectors and rehabilitation officers from the Malaysia Welfare Department and medical social workers in hospitals. We present an analysis of individual interviews as well as observations in the three locations. Data were analysed using thematic analysis by Braun and Clarke (2006).

Key findings

Spirituality Facilitates Positive Emotions. The use of spirituality to facilitate positive emotions was a theme that identified in relation to good working relationships in the workplace. There are several sub-themes under the theme of spirituality (i.e. the aspect of EI): 1) religious beliefs and practices, 2) almsgiving (meaning and purpose), 3) care towards people (meaning and purpose), 4) disbelief of the devil's guile, and 5) expression of gratitude to God (Allah).

Religious Beliefs and Practices. One of the participants said «I pray as frequently as I can … When we are being isolated [she feels that she is alone]» (Probation Officer 2, female, aged 35).

Almsgiving (Meaning and Purpose). One of the participants stated: «In the past when my department did not have enough resources, I always gave mine. Honestly, I always gave them my own money. But, it [alms] is good … right? In religious teaching, we are encouraged to give alms to people who are in need if we are capable» (Medical Social Worker 6, male, aged 33).

Care for People. One of the participants said «Spirituality … spirituality means we are working with people who face problems in their lives. We care about these people. So, we want our staff to work with sincerity. We want them to work with the spirit, that is, whatever we give, we will get it back [reward]. So, whatever it is, if you work with sincerity, your income is clean, and with that income, you will provide everything that is needed by your family members. Therefore, we don't want to be rude and selfish to our clients. Otherwise, our income is not halal. From the religious perspective, if we act

righteously to others, Allah will give His rewards accordingly» (Probation Officer 6, female, aged 36).

Disbelief of the Devil's Guile. One of the participants stated «I explained to her about our religion – what is allowed and not allowed in our religion. She is a Muslim. What made me angry … her mother took the baby and put the baby in a bottle. Her mother wanted to do something [black magic], which is wrong in our religion. I cannot accept it [black magic] because it is wrong in our religion» (Medical Social Worker 7, female, aged 37).

Expression of Gratitude to God (Allah). One of the participants said «Alhamdulillah [praise be to Allah], I have never taken that action [i.e. slapped or punched the children when they make mistakes or break the institution's rules]» (Probation Officer 4, male, aged 47).

The social workers revealed that spirituality through religious beliefs and practices, almsgiving, caring for people and expression of gratitude to Allah could moderate their feelings and guide them towards positive emotions. The research findings seemed to reveal that Asian countries such as Malaysia still emphasise the importance of religious influence in society's daily routine, either in formal or informal tasks, which shapes behaviour and actions.

The child and family social workers also mentioned that the skill of emphatising could help them understand and admit the centrality of the concept of fate – the belief that everything comes from God (Allah) - and thus they would interpret challenges in life as God testing their belief in Him. Religious practices were said to be able to facilitate positive emotions among the social workers. The present research findings have provided insights into the social workers' activities in relation to their caring profession as they seek spiritual fullfillment by compassionately helping and connecting with others.

Religious practices were also identified when investigating the relationship between religion and decision-making processes. The role of spirituality in stimulating emotions was identified in an effort to explore the contributions of religion to decision-making processes. The present research contributes to the existing knowledge in this area by identfying spirituality as one of the aspects in decision-making processes in Malaysia. Spirituality was perceived by the child and family social workers in this study as a quality that could help them in the processes of decision regarding child and family practice.

In decision-making, the participants expressed their view that performing prayers as it is done in Islam could also help them as Muslim individuals to make the right decisions through Allah's guidance. One of the female participants asserted that: «If we feel unsure and not confident about which decision we should make, as a Muslim, I think we need to just pray, pray and pray. And if you think that you need to perform salah al-istikhara [the prayer of guidance] asking for His direction, just do it. Sometimes, we don't know how to make a decision. So, Allah is there to help us» (Medical Social Worker 3, female, aged 50).

The present research findings also support Geula's (2004) argument that self-regulation, which is seen as a fundamental emotional regulation, is the essence of spiritual development. Spirituality is necessary for discernment in making spiritual choices that contribute to psychological well-being and overall healthy human

development. Individuals who are spiritually intelligent would think and act based on their beliefs and also take their religion as their guidance. The participants suggested that this will help them to be better people and assist them in decision-making processes. Seemingly, individuals can regulate their emotions through praying.

In Islam, al-istikhara is a prayer consisting of two rak'ah, in which the praying person appeals to Allah to guide him or her to take the right way regarding a certain matter he or she wants to undertake (Muhammad Taqi-ud-Din & Muhammad Muhsin, 2010). When the researcher asked Medical Social Worker 3 whether she would perform the al-istikhara prayer if she were in a dilemma in her decision-making, she replied «Yes, I do. I always perform the al-istikhara prayer and ask for His guidance, and it is helpful». Al-istikhara was taught by the Prophet s.a.w. (peace be upon him) to ask for Allah's guidance regarding the best option in every action, plan, decision and so on that a Muslim wants to engage in. Hence, Muslims believe that expressing their desires and needs to Allah is the right thing to do. To the Muslims, performing al-istikhara is the best way to direct one's choices and efforts, through seeking guidance from Allah. Bihar Al-Anwar in Hadith 153 noted that the Prophet of Allah said, «among the felicities of the children of Adam is that he asks the best from Allah and His pleasure in that which Allah has decreed for him. And among the misfortunes of the children of Adam is abandoning the asking of what is best from Allah and not being pleased with what Allah has decreed». This portrays that the Muslim participants in the study, as devoted followers of Islam, emphasised the beliefs and values of their religion. Thus, it can be said that religious teachings have succeeded in convincing the followers to be closer to the sacred one when facing life's difficulties.

Religious practice such as prayer is said to calm them and thus could help them in decision-making processes. Prayer is linked to a better psychological state for those who rely on it (Vasconcelos, 2009). The present research findings seem to reveal that religion/spirituality make positive contributions to decision-making processes. Religious practice (praying) is said to be able to help one to remain calm and achieve positive results in decision-making. Thus, it is theorised that religious practice could help one in regulating one's emotions.

Conclusions
The present research concluded that there is an aspect that could facilitate a good working relatioship and decision-making processes in child and family social work practices – that is the aspect of religiosity/spirituality. Since religion/spirituality seems to contribute to a good working relationship, the spiritual and religious dimension of practice should not be ignored in social work education and training. Religiosity/spirituality has been identified as having the potential in working relationship and decision-making processes. To strengthen the level of a social worker's understanding, the social work curriculum should encompass elements of religion/spirituality (Sheffield & Openshaw, 2009).

The present research found that religiosity/spirituality facilitated EI among the Malaysian child social workers. Praying and other religious practices were reported as having the capacity to help one to regulate one's emotions in the workplace. It is suggested that future studies should explore in depth the perception of religiosity/spirituality as an aspect of EI in Malaysia. More specifically, this area of study could also be conducted with clients or service users as the research participants.

Main references

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3(2),* 77-101.

DeSousa, R. (1987). *The rationality of emotion*. Cambridge, MA: MIT Press.

Geula, K. (2004). Emotional intelligence and spiritual development. *Paper presented at the Forum for Integrated Education and Educational Reform sponsored by the Council for Global Integrative Education, Santa Cruz, CA, October 28-30* Retrieved from http://www.edpsycinteractive.org/CGIE/guela.pdf

Goleman, D. (1996). *Working with emotional intelligence*. New York: Bantam Dell.

Muhammad Taqi-ud-Din, A.H. & Muhammad Muhsin, K. (2010). *Interpretation of the Meaning of the Quran* (in English). Retrieved from http://www.kalamullah.com /Books/Quran%20-%20Translation.pdf

Shieffield, S.& Openshaw, L. (2009). Integrating Principles of Spirituality into the Social Work Classroom. *Presented at NACSW Convention 2009 Indianapolis, October* Retrieved from http://www.nacsw.org/Publications/Proceedings2009/Sheffield SIntegrating.pdf

Vasconcelos, A.F. (2009). Intuition, prayer, and managerial decision-making processes: a religion-based framework. *Management Decision, 47(6)*, 930-949 Retrieved from http://homepages.se.edu/cvonbergen/files/2012/12/Intuition-Prayer-and-Managerial-Decision-Making-Processes_A-Religion-based-Framework1.pdf

Contact details: Habibie Ibrahim, PhD, Senior Lecturer, Faculty of Psychology & Education, Universiti Malaysia Sabah, Jalan UMS, 88400 Kota Kinabalu, Sabah, Malaysia, E-mail: hibrahim@ums.edu.my, Tel. +60 88 320000.

Technology and family dynamics: The relationships between adolescents' use of mobile devices, parent-child relationship and parenting approaches

Vincent W.P. Lee and Yu-cheung Wong

Keywords: smartphone, tablets, parent-child relationship, family cohesiveness, on-line learning

Background

The use of mobile devices amongst the adolescents is very common. The new technologies could bring enormous opportunities and benefits for the development of adolescents in aspects like learning and interpersonal relationships.

There are factors leading to people's use of mobile devices, such motivations for social inclusion and instrumental use of smartphones, innovativeness, and locus of control (Park et al., 2013). Nonetheless, it could also bring challenges to parent-child relationships as many parents could feel worries about how their adolescent children

make use of the mobile devices and are concerned about the impacts on children's wellbeing (Lin et al., 2012). De-Miguel-Molina et al.'s (2012) study found that children now have easy access to a wide range of services via their mobile phones, causing the authors to question the suitability of these services for them. Parents, as children's important social agents, could actually influence their attitudes and behaviors through parental mediation that involved monitoring and controlling their children's media consumption (Feng & Xie, 2014).

Therefore, there is a need to examine how factors such as parenting approaches, family atmosphere, how children use the mobile devices, and socioeconomic status of their families could lead to positive and negative outcomes of using mobile devices by children.

Objectives and methodology

This study examines how children's views of family life, their online activities, and demographics could facilitate positive outcome in children's use of mobile devices. We tested a model if their higher dependence on mobile devices and weakened family cohesion serve as negative factors associated with a positive outcome.

Data were collected from a sample of 1,561 students from 39 secondary schools in Hong Kong covering students studying in F.1 to F.5 levels, and 1,233 of their parents in 2015. Hierarchical regression analysis was applied to test the conceptual model and examine the magnitude of the associations between these variables.

Key findings

From the results of the hierarchical regression analysis between the dependent variable of children's positive outcome in using mobile devices and the independent variables – age, gender, parents' attitude in guidance and supervision, subjective feelings of family life, dependence on mobile device, and frequency in using the technologies on learning and homework, and communicating with friends, it was found that gender, family cohesiveness, and their frequency of using mobile devices for learning and homework, and communicating with friends on the devices are the significant factors associated with positive outcome.

Conclusions

The results of the analyses showed that boys tended to achieve positive outcomes in using mobile devices more than girls. Family cohesiveness, more frequent usage in learning and homework purposes, and more frequent communications with friends on social media are positively associated with positive outcomes in using mobile devices. Social service providers and parents are suggested to take note of building up a cohesive family environment in order to facilitate adolescents to use mobile devices more positively.

There should also be measures to encourage them to utilize mobile devices more on learning, homework and communicating with friends. Besides, more attentions should be put on girls who might be relatively weaker in achieving positive outcomes from using mobile devices than boys.

Main references

De-Miguel-Molina, M., Martinez-Gomez, M., De-Miguel-Molina, B. & Ribes-Giner, G. (2012). A qualitative study on mobile devices aimed at children and self-regulation in Spain. *Quality and Quantity, 46,* 1795-1806.

Feng, Y. & Xie, W. (2014). Teens' concern for privacy when using social networking sites: An analysis of socialization agents and relationships with privacy-protecting behaviors. *Computers in Human Behavior, 33,* 153-162.

Lin, Q.Z., Feng, X.Y., Deng, L.Y. & Zhang, J.T. (2012). Parent-adolescent communication, parental Internet use and Internet-specific norms and pathological Internet use among Chinese adolescents. *Computers in Human Behavior, 28,* 1269-1275.

Park, N., Kim, Y.C., Shon, H.Y. & Shim, H. (2013). Factors influencing smartphone use and dependency in South Korea. *Computers in Human Behavior, 29(4),* 1763-1770.

Contact details: Vincent W. P. LEE, Postdoctoral Fellow, Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong, E-mail: vwp.lee@polyu.edu.hk, Tel. (852) 94269580.

Relationships between mothers of sexually abused survivors and their daughters' therapists
Nirit Mordish-Volk and Julie Cwikel

Keywords: mothers, sexually abused, therapist, relationship, therapeutic relationship

Background

Abuse at an early age harms the healthy development of girls who even after the disclosure of the abuse, suffer from severe post traumatic symptoms (Herman & Hirschman, 2004). These symptoms may be moderated by maternal support, and indeed most mothers take a crucial role in the rehabilitation of their abused daughters (Kim et al., 2007).

The daily exposure to their daughters' pain, together with the psychosocial challenges which these mothers face, combined with social norms sometimes expressed in a lack of support from professionals, reflecting societal «mother-blame», are associated with distress and suffering among mothers of abused daughters (Fong, 1994; Plummer & Eastin, 2007).

Recognizing the importance of the maternal role in their daughters' rehabilitation, new programs involving parents have been developed. In Israel, regulation ensures the inclusion of parental guidance opportunities in therapy centers established for the treatment of minors who have been abused.

Purpose and methodology
The relationship between mothers of sexually abused girls and their daughters' therapists has never been examined before and is at the heart of this study.

The research used a qualitative, feminist research approach as part of a wider mixed-method research project. Six mothers aged 33 to 56 whose daughters were sexually abused between the ages of 12 and 18 participated in the study, using a semi-structured interview. These data were later analyzed into themes.

Key findings
The participants revealed their private stories showing courage along with enormous pain and diverse coping mechanisms as mothers of sexual abuse survivors. We have chosen to present three of the themes distilled from our findings here:

The first theme: *«By the Book»: Therapist as Source of Knowledge.*
Most of the participating mothers said the abuse had raised a need for learning content areas including a new vocabulary, which demanded that their daughters' therapists enter a guiding role in order to make sense of the situation. At the beginning of the relationship, they turned to the therapists for practical needs. Yelena[7] described it thus: *«She was very ordered and instructive. She said to me you should do a,b,c…and during the first few days I needed that guidance very badly and received it from her…»*. Later on, in the relationship, the mothers said they turned to therapists in times of crisis. For example, Cora said: *«I don't want to hear her crying, you see…We come to (the therapist), so that she can calm us down…and then she says, your daughter is acting by the book…»*. Cora shows that the help received by her therapist provides a sense of mastery over a situation that was out of her control.

In addition, once the therapist explained her daughter's behavior in the context of abuse, Cora's distress decreased. The unknown situation positioned the mothers as «students» seeking information from the «expert», thus raising the question of how mothers felt in that situation. Yelena says: *«… the difficulty is always mine and I need her to sort it out…she is the book; instead of looking it up in the book, **she,** is the source of information…»*. Yelena was not the only mother who used the word 'book' in order to define the relationship with her daughter's therapist. The word «book» was used by four out of the six mothers who participated in the study. Perhaps by defining the therapist as a book; an object; the mothers attempted to improve their untenable position, in terms of power and thus gain a measure of control over the situation. In a similar way, in later stages of the relationship, some mothers used the word «consultant» to describe the therapist's role, in a way that enhanced the mothers' control over the situation, thus maintaining their role as responsible, vis-à-vis their daughter.

The second theme: *«We Were Raped»: Maternal Support Needs*
The women participating in the study spoke of their need for support on two levels: both as mothers and as women facing a major crisis. As Cora says: *«I need someone to plug my bleeding, someone to take the weight off my shoulders so I can say: 'I closed it, I*

7. All names have been changed to protect the identity of respondents, all of whom gave written informed consent for inclusion in the study.

packaged it up, I filed it somewhere'. I yearn for support and I was willing to speak with you because I want to cry it out loud; she was raped, **we** *were raped...».*Cora's use of the term «we» when talking about her daughter's rape demonstrates the pain she feels personally and her need for support as a mother and a woman. However, she also spoke of her own suffering and her need for succor when talking about «blood that needs to be stopped».

A qualitative research study, investigating the way mothers cope with the «system», found that their need for support moved some mothers of sexually abused children to search for support from their children's therapists (Plummer & Eastin, 2007). In a similar way, all the mothers participating in the current study spoke of their need for support and agreed that this support should be part of the parental guidance facilitation that they received. However, most of them did not feel that it was legitimate to ask for such support. As Noa said: «*She is my daughter's therapist and I should speak about Yael (her daughter), not about me and anyway we only have a few meetings so I do not want to waste them on stories about me...*». Noa did not consider herself entitled to spend the limited time available with her daughter's therapist on issues concerning her. Other mothers said they did not know they could talk to their daughter's therapists about themselves and some said the therapist never invited them to speak about their own pain. Herman and Hirschman (2004) talked about the therapist's challenge of containing both the mother and the daughter and their psychological needs and saw it as their responsibility to find the way to «be there» for them both.

The Third Theme: «*She Doesn't Have to Do This*»- Borders and Boundaries: A Problem or an Active Choice?
When asked about a special moment in the relationship with the therapist, four of the mothers described situations, which took place outside the traditional therapy setting, some noting that therapists would answer personal cell phones to assist in a crisis. One mother, Yelena, states: «*She does so much more than she has to. Last year she showed up at a concert for three hours to support my daughter. She didn't have to do that...not everyone would have done that. It is something that I appreciated very much ...*». Yelena imparted understanding to the situation that took place outside the traditional therapy setting. By saying that the therapist did something which she did not have to do, out of a clear interest in her daughter's well-being, she situated herself as a subject in a less clinical and more «natural» position. Yelena's example is unusual, for other mothers described more professional acts outside the clinical setting such as accompaniment to welfare committees or to court cases. The fact that the meeting took place outside the regular therapeutic setting produced a stronger sense of support. Other mothers described therapists who set rigid boundaries, as less accessible and supportive.

Studies conducted on mothers of sexually abused girls, described the mothers as having problems with setting boundaries (Kim et al., 2007). The examples presented here investigated the achievements that both mothers and the relationships gain from working outside those boundaries. Thus, we suggest approaching the boundary issue in an alternative way, where the «problem» that mothers supposedly have with boundaries, is an active choice by an agent wishing to reduce limitations, thus creating closer, more meaningful relationships that defuse their distress.

Conclusions

These findings are preliminary, yet it is possible to see that mothers tend to appreciate their daughters' therapists as an important source of support and seek comfort from them at stressful times. The connection between pain and comfort influences the power relations between the mothers and therapists in several ways as discussed.

The following implications for therapists and policy makers can only be realized after a deep understanding and honest investigation of the importance of the bond and of the power relations, it contains.

It is clear that mothers need information regarding the unfamiliar situation forced upon them. The question is *how* to transmit that information, without leaving the mothers feeling powerless, but rather in control and competent. We suggest that therapists encourage mothers to share their knowledge of their daughter's behavior and offer them a point of view that is therapeutic in return.

Furthermore, when therapists share their own life experiences, this can allow for meeting on a more equal footing. One of the biggest challenges is to see how mothers can be recognized and helped as women in distressful situations, where they may not feel that they have a legitimate right to receive such support. Therapeutically, this understanding is important, but insufficient, as time limitations are present for parental guidance. That is why policy makers should understand the need to delegate resources specifically for this purpose, either by extending the time allotted for parental guidance or by assigning different therapists to work with the mothers.

Finally, it seems that mothers appreciate non-traditional behaviors in non-clinical settings and ascribe to them an expression of closeness, so desired with their daughter's therapist. We need to listen to what mothers are saying about wanting connection and advise policy makers and therapists to renounce some of their authority in order to create a warmer relationship, built less on rigid boundaries and more on mutual trust between women working together to achieve a common therapeutic goal.

Main references

Fong, J.S. (1994). *Hearing the voices of the silent: Alternative to the problem of blaming mothers for the occurrence of incest* (Doctoral dissertation). Wilfrid Laurier University.

Herman, J.L. & Hirschman, L. (2004). Father-daughter incest, In R.K. Bergen, J.L. Edleson, and C.M. Renzetti (Eds.), *Violence against Women: Classic Papers* (pp. 21-39). Boston, MA: Allyn & Bacon.

Kim, K., Noll, J.G., Putnam, F.W. & Trickett, P.K. (2007). Psychosocial characteristics of non-offending mothers of sexually abused girls: Findings from a prospective, multigenerational study. *Child Maltreatment, 12,* 338-351.

Plummer, C.A. & Eastin, J.A. (2007). System intervention problems in child's sexual abuse investigations: The mothers' perspective. *Journal of interpersonal violence, 22,* 775-787.

Contact details: Nirit Mordish Volk, Social worker and PHD candidate, The Spitzer Department of Social Work, Ben Gurion University of the Negev, Beer Sheva, Israel, niritvolk@gmail.com, Tel. 972-52-5327976.

Mental disorder and violence of an intimate partner violence case: An analysis of the interdisciplinary collaboration in helping with the couple
Chung-ming Chan, Shun-pan Lo and Tsz-ying Kwok

Keywords: intimate partner violence, systemic conceptualization, marital conflicts, family therapy

Background
A Chinese family was referred by the church to our department subsequent to a spouse battering incident in which the husband punched the wife, pushed her down to a sofa and threatened her with a knife. The wife, together with the two young children, then moved out and stayed with her mother. In their six years of marriage, the husband had used violence for 6-7 times, pulling the wife to the bathroom for a bath, grabbing her arm with force, and using a towel to cover her mouth. The wife has never reported the violent incidents to the police.

The husband had accused the wife of having mental disorder. According to the husband, the wife was brought up in a broken family and counselled by a therapist for her obsessive-compulsive disorder. The wife would not allow him to enter their sleeping room until she finished the cleaning and checking every night. She took bath only when she met with others outside the family. She had poor time management but rejected the husband or the domestic helper's intervention, thus resulting in the irregularity in the children's mealtimes and bedtime. She would use sex to make the husband yield to her demands. The husband had reportedly made painstaking effort to accommodate the wife's controlling behaviour and incompetency, but at times the frustration was so unbearable to him that violence erupted. Moreover, the domestic helper, in-laws, and church pastors and friends had been intentionally or unintentionally triangulated by the husband to isolate and belittle the wife.

Fig. 1. Actors in the case
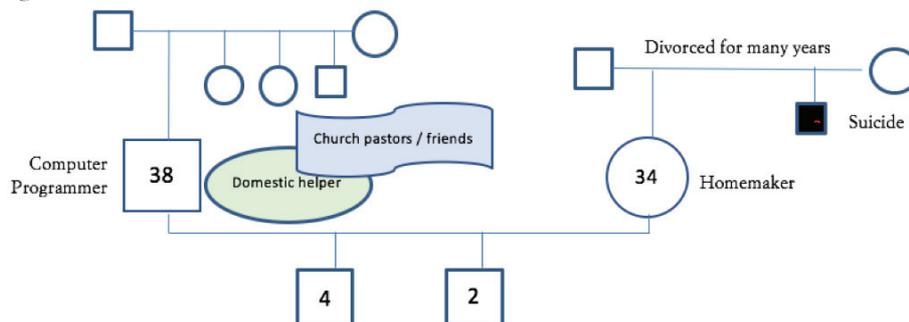
Intervention of this case required a systemic conceptualization of the various factors at play and a collaborative effort of the various parties involved (Dutton, 1995; Chan, 2005). In managing the crisis situation, we had to achieve a balance in risk

management and family reunion, linking the family with support network while empowering them to pay effort to maintain its own functioning, demanding the agitated husband to stop his violence but also understanding his frustration with a multi-layered explanation. As the crisis was settled and the concomitant emotions subsided, the journey of addressing the intricate interplay of the couple's intrapsychic and interpersonal issues began.

– Does the wife have a mental disorder and require medical treatment? How should we address her incompetency in household management and child supervision?
– How should we address the husband's use of violence in venting his frustration with the wife in managing the household chores and taking care of their young children?
– With their violent encounter, how should the couple go on with their journey? How could they manage the two contending forces – resentment towards each other versus their needs for affection and cooperation?

Objectives

To reflect and consolidate the experience in working with a couple with intimate partner violence issues on two dimensions:

1. Multi-disciplinary collaboration of different parties in helping with the couple and their family.
2. Formulation and intervention of the couple's interlocking individual cum relational issues.

Methodology
– Single case study
– Sample: A couple presenting with intimate partner violence
– Data / Instruments:
    * Prolonged interview with the couple and their children, in-law families, church pastors and friends
    * Case notes of the interview

Key findings

The various helping professionals – church, social worker, psychiatrist, and clinical psychologist – served well in their own boundary and at the same time had a subtle and effective collaboration with each other in helping the family address their interlocking issues.

– The church had provided important emotional and childcare support to the family but at the same time activated the social service intervention.
– The crisis intervention by the social worker was an essential ingredient at the beginning in helping the family calm down their emotions, safeguard their safety and resume a normal life quickly. Moreover, the social worker served as the case manager in liaising with different parties and coordinating the services for the family.
– The psychiatrist addressed the couple's mental health issue not only by providing them a diagnosis and minimal medication but also encouraging them to deal with

the issue by psychological intervention.
- The clinical psychologist provided a platform for the couple to unpack their emotional-relational burden, re-engage themselves in the relationship, re-structure their boundary, and revisit their many individual and relationship issues within this boundary.

The following events unfolded in the process of re-visiting the couple's interlocking individual and relationship issues.
- The couple decided to do without the domestic helper and the wife had assumed the major caretaker role in the family. This had a significant impact on the wife's emotion adjustment and turned a new leaf in the couple's relationship development. The intense conflicts that used to revolve around the domestic helper were gone instantly and both partners had to negotiate new challenges in the family.
- The wife's obsessive-compulsive behavior was reviewed and her anxiety normalized in the context of her caretaker role in the family. She was motivated to develop her competencies in childcare and household management and aspire to the social standards of care rather than to the husband's demands.
- New episodes of the husband's occasional temper outbursts were reviewed in close-up in their interaction pattern. The husband was helped to realize that it was he (instead of the wife or the children) who was responsible for his own emotion regulation and temper control.
- Client's personal strengths, their original affectionate relationship and their family/social support system were valuable assets in their relationship development. Moreover, complex as their conflicts may be, there were no irreconcilable issues between the couple. Both partners were making changes which were reinforcing, and they were negotiating a new relationship contract in managing both their needs for each other and their conflicts of interests in their dual roles as intimate and parenting partners.

Conclusions

Intervention with violent couples requires a systemic conceptualization and a fine analysis of the issues involved. In this case analysis, the various factors at play and the involvement of various parties are reviewed and juxtaposed. The couple's individual and interpersonal issues and their intricate interplay are identified and addressed. Finally, the couple's relationship development in the midst of these multiple issues is explored.

Main references

Chan, C.M. (2005). *The Many Faces of a Male Batterer – A Hong Kong Perspective* (Doctoral dissertation). Hong Kong: The University of Hong Kong.

Dutton, D.G. (1995). *The domestic assault of women – Psychological and criminal justice perspectives.* Vancouver: UBC Press.

Contact details: Chung-Ming Chan, Ph.D., Clinical Psychology Unit 2, Social Welfare Department, 4/F, Tai Po Complex, 8 Heung Sze Wui Street, Tai Po Market, N.T., Hong Kong, E-mail: scp2@swd.gov.hk

Multi-Family activities for Chinese families of youth with attention deficit hyperactivity disorder (ADHD): An exploratory study of a service learning project
Julia Wing Ka Lo and Joyce Ma

Keywords: ADHD, family camp, service learning, Chinese families

Background
Attention Deficit Hyperactivity Disorder (ADHD) is the most frequently diagnosed child psychiatric disorder, affecting 3% to 7% of children and adolescents worldwide. Youth with ADHD suffer from inattention, hyperactivity and impulsivity, resulting in significant impairments in learning and developing interpersonal relationship at home and school. According to the Census and Statistics Department in Hong Kong, the number of people diagnosed with ADHD has dramatically increased from 5,500 in 2007 to 12,800 in 2013. Among the total ADHD population in 2013, 8,200 (63.8%) were aged under 15 year-old while 2,900 (22.4%) were aged 15 to 29 year-old.

This developmental challenge is a life-long challenge which persists into adulthood in nearly one-half of children with ADHD in Chinese contexts. With the concerns over the expanding total population and a high proportion of the children retaining the effects of ADHD throughout their developmental journey, these families are in need of continual support to help them overcome the difficult family situations.

Contextual challenges on Chinese families of youth with ADHD
It is however that functioning of Chinese family in supporting human development has received continual challenges from the socio-cultural forces in recent decades. In general, increased parent-child conflicts, more anger during conflict discussions, more negative communication, and more aggressive conflict tactics used were commonly found among families with youth with ADHD, which is unfavorable to maintain a secure family environment for youth development. In current Chinese society such as Hong Kong, the dominant treatment discourse of symptom elimination, coupled with the pervasive stigmatizing attitude towards mental illness, reduces this developmental challenge into a personal problem. Besides, Chinese family structures have changed in response to the influences of industrialization and urbanization, which curtail the availability of community resources for dealing with the developmental challenge of ADHD. Under the stigmatized culture and lack of community support, families become helpless, socially isolated and reduce in their sense of agency (Eisler, 2005).

Alleviating social isolation: inter-familial mutual support & social exchange with community members
Social isolation in Chinese societies attenuates the mobilization of resources across families who face similar developmental difficulties. Majority of ADHD intervention are designed from an individual approach such as the Summer Treatment Programme which failed to address the family needs for opportunities to acquire information and emotional support from others. Evidence showed that family camp demonstrated positive impacts on families of children with developmental disorder such as autism

(Wallace, 2016). Besides, actual interactions with youth with ADHD through multiple activity contexts may expand the community members' understanding on the ADHD characteristics from symptom-focused to more contextually-oriented. Developing a mutual support network between families who face similar difficult situations and developing a social exchange platform between these families and community members are crucial to help alleviating the social isolation.

Objectives

A 3-month service learning project was conducted in September to December 2016 which served to provide a platform for multiple interactions between Chinese families of youth with ADHD and also with other community members such as university students[8].

Through the use of multi-family activities (three Family Days and one overnight Family Camp), this project aims to alleviate social isolation through promoting mutual support between families of youth with ADHD and to enhance university students' understanding towards families of youth with ADHD. This project also aims to cultivate intra-familial relationships and mutual understanding between family members. We aim to present the preliminary outcomes of the service learning project.

Methodology

Multidimensional evaluative measures were used to collect feedbacks from participating families (n=16) and student volunteers (n=18).

Client Satisfaction Questionnaires (CSQ). Two versions of self-constructed Client Satisfaction Questionnaires (CSQ), CSQ-parent and CSQ-child, were developed to evaluate parents' and children's perceived helpfulness of the intervention. CSQ-parent evaluated parents' perceived helpfulness on four aspects: 1) overall programme (8 items); 2) individual activity (9 items); 3) facilitation by student volunteers (2 items); and 4) programme arrangement (3 items). CSQ-child evaluated children's satisfaction on four aspects: 1) individual activity (9 items); 2) overall programme (4 items); 3) facilitation by student volunteers (1 item); and 4) programme arrangement (1 item). Each item is rated with a 5-point Likert scale (1=strongly disagree/ strongly dissatisfied; 5=strongly agree/ strongly satisfied). Mean scores of each item were compiled to indicate the level of sat The I.CARE social service fund of the Chinese University of Hong Kong financially supported this study.isfaction. Both CSQ-parent and CSQ-child consist of an open-ended question to collect the participants' comments on the intervention. CSQ was distributed to parents and children at the end of each session.

Volunteer Feedback Forms (VFF). A self-constructed Volunteer Feedback Forms (VFF) was developed to assess three aspects of learning experience: 1) understanding on ADHD (3 items); and 2) knowledge application (1 item); and 3) satisfaction (1 item). Each item is rated with a 5-point Likert scale (1=strongly disagree; 5=strongly agree). Mean scores of each item were compiled to indicate the level of satisfaction. VFF was distributed to student volunteers at the end of each session.

Volunteer Focus Group (VFG). Volunteer Focus Group (VFG) was conducted to collect student volunteers' feedback on two aspects of the whole project: 1) impacts of

service learning programme design on their motivation to participate; and 2) reflections on the learning experience.

Key findings

Positive feedbacks received from family participants and student volunteers. Mean scores of all participating parties of the item «satisfaction on the overall programme» were above 4.00 across all multi-family activities (M_{parent}= 4.43 to 5.00; M_{child}= 4.43 to 4.86; $M_{volunteer}$= 4.29 to 4.71), indicating that all participating parties were strongly satisfied with the overall programme. There were four key findings:

1. *Strengthened intra-familial relationship*
   Parents perceived the multi-family activities to be helpful in enhancing mutual understanding and support between family members (M_{parent}= 4.57 to 5.00); had experienced a quality time with their families (M_{parent}= 4.43 to 4.80); and had their parent-child relationships being enhanced after joining the programme (M_{parent}= 4.38 to 4.80). Children expressed that they enjoyed participating in the multi-family activities together with their parents (M_{child}= 4.29 to 4.86).

2. *Inter-familial mutual support was cultivated*
   Parents perceived the multi-family activities to be helpful in cultivating the mutual support between the participating families (M_{parent}= 4.56 to 5.00). Mutually supportive relationships developed among the children as well. Neither peer rejection nor bullying occurred among the young people; they solved problems together and built up friendships instead. Children expressed that they had a socially cooperative time with other children (M_{child}= 4.29 to 4.86).

3. *Cultivation of strength perspective on ADHD*
   Through the multi-family activities, parents expressed that they learnt more about their children's developmental challenges (M_{parent}= 4.29 to 4.71) and strengths (M_{parent}= 4.25 to 4.57). Similarly, student volunteers also expressed that they had increased understanding on the ADHD characteristics ($M_{volunteer}$= 3.86 to 4.57) and the strengths of the children ($M_{volunteer}$= 3.71 to 4.14).

4. *Stimulating students' reflections on ADHD intervention approach*
   Students perceived that family exerted a strong influence on development of youth with ADHD ($M_{volunteer}$= 4.29 to 4.86). They commented that this service learning project had broadened their vision on ADHD intervention approaches, and believed that, compared to other approaches such as medication and cognitive behavioral therapy, paying attention to the family interaction is «the most realistic approach in helping families of youth with ADHD». Some students reflected that they were encouraged to pay attention to more contextual factors instead of merely focusing on the ADHD symptoms. A student described that «one can have an in-depth study on a piece of leaf but he also needs to look at the whole tree in order to grasp the whole picture». They expressed that the multi-family activities provide a fruitful platform where they could interact with the families naturally which stimulated their understandings towards the participating families.

Conclusions

Quantitative and qualitative data in the present study suggested the helpfulness of the service learning project in alleviating social isolation of Chinese families of youth with

ADHD through cultivation of inter-and-intra-familial interactions and enhancing community members' understandings on the participating families.

Mutual support has an important function in buffering families in stressful situations from developing into adverse outcomes. Social work intervention should endeavor to strengthen mutual support network among Chinese families of youth with ADHD so as to provide a fertile base for these young people as well as their families to grow.

Main references

Eisler, I. (2005). The empirical and theoretical base of family therapy and multiple family day therapy for adolescent anorexia nervosa. *Journal of Family Therapy, 27(2),* 104-131.

Wallace, L.R. (2016). The Impact of Family Autism Camp on Families and Individuals with ASD. *The Qualitative Report*, *21(8),* 1441-1453.

Contact details: Julia W.K. Lo, PhD candidate, Department of Social Work, The Chinese University of Hong Kong, Room 209A, TC Cheng Building, Shatin, New Territories, Hong Kong; E-mail: wklo@swk.cuhk.edu.hk

Effect of expressive arts therapy for raising self-efficacy for adolescents with emotional disturbances in secondary school setting

Joshua Kin-man Nan, Janet Wai-chong Li, Canna Chi-shan Tang, Keith Man-kit Chow, Lap-yi So and Jonathan Chun-nok Man

Keywords: expressive arts therapy, adolescents, emotional disturbances, self-efficacy

Background

Current literature urges promotion of self-efficacy and resilience to adversities of life in Hong Kong adolescents. Many of the existing psychotherapeutic interventions for Hong Kong (HK) youth in treating emotional problems adopt the verbal approach (HKCSS, 2016).

Previous studies supported the use of combined verbal-nonverbal approach of Expressive Arts Therapy (EXAT) and Creative Arts Therapies in creating positive change of emotion and enhancement of self-efficacy of teenagers (Fraser & Keating, 2014; Perryman et al., 2015).

Despite a flourishing trend of adopting expressive arts methods in different types of children/youth social work services, the effect of using EXAT in treating emotional issues and raising self-efficacy in adolescents remains unclear in local research literature; scientific research studies in the concerned areas are few.

Objectives

The current study aimed to improve self-efficacy of emotional control via the use of Expressive Arts Therapy for secondary school students.

In a 4-session or 6-session weekly treatment plan, participants partook various expressive arts experiences which were appropriate to their skills level, yet challenging their risk-taking behaviors, with a «low-skill high-sensitivity» rationale of EXAT.

In the initial treatment phase, students were introduced to the different expressive arts modalities and were trained to be sensitive to using various types of visual arts materials. Subsequently, they were encouraged to take part in the creative arts making process. Creative expression is emphasized over artistic skills or abilities building.

Methodology

Rationale. A combined qualitative-quantitative, process-outcome, experimental-control research design was adopted. While quantitative research methods can provide clear evidence to support intervention outcomes, the probabilistic and reductionist approach falls short of examining the mechanisms of change of EXAT. Qualitative methods can complement quantitative methods by giving facts to understand the changes in psychological mechanisms involved in the intervention process, and giving the participants an opportunity to voice out their experiences on individual basis. Qualitative data will be able to provide facts to elaborate the treatment process, for improving the treatment approach and the intervention techniques. It is especially important as EXAT is a new mode of arts therapy intervention.

Participants. A total of 28 secondary school students studying from S.1 to S.4 with emotional disturbances were recruited at convenience from two secondary schools to join this study. 18 participants joined two experiment groups which were independently held in two secondary schools; 10 other students with similar level of emotional disturbance were assigned to the control group. The participants were identified by teachers and school social workers through classroom observation, who generally exhibited lower self-esteem, self-efficacy, more negative affective states (e.g. anxious mood), and had a tendency or history of adopting destructive stress management schemes. Aforementioned symptoms however were not previously diagnosed as clinical disorders.

Intervention. The students in the experimental groups (Group A and Group B) joined a 4-session design EXAT group, with each session comprising 1.5 hours, while Group A had two enhanced sessions after completing the 4-session treatment. The objectives of the 4-session design EXAT group (Group B) were to provide a safe space for the students to express negative emotions, experience positive change of emotion, as ways to manage emotional disturbances and release stress, via expressive arts therapy. In addition to the aforementioned objectives, the 6-session designed EXAT group (Group A) also aimed at strengthening mutual support and nurturing a sense of awareness of self-care, as ways to enhance self-efficacy.

Data collection. In quantitative aspect, the Chinese adaptation of the General Self Efficacy Scale (GSE) was a self-reported measure assessing perceived self-efficacy that was applied a week before treatment (T0), to all participants (N=28), with 10 participants in Group A (six sessions treatment), 8 participants in Group B (four sessions treatment), and 10 participants in Group C as blank control. GSE was applied again after the completion of a 4-week EXAT program (T1) for all three groups, and after completion of 6-week EXAT enhanced treatment programs (T2) for Group A and Group C.

Ten items from the General Self-Efficacy Scale (GSE) are designed to tap the construction of self-efficacy in terms of the participants' self-perception of goal setting, effort investment, persistence in face of barriers and recovery from setbacks.

A simplified questionnaire designed based on the four sources of self-efficacy was applied in the experiment groups after the completion of each session, to capture any immediate change of self-efficacy during treatment process.

In qualitative aspect, the participants' self-perception on their own performance was recorded individually by themselves at the end of every session. Participants' behaviors and verbal response, including their interpretation of the art products were observed and recorded individually and holistically by the therapist and the co-facilitating social worker to document the changing process of each participant. Qualitative data would be triangulated to forming concluding themes and facts for the research results.

Plan of data analysis. Nonparametric tests were adopted as data collected from the small sample does not correspond to a normal distribution. Within-group changes were measured with Wilcoxon Signed Ranks Tests whilst between-group changes at different timepoints were measured by Mann-Whitney U test.

Ethical considerations. The research was approved by the Human Research Ethics Committee of the University of Hong Kong (Ref. EA1609020). All participants provided verbal consent to the school social workers or responsible teachers regarding their participation in this research program.

Key findings

Wilcoxon Signed Ranks Test for within-group comparison showed the following results: In Group A, the GSE scores did not show significant change from T0 to T1 (Mdn=27.5/27.5; Z=0.351, p=0.726), but the change was significant at T2 (Mdn=36.5; Z=2.668, p=0.008). In Group B, despite the GSE scores increased from T0 to T1 (Mdn=28.5/30.07), change was nonsignificant (Z=1.614, p=0.106). In Group C, no significant change was observed across all time points. GSE scores were reported decreasing from T0 to T1 (Mdn=28.5/26; Z=-1.122, p=.262) and the descending trend continued to T2 (Mdn=24.5; Z=-1.601, p=.109).

Mann-Whitney U test reported significant difference in GSE between Groups A and C at T2 (U=18.5, p= 0.015), but the difference at T1 was nonsignificant (U=39.5, p= 0.436). The difference between Groups B and C at T1 was nonsignificant (U=25.0, p= 0.203).

Generally, the results supported the effectiveness of a 6-session EXAT intervention in raising self-efficacy for adolescents with emotional disturbances, in comparing it to the blank control group. Despite that Group B did not show significant change in GSE, a trend of increase of self-efficacy was observed and it was speculated that the enhanced two sessions of EXAT were crucial to the effectiveness of EXAT intervention.

The simplified GSE questionnaire and the qualitative data were still under process of analyses that the results would be utilized to evaluate the effectiveness of the intervention as a whole.

Conclusions

Implications and suggestions. The results of preliminary quantitative data analysis showed that a 6-session expressive arts therapy intervention program yielded positive change in the self-efficacy of the adolescents with emotional disturbances. The nonsignificant results of a 4-session EXAT treatment design highlighted the importance of dosage sufficiency in creating profound and effective impacts on self-efficacy. The continual drop of the GSE scores over time in the control group alerts that the psychological wellbeing of the adolescents demands closer attention, suggesting the implementation of proactive and rigorous regimes to improve self-efficacy and other related respects for secondary school students is highly crucial.

The research results, specifically in the control group, do correspond with the present scenario that our HK adolescents face severe challenges from various sources in life that probably affect their perceived self-efficacy. Sufficient effective caring, support strategies and policies in enhancing self-efficacy becomes a crucial issue in confrontation with a skyrocketing suicidal rate in teens (Cheung & Chiu, 2016).

Expressive arts therapy provides a comfortable platform which allows adolescents to follow their own pace and methods to re-experience, understand and express their feelings and thoughts. Both verbal and nonverbal expressions were involved in EXAT through arts exploration, such as via body movement, improvised music and visual art making. Since expressive arts therapist would respect participant's decision over the creation of arts, it would take time for participants to trust the therapist, the atmosphere, and the art creation process, in order to engage themselves in self-expression through arts; hence therapeutic changes deepened over sessions. It might explain there is a stronger and more significant therapeutic change in group with a number of sessions.

Future research direction. The current study shows a positive outcome of the use of expressive arts therapy on improving self-efficacy that may provide schools and organizations with alternative and creative way, besides traditional verbal counseling strategies, in coping with adolescents' emotional issues. However, regarding the small sample size of the study which limits the statistical power, more rigorous research design is warranted. A replication of the current study with a longer treatment period (e.g. 8 sessions) is strongly encouraged, in order to test the impact of a more profound EXAT treatment on self-efficacy or other psychological measures, such as resilience, psychological stress and interpersonal relationship.

Main references

Cheung, E. & Chiu, P. (2016, March 12). Students at breaking point: Hong Kong announces emergency measures after 22 suicides since the start of the academic year. *South China Morning Post.* Retrieved from www.scmp.com/news/hong-kong/health-environment/article/1923465/students-breaking-point-hong-kong-announces.

Fraser, C. & Keating, M. (2014). The effect of a creative art program on self-esteem, hope, perceived social support, and self-efficacy in individuals with multiple sclerosis: a pilot study. *Journal of Neuroscience Nursing, 46(6),* 330-336. doi: 10.1097/JNN.0000000000000094.

HKCSS (2016). 社會服務熱線總覽. 熱線/ 服務類別.兒童及青少年. Retrieved from http://webcontent.hkcss.org.hk/hotlines/service.asp?ser_code=3.2.

HKPF (2016, April). Teenagers' low health literacy and self-management of health issues may lead to disastrous consequences. *Hong Kong Paediatric Foundation*. *Press Release*. Retrieved from http://www.hkpf.org.hk/download/Health%20literacy%20PC_press%20release_Eng_20160426_HKPF.pdf

Perryman, K.L., Moss, R. & Cochran, K. (2015). Child-centered expressive arts and play therapy: school groups for at-risk adolescent girls. *International Journal of Play Therapy*, *24(4),* 205-220.

Contact details: Joshua Nan, Assistant Professor, Dept. of Social Work & Social Administration, the University of Hong Kong, 5/F., JC Main Tower, Centennial campus, Pokfulam Rd., HKU, HK, E-mail: kinmanblue@gmail.com

The relationships between exposure to service user violence, coping strategies, and obstruction of service delivery among taiwanese child protection social workers

Yueh Wang

Keywords: service user violence, client violence, coping, service delivery, child protection social worker, home visiting, placement decision-making

Background

Service user violence toward child protection social workers is a crucial issue for practitioners, social service agencies, and social work professionals. In Taiwan, child protection social work is regarded as «a dangerous profession» (Liu, 2014). According to the survey, 91% of the child protection social workers had experienced client violence in the previous year, and more than half of the respondents agreed that safety was a significant concern in their practice (Taiwan Association of Social Workers, 2014). That is, being safe during working is not only a matter of social workers' rights, but also a matter of children's rights, especially those suffering from family violence.

However, the relationship between safety of social workers and child protection service delivery is understudied (Littlechild, 2008). Although the nature, prevalence, and risk factors of violence from clients have been extensively documented in previous studies, few evidence-based studies have been conducted concerning the impact on social work practices in Taiwan.

Objectives and methodology

This study explored the consequences of violence toward social workers on the delivery of child protection services. In addition, the author examined the effects of various coping strategies and organizational safety support policy.

A national survey was conducted by employing the Client Violence Inventory, Brief COPE Inventory, and Difficult Situations Scale. The sample included 360 child protection social workers in family violence prevention centers in Taiwan. Multiple regression analysis was employed to test the impacts of service user violence on child protection practices focusing on home-visiting and placement decision-making.

Key findings
According to the survey results, 98.6% of the respondents had experienced violence from service users at least once during their careers (n=355). A high proportion revealed that when violence occurred, their abilities to collect information for assessment (97.1%) and make placement-related decisions (90.9%) were limited. Moreover, because of safety concerns, most of the participants reported that they were forced to end home visits early (85.8%) or even cancel them (71.6%).

The regression model results indicated that service user violence, organizational safety support, and various coping strategies hindered the delivery of child protection services. As suggested by the home-visiting model, compared to front-line workers, workers in management positions who showed a higher level of fear toward service user violence, lower level of perceived organizational safety support, and higher frequency of emotional-focused coping were more likely to report higher level of home-visiting obstruction.

As revealed by the placement decision-making model, compared with their female counterparts, male workers who exhibited a higher level of fear, lower level of perceived support, and less frequent use of problem-focused coping strategies tended to report higher level of placement-related decision-making obstruction. Fear explained the relatively greater degree of variance in the aforementioned models.

Conclusions
The most meaningful implication of this study is that both practitioners and policy-makers are aware of the impact of service user violence on child protection services.

Thus, prevention and intervention strategies must be developed at national and organizational level to handle the problem of violence toward child protection social workers. The importance of avoiding victim-blaming and enhancing reporting system should be advocated as well.

Main references
Dettlaff, A.J., Graham, C.J., Holzman, J., Baumann, D.J. & Fluke, J.D. (2015). Development of an instrument to understand the child protective services decision-making process, with a focus on placement decisions. *Child Abuse & Neglect, 49,* 24-34. doi: http://dx.doi.org/10.1016/j.chiabu.2015.04.007.

Enosh, G., Tzafrir, S.S. & Stolovy, T. (2015). The Development of Client Violence Questionnaire (CVQ). *Journal of Mixed Methods Research*, *9(3),* 273-290. doi: 10.1177/1558689814525263.

Littlechild, B. (2008). Child protection social work: Risks of fears and fears of risks – Impossible tasks from impossible goals? *Social Policy & Administration, 42(6),* 662-675. doi: 10.1111/j.1467-9515.2008.00630.x

Liu, J.S. (2014). A dangerous profession? Organizational safety strategies for protective services social workers. *Community Development Journal, 147(3),* 168-191.

Padyab, M., Ghazinour, M. & Richter, J. (2013). Coping and mental health of Iranian social workers: The impact of client violence. *Social Behavior & Personality: an international journal, 41(5),* 805-814. doi: 10.2224/sbp.2013.41.5.805.

Contact details: Yueh Wang, MSW, Department of Social Work, National Taiwan University, No.5, Ln. 333, Sec. 3, Roosevelt Rd., Da'an Dist., Taipei City 106, Taiwan (R.O.C.), E-mail: r01330005@ntu.edu.tw, Tel. +886-932-816-565.

Effect evaluation of collective art practice for leukemia children with psycho-social problems
Chenhai Zhu

Keywords: effect evaluation, leukemia children, psycho-social problem

Background and purpose
Resisting the erosion of illness becomes a chronic life state to leukemia children because of long-term hospitalization. These children have more social adaptation problems and negative emotions than other normal children, such as depression, anxiety, impulse, irritability, poor adaptability, easily withdrawn from social, tending to negative expression, etc. Limited by their age, cognitive ability, and expression ability, children accept the form of services different from adults, while art activities can make children feel comfortable and safe, then help practitioners break the silence and start communication with children in nonverbal way, particularly encourage them to express their positive or negative feelings freely. To sum up, collective art practice based on socialization theory is expected to provide a harmless social place and create a supportive environment for those leukemia children, what to help them generalize their own problems, gain positive social experiences, boost self-esteem, and finally improve their social skills and social abilities (Farsi et al., 2010).

Methodology and findings
So then we employed the experimental design of the experiment-group and the control-group by test-retest model, to evaluation the effectiveness of an intervention program named «Art Together» for the leukemia children with psycho-social problems which include painting, hand making, clay sculpture and other artistic expressions. Pediatric Symptom Checklist (PSC) was selected as main measure instrument in the research. According to Zhang et al. (2002), children around 5-11 years old scored 22 points or above in PSC were set to probably have psycho-social problems (Anderson et al., 1999).

The leukemia children from hospital E, one of the excellent children's medical institutions in Shanghai were the participants of this study, most of them were in the age of kindergarten or nine-year compulsory education stage.

A total of 42 leukemia children with certain language skills to be suggested to accept the test of the scale, 32 children (83%) among them and their guardians agreed to participate in. Finally it is found almost every leukemia children scored above 22 points in PSC, implied all of them had some psycho-social problems. For example, in the perspective of social behavior (according to caregiver's view), «very little communication with peers» accounted for 74.29%, «no playmate and feel alone» and «often complain about homesickness» accounted for 64.71% respectively.

These data fully reflect the existence of a huge normal social needs of hospitalized children, whose normal social activities were blocked or limited. In terms of social needs, more social problems of children can be classified as «explicit problems» (compare to «implicit problem»), such as «more time alone», «restless to sit down», « too love moving, don't stop» and «blaming others for their own troubles», etc. Finally, «fear of new things and new environment» was a measurement of the adaptation of leukemia children, while 44% responded it had appeared sometimes, 31.43% had often appeared, which showed those children have obvious obstacle to adapting to the new environment, and art group might help them improve their social skills and achieve the goal of common growth.

Then 20 samples of leukemia children around 6-11 years old were selected to participate in the intervention program which had been named «Art Together» mentioned above, and all these participants were randomly distributed to experiment group and control group, each group of 10 ones. In the experimental group the mean of PSC score was 28.10±4.28 point (the mean was 28.10 point, and the standard deviation was 4.28, the same below), while the control group was 30.60±5.38 point. Subsequently, the participants in the experimental group took apart in the «Art Together» program in next 8 weeks (January to March in 2015). During this period all these participants joined an art group which activated two times a week to learn to complete the painting task through mutual cooperation, and share their achievement each other. After the end of program, all the experimental group and control group were tested again by PAC.

Finally, the PAC score of experiment group reduced to 20.00 ± 4.32 point, compared to the baseline the difference value was -8.10 ± 2.13 point. Otherwise, the PAC score of control group stick to 30.50 ± 5.02, and the difference value compared to the baseline was -0.10 ± 1.45. SPSS packages 20.0 was used for statistical analysis, using independent samples T test between the experimental group and control group, Result: t=-9.841, p=0.000<0.01.

Tab. 1. Comparison of the scores between the experimental group and the control group (mean ± standard deviation)

Group	Pre-test	Post-test	D-value	t	p
Experimental	28.10±4.28	20.00±4.32	-8.10±2.13	-9.814	0.000
Control	30.60±5.38	30.50±5.02	-0.10±1.45		

Note: Using independent sample t test

Conclusions

There's significant difference between the two groups, indicated that the collective art activities can obviously improve social adaptability of leukemia children and reduce their negative emotions, while the children not only learned some manual skills, but also felt the

collective joy and warmth, and learned to share their happiness and concerns. Program «Art Together» is so effective and suitable to the leukemia children with psycho-social problems to promote their social development.

Other children with chronic diseases such as asthma, nephrotic syndrome, diabetes, cancer and so on, all have common characteristics: long treatment time; relapse; drug therapy and chemotherapy on physiology. The combination of these factors will hinder children's physical and mental health and social development. Therefore, group work such as «Art Together» can be replicated and popularized for those children suffering from this kind of chronic diseases.

Main references

Anderson D.L., Spratt E.G., Macias M.M., et al. (1999). Use of the pediatric symptom checklist in the pediatric neurology population. *Pediatric Neurology, February, 20(2)*: 116-120.

Farsi Z., Dehghan Nayeri N. and Negarandeh R. (2010). Coping strategies of adults with leukemia undergoing hematopoietic stem cell transplantation in Iran: a qualitative study. *J. Nursing Health Science, 12(4)*: 485-492.

Zhang（张劲松），Xu（许积德），Li（李丰）. 心理社会问题筛查——儿科症状检查表"在住院患儿中的应用(Use of pediatric symptom checklist(PSC) for psychosocial dysfunction screening in hospitalized child), 《临床儿科杂志》(*Journal of Clinical Pediatrics), 2002, 20 (4)*: 230-231.

Contact details: Chenhai Zhu, Assistant Professor, Department of Social Work in Fudan University, Road Handan No.220, 200433, E-mail: fudangongzuo@163.com

Integrating positive psychology and elements of music therapy to alleviate adolescent anxiety
Sylvia Kwok and Coky Wai

Keywords: adolescent anxiety, positive psychology, music therapy

Background
Anxiety problems of adolescents could have long term impact on the academic, psychological and social aspects of adolescents. Hence, intervention to alleviate adolescent anxiety is essential to prevent long term mental health problems.

Objectives and methodology
The present study aims to examine the effectiveness of a designed protocol, integrating positive psychology and elements of music therapy, in increasing the sense of hope and

enhancing emotional competence, hence decreasing anxiety and increasing subjective happiness of the adolescents with anxiety symptoms.

A total of 106 Grade 8 to Grade 9 students, with mean age of 13.6 and score range of 10 or above of the Hospital Anxiety and Depression Scale, were recruited from three secondary schools from three geographical districts in Hong Kong. Being randomly assigned to the experimental and control groups, the students in the experimental groups participated in an eight-session intervention group conducted by a therapist with training in positive psychology and music therapy.

Key findings

Results showed that students in the experimental groups had significant increases in scores of hope, emotional competence, subjective happiness, and significant decrease in anxiety symptoms, when compared with those in the control groups.

Further analyses showed that changes in hope was a significant mediator in the relationship between the intervention and decrease in anxiety symptoms, as well as between the intervention and increase in subjective happiness, but changes in emotional competence was not a significant mediator.

Conclusions

The mechanism behind the changes is discussed. The study provides evidence that integrating positive psychology and music therapy is effective in alleviating psychopathology and enhancing well-being of adolescents.

Contact details: Sylvia Kwok (Dr.), Associate Professor, Department of Applied Social Sciences, City University of Hong Kong, Tat Chee Avenue, Kowloon, Tel. 3442-8976, E-mail: scyckwok@cityu.edu.hk

The parents' and children's perspectives of an intervention outcome of multiple family therapy for Chinese families of children with attention deficit hyperactivity disorder in Hong Kong
Joyce Ma and Kelly Lai

Keywords: Parents' and children's perspectives; intervention outcome; multiple family therapy; children with attention deficit hyperactivity disorder

Background

The applicability of multiple family therapy (MFT) in helping children diagnosed with attention deficit hyperactivity disorder (ADHD) has been documented in Canada. A total of three outcome studies of MFT for children and adolescents with mental health needs have been carried out in the USA and the UK. However, there is a dearth of studies in this area in Chinese societies such as Hong Kong.

Objectives and method

In view of the knowledge gap, a three-year cross-disciplinary practice research was conducted from January 2013 to January 2016 in Hong Kong, with the first phase of our study aiming to develop a socially relevant and culturally specific MFT model of intervention for Chinese families of children with ADHD, and the second phase of the study aiming to assess an intervention outcome of the adapted MFT model for this specific clientele. The focus of this contribution will be on reporting the results of the second phase of our study[9].

The effect of MFT on different aspects of the parents' and children's lives in the experimental group (n= 61) was compared with the effect of only the psychoeducational talks on parents and children in the control group (n = 53). We hypothesized that compared to the parents in the control group, the Chinese parents of children with ADHD who have gone through MFT will have the following outcomes: (a) have more positive perception of their children's ADHD symptoms; (b) better parent-child relationships; (c) decreased parenting stress; (d) a higher level of parental efficacy; (e) a higher level of hope; and (f) increased perceived social support.

We hypothesized that compared to the children in the control group, the children with ADHD who have gone through MFT will have the following outcomes: (a) increased perception of competence; (b) better parent-child relationship; (c) higher hope; and (d) higher level of perceived social support.

Key findings

The results of a MANOVA have shown that for parents who had gone through the MFT program (n=42 hours) their perception of their children's ADHD symptoms had become less serious and less pathological than that in the pre-treatment phase whilst for the parents of the control group, the perception of their children's symptoms had experienced no significant change from the pre-treatment phase to the post-treatment phase.

Contrary to our predictions, in the perspective of the parents MFT had no significant positive effects on parent-child relationships, parenting stress, parental efficacy, hope and their perceived social support from the pre-treatment phase to the post-treatment phase.

In the perspective of children who had gone through the MFT and who were in the control group, MFT had had no significant effect on the children's different aspects of life, namely perceived sense of competence, parent-child relationship, hope and social support from the pre-treatment phase to the post-treatment phase.

Contributions and limitations of our study and implications of the study for future research and clinical practice in helping Chinese children with ADHD are discussed.

Conclusions

The results of our study have provided empirical evidence to support multiple family therapy as an alternative social work intervention in helping Chinese families of children with ADHD.

Main references

Gelin, Z., Cook-Darzen, S. & Hendrick, S. (2017). The evidence base for multiple family therapy in psychiatric disorders: a review (part 1). *Journal of Family Therapy,* doi: 10.1111/1467-6427.12178.

Ma, J.L.C., Lai, K.Y. & Xia, L.L. (2017). Treatment efficacy of multiple family therapy for Chinese families of children with attention deficit hyperactivity disorder. *Family Process,* doi: 10.1111/famp. 12297.

Ma, J.L.C., Lai, K.Y., & Wan, E.S.F. (2017). Multifamily group intervention for Chinese parents and their children with attention deficit hyperactivity disorder in a Chinese context. *Social Work with Groups*, *40(3),* 244-260. doi: 10.1080/01609513.2015.1132028.

Morris, E., Huray, C.L., Skagerberg, E., Gomes, R. & Ninteman, A. (2014). Families changing families: The protective function of multi-family therapy for children in education. *Clinical Child Psychology and Psychiatry*, *19(4),* 617-632. doi: 10.1177/1359104513493429.

Scapillato, M. (2003). Use of multiple family group therapy in managing children's ADHD. *The ADHD Report*, *11(3),* 9-15. https://doi.org/10.1521/adhd.11.3.9.23480.

Contact details: Joyce L.C. Ma, Ph.D., R. S. W., Clinical Fellow and Approved Supervisor, AAMFT, Professor, Department of Social Work, The Chinese University of Hong Kong, E-mail: joycelai@swk.cuhk.edu.hk

Outcomes in separated and divorced families

Outcomes and implications of using family mediation to settle child-related disputes pertaining to divorce in Hong Kong

Mooly Wong, Joyce Ma, Lai Cheung Wong, Tze Yan Lam, Rhea Yuan and Lily Xia

Keywords: child inclusion practice, child welfare, family mediation

Background

Family mediation, rather than adversarial methods, is one of the preferred means of settling disputes over a divorce. It refers to a process by which, with the involvement of the participants and the assistance of unbiased and impartial mediators, disputed issues pertaining to divorce can be settled harmoniously and a consensual agreement that will accommodate participants' needs can be reached (Folberg & Taylor, 1984).

Over the past decades, with the local government's formal recognition of family mediation as an alternative to litigation for resolving divorce-related matters, it has been rapidly developed and has become a viable option for divorcing couples wanting to settle their disputes in Hong Kong. In 2015, the government initiated a research study

to evaluate the effects of family mediation with respect to its workability and effectiveness in the cultural context of Hong Kong. We will report part of the findings of the study, i.e., the outcomes of using family mediation to settle child-related disputes pertaining to divorce in Hong Kong. Objectives are:
1. To gauge the level of satisfaction divorcing couples have with using family mediation to settle child-related disputes; and
2. To explore divorcing couples', mediators' and children's perception of the impact of family mediation on children.

Methodology
A mixed-methods design composed of a user satisfaction survey and interviews was adopted for the study. For the survey, a questionnaire devised by the research team and validated by an expert panel was administered to collect information from service users (i.e., divorcing couples using family mediation) regarding their degree of satisfaction with the outcome of child custody, finance and properties, the process, the services, and their overall satisfaction. Purposive sampling using a non-probability sampling method was employed for the survey.

The respondents were selected from among the service users who had completed mediation within the period from August 2014 to January 2017. A total of 205 questionnaires were collected.

The interview guides for various informants were developed by the research team and validated by the same expert panel. A purposive sampling method was used to recruit service users, their children and family mediators. The service users to be interviewed were identified from the respondents of the survey. The children surveyed were only those of parents who had already been interviewed and were referred by their parents. Family mediators who had provided family mediation services during the past five years were recruited. A total of 40, 10 and 29 interviews were conducted for service users, children and family mediators respectively.

Key findings
The survey indicated that the satisfaction level with the outcome of child custody, including the items (i) childrearing and childcare arrangement, (ii) children's expenses arrangement, (iii) parent-child time arrangement, (iv) understanding the needs of children, (v) confidence level regarding the ex-spouse's compliance with the agreement, (vi) practicability of the agreement, and (vii) overall satisfaction, was high (Mean = 4.98[10], SD = .79).

In addition, the findings showed that full and partial agreements on child-related issues were easier to reach, while agreements on property-related issues such as accommodation were not.

When we further explored the benefits to children of using family mediation to settle child-related disputes, the informants including the service users and the mediators shared similar views. They regarded family mediation as having the following positive impacts on children.

---

10. The total score was 6.

Minimize the negative impact of parental divorce
Negotiating the child relevant issues such as living and daily expense arrangements could protect the children from going through a lawsuit and allow detailed arrangements through thorough discussions to be made. Although children would suffer from their parents' divorce, the suffering could be minimized if the procedure for making rearrangements was a peaceful one.

Sets a good example of using peaceful ways to resolve conflicts
When the parents chose a peaceful way to resolve conflict, they had already become a good role model for their children by using an alternative way of resolving conflict with others. The informants regarded it as sending a significant message about handling interpersonal conflict peacefully and constructively to the children.

Sets a basis for co-parenting
Family mediation could facilitate the co-parenting of services users at the post-divorce stage. With the support of the mediators, the divorcing couples were able to make a child care plan that could on the one hand address the concerns of the parents, while on the other hand ensure the healthy development of their children. Some mediators might impart some knowledge and skills of co-parenting to the divorcing couples, resulting in an improvement in the parent-child relationship after the mediation. In some cases, the mediation process could facilitate the development of a mutual understanding between the divorcing couples. Following mediation, some service users felt more comfortable with contacting their ex-spouse after their divorce. Some said that they had fewer arguments and conflicts with each other. Even some thought that they could re-build a trustful relationship and constructive communication after mediation. The improvement in the relationship paved the way for co-parenting after they were divorced.

        Most of the child informants (age ranging from 6 to 20) did not know much about family mediation nor were they involved in the mediation process. Their ideas about family mediation were mainly given to them by their parents. They perceived that it was good that there was a person who could help their parents to resolve their difficulties.

        Some children found that their parents could communicate in a better way after the mediation, so that it could alleviate children's stress to certain degree. Nevertheless, there were only 2 out of 10 children who attended some mediation meetings and their experiences were quite different. One child said that the mediator was caring and patient while another one shared that the experience was quite negative because the mediator asked her to state her living arrangement preference in front of her parents. She also felt it was very difficult for her to cope with the situation when she witnessed her parents signing the separation agreement.

Conclusions
Family mediation that uses an impartial third party to facilitate negotiation between the parties and come up with an agreement that meets the best interests of the entire family system fits well with the cultural beliefs of Chinese families that value peace and harmony and the resolution of conflict (Irving, 2002).

        The findings further inform us that family mediation has had some positive impact on the children both in tangible (e.g., child care arrangements, children's living expenses

arrangements) and intangible (e.g., children's psychological distress) areas. The common concern of the service users about the welfare of their children could be the reason why child-related disputes were a relatively easily agreeable area when compared with property-related issues. Both the mediators and the service users revealed that family mediation could prepare parents to be responsive to their children's needs and set a good foundation for co-parenting in the post-divorce stage. From their perspective, the children considered family mediation was helpful to them for alleviating the stress of their parent's divorce and also helpful to their parents.

In spite of the positive impact of family mediation on children, our current family mediation practice has provided limited opportunity for the involvement of children in the mediation process, as mediators might be concerned about the potential harm that could be done to children and might not be sure of when (e.g., the suitable time to involve children), of how (e.g., the engagement skills) or in what ways (e.g., the issues discussed in the meeting) to involve the children regarding the process of mediation. This phenomenon is consistent with the situation occurring in countries such as the United Kingdom, the U.S.A., Australia and Canada in that there has been a low rate of inclusion even though there were stated policies for the involvement of children in mediation (British Columbia, 2003). Given that a carefully planned child-including mediation process could significantly improve the mediation results that reflect to the best interests of children (Beck & Binak, 1997), it is urgently necessary for developing a policy guide and / or providing relevant training for including children in the practice of mediation in Hong Kong.

Main references

Beck, P. & Biank, N. (1997). Broadening the scope of divorce mediation to meet the needs of children. *Mediation Quarterly 14(3),* 179-199.

British Columbia (2003). *The Involvement of Children in Divorce and Custody Mediation: A Literature Review.* Retrieved from http://www2.gov.bc.ca/ assets/gov/law-crime-and-justice/about-bc-justice-system/justice-services-branch/ fjsd/mediation.pdf

Folberg, J. & Taylor, A. (1984). *Mediation: A comprehensive guide to resolving conflicts without litigation.* San Francisco: Jossey-Bass.

Irving, H.H. (2002). *Family Mediation: Theory and Practice with Chinese Families.* Hong Kong: Hong Kong University Press.

Contact details: Mooly Wong, Assistant Professor, Department of Social Work, the Chinese University of Hong Kong, Shatin, New Territories, Hong Kong, E-mail: mcwong@swk.cuhk.edu.hk, Tel. 39437514.

Service implications of co-parenting approaches on children's well-being in post-divorce families in Hong Kong

Yuk King Lau, Christina Suen Suk Yin and Wong Suet Wing Lai

Keywords: co-parenting, post-divorce families, divorce families

Background and objective of the study

Recognizing the continuity of parenthood of both parents beyond divorce, a new legislation has been proposed to implement the «parental responsibilities model» (Labour and Welfare Bureau, 2015). This move necessitates continuous co-parenting in post-divorce families.

To better understand the impacts of relational dynamics that arise in the co-parenting process on the children and to inform the development of appropriate support services to members in post-divorce families in Hong Kong, a study was conducted.

Methodology

Target groups of the study were separated or divorced parents with children younger than 18 years old. The nonresident parents should have had involvement with their children in the past 12 months before the survey. Children over the age of 8 years old were invited to be respondents of the survey as well.

Suitable participants were recruited through social workers from the *Hong Kong Family Welfare Society*[11]. A mixed-methods approach was adopted:
- 1st Phase: cross-sectional survey with 142 valid questionnaires from resident parents, 28 valid questionnaires from nonresident parents, and 84 questionnaires from children. With the largest sample size for more reliable quantitative analyses, the results of the survey are based on the data from resident parents, supplemented with the results of analyses based on children's data.
- 2nd Phase: in-depth interviews with 5 resident parents, 5 non-resident parents and 11 children 8 years old or above.

Key findings

The study confirmed the two hypotheses:
- A cooperative co-parenting pattern high in mutual support, low in conflict, and low in the triangulation of children in inter-parental conflicts positively contributes to children's well-being; and
- An antagonistic co-parenting pattern low in mutual support, high in conflict, and high in the triangulation of children in inter-parental conflicts negatively contributes to children's well-being.

Parallel parenting with low parental communication, inter-parental support, and inter-parental conflict was the most prevalent co-parenting pattern among parents in

---

11. For further information about the Hong Kong Family Welfare Society and its programmes and services, please visit www.hkfws.org.hk

this study. By contrast, for parents with greater communication, mixed co-parenting characterized by parental communication, inter-parental support, and some conflict was the major pattern (Maccoby et al., 1990). With the positive impact of inter-parental support and negative impact of inter-parental conflict, that pattern tended to be a mixed blessing for children's well-being.

Without effective communication between parents, both conflicted and disengaged co-parenting pose a risk of triangulating children in unresolved parental conflicts. Both the quantitative and qualitative data indicated that many parents are unaware of the degree of triangulation that their children experience.

Facilitating factors of amicable co-parenting include personal recovery of parents from divorce trauma, a belief in children's right to have relationships with both parents, adequate and appropriate support services to facilitate personal recovery and post-divorce co-parenting, and a clear court order stipulating an effective enforcement mechanism and parenting coordination.

Conclusions and implications

Post-divorce co-parenting was demonstrated by the results to be a demanding task for parents and often yields complicated family dynamics. To truly benefit their children, divorced parents need to enhance their mutual support, reduce their conflict, and develop effective communication. Addressing the needs of divorced parents and their children, HKFWS has *pioneered a spectrum of innovative «child-focused» co-parenting services with multi-level intervention since 2013*. The ultimate goal is to *mobilize cross-sectors collaboration* and *strive for paradigm shift* to promote the «child-focused» co-parenting value in the community and to actualize the mission to develop two happy homes for children from divorced families.

One of the core projects «A Beam of Hope» (BOH), was launched in October 2013 with sponsorship from the Community Chest, has played a significant role in leading the service development and set precedents for the development of the «child-focused» *Co-parenting Education* and *Parenting Coordination Services* in Hong Kong. Findings of this study have further provided evidences and insights on the service development direction. It is expected that the evidence-based practice could also serve as a direction and foundation for the Government in policy-making and service formulation to meet the needs of divorced.

Implication on Service Development and Practice Direction

Introduction of «Child-focused» CPI Model to Hong Kong

To assist conflicting parents to develop a workable co-parental alliance and to safeguard children's well-being, the HKFWS first introduced the *«Child-focused» CPI Model* by the *Cooperative Parenting Institute (CPI)*, U.S.A. to Hong Kong in early 2013. Parenting Coordinators (PC) were trained up by the CPI in NGO setting for the delivery of Co-parenting Education and Parenting Coordination Services in Hong Kong.

In line with the findings that parents' focus on child's needs and welfare and a belief in child's right to have relationships with both parents facilitate their commitment to co-parenting, the CPI Model is a *value-driven* and directional approach emphasizing the *paramount importance of child interest*. It provides a systematic and step-by-step

guide for co-parents to learn business-like manner to effectively implement the parenting plan and to *shield the children from parental conflicts*.

To further equip and enhance the service provision of Parenting Coordination Service in Hong Kong, the HKFWS has collaborated with the CPI to translate and publish the *FIRST Chinese Child-focused Co-parenting Manual for Divorced Parents* (兒童為本—離異父母共享親職手冊) *in Hong Kong* to provide reference materials for local parents and the sectors. HKFWS has collaborated with CUHK again formulating a research on the effectiveness of CPI Model and the need for modification of co-parenting education contents in delivering our co-parenting service in local Chinese cultural context.

Age-appropriate Divorce Education Services for Children

Stronger support services for children and facilitating them to express their voices are not only discussed in the policymaking process, but included in the helping process. Currently, HKFWS has attempted to *pilot Divorce Education Package for children* at various levels of intervention. The «Buddies Programmes» aiming at assisting children to strengthen sense of security, rebuild life orientation and social support. Youth volunteers who have experienced parental divorce become the mentors. They will receive volunteer training by HKFWS not only benefited through revisiting and consolidating their personal experiences but also to serve the younger children in a meaningful way. Play and Divorce Education Services are tailored-made for children to facilitate the ventilation of suppressed feelings such as loss, self-blame, fantasy of reconciliation of parents, etc., and to understand the divorce process of parents, to set appropriate boundary with parents, to transfer between TWO homes, to cope / encounter with parental alienation and loyalty binds etc. A Children Guidebook will be published soon to provide divorce education to children in way of empowerment and enhancement of coping stances toward parents' separation and divorce.

Piloted Children Contact Service

In order to support the children maintaining stable and quality relationship with their separated/divorced parents, HKFWS has piloted a two years *Children Contact Service* provided by the PCCC through the support of the Lotteries Fund since September 2016. This is the *FIRST children visitation centre in Hong Kong* which upholds the «child-focused» perspective to promote opportunities for children from divorced families to have safe, controlled environment and conflict-free contact with both parents and to facilitate positive parent-child(ren) interaction, and serve as a place for nurturing parent-child relationship and enhancing the parenting capability of parents during contact.

To support those complicated divorced families, joint efforts of co-parenting education, parenting coordination to children play and divorce education services have been made, HKFWS has *created a new service – the Parent Aide Service*, in which, the Parent-aide Worker (PA) would provide on-site and off-site coaching and training to assist co-parents to implement the co-parenting plan and facilitate safety arrangement on child visitation and exchange.

Multi-level interventions and public education
In addition to the preceding innovative services, a *variety of services with different levels of intervention to address needs of families from different divorce stages* was systematically restructured and rendered. In such, from the Divorce Helpline, Divorce Decision Making Guidance Service, Divorce Counseling, Family Mediation Service with support from free legal consultation, to the core service intuitive for Co-parenting Education, Parent-aide Service, Therapeutic Divorced Parents Service, Step-parenting Service, Parenting Coordination Service, and Children Play. It is encouraging that divorced families including children and their parents and other significant family members could receive appropriate and deem fit services from different levels of service provision.

Besides, *public education in promoting «child-focused» co-parenting instead of emphasizing on single parenthood as well as without reinforcing the 'nuclear family ideology'* is also the focus of work. So, education on importance of co-parenting that planting for the value change on «single parenthood» to *TWO» Happy Families* for the divorce families to related professions such as social workers, Family Court Judges, legal representatives etc., and the general public as a whole is essential and necessary. By and large, this can break through the old and conservative mind set of stigmatization to the divorce families and helping them normally to carry on their life for a better future.

Main references

Labour and Welfare Bureau (2015). *The proposed legislation to implement the recommendations of the Law Reform Commission Report on Child Custody and Access: Public consultation*. Hong Kong: Labour and Welfare Bureau.

Maccoby, E., Depner, C. & Mnookin, R. (1990). Co-parenting in the second year after divorce. *Journal of Marriage and the Family, 52,* 141–155. doi: 10.2307/352846

Contact details: Lai Wong Suet Wing, Parenting Coordinator, Hong Kong Family Welfare Society, Rm. 1906, 19/F., Laford Centre, 838 Lai Chi Kok Road, Kowloon, E-mail: suetwing.wong@hkfws.org.hk, Tel. 852-27432918.

Children from high-conflict divorced families: What we have learned in custody and access evaluations

Christine Chan, Linda Chew and Maggie Poon

Keywords: divorce, custody evaluations, access

Background
Research has shown that it is not divorce or parental separation per se that impacts children negatively, but high parental conflict and compromised parenting are the two powerful predictors of negative effects of divorce for children (Emery, 1999). During the process of divorce, some families become locked in intractable disputes and conflicts over child custody and visitation. The adversarial system in Court very often aggravates the hostility and mistrust between the parents. If these feelings are not resolved and

intervention is not available, they are often carried over even long after the completion of the divorce procedures.

Since the 1980s, clinical psychologists of Social Welfare Department have received requests from the Courts to provide psychological reports to assist the judges to decide on the issues of child custody and access in divorce proceedings. In this assessment context, the divorced families are often characterized by a high level of parental conflict with different complex issues, such as allegations of child abuse, spousal violence, mental disorders, and alienation. In our clinical experience, some of the children involved present with significant psychological problems and adjustment difficulties in the middle of prolonged parental conflicts. However, there has been very limited local research on this subgroup of children from divorced families. It is high time to take a closer look at how such children respond psychologically to the stresses associated with high parental conflict.

Objectives
The authors aim to reveal the internal struggles and coping responses of two children from two divorced families so as to further our understanding of the psychological impact of high-conflict divorce. Another objective is to explore the dilemma of psychologists when dealing with 'the voice of the child' in custody and access evaluations.

Methodology
A case study design was adopted, involving one child and one adolescent from two separate divorced families. They were both clients referred to Clinical Psychology Units of Social Welfare Department. Data were collected through clinical interviews, formal observations, and psychological tests. A qualitative analysis of the gathered information was then conducted.

Key findings
The first case involves a child, aged 10 when she and her parents went through a custody and access evaluation ordered by Family Court. There were allegations of extra-marital affairs, spousal violence, and self-harm behaviour, and the couple failed to reach an agreement on the post-divorce care arrangement of the child.

In the assessment process, the child was seen individually and conjointly with each parent. Psychological tests were also conducted to examine her adjustment to the parental divorce and her bonding with each parent. A detailed analysis of the interview information and test findings indicated that she was distressed by the breakup of the family and was keenly aware of the tension between her parents. She had become emotionally caught in their conflicts and felt stifled by their continuous disagreements with a marked fear of losing her parents after divorce. She also manifested worry about the parental divorce becoming known to her peers and thus would keep it to herself. Interestingly, while the observation of parent-child interactions indicated that she was comfortable with either parent, she took a position in the parents' affairs and showed an exclusive identification with her mother. She tended to view her mother in an entirely positive light and attribute all the blame to her father. For the evaluator, a crucial issue

or dilemma to consider would be whether the child's stated choice was really her actual wish, or if it was affected by adult influence or other factors such as loyalty conflict[12].

The second case involves an adolescent, aged 19, whose parents were separated in her pre-school years. Her father was granted custodial care of the child at the time and later remarried. Upon guided questioning in a video-interview, she gave a rich account of her psychological adjustment process to the parental divorce and associated stresses as she grew up. In particular, she recalled that both her father and stepmother would openly express their dislike for her access contact with her mother. There was apparently little regard for her right and need to maintain a continuing relationship with her mother on the paternal side. Apart from much pent-up anger and depressed mood, she gradually developed a sense of not being valued by anyone, which then resulted in a significantly weakened capacity for self-love. Such a state of self-abandonment had lasted for a few years and was accompanied by self-harm behaviours, interpersonal aggression, and conduct problems. Psychological intervention was arranged for her, and the turning point came in Form Three when she felt being loved and cherished again. She was staying in a small group home during that period, where she felt her deep emotional wound being gradually healed by the care and support from her home parent. The said positive factors had paved her way to achieving self-worth and self-actualization.

A qualitative analysis of the two case studies indicates that a high level of parental conflict during and after separation has various negative effects on the psychological well-being of the children involved. The first case study shows that during custody and access evaluations, it is important to elicit and hear the voice of the child, and at the same time, the dynamics behind the stated wish or view of the child should be assessed and understood. The second case study expands on the child's voice and suggests that the presence of caring and trusted non-parental adults is a protective factor and can help the child cope with the adjustment difficulties better when there is a lack of parental support at home.

The results are consistent with the established research findings on impact of divorce and resilience in children (e.g., Kelly & Emery, 2003; Rodgers & Rose, 2002) and our clinical experience.

Conclusions

Given the adverse effects of high-conflict divorce, it is worthwhile to make concerted efforts to help affected parents settle disputes more effectively during and after separation.

Strengthening the child's support networks outside of family is also another way to promote psychological resilience and better adaptation to divorce. In addition, more research will be needed to throw light on what methods can be used to find out the child's actual wishes or views more accurately in the context of custody and access evaluations, especially when high parental conflict is indicated.

---

12. Please note that certain particulars of the case have been changed to protect the identity of the child.

Main references

Emery, R.E. (1999). *Marriage, Divorce, and Children's Adjustment* (2nd ed.). Thousand Oaks, California: Sage.

Kelly, J.B. & Emery, R.E. (2003). Children's Adjustment Following Divorce: Risk and Resilience Perspectives. *Family Relations*, *52,* 352-362.

Rodgers, K.B. & Rose, H.A. (2002). Risk and Resiliency Factors Among Adolescents Who Experience Marital Transitions. *Journal of Marriage and Family*, *64,* 1024-1037.

Contact details: Linda Chew, Senior Clinical Psychologist, Social Welfare Department, Clinical Psychology Unit 4, 10/F, Tsuen Wan Multi-storey Carpark Buildling, 174-208 Castle Peak Road, Tsuen Wan, N.T., Hong Kong, Telephone: 2940 7023 E-mail: scp4@swd.gov.hk**.**

Play Therapy in helping children in grief
Wing Yan Shum and Ni Kam

Keywords: play therapy, children, grief, bereavement, parental divorce

Background

Grief and mourning are inevitable at sometimes in everyone's life and at any age. From pets to close friends and family, from moving countries to changing schools, by parents' divorce or death of a loved one, children face different kinds of grief in their childhood. Described by Kübler-Ross (2005), there are five stages of grief, i.e. denial; anger; bargaining; depression and acceptance.

Although young children show grief-like behaviors when attachments are broken, they may not understand death by cognition. The impressive feelings from grief may increase risk of physical and psychological health problems across the lifespan of children and youth.

Play therapy is a well-established and popular mode of treatment for children (Schaefer, 1993). Play empowers children to have power and control to practice problem solving and master new experiences, ideas, and concerns. The use of play acquires much therapeutic power that encourages children to communicate verbally, nonverbally, in a symbolic way (Schaefer, 1993). As such, our Agency delivers the service of using Play Therapy to help children in grief.

Objectives and methodology

There are two main objectives:

1. To examine the application of Play Therapy in helping children to work through the five stages of grief.
2. To examine the clinical process that children work through grief in play and creative activities.

In this study, the four interviewees, aged 6-8, were grieving of the significant other's decease or parents' divorce. All children and their families were receiving service in an integrated family service centre of our Agency. All of them had attended over 10 sessions of Child-Centered Play Therapy because of their emotional and behavioral problems. The evaluation was based on children's artwork, the verbal feedback collected from the children's parents or caregivers and clinical observation on the children's changes in Play Therapy sessions.

Tab. 1. Background information of the children

Principle Children	Family Background and Presenting Problem
A F/8	Coming from an ethic minority family, living with the mother. Parent was preceding divorce and the father moved out Her mother always blamed on her husband in front of the daughter The child was angry with her mother The child had behavioral problems: stole money and fought her mother when emotion burst out.
B F/7	Parents had divorced, living with grandfather and two brothers. Mother committed suicide by jumping from height and passed away The child witnessed her mother's body lying in the scene and resisted to disclose what she had seen about the incident. She became quiet, stressful, moody, suddenly cried at school, demanding on herself.
C F/5	A nuclear middle class family. The child's mother was died of a common disease Hand, Foot and Mouth Disease within two days. The child behaved very clam and did not talk about her mother.
D F/5	A step-family, new arrival and very deprived. The child's father was died of suicide because of heavy debt. The child's mother was suffering from Depression. The child stated that she always saw ghost at home after her father died. The child was scared and sad. The mother did not talk with the child about the death of her father.

Key findings

Children in grief may have some changes. It is difficult for adults to understand the behavioral changes of children in grief. For example, they have behavioral problems or behave «too» well. Children usually do not speak out their feelings but they express their grief during the Play Therapy process. We found that children's drawings / creative activities reflected their feelings towards the loss of a significant figure in accordance to the five stages of grief.

Common findings in the four cases: children expressed their perception and feelings about their past experience, present life and their hopes. In grief, children played out, like adult spoke out, their past stories about their deceased in play room. Therapist responded to the children's inner feelings. Empathy was strongly therapeutic in grief counseling.

In Play Therapy, especially Child-Centered Play Therapy, therapist did not ask children question about the problems concerned before the child played it out. As grief was especially difficult for children, even the child played it out, therapist still responded to the child' feeling instead of asking question. Thus, the therapist needed to be sensitive

to the child's emotion. The child was free to choose to talk or keep silent about the grief. In our cases, some children would talk about the deceased in the stage of acceptance.

The deceased could not be resurrected, so that the grief could not be coped in a way of problem solving. It seems that no words could comfort people in grief. As Child-Centered Play Therapy was based on Person-Centered Theory and non-directive approach, it created a secure enough environment for the child to express or not to express themselves. The child felt very free to go through his/her grief in his/her own way.

Tab. 2. Key findings of Play Therapy in helping children to work through the five stages of grief

Children	Denial	Anger	Bargaining	Depression	Acceptance
A F/8 18 sessions of Play Therapy Parental divorce	N/A	Released a lot of anger	Sand play with animal family	Doll House : felt ambivalence towards her parents' divorce	Arts work: finished an «unfinished business» Play Mud: Happy ending story
B F/7 14 sessions of Play Therapy Mother's decease	N/A	Doll House: released anger and anxious	A giant monster frightened the main character The monster could resurrect for many times	Cooking: memories with her mother Cried and disclosed what she had seen in the suicidal incident of mother.	Self-care action: The child has flexibility to strike a balance of herself when she did not have confidence to overcome the obstacles Made a gift to her mother
C F/5 22 sessions of Play Therapy Mother's decease	The child did not talk about the death of her mother.	NA	Drew many family pictures In her Play, her mother seemed still alive	Played out a funeral ceremony	The child's father stated that the child expressed her feeling of missing towards her mother
D F/5 16 sessions of Play Therapy Father's decease	The child did not talk about the death of her father	The child expressed fear and sadness instead of anger	Doll House: living with her parents happily	Doll House: a scene of conflict between the child and her father. The child felt worried, sad and anxious	Doll House: Finished an «unfinished task». The child felt happy

Some of the parents were not aware of their children's emotion changes in grief at the stage of denial. They misunderstood that children were too young to feel sad and

used «naughty» to describe their children. Thus, they did not seek help until their children acted out negative emotions with problematic behaviors.

In grief, most of the parents were too sad to take care of their children's emotional needs. Some of them even were depressed and could not function well.

Children have inner strength to cope with difficulties. Child-Centered Play Therapy helps children to develop their inner strength with a lot of recognitions from the therapist. Children gained strength to adjust to their new life without the deceased.

Conclusions

For children's grief, the study implied that Play Therapy allowed children to go through grief in their own ways in a secure and supportive relationship. Play Therapy did not train the children skills to «recover» or «back to normal», but helped them let go and move forward. After that, they may have their own ways to memorize their loss.

The limitation of the study is the information from the interviews may not totally reflect the real situations of the children in grief since the sample size (four interviewees and their parents or caregivers) was small and everyone's experience was unique; the information just represented four unique children but not the whole picture of the children in grief.

Main references

Bowlby, J. (1980). *Attachment and Loss: Sadness and Depression. Volume III.* London: Howarth Press.

Goldman, L. (2013). L*ife and Loss: A Guide to Help Grieving Children.* New York: Routledge.

Klass, D., Silverman, P.R. & Nickman, S.L. (Eds.) (1996). *Continuing bonds. New Understandings of Grief.* Philadelphia: Taylor & Francis.

Kübler-Ross, E. (2005). *On Grief and Grieving: Finding the Meaning of Grief through the Five Stages of Loss.* New York: Simon & Schuster Ltd.

Schaefer, C. E. (1993). *The therapeutic powers of Play.* Northvale, NJ: Jason Aronson.

Smilansky, S. (1987). *On death: Helping children understand and cope.* New York: Peter Lang.

Contact details: Wing Yan Shum, Project Manager, Registered Social Worker; Registered Play Therapist, Hong Kong Children & Youth Services, Upper G/F, Hung Fai House, Hung Hom Estate, Hung Hom, Kowloon, Tel. 2761 1106, E-mail: hhc@hkcys.org.hk

Part three

Social policies, communities and cultures for families and children

Evaluation in early childhood

Implementing preventive child welfare programs: Cultural and organizational perspectives
Anat Zeira

Keywords: prevention, programme, home-based intervention

Preventive programs are considered a key feature in reducing abuse and neglect and in increasing child and family wellbeing. Many times, such programs were developed to prevent child maltreatment in one cultural context and are being implemented also in other cultures and contexts. Implementing a program in a different context than the one for which it was originally developed therefore can potentially affect its fidelity. I will discuss the challenges and describe lessons from the process of implementing SafeCare® in Israel (Zeira, 2016). SafeCare is a structured manualized home-based EBP aimed at preventing child maltreatment that was developed in the USA and is currently practiced in several States in the USA and internationally.

Many such interventions include monitoring fidelity as a fundamental component of the program. Hence, administrators, program managers and professional workers are expected to implement programs that were designed and developed in a certain context by researchers that had also tested their effectiveness in that same context. While the vast majority of such intervention programs were designed and developed in English and for Anglo communities, many non-English speaking jurisdictions are struggling with implementing such interventions in their local contexts. Like acrobats, policy makers, administrators and program managers maneuver between constraints, values and preferences to provide beneficial services to children and their families.

Throughout the United States during the last two decades, child maltreatment prevention moved to models of home-based family support. Home-based programs are interventions in which professionals or paraprofessionals arrive to the families' homes. These programs are considered as a way to decrease rates of child abuse and neglect and they are promoted by the American Academy of Pediatrics as a complement component of the regular practice (Olds et al., 2002). Some of these home-based family support programs are evidence-based (EBP) interventions with behavioral and social service components that are supported by well-conducted, rigorous research, enabling clinical judgment, and consumer choice and preference. EBPs are usually characterized with high degree of structure or protocols and with the use of some form of monitoring to insure the fidelity of the intervention.

SafeCare® Programme
SafeCare is a home-based parent support intervention designed to prevent child abuse and neglect and improve parent-child interactions for children aged 5 and below.

It showed effectiveness with reported parents from diverse backgrounds (Lutzker & Bigelow, 2001). It is a structured and manualized behavioral skills training program that focuses on concrete care giving, household safety, and parenting skills (Chaffin et al., 2012).

Currently, SafeCare is being implemented in several states in the USA (e.g. Oklahoma, Montana, Colorado, California, Georgia) as well as internationally (e.g. Australia, Belarus, Canada, Spain, United Kingdom). The program is based on a «train the trainer» model with three levels: home visitor, coach and trainer. Hence, to become a trainer, one has first to complete the Home Visitor training, then to coach other home visitors under a certified supervisor.

Differences between countries

The process of importing interventions between contexts involves two types of adaptations: procedural and content. That is adaptation of the *procedures* of implementing the intervention (e.g., how families are being recruited for the program), and adaptation of the *contents* of the intervention (e.g., adding or removing culturally associated topics).

While each type of adaptation is required to better fit the needs and characteristics of the new population, they each stem from a different motivation and have a unique toll on the fidelity of the program. Yet, these two types of adaptation are interrelated: a *procedure* adaptation might lead to a *content* adaptation and vice versa. Therefore several challenges emerge: how to culturally adapt a program without compromising its validity? how to engage front-line professional in using a different program? how to create an organizational climate that will allow implementing new interventions that require on-going monitoring? and how to create a successful 'fit' between families' characteristics and the intervention goals?

Despite some cultural similarities between Israel and the USA there are considerable differences, language being the major difference within the context of social services. Specifically, provision of *social services* in Israel is the responsibility of the local authority, through local departments of social services. In each department, family social workers provide services to families, sometimes on a weekly basis. Services are provided following self-referral or following reports or referrals by others in the community (e.g., teachers, nurses) and family workers are familiar with the parents and sometimes have been or will be engaged with them for long periods. Cases of abuse and neglect that are not considered imminent risk are being discussed in multi-disciplinary decision committees to provide the child and the family with the best possible intervention in the community or out-of home with or without a court order.

Child protective services (CPS) in the USA pertain to a highly specialized set of laws, funding mechanisms, and agencies that together constitute the government's response to reports of child abuse and neglect. CPS have a mandate to investigate reports of abuse and neglect, to remove children from their homes, and to appeal to court for custody. The child welfare system is not a single entity; in each community diverse organizations work together to help families. Families in the USA enter to CPS system mainly because of reports of maltreatment; in Israel families receive social services when they are reported, but also when they approach the local social service department because of other needs (e.g., financial). In sum, the policies differ in the sense that in Israel it is mainly a *child welfare* policy, in the USA the policy is mainly *child protection* (Zeira et al., 2015).

Another difference between Israel and the US stems from the structure of the social services and the way effectiveness of an intervention program can be examined. In the

US, recidivism to child protection services is one of the most important indicators for the effects of SafeCare. In Israel however this indicator is less relevant, because families maintain contacts with their social workers for long periods.

Challenges and Perspectives

Based on these differences, implementing SafeCare in Israel required the two types of adaptations from the original US model described above. Procedural adaptation included two main features, language and the recruitment process.

Language differences are a major task when transferring interventions from one country to another. Therefore, all materials were first translated into Hebrew. This is a lengthy process that involves translation and back translation for accuracy of all modules and all tangible materials. The process of recruitment of families in Israel is also different from the original process in the USA. Additionally, one module required meeting families also in the evening. This is not possible in Israel due to working after hours regulations.

Finally, the assessment of the program's effectiveness required other variables than recidivism, which in Israel does not capture the whole picture of effectiveness, and other variables such as level of cooperation can be meaningful. The main features of content adaptation of the intervention with Israeli families were developing engagement techniques, and examining the relevance of one of the Safe Care's modules. For example, the Safety Module includes some issues that are less relevant to the Israeli context because most families do not have large houses as rural American families have.

In implementing Safe Care in Israel there were two types of interrelated adaptations: procedural and content. Social workers had to adapt SafeCare to fit the Israeli culture and organizational context. The importance of building rapport and establishing a strong engagement with the mothers was identified as a critical component for the successful implementation of SafeCare in Israel. Moreover, in order to carry out SafeCare in Israel, it was necessary to recruit adequate families that are on the one hand at risk, but on the other hand are motivated to be engaged.

Future direction for improving implementation of SafeCare is to better define potential populations for the program and to provide a protocol with a motivational interviewing component. Another future direction is developing an objective method to measure the effectiveness of SafeCare that would act as a substitute to the recidivism measure which is used in the USA, for example, a detailed examination of cooperation with the social services.

Main references

Chaffin, M., Bard, D., Bigfoot, D.S. & Maher, E.J. (2012). Is a structured, manualized, evidence-based treatment protocol culturally competent and equivalently effective among American Indian parents in child welfare? *Child Maltreatment, 17(3),* 242-252.

Lutzker, J.R. & Bigelow, K.M. (2001). *Reducing child maltreatment: A guidebook for parent services*. New York: Guilford Press.

Olds, D.L., Robinson, J., O'Brien, R., Luckey, D.W., Pettitt, L.M., Henderson, C.R., Ng, R.G., Sheff, K.L., Korfmacher, J., Hiatt, S. & Talmi, A. (2002). Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. *Pediatrics, 110(3),* 486-496.

Zeira, A., Canali, C., Vecchiato, T. & Thoburn, J. (2015). Services to prevent children coming unnecessarily into care: A cross national perspective. *International Journal of Child and Family Welfare, 16(1-2)*, 95-112.

Zeira, A. (2016). *Safe Care in Israel: A feasibility report*. Jerusalem: the Haruv Institute.

Contact details: Anat Zeira, PhD, Professor, The Hebrew University of Jerusalem and Haruv Institute, Jerusalem, Israel, E-mail: anat.zeira@huji.ac.il

Using a new visual engagement tool to understand factors which impact upon early child health and development with the aim of influencing future service design and implementation

Emma Lowrie and Rachel Tyrrell-Smith

Keywords: engagement, community, early years

Background

Early childhood experiences have a powerful impact upon lifelong physical and mental health (Shonkoff et al., 2012). In communities where parents face multi-level complex problems, children are affected too. Blackpool is the most deprived local authority area in England with high rates of unemployment, alcohol misuse, and domestic violence. Exposure to high levels of early adversity and toxic stress through increased allostatic load have been linked to problems in learning, behaviour and health across the life-course (Felitti et al., 1998).

In 2015, Blackpool was awarded £45 million over ten years through the Big Lottery Fund A Better Start initiative to improve children's outcomes from pregnancy through to preschool by building capabilities (i.e. parenting knowledge, skills and confidence, social cohesion and self-efficacy) and reducing critical pressures (i.e. drugs and alcohol, mental ill-health, domestic abuse and social isolation).

Objectives

To support families and children living in communities like Blackpool, a suite of high quality, evidence-based programmes should be considered. However, implementing a wide range of effective programmes and increasing access to services and resources does not always lead to an improvement in early child health and developmental outcomes (Jutte et al., 2015).

The most successful initiatives utilise community development approaches to tailor and align interventions to suit community assets and priorities (Braunstein & Lavizzo-Mourey, 2011). A community-engaged research (CEnR) approach (Handley et al., 2010) was employed to understand the communities' perspectives on early child health and development, in order to influence the development and provision of future services.

Methodology

A new visual and pragmatic Photo Grid engagement tool was developed alongside the community to overcome low literacy levels. This contained 35 image cards representing factors associated with early child health and development in three key areas; social and emotional development, language and communication, and diet and nutrition. These were divided across two developmental milestones of healthy gestation and birth, and school readiness.

A mixed-methods approach allowed for each factor to be ranked in order of importance on a structured grid and a «think-out-loud» protocol allowed qualitative insights to be recorded. In total, a purposive sample of families with 0-5year old children and local community members (n=208) were recruited via a venue-based time-space sampling method. The analysis considered community priorities for early child health and development, each factor was individually examined and key areas which evoked community discussion identified.

Key findings

There were six key areas which evoked community discussion. The cards given highest priority represented the protection, safety and security of young children. Paramount importance was given to protecting children physically from unsafe local parks, sexual abuse and domestic violence and were all discussed at length.

Although not as prominent as the theme of physical safety, some participants did refer to feeling safe and secure in terms of emotional stability. Preventing children from feeling scared and supporting them in feeling happy and loved by providing a trusting parent-child relationship was important to participants.

Cards representing no alcohol and no smoking in pregnancy were also ranked highly on the board. Participants were vocal about this topic and showed an awareness of the negative effects of these substances upon an unborn child at higher levels of consumption. However, they stated that health and intergenerational messages around the risk of consuming alcohol and smoking during pregnancy were inconsistent. Many participants reiterating that these behaviours are commonplace locally and low/moderate consumption is acceptable. Another community identified priority was perinatal mental health. Many participants felt that mental health in pregnancy and soon after birth is overlooked by healthcare professionals and locally within the community. There is a lack of services and appropriate support for those experiencing issues. The impact of post-natal depression was discussed at length including how it links to maladaptive coping mechanisms (avoidance, alcohol consumption) and the negative impact it can have on the parent-child relationship.

Cards representing family dietary needs promoted significant discussion. Whilst many agreed that a healthy diet was important to help children maintain a healthy weight, there was a lack of personal accountability around the consumption of junk food. Parents stated that they have no choice needing to feed their child what they will eat and endorsed the availability and convenience of takeaway food. There were no links made between food/drink high in sugar and the impact on oral health. This was evidenced further by the lack of support for children only being given milk or water to drink.

The community was divided over the importance of breastfeeding. Participants, who advocated the importance of breastfeeding spoke of the health benefits and how it enabled

them to facilitate closeness with their child. Others felt there was too much pressure around breastfeeding which leads to feelings of self-doubt and guilt. Some argued that the babies of women who chose not to breastfeed were «just fine» and that it was down to a choice of feeding methods rather than understanding the protective benefits of breast milk. The alternative use of formula feeding was, in turn, justified accordingly. It was suggested that given the negative perception of breastfeeding locally, focus should be upon weaning support as this is a unifying issue faced by all participants.

The final key area which evoked extended discussions was the engagement of fathers. Participants provided many different viewpoints grounded in emotional experiences with their child's father and own parental experiences growing up. It was considered important to have fathers involved in their child's life when it was appropriate to do so. Where a biological father was unavailable, the positive influence of new partners, stepfathers and male role models within early childhood settings was deemed vital. More services and activities tailored to fathers were supported by the majority.

Conclusions

By examining individual factors conducive to early child health and development, insights were gained into the «readiness» of the community for specific interventions.

The results of this research are being used to help identify and tailor interventions to suit the local context and to meet community needs. Since the research was conducted, targeted services have been promoted more widely which provide support for families experiencing domestic abuse. Parks and open spaces are being developed with the community to ensure they are safe and have appropriate play space for 0-4year old children. A service using behavioural activation to support women with moderate depression in the post-natal period is in development. Multiple activities specifically designed to engage fathers are in progress. The research also identified areas where more work is necessary prior to programme implementation. Work is currently being done to develop public health campaigns with consistent messages around alcohol and smoking in pregnancy. Ideas around the promotion of oral health and children's diet are undergoing further consultation with the community.

Overall this research provides a platform for those working in socio-economically disadvantaged communities. Using visual research methods such as the Photo Grid may increase the acceptability of current and future services by allowing them to be synonymous with community priorities and key areas of discussion. We have shown how by using innovative methods, high levels of community engagement can be achieved around early child health and development to influence future service design and implementation. By tailoring services to suit community priorities it is hoped that future research will demonstrate the impact of the Blackpool Better Start initiative in improving early child health and developmental outcomes.

Main references

Braunstein, S. & Lavizzo-Mourey, R. (2011). How The Health And Community Development Sectors Are Combining Forces To Improve Health And Well-Being. *Health Affairs (Millwood), 30,* 2042-2051.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P. & Marks, J.S. (1998). Relationship of Childhood Abuse and

Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventative Medicine, 14,* 245-258.

Handley, M., Pasick, R., Potter, M., Oliva, G., Goldstein, E. & Nguyen T. (2010). *Community-Engaged Research: A Quick-Start Guide for Researchers.* San Francisco: University of California San Francisco. Retrieved from https:// accelerate.ucsf.edu/files/CE/guide_for_researchers.pdf

Jutte, D.P., Miller, J.L. & Erickson, D.J. (2015). Neighborhood Adversity, Child Health, and the Role for Community Development. *Pediatrics, 135,* 48–57.

Shonkoff, J. P., Richter, L., van der Gaag, J. & Bhutta, Z. A. (2012). An integrated scientific framework for child survival and early childhood development. *Pediatrics, 192(2),* 460-472.

Contact details: Emma Lowrie & Rachel Tyrrell-Smith, Evaluation Officer, Centre for Early Child Development, Blackpool Better Start (NSPCC), 1 Bickerstaffe Square, Blackpool, FY1 3AH, Tel. +44 1253 476789 E-mail: Emma.CECD@nspcc.org.uk

Rebuilding children's psychological safety in earthquake area through mindfulness practice for teachers: An exploratory pilot study

Di Long and Parry Leung

Keywords: mindfulness, rural teacher, children's mental health needs, earthquake area

Background

On August 3, 2014, an earthquake measuring 6.5 on the Richter scale and centered in the Yunnan Province's Ludian County of China at least left 617 people dead and 2400 injured. The earthquake damaged 30,000 houses and collapsed 12,000. A large portion of the children in this poverty-stricken, rural and mountainous area are «left-behind children», whose parents had moved to urban China to seek for working opportunities and left their children under the care of teachers in boarding schools or kindergarten. Teachers, as the core adult caregivers, occupy a central place in school. Their well-being is particularly critical to the children' postdisaster healing in boarding schools where students spend most of their time studying and living (Long & Wong, 2012).

In recent years, mindfulness courses as a trend, are getting popular in more and more schools, hospitals, community centers, business coaching activities etc. (Kabat-Zinn 2003). Evidence shows that structured-mindfulness program is helpful for stress reduction for teachers and youth population (Sharp & Jennings, 2016; Sibinga, 2011). People are taught and trained to «stay calm and focus», «live in the present moment». However, it has also drawn critics such as «mindfulness without morals», «training mindful snipers» (Krznaric, 2017).

From 2016 to 2017, a mindfulness-oriented training program[13] was offered to the rural children service workers (concluding boarding school and kindergarten teachers) in the disaster-stricken Yunnan Province in China. The program adopted some of the training of mindfulness practice, based on the tradition of Zen Master Thich Nhat Hanh and Plum Village Monastics for the past 40 years (Hanh, 2009 & 2013), and the lectures[14] on children mental health need and family work. The program's purpose is to help the participants to cope with their own stress, developing a calm and clear mind to understand child mental health needs and provide mental support to the children in need.

The mindfulness approach chosen and adopted in this program enables the art of mindfulness being integrated into the daily life of the teachers with ease and joy; highlights the importance of having an ethical framework: the Five Mindfulness Trainings (Reverence for Life; True Happiness; True Love; Loving Speech and Deep Listening; Mindful Consumption); emphasizes that the practitioners can experience the benefits of mindfulness via their daily activities.

In this program, the three workshop retreats (each of them last for 3-day, 5-day and 4-day) were provided to the 60 rural children service workers within one year (around 3 months interval for each retreat) by a group of inter-professional faculty with mindfulness practice 10 years also. The program helped participants to learn the basic mindfulness practices, such as mindful breathing, sitting meditation, walking meditation, eating meditation, tea meditation, ten mindful movements, singing meditation, hug meditation, deep relaxation, deep listening and loving speech, beginning anew, using bell of mindfulness etc. Besides the practices, the program also taught the participants how the mind works; and how to be aware of their body, feelings, perceptions, mental formations (emotional states, states of mind) and consciousness. Furthermore, this program has also helped some of the more devoted participants to deepen their mindfulness practice and bring the mindfulness teaching and experience to the classroom or extra-curriculum activities for the children. This chapter will discuss the effects of this mindfulness-oriented training program on rural teachers in China.

Objectives and methodology
The objectives of this study are mainly two: 1) to explore how the participants experience mindfulness practice; 2) to explore how participants would change the way they understand and respond to the children mental health needs.

It is a qualitative pilot study in which its sample includes 15 boarding school and kindergarten teachers. The authors conducted qualitative theme analysis of the data collected from participatory observation in the whole program, focus group interviews at each workshop retreat.

---

13. This is a community service program conducted by the Institute of Psychology, Chinese Academy of sciences and sponsored by China Children and Teenagers' Foundation. Authors are grateful for the active participation of Ms Jenny Chan, a clinical psychologist from Hong Kong, for her engagement in the design and delivery of the program, and also Mr Xu Chi, Ms. Ye Libin and Mr. Jia Gaopeng for their engagement in providing administrative support.
14. Topics of the lectures in the three workshops included: Building up Children's Psychological Safety through Mindfulness; Understanding Children mental health needs; Children Social Service under the Perspective of Children's Right; Family Social Service; Manifestation-Only-Psychology etc. There was also a discussion and sharing session on the documentary «Biangbiang De".

Key findings

Participants reported an increased sense of calm, and a decreased sense of anxiety; improved inter-personal relationship, teacher-student relationship; enhanced ability of self-awareness, self-care, and community support among rural teachers. Moreover, mindfulness practice can promote the awareness of the rural teachers towards the children's mental health needs, and stimulate their reflections on their attitude towards the children. Some teachers reported that brief mindful breathing practice at the start of a class would help students to become more grounded and focus before engaging in class activities.

Conclusions

As a low-cost, easy and feasible way, the mindfulness-oriented training program, can effectively help the boarding school and kindergarten teachers in the rural area of China to feel at ease both physically and mentally. In such a way, the program is beneficial to the process of rebuilding the psychological safety among the boarding school and kindergarten children in rural China, especially for those in poor rural disaster zones.

Main references

Hanh, T.N. (2009). *Happiness: Essential mindfulness practices.* Berkeley: Parallax Press.

Hanh, T.N. (2013). *Mindfulness Retreat for Educators: An Exploration of Mindfulness in Education*. St. Catharines: Brock University.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: part, present and future. *Clin. Psychol. Sci. Pract., 10(2),* 155-156.

Krznaric, R. (2017). How We Ruined Mindfulness. *Time Magazine*. Retrieved from http://time.com/4792596/mindfulness-exercises-morality-carpe-diem/

Long, D. & Wong, Y.-L.R. (2012). Time Bound: The Timescape of Secondary Trauma of the Surviving Teachers of the Wenchuan Earthquake. *American Journal of Orthopsychiatry, 82(2),* 241-250.

Sharp, J. & Jennings, P. (2016). Strengthening Teacher Presence Through Mindfulness: What Educators Say About the Cultivating Awareness and Resilience in Education (CARE) Program. *Mindfulness, 7,* 209-218.

Sibinga, E., Kerrigan, D., Stewart, M. & Joshon, K. (2011). Mindfulness Based Stress Reduction for Urban Youth. *The Journal of Alternative and Complementary Medicine, 17(3),* 213-218.

Contact details: Long Di, PhD, Professor, Key Laboratory of Mental Health, Institute of Psychology, Chinese Academy of Sciences, Lincui Road 16#, Chaoyang District, Beijing, E-mail: longdi@psych.ac.cn, Tel. 86-13810953631.

Poverty and socio-economic issues

The impact of social capital and personal agency on psychosocial development among adolescents from poor families: A study in Zhongshan, Guangdong
Ying Liu

Keywords: social capital, poverty, adolescent, psychosocial development

Background
There has been an increasing concern on the development of adolescents from economically disadvantaged families. The current policy and service in mainland China for this group of young people remain mainly in the forms of financial assistance and home visit.

With the development of social work service, the government and public have more expectations on the new profession to contribute in serving those adolescents suffering from economic hardship.

However, there is little knowledge about which kind of social work intervention can be effective for this group of young people for relieving their difficulties and promoting their healthy development.

Purpose
Based on social capital theory, this study explored the influences of social capital embedded in the networks of family, school, peers, and community on psychosocial development of adolescents from low-income families. It also integrated the self-efficacy theory and resilience theory into the theoretical framework to examine the role of personal agency in mobilizing various forms of social capital. Moreover, by comparing the differences between the poor and the non-poor group, the study established a theoretical model of how social capital and personal agency jointly affected psychosocial development of different groups of young people in a Chinese context. It thereby potentially informs future professional services.

The study tried to address four research questions: 1) Are there any significant differences between the poor and non-poor groups in terms of psychosocial development, social capital, self-efficacy and resilience? 2) How do different forms of social capital influence adolescents' psychosocial development? 3) What are the mechanisms by which self-efficacy and resilience mediate the effects of social capital on adolescents' psychosocial development? 4) Are there any significant differences on the mechanisms between these two groups?

Methodology

This study adopted the quantitative method with social survey, and drew a sample of 1,627 students from 22 senior high schools in Zhongshan, with 571 students forming the poor group and the other 1,056 students forming the non-poor group.

The measurement of psychosocial development includes variables of mental health, prosocial involvement, prosocial norms, social competence, and academic achievement. The measurement of mental health used instrument developed by Ngai et al. (2012), including aspect of depression, meaning of life, happiness, self-value etc. The measurement of prosocial involvement, prosocial norms, social competence applied the Chinese Positive Youth Development Scale developed by Shek et al. (2007). The measurement of academic achievement used the scale developed by Ngai et al. (2012) evaluating the student's self-evaluation of their academic performance. The measurement of family social capital includes domains of time parent invested in their children's education, perceived parent-child relationship (Lau & Li, 2011), and parental supervision (1990 National Educational Longitudinal Study).

School social capital includes measurement on school quality (Hoffmann & Dufur, 2008) and teacher-youth educational interaction (Bassani, 2006). Perceived social support from peers (Zimet et al., 1988) and trust among peers (Wang et al., 1999) were the key indicators for measuring peer social capital. The measurement of community social capital applied the scale developed by Sampson et al. (1999), which includes the domains of intergenerational closure, reciprocated exchange, and child-centered informal social control. The measurement of the mediating variables (self-efficacy and resilience) applied the sub-scale in the Chinese Positive Youth Development Scale developed by Shek et al. (2007).

Key findings

Results of t-tests indicated that the students from economically disadvantaged families had better performance in pro-social behavior and academic achievement, while there were no significant differences in terms of mental health and social competence. This group of students also exhibited higher possessions of school social capital, peer social capital, and community social capital, while with no significant difference in access to family social capital. Moreover, they showed a higher level of resilience, while no significant difference was observed on self-efficacy.

Results of structural equation modeling analysis supported the hypotheses that family social capital, school social capital, and peer social capital had direct positive effects on adolescents' psychosocial development. Furthermore, different forms of social capital could influence the outcomes of psychosocial development indirectly through individuals' self-efficacy and resilience. However, community social capital showed a negative direct effect on mental health and social competence, and no significant effect on other psychosocial development domains.

Results of the multi-group structural equation modeling suggested that the effects of social capital and personal agency on adolescents' psychosocial development were mostly similar between the poor and non-poor groups, except for a few paths. It implied the particular importance of differentiating the effects of various forms of social capital and personal agency factors on psychosocial development and when designing

assistance programs for adolescents from low-income families. It also suggested the reciprocity of social capital. In addition, it further highlighted that the norms and effective sanctions of social capital might produce disempowerment on personal agency to the groups labeled as disadvantaged ones in the society.

Conclusions

This study integrated social capital theory, self-efficacy theory, and resilience theory into its analysis framework. The findings of this study proposed an effective way to promote adolescents' optimal development through investing in social capital and improving their self-efficacy and resilience. The investment in social capital for improving the resilience can be most beneficial for adolescents from low-income families. Besides, for programs improving adolescents' mental health or social competency, promoting the investment of family social capital and peer social capital could be more effective. Considering the nature of reciprocity of social capital, the chance and security environment provided through investment of school social capital can have stronger positive effect for promoting adolescent's pro-social behaviors. In addition, this study challenged the existing stereotypes of adolescents from economically disadvantaged families. Moreover, it gave a further thought on the stigmatization in social welfare provision process.

Main references

Bassani, C. (2006). A test of social capital theory outside of the American context: Family and school social capital and youths' math scores in Canada, Japan, and the United States. *International Journal of Educational Research, 45(6),* 380-403. doi: 10.1016/j.ijer.2007.03.001

Hoffmann, J.P. & Dufur, M.J. (2008). Family and school capital effects on delinquency: Substitutes or complements? *Sociological Perspectives, 51(1),* 29-62. doi: 10.1525/sop.2008.51.1.29

Lau, M. & Li, W. (2011). The extent of family and school social capital promoting positive subjective well-being among primary school children in Shenzhen, China. *Children and Youth Services Review*, *33(9),* 1573-1582. doi: 10.1016/j.childyouth.2011.03.024

Ngai, S.S.Y., Cheung, C.K. & Ngai, N.P. (2012). Effects of service use, family social capital and school social capital on psychosocial development among economically disadvantaged secondary school students in Hong Kong. *International Journal of Adolescence and Youth, 17(2-3),* 131-148. doi: 10.1080/02673843.2012.656191

Sampson, R.J., Morenoff, J.D. & Earls, F. (1999). Beyond social capital: Spatial dynamics of collective efficacy for children. *American Sociological Review, 64(5),* 633-660. Retrieved from http://www.jstor.org/stable/10.2307/2657367

Shek, D.T.L., Siu, A.M.H. & Lee, T.Y. (2007). The Chinese Positive Youth Development Scale: A validation study. *Research on Social Work Practice, 17(3),* 380-391. doi: 10.1177/1049731506296196

Wang, X.D., Wang, X.L. & Ma, H. (1999). *Xin Li Wei Sheng Ping Ding Shou Ce (Zeng Ding Ben)* [Handbook of Mental Health Rating Scale (Updated Ed.)]. Beijing: Chinese Mental Health Journal.

Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment, 52(1),* 30-41. doi: 10.1207/s15327752jpa5201_2

Contact details: Ying Liu, Assistant Professor, School of Public Administration, Guangzhou University, Guangzhou, China, Room 516, Wen-Yi Building, Guangzhou University, 230 Guang Zhou University City Outer Ring Road, Guangzhou, China, 510006, Tel. +86 15626456014, E-mail: yingliu@gzhu.edu.cn

«Educational poverty»: characteristics of deprivation and development of effective practices
Giulia Barbero Vignola, Cinzia Canali and Tiziano Vecchiato

Keywords: poverty, growth, adolescents

Background

In 2016 a specific national fund was devoted to educational poverty in Italy. What is educational poverty? It is more than the lack of something (shoes, books, instruments or other material things) and it is not only a matter of income. On this issue, the recent recommendations of the Council of Europe (2016) provide general indications, regarding the lack of education. In such a context, we have built a map that connects different dimensions of life and poverty (Fondazione Zancan, 2017).

Fig. 1. Conceptual map for describing the dimensions of poverty
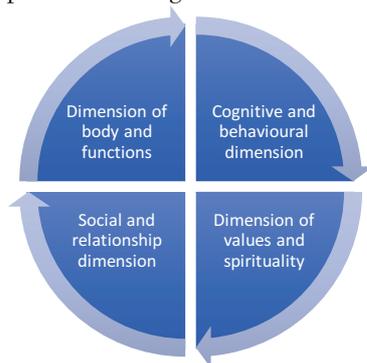
Source: Fondazione Zancan, www.personalab.org

The map helps connect educational poverty with physical development and health-related problems. The relationship between educational poverty and cognitive development can result in school difficulties and dropouts, emotional and behavioural

problems. In social and relational terms, educational deficit can result in loneliness, isolation, conflicting relational networks, i.e. in the scarcity of the social capital needed to tackle life in contexts providing support, friendship, familiarity, fraternity.

The importance of these factors is documented by the longitudinal study CRESCERE, that has investigated the determinants of growth for 5 years (Barbero Vignola et al., 2016), highlighting how much environmental and relational factors interact with values, providing the necessary strength to tackle the challenges of growing up for every child, also for those who live in conditions of poverty. Starting from these premises, we carried out a specific focus of the Crescere study in Sardinia, an island where almost one in five minors (18%) were estimated to suffer from severe material deprivation in 2015, against about one in eight minors (13%) on average in Italy[15].

Goal

The goal of the research was to understand how adolescents tackle the challenges of poverty, the difficulties they face daily and their potential, listening to the voice of children. It is important to listen to them and create opportunities, so that they can express themselves, valuing what they live and say (Barbero Vignola & Canali, 2015).

Listening to children is an important step in order to support their learning and well-being at school, to promote their access to opportunities of education and personal growth, to provide them with opportunities of better developing their potential. It also helps parents, teachers, educators, decision makers… to accompany adolescents in their process of growth.

Methodology

A questionnaire was filled in by a sample of 500 young people in the first grade of the secondary school. This is a period of changes, from the more familiar environment of the middle school to that of the secondary school.

The sample was selected through probability sampling (cluster), to provide a representative picture of the population in different territories of the Region. The territorial coverage of the sample is very high, involving 32 classes of 6 schools located in different areas (both urban and extra-urban). The children who participated in the study come from 96 Sardinian municipalities. The surveys were carried out in April 2017.

The children filled in an anonymous questionnaire, each using a computer autonomously. They answered more than 70 questions, providing valuable information concerning: well-being at school, family relationships, bullying and peer relationships, economic difficulties, leisure activities, participation, health and well-being, self-esteem, spirituality, confidence in the future. The tools and methodology adopted result from the research promoted by the Fondazione Zancan through the longitudinal study CRESCERE (Barbero Vignola et al., 2016).

Key findings

The research involved 500 adolescents, 54% males and 46% females, most of them 14-15 years old. Almost all of them possess Italian citizenship (97%), only 3% possess foreign

---

15. Source: computations of Fondazione Zancan based on National Statistics Istat data (2017).

citizenship mostly from Morocco, Romania and Senegal. One in four respondents live in a city, several adolescents live in the surrounding areas and travel to school daily.

Family. Most of the adolescents live with both parents (80%). One in five have experienced divorce or separation of the parents (18%), the death of a parent (1%), life out of the family. Most children feel supported and protected. They know their family tries to help them (83% agree/strongly agree), supports them with decisions (79%), provides moral support (71%). The most critical aspect is talking: 56% know they can talk about their problems in the family, 26% are uncertain («sometimes») and 18% do not agree. Two in three children find it «easy/very easy» to talk to their mother about things they are concerned about, whereas only 27% of the children share their problems and concerns with their father. In the families with separated parents, the relationship with the father is particularly weak. Moreover, in the families experiencing economic difficulties, relationships with the parents are weaker, especially with the father. These results are common among most adolescents, not only in Sardinia, as shown by other studies of the Fondazione Zancan in other Italian regions such as Veneto and Piedmont (Barbero Vignola et al., 2016).

School. Six in ten adolescents like school (one in ten «a lot», five in ten «somewhat»), 8% do not like school at all. On average, girls give a more positive evaluation: 68% of the females like school, against 55% of the males. Two thirds of the adolescents (64%) consider their classmates kind; three in four feel accepted for what they are. Most of the adolescents evaluate their teachers positively: 63% think they are treated fairly (whereas 18% do not agree). Overall, 81% of the young people feel they are encouraged to express their opinion in school.

Friends. Almost all of the adolescents spend time with their friends or classmates, almost half of them every day, 40% some times a week. Most of them are allowed to go out, either freely (37%) or following the conditions imposed by their parents (61%). Eight in ten adolescents find it «easy/very easy» to talk to their friends about the things they are concerned about. Most (85%) feel that their friends accept them for what they are, 68% know their friends are interested in them. Attachment to friends is stronger among young people living in families without economic difficulties, as they more often feel accepted for what they are and respected in their feelings.

More than half (54%) of the adolescents have suffered bullying at least once over the last six months, while 50% have bullied others over the same period. There is a link between suffering and performing bullying actions.

Conclusions

The research represented for the adolescents an opportunity of reflecting together with all those who are interested. When problems are not addressed, they turn into suffering, deprivation, «educational and relational» poverty (Fernandez et al., 2015). The effort of everyone has then become a necessary condition for reflecting about themselves and for understanding the others, also the disadvantaged ones.

Some questions were particularly challenging, especially those asking children about personal, intimate things that usually do not emerge. These would emerge, for instance, if parents were more willing to listen to their children, if there were opportunities for children to express themselves beyond the everyday material concerns, if teachers found respectful ways of addressing issues concerning education and life choices.

This research is connected to a longer study summarized by Fernandez et al. (2015) and the results can also be compared with those of two earlier studies carried out in two regions in Northern Italy where poverty rates are lower. In these regions, educational poverty is described in terms of difficult dialogue between children and parents, relationships with peers, bullying, and lower levels of hope for the future. The comparison with the data from the Sardinia research tells us, for example, if regional poverty rates can affect also the educational poverty of these adolescents.

The results can be useful for professionals and regional institutions to re-orient current practices and to better balance cash transfers and services directed to children and families.

Main references

Barbero Vignola, G. & Canali C. (2015). I ragazzi ci parlano, In Fondazione Zancan, and Fondazione Albero della Vita (Eds.), *Io non mi arrendo. Bambini e famiglie in lotta contro la povertà* (pp. 39-47), Bologna: Il Mulino.

Barbero Vignola, G., Canali, C., Eynard, M. & Vecchiato, T. (2016). Cos'è importante per essere felici. La parola ai ragazzi. *Studi Zancan, 4,* 19-28.

Council of Europe (2016). *Strategy for the Rights of the Child (2016-2021).* Retrieved from https://rm.coe.int/168066cff8

Fernandez, E., Zeira, A., Vecchiato, T. & Canali, C. (Eds.) (2015). *Theoretical and Empirical Insights into Child and Family Poverty: Cross National Perspectives.* New York, London: Springer Publisher.

Fondazione Emanuela Zancan (2017). *Poveri di futuro? I ragazzi ci parlano.* Cagliari: Fondazione Zancan & Csv Sardegna Solidale.

Contact details: Cinzia Canali, Researcher, Fondazione Emanuela Zancan onlus, Via Vescovado 66, 35141 Padova (Italy), E-mail: cinziacanali@fondazionezancan.it Tel. +39 049 663800.

A Case Study that examines the changing local and global context for small non-governmental agencies in Cambodia

Robin Spath and Marie Cammal

Keywords: poverty, child welfare, Cambodia, case study, South East Asia

Background

A case study of a child welfare non-governmental organization (Ngo) in Phnom Penh, Cambodia is presented. The Ngo in this case study was established in 1995, during an Ngo «boom» in Cambodia, following more than 50 years of political instability.

Cambodia obtained independence from France in the 1950's, but was drawn into the Vietnam War in the late 1960's, with the communist Khmer Rouge forces invading and overthrowing the pro-American regime in 1975. What followed was the Khmer

Rouge era, where over a million Cambodians died. This turbulent period ended with Vietnam invading in 1979; and in 1991, Cambodia came under the protection of the United Nations with elections being held in 1993. In 1999 Cambodia joined ASEAN and became an official member of the Southeast Asia Community (Chandler, n.d.). It was during this era of change that the NGO that is the focus of this case study began operating in Cambodia.

The goal of this child welfare Ngo is to provide safe housing, food and medical care to under-privileged children. The children are not orphans, but instead have been referred by care agencies and social workers for a variety of reasons because they cannot be raised by their own parents. In addition to meeting basic needs, the Ngo provides access to full-time education at a local international school, as well as extracurricular education in the Khmer language, maths, physics, biology and chemistry. Also, the Ngo ensures that children are involved in sports as well as instrumental music lessons. They have access to the kitchen, dining room, sports hall and a large garden where most activities are organized. The shelter has numerous dormitory rooms where the children are living by age group. Finally, every child receives regular medical checkups and additional medical care, as needed. The Ngo currently serves fifty-two children who live at the facility year-round, except for the Khmer New Year Holiday, when they visit their families. In addition, to providing this support to the children, the NGO provides additional support to the family of each child. Once a month, the parents visit their children on site at the NGO, and at the end of the visit, when they leave, they are given a bag of rice to help provide for their family not living at the NGO.

The work of the Ngo is supported through various funding streams including individual child sponsorships, as well as grants from foundations and community organizations in Europe and South-East Asia. The sponsorship program is quite diverse – with donations from individuals in 15 countries. The goal of the Ngo is to provide an education to the students and ultimately a successful occupation so that they can support themselves and break out of the cycle of poverty.

The goal of this case study is to better understand the historical, political and social context of a small NGO operating in Cambodia, and the current challenges faced by the organization.

Methodology

The case study is a method that researchers across a variety of disciplines have used for many years. Social scientists often use this qualitative method when they are interested in studying contemporary real-life situations. The case study is an in-depth approach that uses multiple sources of data to gather evidence and understanding. The first step in a case study is to establish the focus and purpose of the study through the development of research question(s) focused on the situation or problem to be studied.

The «case» can be a person, group of people, a program or an entity. The subject(s) in a case study are often tied to larger systems/structures; therefore, research questions often focus on personal, political, social and historical issues which add to the complexity of the study (Yin, 1984). This case study examines a small non-secular Ngo, and the social, political economic context under which the agency has operated over the last 25 years and the challenges that are currently faced operating in this context.

For this case study, data was gathered from several sources – a method often referred to as triangulation (Yin, 1984). In this case, this included gathering data from historical documents, on-site observations of the staff and clients, as well as interviews with the founder, supporters and several of the adolescent clients served by the organization. The researcher used an unstructured interview method; with this approach, the interviewer builds rapport with respondents using open-ended questions rather than using a structured interview guide. Although there is social interaction using this method, the researcher uses neutral probes and non-biased encouragement to guide the discussion (Royse, 2008; Babbie & Rubin, 2011).

Finally, a grounded theory approach was used in the collection and analysis of data. Using this approach involves constant comparative analysis, with the researcher moving in and out of the data collection and analysis process. This approach provides the opportunity for the researcher to develop an initial theory which then guides the next phase of data collection and analysis (Strauss & Corbin, 1998).

Key findings
There are many challenges currently facing this small Ngo operating in Cambodia. One of the most significant challenges is obtaining funding. In Cambodia, there are over 3,000 registered Ngo's, many of which are satellites of large, international organizations with the ability to dedicate resources for marketing and development activities (Domashneva, 2013). Hence, the environment for funding is extremely competitive. There is also a strong reliance on international donors and it is an ongoing struggle to find sufficient, appropriate and continuous funding.

For small Ngo's with limited access to technical assistance and with all funds going directly to programming, fundraising is especially challenging. Therefore, a small Ngo, such as this one, may frequently operate in «crisis» mode; with programming decisions dependent on the whims of a small number of individual and corporate/foundation as well community group donors.

Despite these challenges, the Ngo studied here has been incredibly successful at developing a small, core group of loyal individual donors who provide financial as well as in-kind donations. In addition, foundations and civic organizations have been willing to renew their support on an annual basis. This is in large part due to the skills of the founder, who is a charismatic, passionate and committed individual with excellent interpersonal and networking skills.

Additionally, to operate in Cambodia, an Ngo needs to be able to navigate a complex and ever-changing political climate. Up until 2015, Ngo's operated in Cambodia with very little oversight. However, in 2015 a controversial law was passed to provide stricter regulation of Ngo's. The Law on Associations and Ngo's, also known as Lango, has been criticized for its vague language and providing the government with arbitrary power over Ngo's, with agencies being threatened if they are critical of the government in any way (Dickison, 2016). Therefore, now more than ever, an organization's leadership needs to be able to traverse this complex political environment, or risk the possibility of being shut down by the government. In addition, Cambodia is rife with corruption (Brinkley, 2011), and often bribery is needed to obtain needed government documents in a timely manner (e.g. a passport). The founder of the

Ngo studied here, who is charismatic and politically savvy, has been able to navigate this complex environment over the last 20 years to be able to «make things happen».

Much has been written in the non-profit leadership literature about challenges that can face an organization with a charismatic leader, especially in terms of succession. This is because in many cases the leader and the organization are viewed as one in the same. The Ngo under study is a perfect example of this – the Founder is synonymous with the organization, and there is no evidence of a formal strategic plan or plan for leadership succession. The Board of Directors provides little or no support to the founder; instead the organization has kept its doors open largely through the tenacity, commitment and passion of its founder.

Despite these many challenges, this small Ngo has been able to achieve significant positive outcomes. The effect on the children from the moment they arrive is amazing. After a short time at the organization, children who used to get their meals out of the rubbish piles are now smiling and eating, running around and playing, learning positive social and educational skills, and thriving because they are in a supportive community that becomes their home. Twenty-nine students have successfully graduated from this organization and are now living productive and much different lives than they would have had they remained living in the rubbish heaps with their families. Some have married and started families; others have started their own businesses or are receiving a higher education. Others have successful careers, working in the medical profession, financial as well as the travel and tourism industry. Graduates have become self-sufficient and productive members of society – breaking the generational cycle of poverty.

Conclusions

Although this paper presents a case study of a single Ngo, the history of the agency and the current challenges it faces in many ways may be representative of smaller Ngo's in Cambodia. Funding is an ongoing challenge, and operating in «crisis mode» is not outside of the norm.

The political environment is in flux – and it is critical that the leadership of an Ngo have the skills to navigate this complex context. Finally, this study highlights the challenges of small organizations with charismatic leaders, especially in terms of strategic and succession planning.

Despite this, small Ngo's have the potential to make a substantial impact, with the right vision and leadership, such as the Ngo studied here - with 29 students having graduated and now living successful and meaningful lives.

Main references

Babbie, A. & Rubin, E.R. (2011). *Research methods for social work* (7th ed.). Belmont, CA: Brooks/Cole Cengage.

Brinkley, J. (2011). *Cambodia's Curse: The modern history of a troubled land*. New York: Public Affairs.

Chandler, D. (n.d.). Cambodia: A historical overview. Retrieved from http://asiasociety .org/education/cambodia-historical- overview

Dickison, M. (2016, December 27). Foreign NGO's Reveal Escalating Pressure. *The Cambodia Daily*. Retrieved from www.cambodiadaily.com/news/foreign-ngos-reveal-escalating-pressure-122492/

Domashneva, H. (2013, December 3). NGO's in Cambodia: It's Complicated. *The Diplomat*. Retrieved from http://thediplomat.com/2013/12/ngos-in-cambodia-its-complicated/

Royse, D. (2008). *Research methods in social work* (5th ed.). Australia: Brooks/Cole-Thomson Learning.

Strauss, A. & Corbin, J. (1998). *Basics of Qualitative Research – Techniques and Procedures for Developing Grounded Theory* (2nd ed.). London: Sage Publications.

Yin, R.K. (1984). *Case study research: Design and methods*. Beverly Hills: Sage Publications.

Contact details: Robin Spath, Ph.D., Consultant, 22 Jalan Tenang, Singapore 277956, Tel. +65 9006 5374, robinspathphd@gmail.com

The social synergy of combating targeted poverty in urban communities: A study based on Social Assistance Centre in Chengdu City

Mingjie He

Keywords: Social Assistance Centre, anti-poverty, social work organization

Background

Because of their idea of self-help, capacity to mobilize resource, and individualised service approach, social work organisations enjoy inherent advantages to run Social Assistance Centres. Meanwhile, the practice that the government establishes such centres and hands over relevant tasks to social work organisations would be an innovative approach to combating poverty because it synergizes professional social work organisations and social power.

In May 2016, Chengdu municipal government issued a document, aiming at establishing a system of care and aid covering the whole city to help targeted poor families. The practice is based on a principle of being dominated by the government, led by Civil Administration Department, cooperated by other 15 departments, participated by communities, and run by non-government organisations. Led by this principle, Social Assistance Centres will be established in every district down to each community to form a Social Care and Aid Service Network consisting of four levels: city, district (county), township (street), village (community).

This study describes the 1+2+N mode of multiple social assistance targeting on helping poor urban families. *One* stands for the communist party and its agent--the local government, who declares to be responsible for taking care of all the people. *Two* refers to the working mechanism of the combination of the government and social help. N in the mode means multiple participants working together on poverty relief. They could

be warm-hearted individuals, neighbours nearby, volunteer groups, social organizations, enterprises and government in charge. This 1+2+N mode of urban poverty relief has successfully won the attention from the ministry of civil affairs, praising it an innovation of uniting basic governmental assistance to customized social assistance.

Practice in the Social Assistance Centre

The author analyses how professional social work organizations are involved in the practice. The Social Assistance Centre is established by local government, run by professional social work organizations. To the organization undertaking this program, it is a partner of local government working together to combat urban poverty on the one hand; its work is supposed to get permission and supervision from the local department of civil affairs on the other hand.

The Social Assistance Centre's priority job is to work as a platform of various anti-poverty resources. Using their professional skills, social workers deliver customized assistance to different poor families. The resources include but are not limited to material objects such as food and clothes, a small amount of charitable donation from social helpers, and social policy aiming at specific kind of people in need.

Second part of the centre's job is to collect information from people in poverty. Every month, social workers will get a list of poor families in community from the local office of civil affairs. They have to visit every family to categorize them into different help programs, such as poor family because of illness, poor family led by handicapped, poor family by accident, or poor family burdened with tuition. The social organization uses case management method to deal with the situation, in order to ensure each family on the list is taken care of and monitored.

Also, the centre provides direct services to their clients. During their visit of poor families, they can commit case work relationship with people who ask for help. And social workers build up peer groups to do professional team work to help people with similar problems. Besides, social workers from Social Assistance Centre do policy advocacy in community gathering people's attention on their poor neighbours.

One more task of the Social Assistance Centre is to do fundraising among enterprises according to the need of poor people in community. As the synergic working mechanism established, the government intends to transfer enterprises and their resources to the centre, leaving itself focused on administrative issues. On the other hand, when social workers find their clients are in need of something, they could contact relevant enterprises for help.

Problems in practice

First, the social work organization has to deal with its relationship with local government. They are supposed to be partners but local government always takes the upper location, as it is the one who makes the decision to support the centre or not. It also holds the right to evaluate the performance of the Social Assistance Centre for the whole year.

Second, the Social Assistance Centre needs to do its job by the help of faculties from local office of civil affairs. Mostly, social workers are required to obtain updated data of incoming poor families in each community. However, without full understanding

of the working mechanism, some government employees take their coordination with social workers as their extra job and show less intention to work fluently.

Third, the Social Assistance Centre has to undertake multiple roles coping with different stakeholders: the local government in charge, the community in field, and people in the community including their potential clients. The centre must learn to keep good balance between needs reaction in time, professional fulfilment, community cooperation and compromission to administrative willness. And negotiation is time-consuming, which will probably delay the progress of some urgent assistance services.

In the case of Chengdu's innovation on comprehensive poverty relief, we can see how professional social work is integrated to become local government's partner. The author argues that because of their idea of self-help, capacity to mobilize resource, and individualised service approach, social work organisations enjoy inherent advantages to run Social Assistance Centre. Meanwhile, the practice that the government establishes such centres and hands over relevant tasks to social work organisations would be an innovative approach to combating poverty because it synergizes professional social work organisations and social power. Such practice is also a creative attempt to enhance the effectiveness of combating targeted poverty in urban areas.

Contact details: Mingjie He, Associate Professor, School of Public Administration, Sichuan University, China, No. 29 Wangjiang Road, Chengdu City, Sichuan Province, P. R. China, Tel. +86 13551189618, E-mail: scuhmj@126.com

Communities and cultures

Japanese young adult stepchildren's views on their relationships with parents and stepparents: A new perspective of stepfamily dynamics and children's well-being
Shinji Nozawa

Background
With recent rise in the numbers of divorced and re-partnered parents in many Asian societies including Japan, the number of stepfamilies, where at least one child has ties with either one or both of his/her parents' new partner(s), is estimated to have increased as well. Accordingly, family professionals such as family social workers and family therapists in Asian nations are paying more attention to the uniqueness of family processes and dynamics in stepfamilies.

However, only a few such professionals have enough knowledge on how to cope with challenges in stepfamily life in any particular Asian society's contexts. It seems that social

workers and other professionals working with stepfamilies have very limited opportunities to learn the uniqueness of stepfamily dynamics. Understanding stepfamilies is one of the important emerging issues in family and children's services in Asia.

Objectives

There have been only a small number of studies on stepfamilies in Asia (Nozawa, 2015a). Research into Asian stepchildren's views is particularly scarce, except a few master's degree theses (in Chinese), such as Huang (2000) and Zeng (2016) on Taiwanese stepchildren.

The purpose is to summarize findings from *Young Adult Stepchildren Study 2012-2013* conducted in Japan, and discuss what issues are keys to stepchildren's adaptation to stepfamily life and psychological well-being. Arguments are based on findings from previously published work in Japanese (Nozawa & Kikuchi 2014; Nozawa 2015b), and are compared with findings from other similar studies in Asia such as Taiwan (Huang, 2000), in addition to studies in the US (Ganong et al., 2011) and New Zealand (Kinniburgh-White et al., 2010). Implications for family policies and supporting practices for stepfamilies will be also discussed.

Methodology

In Young Adult Stepchildren Study 2012-2013, we recruited 19 volunteers who had experienced at least one of their parents' remarriage and lived with one or more stepparents before becoming 20 years old. We had face-to-face semi-structured interviews with them on their experiences of stepfamily life and life histories including developments and changes in relationships with their stepparents and biological parents. The participants were 17 females and 2 male young adults aged between 20 and 34 years old.

There is a quite large variety in educational achievement, participants' age at the time of residential parent's remarriage, and substantial length of period of relationship with stepparents. It should be noted that 80% of all the participants' relations with stepparents are stepdaughter-stepfather relationships.

Each interview was transcribed and each transcribed text was coded following the grounded theory method and related categorizing techniques developed by Sato (2008). Based upon the coded issue matrix and the summary files, we established categories of relationships with stepparents as well as residential and non-residential parents.

Key findings

The analytic procedure mentioned above led us to five patterns of stepchild-stepparent relationship from stepchildren's view: *Continuously accepting as a parent* (n=4), *Accepting as a parent with deterioration in adolescence* (n=2), *Consistent avoidance of relation* (n=6), *Oppression/submission ended up with breaking off ties* (n=4), *Gradual development of relation based on a non-parental role* (n=4).

We found as diverse stepparent-stepchild relationships in Japan as in the US (Ganong et al., 2011) and New Zealand (Kinniburgh-White et al., 2010). These patterns largely overlap with previously proposed typologies based on the previous studies (Nozawa and Kikuchi, 2014; Nozawa 2015a). Similarly, our analysis of narrative data on the participants' residential parent-child relationships arrives at three patterns of parent-child relationship in children's view: *Positive regard for flexible supporting and mediating*

roles (n=8), *Disappointed and alienated by constant support for stepparent* (n=6), *Distrust and distance* (n=5). We found that residential biological parent-child relationships are also diverse. We analyzed a cross-tabulation summary of the above categories regarding the two types of relationships, with mapping identified educational attainment and adaptation problems in each case.

There are some cases involving serious adaptation problems to their stepfamily life in their teenage days and had difficulties in attaining higher education. Even at the time of interviewing, some of them were still suffering from mental health problems.

Our analysis hypothetically suggests that having severe deterioration in resident parent-child relationships as well as stepparent-stepchild relationships would bring about these adaptation difficulties in young adult stepchildren's lives. However, a closer analysis of cases with difficult stepchild-stepparent relationships led us to infer that deterioration of children's relationships with their residential parents is more crucial than relationships with stepparents in terms of children's mal-adjustment with lower psychological well-being and lower educational achievement (Nozawa, 2015b). If a residential biological parent could or would not maintain a main parenting and protecting role position for her/his own child and let her/his partner behave as an instant 'parent' with an authoritative status in a disciplining team (as if they were a first-married nuclear family couple), the child seems to feel deprived of intimacy and trust in the relationship with his/her residential parent. This kind of situation tends to cause children's feeling of alienation and isolation in their family life and internal or external behavioral problems.

Conclusions

The participants' step-relationships are at least as diverse as those found in New Zealand (Kinniburgh-White et al., 2010) and in the US (Ganong et al., 2011). The relationship with a stepparent could be close or distant, positive or negative, and supportive or oppressive for a stepchild and it sometimes changes drastically over time (see also Ganong & Coleman, 2016).

Stepchildren's relationships with residential biological parents seem to be diverse as well. Our overall analysis regarding the quality of the two types of relationships in relation to the level of stepchildren's adaptation and well-being brought us to a hypothetical conclusion; deterioration of residential parent-child relationships is crucial for children's well-being and adaptation to their family transitions.

Parents' attitude and assumption that stepparents should have a disciplining role tends to bring about stepchildren's psychological and behavioral difficulties. The notion that a stepparent is «a replaced parent» is the key issue here. It is closely related to the present Japanese legal system which places children at the risk of losing one of their parents in the processes of parental divorce and remarriage.

At least in Japan, what I call *«Scrap & Build» Household Model,* based on the idea of a residential and remarried couple as a parenting and disciplining team (excluding non-residential parents), is prevailing and, in many cases, makes stepchildren's adaptation to family transitions difficult. Meanwhile, *Expanded and Interconnected Network Model*, which attempts to keep both old and new ties rather than replacing old ties with new ones, seems to make stepchildren's family transition easier (Nozawa, 2015a). Our findings suggest that residential parents' continuous (co-) parenting is

particularly important for their children's adaptation to stepfamily life (Cartwright, 2008). Yet, it should be noted that our findings above are based on a non-representative small sample of young adult stepchildren in Japan. They are hypothetical, being in need of verification with more studies based on more representative samples in other Asian countries. Huang (2000) and Zeng (2016) suggest that quite similar stepfamily dynamics are working in Taiwan just as in Japan.

We need to share and compare findings more in details across cultural and linguistic boundaries. International collaborations are also needed in implementing tools and resources to provide adult and child members of stepfamilies as well as family professionals with evidence-based knowledge on stepfamilies.

Main references
Cartwright, C. (2008). Resident parent-child relationships in stepfamilies, In J. Pryor (Ed.), *The International Handbook of Stepfamilies: Policy and Practice in Legal, Research, and Clinical Environments* (pp. 208-230). Hoboken, NJ: John Wiley & Sons.
Ganong, L. & Coleman, M. (2016). *Stepfamily Relationships: Development, Dynamics, and Interventions* (2nd ed.). New York: Springer.
Ganong, L., Coleman, M. & Jamison, T. (2011). Patterns of stepchild-stepparent relationship development. *Journal of Marriage and Family*, *73(2),* 396-413.
Huang, J. (2000). *The life adaptation processes of teenagers in stepfamily* (Master's thesis). Taiwan: National Chengchi University.[in Chinese].*
Kinniburgh-White, R., Cartwright, C. & Seymour, F. (2010). Young adults' narratives of relational development with stepfathers. *Journal of Social and Personal Relationships*, *27(7),* 890-907.
Nozawa, S. (2015a). Remarriage and stepfamilies, In S. Quah (Ed.), *The Routledge Handbook of Families in Asia* (pp. 345-358). London: Routledge.
Nozawa, S. (2015b). Young adult children's views of the relationships with their residential parents in stepfamilies in Japan: A key factor of their adaptation to parental remarriage. *Seijo University Social Innovation Studies*, *10(2),* 59-83 [in Japanese].
Nozawa, S. & Kikuchi, M. (2014). Japanese young adult stepchildren's views on stepchild-stepparent relationships: the variation in stepparents' role and stepchildren's adaptation. *Bulletin of Institute of Sociology and Social Work* (Meiji Gakuin University), *44,* 69-87 [in Japanese].
Sato, I. (2008). *Qualitative Data Analysis: Principles, Methods, and Practices.* Tokio: Shinyosha. [in Japanese]
Zeng, Y. (2016). *An analysis of the Step-family Children's Family Experience and the Process of Adjustment* (Master's thesis). Taiwan: National University of Tainan.—[in Chinese].*

Contact details: Shinji Nozawa, Professor, Department of Sociology, Meiji Gakuin University, 1-2-37 Shirokanedai, Minato-ku, Tokyo 108-8636 Japan, Tel. +81-3-5421-5553, E-mail: nozawa@soc.meijigakuin.ac.jp

Adolescents in Italy: fully immersed in the virtual life but looking for true relationships
Cinzia Canali

Keywords: longitudinal study, adolescents, virtual life, wellbeing

Context and goal
The transition from childhood to adolescence is a key period. Several challenges and developmental tasks help to strengthen capabilities and form personal identity. What are the factors favouring positive growth and protecting against risks?

This is the main question of the longitudinal study CRESCERE[16]. The viewpoint of the youth can be different from what is expected or from that of the adults. For this reason, it is necessary to listen to them in their daily life and experiences (Ben Arieh, 2001). The results of the study highlight the virtuous circles that can develop during the life of young people. The analysis shows the relevance of family relationships, communication with parents, support from family and the importance of these to increase children's confidence in their own capabilities and to make them feel well with themselves and the others. These results can be very useful for parents, teachers, educators, decision makers and generally all the people accompanying adolescents through their growing up.

The longitudinal study methodology
The sample of children was selected through probability sampling, from the registers of the residents born in 2001, with stratification by territorial area, gender and citizenship. Information was collected through an in-depth questionnaire, partly self-administered, with more than 100 questions, mostly structured with single or multiple-choice answers. The children answered autonomously through a computer or tablet.

The main topics of the survey are leisure activities, sport, use of technology, family life, health, attitude towards school, learning and motivation for study, school pathway, relationships with teachers and classmates, relationships with friends, bullying, use of alcohol, tobacco and drugs, spirituality, strengths and weaknesses, self-esteem, well-being and satisfaction, expectations for the future.

The data collected were mostly quantitative, but some issues were also addressed through open-ended questions. For some specific areas of interest, the study adopted internationally validated tools and scales, e.g. Rosenberg's Self-Esteem Scale (1965) and the Faces Scale developed by Andrews and Withey (1976). The content analysis of open-ended questions was performed according to the Grounded Theory methodology of Glaser and Strauss (2009). The *word clouds* technique was used to graphically represent the main contents expressed by the children.

---

16. CRESCERE is a longitudinal study accompanying through time a sample of about 500 young people and their families in North-Eastern Italy. The children are followed from 11 to 18 years, periodically observing the changes in their way of thinking, acting and relating to the others. It is a prospective panel study, consisting of 8 waves, one a year that is financially supported by Fondazione Cariparo, Padova (www.crescerebene.org).

Key findings

When 15 years old, nine in ten adolescents connect to the Internet every day, on average almost 2.5 hours per day. Almost all (98%) have a smartphone for personal use; more than one in three connect to the web without restrictions. They chat, play videogames, do research for school, listen to music, use the social networks. Their use of the social networks has increased with respect to three years ago, when they were 12 years old: for instance, one in two have a Facebook profile, against 20% three years ago. Moreover, 95% use Whatsapp, 69% Instagram, 22% Skype, 16% Google+.

We asked the adolescents how happy and satisfied with their life they are. Over the last three years, answers have become less positive: 58% of them are fully satisfied (against 77% three years ago); 39% express an intermediate level (against 22%); 2.8% are totally unhappy (against 0.4%). Growing from 12 to 15 years old, adolescents become more aware of themselves, their strengths and weaknesses. They question themselves, losing the previous certainties, which could reduce their well-being.

We asked the adolescents «What is the most important thing to make you happy?» The content analysis highlights the great value they attribute to relationships: friends first, then family and love. Friends are the primary source of happiness for four in ten respondents; they also underline the importance of being «esteemed», «understood» and «accepted» by their group of friends. Family is indicated by two in ten children: personal happiness is associated to that of the family, and it is important to have good relationships, to keep dialogue, to be supported. Love is the most important thing for 19% of the respondents: they refer not only to a specific person (boyfriend/girlfriend) but more generally to the human need for «loving and being loved».

Overall, a need for authentic relationships emerges. Boys and girls are also interested in helping other people and make them happy (almost one in ten), either close people (friends or family members) or people in general. Some consider peace, serenity and the absence of stress as fundamental factors for a happy life. By «serenity», the adolescents mean a situation of harmony and dialogue with the other people. Finally, some cannot clearly identify «happiness» and one main factor causing their well-being. They instead recognise multiple factors that they express in various ways, e.g. family, friends, people who make them feel well.

Conclusions

The words of adolescents express positively what is often perceived negatively, i.e. their difficulties growing up in the current reality. In this context, their words and messages are a valuable tool for better understanding their world. These messages concern not only their parents, but also the teachers, those who are part of their daily life and the community in general.

With this study, we investigate if today it is possible to «grow up well». The youth face many difficulties, but the message emerging from their words is full of hope, since they talk about the others, about the importance of true, authentic and real relationships. What they express needs to be valued.

Main references
Andrews, F.M. & Withey, S.B. (1976). S*ocial Indicators of Well-Being. Americans' Perceptions of Life Quality*. New York: Plenum Press.
Barbero Vignola, G., Bezze, M., Canali, C., Crocetti, E., De Leo, D., Eynard, M., Maurizio, R., Milan, G., Ongaro, F., Schiavon, M. & Vecchiato, T. (2016). Crescere: uno studio longitudinale per il benessere dell'infanzia. *Studi Zancan, 1,* 21-32.
Barbero Vignola, G., Canali, C., Eynard, M. & Vecchiato, T. (2016). Cos'è importante per essere felici. La parola ai ragazzi. *Studi Zancan, 4,* 19-28.
Ben-Arieh, A., Kaufman, N.H., Andrews, A.B., Goerge, R.M., Lee, B.J. & Aber, J.L. (2001). *Measuring and monitoring children's well-being.* Dordrecht: Kluwer.
Glaser, B.G. & Strauss, A.L. (2009). *The discovery of grounded theory: Strategies for qualitative research*. New Brunswick and London: Aldine Transaction Publishers.

Contact details: Cinzia Canali, senior researcher, Fondazione Emanuela Zancan onlus, Via Vescovado 66, 35141 Padova (Italy), Email: cinziacanali@fondazionezancan.it Tel. +39 049 663800.

Study of how social work techniques improve communicating skills in adolescents - Using Plain Blue Banner, Xilin Gol League, Inner Mongolia ecologic immigrant community as an example
Guoying Ren

Keywords: ecologic immigrant community, adolescent, communicating skills, social work

In order to assist herders to resolve grassland ecological environment and continue to deteriorate as well as alleviate local poverty, since the year of 2003, Plain Blue Banner Yisi Yingao Legacha initiated ecological immigration project, which aimed to move the entire banner to the edge of the city. For more than a decade, there are some achievements that were brought by the ecological immigration project, however, there are also some emerging issues too, for instance, the lack of social adaptation and communicating skills of adolescents.

Purpose and methodology
Practiced groups in social work to improve communicating skills of adolescents in Plain Blue Banner Yisi Yingao Legacha ecological immigrant community. The methodology adopted literature review, interviews, surveys, and groups in social work.

Key findings and conclusions
The results evident that adolescents in Yisi Yingao Legacha were neglected not only by themselves, families, and schools on micro and mezzo levels, but also the impacts of national ecological immigration policies on a macro scale, which had further caused their

developmental issues. As suggested, social work professional techniques should be utilized in ethnic regions, included but not limited to emphasizing cultural practices in the knowledge of ethnic minorities and sustaining cultural sensitivity. From this research, the importance and effectiveness of developing social work in minorities draw attention to vigorously promoting social work for nationalities in China.

Main references
[1]劉夢：《小組工作》，北京:高等教育出版社，2003。
[2]宋麗玉、曾華源、施教裕等：《社會工作理論—處遇模式與案例分析》，臺灣:洪葉文化事業有限公司，2012 年。
[3]徐愫：《人類行為與社會環境》，北京:社會科學文獻出版社，2003 年。
[4]馮麗平、方建群、馬馥荔等.：《生態移民青少年的行為問題及與人格和班級環境的關係》，《中國心理衛生雜誌》第 28 卷第 3 期，2014 年。
[5]孫文喜、方建群、劉豔秋等：《生態移民青少年行為問題及與父母教養方式關係》，《中國公共衛生》，2017 年。

Contact Details: Guoying Ren, Professor/Vice Dean, School of Ethnology & Sociology, The Minzu University of China, 27 Zhong Guan Cun Nan Da Jie, BeiXiaGuan, Haidian Qu, Beijing Shi, China, Tel. 13693204186, E-mail: renguoying6688@163.com

Bringing a paradigm shift in parenting in Hong Kong: «The Sweet Home Sweet Child Project»
Jane King-lai Wong, Karen Ki-wing Chim, Ada Yuet-wai Luk, Charrix Shuk-yee Lee

Keywords: filial play, parent child relationship, parenting, foster parents, CPRT

Background
Parents in Hong Kong today are confronted with complex societal challenges and redefinition of traditional norms and values. As a result of the highly competitive social and economic environment, the education fever, and the struggle for children's achievements, many parents just strike hard to provide their children with all the resources and support for education and learning opportunities, while at the expense of the parent-child relationship, as well as the emotional, mental and even the physical health of the children.

Consequently, though the amount of resources an average family spent on a child has increased, studies show that children in Hong Kong are not happier or healthier than before. In fact, the prevalence of child and adolescent mental health problems has been increasing, not to mention the rising number of suicidal attempts by the youngsters. In order to provide the necessary care and support for our new generation in appropriate ways, *a paradigm shift of parenting* back to a focus on strengthening the parent-child

relationship, enhancing the understanding of individual child's characteristics, and promoting parental acceptance are essential.

On the other hand, the need of support to parents is explicit and pressing. The struggle for «winning at the start line» creates not only stresses for the children, but also stresses for the parents themselves. The negative labels of «monster parents», «Tiger Mum and Dad» only intensified the problem.

Furthermore, we are aware of the fact that not only parents are in need of proper parenting education and support, but also other major carers of children, including foster parents. Coming from families with different crisis and inadequate parental care, foster children are often faced with greater difficulties in their development, and are associated with more emotional and behavioral concerns. Being the major carers of these deprived children, foster parents are often faced with greater difficulties in their «parenting». On the other hand, with proper support, they could bring about invaluable positive changes to them.

To address all these concerns, Hong Kong Family Welfare Society, with funding support from the Family Council and the Home Affairs Bureau of the Hong Kong Government, has started the «Sweet Home Sweet Child Project» in November, 2016 for one and a half year. With the Child Parent Relationship Therapy (CPRT) model, or filial play, as the basic theoretical framework, our project seeks to bring about a paradigm shift in parenting in Hong Kong and to offer proper support to parents under stresses. It is extended to cover training for foster parents as well.

What is Child Parent Relationship Therapy (CPRT)? CPRT is a 10-session filial play therapy model that targets at training parents to be the therapeutic agents with their children using the basic knowledge and skills of child-centered play therapy (Landreth, 2002). Parents will be trained so that they could conduct home play sessions with their own children. Besides, use of therapeutic skills like «reflections of feelings» and «therapeutic limit setting» could often be extended beyond the play sessions to daily life situations. Parental understanding and acceptance are central to CPRT and children can be nurtured through the intimate parent-child relationship experienced during the play sessions.

Purpose

With CPRT as the basic theoretical framework, our project seeks to:

1. promote a paradigm shift in parenting to rebuild a culture in nurturing children with increased parental empathy, acceptance and awareness of children's uniqueness instead of focusing on «symptoms» and «achievements»,
2. promote and strengthen the Child-Parent Relationship,
3. reduce parental stresses,
4. enhance children's mental health well-being,
5. render training to foster parents and compare the outcome with natural parents' groups.

Methodology

To evaluate the effectiveness of the training, the following tools are used:

1. Parental Stress Scale (PSS) developed by Berry and Jones (1995) and translated and validated by Cheung (2000) to assess parents' perception of their parental stress;

2. The Child Parent Relationship Scale (CPRS) developed by Driscoll and Pianta (2011) to assess parents' perception of their relationship with their children;
3. The Strength and Difficulty Questionnaire (SDQ) developed by Goodman (2001) to assess the psychological adjustment of children, including their emotional and behavioral manifestations;
4. The CPRT Questionnaire (L-CPRTQ) developed by Ms Lottie Lau in 2010 (unpublished text) to measure parents' perception towards their parent-child relationship and parenting skills. The CPRT Questionnaire was found to have satisfactory internal consistency (Pre-test: α=.899; Post-test: α=.907). Formal tests to confirm its validity have not been carried out yet.

Three administration time slots are arranged for *all* participants: pre-test (T1) before the training, post-test (T2) upon completion, and a follow up post-test (T3) 2 months after completion of the training. Qualitative feedback will also be solicited at the focus groups held for all participants upon completion of T3.

Key findings
Collection of data has been started since full implementation of the project in November, 2016. Findings are to be further consolidated. However, initial findings from the four training groups conducted with 41 valid data collected demonstrate positive changes for all the scales from T1 to T2, suggesting enhancement for participants in all the areas including parental stress, the parent-child relationship and the emotional and behavioral manifestations of their children. Among the positive changes, those that related to the parent-child conflict as measured by the CPRS scale, the children's emotional and behavioral difficulties as measured by the total difficulties score under the SDQ, and the perception of participants' parenting skills and relationship with their children under the L-CPRTQ show significant enhancement. Furthermore, all scales showed satisfying internal consistency. For details of the initial findings, please refer to Tab.1 below.

Tab 1. Paired t-test with internal consistency of T1 and T2 Scores (N=41)

| | N | T1 | | T2 | | t | df | T1 | T2 |
		M	SD	M	SD			α	α
PSS	41	46.9	12.80	44.15	10.36	1.80	40	.92	.88
CPRS Conflict	41	24.44	6.54	21.90	5.49	2.73*	40	.87	.84
CPRS Closeness	41	29.56	3.62	30.54	2.97	-1.93	40	.77	.73
SDQ Difficulties	41	15.12	6.86	12.90	5.29	2.27*	40	.85	.77
L-CPRTQ	41	6.54	1.71	7.83	1.35	-5.70**	40	.93	.95

Note: PSS=Parental Stress Scale, CPRS Conflict=Child Parent Relationship Scale – Conflict Subscale, CPRS Closeness = Child Parent Relationship Scale – Closeness Subscale, SDQ Difficulties=Strength and Difficulty Questionnaire – Total Difficulties Score, L-CPRTQ=Child Parent Relationship Therapy Questionnaire. α=Cronbach alpha, *p≦.05, **p≦.001

More to add, a preliminary pre and post data collection using the L-CPRTQ has been started since 5 years ago with 130 valid data collected already. Findings hint that participants' perceived parent-child relationship and parenting skills have been significantly improved after the training with total mean scores of the eight items significantly raised from M=5.83, SD=1.28 (pre-test) to M=7.64, SD=.99 (post-test), t(129)=.-14.65, p<.001.

Conclusions

The initial findings through the various selected scales during the full implementation phase and the results through the pilot run with the L-CPRTQ, demonstrate that the CPRT training could significantly strengthen the parent-child relationships, enhance children's mental health well-being with reduced emotional and behavioral difficulties, and promote participants' parenting skills. Positive changes in reducing the parental stresses could be observed as well, though results were not significant enough during this stage, probably a result of the small sample size and the great diversity of participant profiles.

To conclude, with the positive results found, the full implementation of the CPRT training in Hong Kong society is expected to bring about an important paradigm shift of the parenting culture back from the impact of the highly competitive environment, and the struggles of both parents and children for achievements, back to a focus on parent-child relationships and an emphasis on the individual characteristics of the specific child. Only through this shift of parenting culture could we ensure healthy growth of our new generation.

As for the impact of the training on foster parents compared with the natural parents, further data will be collected and analysis be made in a later stage of the project. It is hoped that public concerns on supporting and promoting the care quality for foster children could be raised in the near future.

Main references

Berry, J.O. & Jones, W.H. (1995). The parental stress scale : initial psychometric evidence. *Journal of Social and personal relationships*, 12(3), 463-472.

Bratton, S.C., Landreth, G.L., Kellam, T. & Blackard, S. (2006). *Child parent relationship therapy (CPRT) treatment manual: A 10-session filial therapy model for training parents*. New York: Routledge.

Chan, R. & Tso, K. (2005). Child behaviour and parenting stress in Hong Kong families. *Hong Kong Med J, 11(5),* 373-380.

cHeung, s.k. (2000). Psychometric properties of the Chinese version of the parental stress scale. *Psychologia* 43, 253-261.

Driscoll, K. & Pianta, R.C. (2011). Mothers' and fathers' perceptions of conflict and closeness in parent-child relationships during early childhood. *Journal of Early Childhood & Infant Psychology, (7),* 1-24.

Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American academy of child & adolescent psychiatry,* 40(11), 1337-1345.

Landreth, Garry L. (2002). *Play therapy – The Art of the Relationship*. New York: Brunner-Routledge.

Lau, Lottie (2010), The CPRT Questionnaire, unpublished

Leung, C. & Tsang, S.K. (2010). The Chinese parental stress scale: psychometric evidence using Rasch modeling on clinical and nonclinical samples. *Journal of personality assessment*, *92(1),* 26-34.

Contact details: Wong King Lai, Social Work Consultant, Hong Kong Family Welfare Society, Room 1003, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong, E-mail: jane.wong@hkfws.org.hk Tel. + 852 2771 2306.

The probe of learning Vietnamese mother tongue through one foreign parent in perspective to strengthen parent-child relationship
Chou Hung Chun and Yu Hsuan Huang

Keywords: empowerment, parent-child relationship, parent-child learning, new residents, transnational marriage

Background

According to the National Immigration Agency of Taiwan statistics by 2015, there are 510,250 foreign people married in Taiwan. Spouses from China, Hong Kong and Macao are 344,348 people, accounting for 67.49%; the other new residents are 165,902 people, accounting for 32.51%. Analyzing the new residents spouses by origin, they come from Vietnam (93,441 people), Indonesia (28,699 people), Thailand and the Philippines (16,851 people), Cambodia (4,284 people) and other countries (Tab. 1).

The Xihu area Family Welfare Service Center services Xihu Township Puxin Township Puyan Township and Dacun Township. As of December 2015, there were 165,902 people, the foreign spouses were 2,798, accounting for 1.68% of Changhua County, Vietnamese new residents were the major population (Tab. 2). When Xihu area Family Welfare Service Center was set up, Vietnamese spouse families require a center that provide courses for mother tongue learning in Vietnamese, because their children can`t speak Vietnamese and can`t communicate with their grandparents. They hope center provides courses so that children can speak Vietnamese mother tongue.

According to the Ministry of Education statistics, new residents of the original nationality and observed where they lived, exceed 89% new residents children who study in Junior high school and Elementary school, their father or mother were mainly from Vietnam, China and Indonesia (Tab. 3). We empower the Vietnamese spouse and strengthen parent-child relationships through parent-child learning and mutual discussion by the Vietnamese Mother Tongue Learning Program.

The program goal is empowering Vietnamese spouses, strengthen parent-child relationship through the Vietnamese spouse and their children learning the Vietnamese together, and pass through the process of parent-child learning and discussing.

Tab. 1. The number of new residents married in Taiwan (unit: person)

	Nationality	N of new residents married to Taiwan	**Total**
Southeast Asian countries	Vietnam	93,441	Total population: 143,245
	Indonesia	28,699	
	Thailand	8,525	
	Philippines	8,326	
	Cambodia	4,284	
Northeast Asian countries and others	China	330,069	Total population: 366,975
	Hong Kong and Macau	14,279	
	Japan	4,530	
	Korea	1,408	
	others	16,689	
Total		510,250	

Tab. 2. Changhua County and Xihu District Family Welfare Service Center 2015 Service New Resident Population (unit: person)

	Nationality	Changhua County total N	Xihu area total N	Xihu	Puxin	Puyan	Dacun
Southeast Asian countries	Vietnam	7,804	1,025	281	253	243	248
	Indonesia	1,975	154	83	9	5	57
	Thailand	678	76	20	21	12	23
	Philippines	479	65	13	15	27	10
	Cambodia	508	43	10	9	5	19
Northeast Asian countries and others	China	11,783	1,285	423	288	264	310
	Hong Kong and Macau	126	10	5	3	2	0
	Japan	94	13	6	3	1	3
	Korea	28	3	1	2	0	0
	others	467	124	20	43	50	11
Total		23,942	2,798	862	646	579	681

Objectives and methodology

There are two main objectives:

1. To explore how Vietnamese spouses enhance positive roles in parent-language learning core curriculum activities to improve parent-child relationships.
2. To explore the influence of Vietnamese spouse's involvement in parent-child relationship.

We used qualitative research: in-depth interview to understand the positive experience of Vietnamese spouses who are involved in the Vietnamese language program. There were 8 families joining this program. We interviewed 6 families. Vietnamese mothers and children are mainly Interviewees.

Key findings

The findings of the study are as follows:

1. First, children intensify understanding of their mother country culture and language. They have a positive experience through parent-child learning experience.

2. Second, enhancing parent-child relationship well through parent-child learning, it also affects the other family members (father and grandparents) to integrate the language and culture of new residents.
3. Third, after the program, children become more confident, but also more dare to speak Vietnamese mother tongue.

Tab. 3. 2015-2016 new residents children are in Junior high school and Elementary school - According to the parent's nationality (unit: person, %)

Nationality	Total		Elementary school		Junior high school	
	person	%	person	%	person	%
total	207,733	100	134,396	100	73,337	100
China	79,556	38.3	53,037	39.46	26,519	36.16
Vietnam	84,492	40.67	55,481	41.28	29,011	39.56
Indonesia	22,015	10.6	11,838	8.81	10,177	13.88
Thailand	3,826	1.84	2,346	1.75	1,480	2.02
Philippines	4,479	2.16	2,723	2.03	1,756	2.39
Cambodia	4,736	2.28	2,915	2.17	1,821	2.48
Japan	1,242	0.6	903	0.67	339	0.46
Malaysia	1,490	0.72	976	0.73	514	0.7
America	945	0.45	745	0.55	200	0.27
Korea	629	0.3	429	0.32	200	0.27
Myanmar	2,048	0.99	1,320	0.98	728	0.99
Singapore	192	0.09	113	0.08	79	0.11
Canada	331	0.16	258	0.19	73	0.1
other	1,752	0.84	1,312	0.98	440	0.6

Conclusions

First, we should focus on the capacity of new residents instead of discrimination. Develop new strategies to work with them who have lived in Taiwan long time. Second, to establish positive parent-child learning experience, can promote parent-child relationship, but also evert stereotype of the children for the mother.

Main references

內政部移民署(2015)。各縣市外裔、外籍配偶人數與大陸(含港澳)配偶人數按證件分。
        取自 http://www.immigration.gov.tw/ct.asp?xItem=1310827&ctNode=29699&mp=1
陳柏霖(2005)。多元文化教育的續起－新移民教育及其子女教養之探討。網路社會學系
        期刊，49，2015 年 12 月 29 日取自：http://mail.nhu.edu.tw/~society/e-j/49/49-43.htm
曾雪娥（2005）。多元文化教育的再一章-新移民及新臺灣之子的家庭教育。
詹火生、陳芬苓（2014）。我國外及配偶弱勢情境分析之研究，102 年外籍配偶照顧
        輔導基金補助研究計畫案。臺北市，內政部移民署。
薛百雯（2015）。我的孩子為什麼不說越南話？從生態系統論探究影響越南即新至
        民子女母語學習動機的因素。國立暨南國際大學，南投縣。

Contact details: Chou hung chun, Huang yu hsuan, Changhua County Government Department of Social Affairs, Social Worker Supervision, g0920722982@gmail.com; namio71@gmail.com, Tel. +886 920722982; +886 980285580.

A family-centered project for children with special educational needs and their families: Practice wisdom and program evaluation

Tsui Ping Ng, Mooly Wong and Christina Pun See Ngar

Keywords: children, family-centered practice, parental involvement, special educational needs

Background

In Hong Kong, children with special educational needs (SEN) refers to students [children] who need the support of special educational methods because they have certain learning difficulties. The major types of SEN include specific learning difficulties, attention deficit and hyperactivity disorder; autistic spectrum disorder; speech and language impairment; hearing impairment; visual impairment; physical disability; and intellectual disability. The number of SEN children studying in primary and secondary schools has increased from 21,720 in 2009-10 to 33,830 in 2013-14 (Legislative Council, 2014).

Conventional services for these children have been strongly influenced by the medical rehabilitation model and its focus on the individual, their symptoms, and drug treatment (Rothman, 2012). However, it has overlooked the holistic needs of the children and their families. Family-centered practice, on the other hand, is a system founded on a set of values that recognize the uniqueness and capabilities of the family, the significance of the family in children's lives, and that it is their parents who are the experts on their children's abilities and needs. This approach also views parents as an important work partner in the service.

Family-centeredness in services for SEN children has been beneficial to both children and families. Specifically, children have shown better skill development and psychological adjustment and parents have experienced a greater sense of psychological well-being, feeling more competent as parents and enjoying an increase in self-efficacy and sense of control (Cunningham & Rosenbaum, 2014).

A three-year project (January 2016 to December 2018) incorporating the principles of family-centered practice was designed for low income families with SEN children who lived in Sham Shui Po and Tin Shui Wai – two of the most economically deprived districts in Hong Kong. The project aims at i) alleviating the parental stress of parents; ii) improving the parent-child relationship; iii) enhancing the executive functioning of the children; iv) strengthening the support network and community resources of the families; and v) increasing families' integration with the community. It uses a university-agency partnership mode of operation. Whereas the agency is responsible for the operation, the university is taking part by providing training in family-centered practice for the staff, and by conducting a program evaluation study.

A four-tier model that included T1 - acceptance and management; T2 - assessment and training; T3 - a mutual support network and T4 - community education, has been designed for delivering versatile services to children, parents, families and the community as a whole. The principles of family-centered practice have been imbedded in this model. Various family-focused services were designed to fit in the different tiers, such as the family

counseling service during T1; children's training (with the support of parents) during T2; mutual support groups for parents and family-based activities during T3, and community education and cultivation of social acceptance by the public during T4.

The needs assessment of the families was conducted during the intake interviews. A comprehensive picture of the family situation was formed and it became the blueprint for the services provided. Besides that, in the process of service delivery, special attention was given to parental involvement and the utilization of children's and families' strengths and capabilities. For example, all parents were invited to join their children's training sessions. With the partnership between the professional staff and the parents, the parents could develop a set of training skills that was suitable for their children and was transferable to the home setting. In addition, family activities, such as multiple family groups, were organized in order to provide positive interaction experiences for the families. In the multiple family groups, the families experienced using their untapped resources as well as having a mutual support network among the families for resolving their family issues.

Objectives
The overarching objectives of the research study were to evaluate the effectiveness of the project in the areas of:
- The family-centeredness of the services delivery process;
- Parenting stress;
- Parents' social support network;
- Parent-Child relationship;
- Perception of parents of the daily functioning of their children;
- Social integration of SEN children and their families;
- Parents' satisfaction level; and
- Parents' perception of which elements in the project were helpful and which were unhelpful.

Methodology
A mixed-methods design including survey and focus groups was designed to measure the changes in the staff regarding their understanding and implementation of family-centered practice, as well as changes in the parents in relation to the research objective before and after they joined the project. The measurement tools for the survey included the Measure of the Processes of Care (Chinese Version) (MPOC-SP); the Measure of the Process of Care (Chinese Version) (MPOC-20); the Target Complaints (Chinese Version); the Children's Executive Functioning Checklist (Chinese Version); the Parental Stress Index – Short Form (Chinese version); and the Multidimensional Scale of Perceived Social Support (Chinese version). A self-developed intake form was adopted to collect the demographic characteristics of the families. Focus groups were also designed for collecting the feedback from the staff and the parents.

In the first phase of the project (May 2016 to April 2017), the researchers conducted a baseline assessment of the staff and the parents. A total of 17 staff and 116 parents participated in the survey. They also conducted two focus groups for the parents, involving a total of 10 informants. Here the findings of the focus groups in

relation to the inclusion of parents in the service - a key component of family-centered practice, will be reported.

Key findings

The informants indicated that they were actively participating in the children's issues through programs and activities, and in particular, the children's training and the family activities. In the children's training sessions, the trainers adopted alternative means of teaching (such as the use of play) that were quite different from the teaching methods used in schools. Through the method of playing games, the children acquired relevant skills and knowledge in a relaxed, happy and labeling-free atmosphere. The strong learning motivation of their children affirmed the effectiveness of the training methods. Many parents also felt confident in transferring these skills to the home setting as they had already observed the demonstrations of the trainers.

Sometimes, training sessions were organized in a group that provided the parents with the opportunity to observe the performance of other SEN children. Those parents felt that the process helped them enrich their understanding of SEN children. For example, one parent commented that SEN children had many positive traits, whereas parents would typically exaggerate their deficits and undermine their strengths quite easily.

Furthermore, the project provided some family-based activities, which could facilitate the involvement of less involved family members, such as fathers, in their children's issues. Fathers were usually the breadwinners of their families and might not be able to spend much time with their children. Their involvement was able to give them a deeper understanding and increased their acceptance of their children. As a result, couples could collaborate better in parenting. Meanwhile, the parents established some friendships with other parents who faced similar situations. The shared experience in parenting fostered a sense of «we are all in the same boat» among the parents, which became a significant source of social support for them.

Conclusions

The inclusion of parents in children' issues through training and family-activities are some of the key strategies of family-centered practice. However, these strategies are only some of the initial steps taken for the development of partnerships between the professionals and the families. To advance the collaboration, the service providers must treat the family as one of the important stakeholders in the service design and delivery process by listening sufficiently to their voices. Therefore, the service providers have used the data collected in the first phase to modify the project in the second phase. For instance, the findings from the first phase have shown that some families encountered difficulties in parenting, which might be related to the couple's relationship. Some families have faced complicated family problems as well.

These problems could hardly be resolved merely through intervention at the program level. To be responsive to the needs of these families, the service providers have rendered some co-parenting programs for these families. They have also invited the university trainer to enhance the professional staff's knowledge and skills in family-focused intervention, so that they could render intensive counseling to the families in the second phase of the project. It is hoped that the changes will be able to address the needs of families on the one hand, and empower the families on the other.

Main references

Cunningham, B. & Rosenbaum, P. (2014). Measure of processes of care: a review of 20 years of research. *Developmental Medicine and Child Neurology, 56(5),* 445-452.

Legislative Council (2014). *Report to Legislative Council by Panel on education subcommittee on integrated education LC Paper No. CB(4)1087/13-14(01), September 2014.* Hong Kong: Hong Kong Special Administrative Region.

Oliver, M. (2009). *Understanding disability: from theory to practice* (2nd ed.). New York: Palgrave, MacMillan.

Pert, C.G. & Allen, R.I. (1997). Family-centered professional behavior: frequency and importance to parents. *Journal of Emotional and Behavioral Disorders, 5(4),* 196-204.

Rothman, J.C. (2012). The challenge of disability and access: Reconceptualizing the role of the medical model, In M. Roland, and Y. Francis (Eds.), *Controversies and disputes in disability and rehabilitatio*n (pp. 126-154). London: Routledge.

Contact details: Ng Tsui Ping, Supervisor, Hong Kong Young Women's Christian Association, Family Wellness Centre, 66, Begonia Road, Yau Yat Chuen, Kowloon Tong, Tel. (852) 3443 1621, bettinang@ywca.org.hk

Attitudes toward an outgroup: The case of Chinese adolescents in Italy

Chiara Berti, Fiorinda Di Fabio, Silvia Potì

Keywords: Chinese, attitudes, cross-cultural, migrants

Background

This research highlights the social problems faced by societies with segregated ethnic communities, amongst these problems are racial prejudice and social exclusion. Italy currently has one of the fastest-growing immigrant populations in Europe. The Chinese community in Italy has increased since the beginning of the 1980s due to a period of economic reforms and moderation of emigration rules in China.

The integration process depends on various factors. For example, the objective factors include migration laws, work availability, the possibility to find housing, welfare system and potential legal status. On the other hand, the process is also influenced by a series of subjective and cultural elements, such as nationality, intergroup relations and the attitudes of minorities to a dominant, or majority-status group.

According to an Italian study Chinese, Egyptian, Philipino and Peruvian immigrants foster stereotypes and social representations based on their own cultural background, values, beliefs and norms (Quadrio et al., 2000).

The strategy adopted by Chinese adolescents attending Italian school mainly perpetuates their cultural identity and prevents them from integrating (Pedone, 2004).

Xiao Shunan and Zhou Qin (2011) have shown a paradox within the attitudes of Chinese adolescents toward Westerners, and they exhibit extreme nationalistic feelings

and hostility. However, 50% of the participants demonstrated a lack of self confidence in the presence of Westerners.

Furthermore, most of the literature regarding the integration process of Chinese migrants living in Italy has focused on the discrimination, attitudes and prejudices of the host society toward them, and on the analysis of the acculturation and adaptation models (Rebughini, 2004). In fact, research regarding foreigners' attitudes toward the local population and how this can affect their integration process is extremely rare, and this study aims to bridge this gap.

Objectives

In Italy there are approximately 40,000 Chinese immigrants between 12 and 18 years old, they represent the fourth largest community in Italian schools, but they also have the most profound socio-cultural integration difficulties.

The Chinese migrants in Italy are notoriously complex to investigate because of their sense of self reliance and distrust of the outside world. Nearly one-fifth of the Italians interviewed regard Chinese residents as a problem «because they remain segregated from local society» (Nielsen et al., 2012).

This research intends to provide a better understanding of the socialization processes of Chinese adolescents in Italy through the analysis of their attitudes toward Italians and experiences in the target country.

Methodology

This study has chosen a qualitative approach. Semi-structured, in-depth interviews have been conducted between April and May 2016 with Chinese adolescents living in Italy. Parental consent had been obtained prior to interviewing the minors in question. 22 Chinese immigrants between 14 and 18 years old were questioned (six of them were born in Italy, nine of them have been living in Italy for 4-12 years and the remaining have been in the country for 2-3 years). Participants had been attending four different schools in the same province of central Italy, but just six of them had had a linear migration process.

The 22 Chinese students were interviewed using mandarin by a well-known cross-cultural mediator and the interview focused on four themes: the migratory path, the relationship with the Italians, their opinions of Italians and how they feel Italians perceive them. All the interviews have been transcribed and translated from Mandarin into English and have been collected into a single body of work. This document has been analysed using the Thematic Analysis of Elementary Context software from T-Lab (Lancia, 2004).

The basis of this sort of analysis is the study of the vocabulary to explore shared representations associated with the topics being researched. The results obtained with T-Lab have been integrated by a content analysis of the interviews.

Key findings

Content analysis revealed that Chinese adolescents have a rather negative perception of Italians. In fact, participants used twice as many negative adjectives than positive ones to describe them. This perception prevents the participants to interact and develop

relationships with Italians. Very few of them have Italian friends or would like to have any, and none of them would be willing to have an Italian partner.

These findings could be partly explained by the fact that more than two thirds of the participants have been discriminated against by Italians, especially by classmates. Although contact with Italians is sporadic, the school appears to be for 18 out of 22 of the participants the only place where they have the opportunity to encounter Italian culture. Italian school is appreciated by Chinese for being competition free and equal for all the students.

In addition, the only Italians admired by participants are school teachers who have helped them during the integration process. Chinese families usually exert a certain degree of control over their children, but schools provide them with a relatively free and comfortable environment.

Three representations have emerged using thematic analysis of T-Lab. The first involves school as an opportunity to meet Italian friends, communicate, relate and develop meaningful relationships. This representation is connected to the use of social networks. The second one, on the other hand, is linked to the dynamic between tradition and innovation. Therefore, being in Italy is primarily based on work and making money, but tradition, the importance of caring for the family and concern for future generations are preserved. This idea is prevalent in second generation Chinese adolescents. The last representation regards some stereotypes of Chinese migrants, such as being dirty, sly, consuming low quality goods and stealing jobs. However, all these elements refer to how Chinese actually think Italians perceive them and their life style.

Conclusions

This research examines cross cultural dynamics from the perspective of the minority group and how it could improve the work of professionals and institutions working closely with migrants. It also allows people in the field to be more aware of the other cognitive categories. Thanks to the results of this study we may be able to plan intervention strategies more effectively to empower this extremely vulnerable group.

Above all, this study underlines the importance of educational institution as the only place where cultural integration could take place for this group, especially the teachers whose role to facilitate class socialization and prevent peer discrimination is critical.

Main references

Lancia, F. (2004). *Strumenti per l'analisi dei testi* (Tools for text analysis). Milano: Franco Angeli.

Nielsen, I., Paritski, O. & Russel, S. (2012). A Minority-status perspective on Intergroup Relations: A study of an Ethnic Chinese Population in a Small Italian Town. *Urban Studies*, *49(2),* 307-318.

Pedone, V. (2004). Contesti extrascolastici di socializzazione della seconda generazione cinese (Second generation Chinese extra curricular socialization contexts). *Mondo Cinese*, *121,*33-43.

Quadrio, A., Pirro, D. & Puggelli, F.R. (2000). La rappresentazione dell'Italia e degli italiani da parte degli immigrati di quattro etnie: cinesi, egiziani, filippini e

peruviani (Chinese, Egiptian, Philipino, Peruvian perception of Italy and Italians) *IKON, 40,* 9-50.

Rebughini, P. (2004). *I giovani di origine straniera a Milano: tra inserimento sociale e ricerca dell'identità, (Young foreigners in Milan: From admission in society to the search for identity).* Working Papers del Dipartimento di studi Sociali e Politici no. 13, Università degli studi di Milano.

Xiao, S. & Zhou, Q. (2011). Why Do Sixty Percent of Young People Feel Their Compatriots Have Blind Faith in Foreign Things? *Chinese Education and Society*, *44(2-3),* 58-64.

Contact details: Chiara Berti, Associated Professor of Social Psychology, University «Gabriele d'Annunzio» of Chieti-Pescara, Via dei Vestini 31, 66100 Chieti (Italy), E-mail: chiara.berti@unich.it Telephone: +39-0871-3556595.

The employment experiences of youth after a job training program: the perspectives of youth, social workers, and employers
Yu-Wen Chen

Background

Both within Taiwan and in a wider international context (especially in Japan and the United Kingdom), there is an increasing concern with young people who are not in education, employment, or training (the so-called 'NEET generation'). Being 'NEET' means these youth are at a higher risk of being socially excluded and experiencing worse employment prospect in their later life. Persistent unemployment makes these young people's transition to adulthood difficult, increases their chances of being poor in the future and their risk of engaging in problem behaviors, as well as reduces their social and political involvement (Bay & Blekesaune, 2002; Hagquist, 1998; Hammer, 2007; Isengard, 2003).

In response to the increasing 'NEET' (Not in Education, Employment, or Training) phenomenon, the government in Taiwan launched various programs targeting the young 'NEET'. These programs aim to teach participants vocational and interpersonal skills, to increase their occupational competencies, so they can become more employable (Chen, 2011). Most of these programs were decentralized, with training sites run by the local employment services centers. These centers then contracted out their programs to local non-profit organizations. These programs usually offered each participant monetary rewards for full participation of the program, and monthly allowance for their apprenticeship. Enterprises that offered apprenticeships to program participants could also receive monetary award a month, up to three months. It was hoped that with monetary rewards, young people were more willing to stay and complete the program.

As such programs have run in Taiwan over ten years, not much was known about the effectiveness of them. Though according to data provided by the government, most programs were effective, in terms of the participants' employment, education, or training rate right after completing the program. However, no follow-up data could be found. Since the job market is changing, unstable and atypical employment quite often happens to our youth, we don't know how long the program participants can keep working? And what about experiences that can help them stay employed? What are the roles of social workers and their employers in helping them remained employed? What can the program help them besides learning the skills related to work?

Objectives and methodology

To answer the aforementioned questions, this study attempts to examine the perspectives from program participants, their employers, and social workers participating in job training programs, to understand experiences that are helpful for young people's transition to the workplace, and to remain employed.

Since this study intends to understand the subjective opinions and interactive relationships of program participants, a qualitative research design is implemented.

To warrant the research ethics, an IRB approval was received. The sample of this study was selected purposively. Individual in-depth semi-structured interviews were conducted. Matched respondents included the following: 1) ten youths (five males and five females, aged 17-22) participated in vocational training programs and remained employed for at least 3 months after finishing the program, 2) five social workers (each serving two adolescents) helping them in the program, and 3) five employers (five rejected to participate due to lack of time) having the experience of hiring these youths. Rather than keeping to a rigid interview schedule, flexibility was allowed to let participants bring out information important to them. With consents from participants, each interview was audio taped and transcribed into text by two graduate students. Each participant was interviewed once by the researcher, and it took about 1.5 to 3 hours in length.

Self-report data were transcribed verbatim and pseudonyms were assigned to the participants to assure confidentiality. All transcribed interview content was checked for accuracy first. Then interview transcripts were read several times to capture the main ideas from participants' narratives. A line-by-line review of the transcript was done for identifying meaningful units and recurrent themes. As text was categorized, themes merged, and they were presented according to the purposes of this study. Analyses and categorizations were done recursively, with some revision of themes, in order to incorporate additional information into the finalized version of analyses.

Key findings

Major findings of this study included the following:

1. *Reasons for being employed*
   The answer for them was quite simple, all youth worked for financial reasons. They need money for survival, not just for buying luxurious goods. Therefore, they did not ask for good pay or working conditions; as a result, getting a job was not hard at all. However, it did not mean that they can keep a job long. Major reasons came from the exploited working conditions and loneliness. To work long hours meant

they could not hang out with friends at night. One girl said she had to reject friends' invitation at night in order to get up on time for her work.

2. *The importance of vocational training programs*
Most youths agreed that these programs did help them to get employed with good employers, and social workers of the program played an important role in caring for the needs of youth and their employers. However, the content of these programs did not help much, some didn't even remember what they had learned in the program. Some thought being in the program helped them to be responsible, to work with others, and to had some money while not working.

3. *Experiences helped them to remain employed*
Good employers and co-workers are key elements to help them remain employed. Social workers in these programs were also very important to both youths and employers. To youth, social workers are those whom they could talk to with problems they encountered in life, which might hinder them from being at work on time. Employers also expressed their appreciation for the help from social workers. They found that most youths had no problems in skills, but their problem solving and communication skills needed to improve. Life crises of these youths were more than those of other employers. Some employers said they learned to be empathetic and patient with these young people from social workers, and they were thankful to have social workers as facilitators between them and youths.

In conclusion. these young people do not actually have difficulty of finding a job on their own, but the problems are: how to keep the job? And how to avoid being exploited by their employers? It takes efforts from youth, social workers, and even the employers. Good employers can be mentors of these young people. They need career mentors to be role models, and having a good employer gives them a better chance than the regular workplace in fulfilling this need. Social workers in the job training program can help young people feel confident and pride about themselves, and to be able to take the challenges in the work force. Young people can not only acquire economic benefits from working, but also shape their perceptions, attitudes, and behavior about the work. How to balance the needs of these stakeholders is a challenge for future programs.

Main references
Bay, A. & Blekesaune, M. (2002). Youth, unemployment and political marginalization. *International Journal of Social Welfare, 11,* 132-139.
Chen, Y.W. (2011). Once a NEET always a NEET? Experiences of employment and unemployment among youth in a job training programme in Taiwan. *International Journal of Social Welfare, 20,* 33-42.
Hagquist, C. (1998). Youth unemployment, economic deprivation and suicide. *Scandinavian Journal of Social Welfare, 7,* 330-339.
Hammer, T. (2007). Labour market integration of unemployed youth from a life course perspective: the case of Norway. *International Journal of Social Welfare, 16,* 249-257.

Isengard, B. (2003). Youth unemployment: Individual risk factors and institutional determinants. A case study of Germany and the United Kingdom. *Journal of Youth Studies, 6(4),* 357-376.

Contact details: Yu-Wen Chen, Professor, Associate Dean of College of Social Sciences, National Taiwan University, Department of Social Work, Address: No 1, Section 4, Roosevelt Road, Taipei, Taiwan 106, E-mail: yuchen@ntu.edu.tw, Tel. +886 2 33661259.

Feeling Different: The meaning of origin for international adoptions in Germany
Stefanie Sauer

Keywords: fragmentation of parenthood, origin, identity development of internationally adopted children, bicultural adoptive families in Germany

Background
In Germany, international adoptions are discussed controversially both among experts as well as in politics. Especially the impact of the adoption on adoptive children's lives and their opportunity of a favorable identity development are assessed differently.

On the one hand, international adoptions are considered to be an effective support for abandoned children in the so-called Third World. On the other hand, experts point to the risks of international children trafficking and the dubious practice of self-organized adoptions abroad, which is still allowed in Germany. However, there is a lack of empirical studies and valid data in regards to the situation of families who adopt a child abroad. In Germany, there are no reliable and significant analyses concerning the development of these families and the relationship between adoptive parents and their adopted children.

The author introduces results concerning the course of international adoptions in Germany. A special focus is set upon the meaning of the child's birth parents and their country of origin for the development of internationally adopted children in Germany. Therefore, the present study is an important step to close this research gap and contributes to the discussion about the chances and risks of international adoptions.

Objectives
The research project «Courses of International Adoptions» was a cooperative project with the German office of the International Social Service (ISS) to investigate different courses of international adoptions and to gain new insights about detrimental as well as favorable influences on a positive course of adoption.

Thereby, this research project was set out to answer the question which factors affect the development of stable parent-child-relationships and the favorable development of identity of the adopted children. Associated with this question was a special focus on the requirements of the different biological and cultural origins of the adopted children for the adoptive parents and the children themselves.

Finally, the results serve to expose which kind of professional support adoptive families need for the integration of the adopted children in their adoptive family and the German society.

Methodology

The study follows a triangular qualitative research design, which incorporates multiple perspectives and subjective experiences on the research question of determinants for the growth of a stable parent-child-relationship and for the development of the adoptive child's identity in international adoptions.

During the first part of the research process, 17 qualitative expert interviews with professionals of state and non-state adoption agencies in Germany as well as with experts working with international adoption (i.e. psychologist and administrative officials) were conducted. Thereby, institutional conditions and professional positions were investigated. Then, the subjective interpretations, experiences, and needs of the adoptive parents and adopted children were captured by qualitative interviews (Witzel, 2000). Altogether, 29 adoptive families and four grown-up adoptees were interviewed.

In order to cover a wide range of different courses of international adoptions, families which differ in relation to the age of the children at the point of time of the adoption as well as the duration of the adoptive relationship were recruited as participants. Therefore, scientific findings about the development of the children and the parent-child-relationship in different phases of the adoption and their correlations were expected. The age of the adopted children at the time of the adoption ranged from three weeks to eight and a half years. The adoptions lasted from four months to more than 18 years at the time of the interviews. Furthermore, it was important that the adopted children came from various countries, i.e. India, Thailand, Vietnam, Mali, Ethiopia, Brazil, Russian Federation, Bulgaria, Belarus, Colombia, Burkina Faso and Mongolia.

The setting of the interviews and the participation of the children were left in the hands of the families. The families decided whether the children were involved or not and whether they talked to the researchers alone or accompanied by their relatives. Separated interviews with parents and children were preferred to give the children the opportunity to express their own opinion. This setting could be realized in most families. The majority of the adopted children were interested in the questioning, which made it possible to interview 20 children in individual interviews or together with their siblings. Three children wanted to conduct a family interview. The interviewed children were of the age of five to 19 years.

Due to organizational issues or as the result of the parents' separation, the participation of adoptive fathers could not be realized in every family. Therefore, in seven cases the adoptive mothers were interviewed alone and in 22 families the interviews were conducted together with the adoptive parents.

All interviews were designed as problem-focused interviews (Witzel, 2000). First, the interview partners were brought into a self-determined narrative continuity by an open topic-specific initial question. In this process, the interview partners developed subjective interpretations concerning the research questions. Thereafter, the interviewers asked questions about topics which were identified as significant in advance but were not brought up in the self-presentation. In general, this approach applied equally for all

interviews. However, to observe the age-related level of development, the interviews with preschoolers and schoolchildren until about ten years were designed more game-based.

The data evaluation was conducted according to Philip Mayring's method of qualitative content analysis (Mayring, 2000). Hereby, similarities and differences in experiences and perspectives of all interviewed participants were contrasted and different strategies interacting with the special challenges of international adoptions were identified. Further, influencing factors for a successful parent-child-relationship and a positive identity development of the internationally adopted child were identified.

Key findings

Most internationally adopted children are affected by health burdens and have to cope with the separation from familiar people and their country of origin. Adoptive parents must support their adoptive child in coping with the particular challenges connected to an international adoption. The majority of adoptive parents have a high degree of sensitivity for attachment processes. Hereby, the development of stable parent-child-relationships in adoptive families is enabled (Keller, 2011).

However, the favorable development of the adoptee's identity between two families and two cultures is directly associated with the strategies of the adoptive parents handling their special status as an adoptive family. Most adoptive parents stated that they deal with this special status openly.

Relating to the biological and cultural origin of the child, many families however developed strategies, which are contradictory to the professional standards of adoption agencies as well as the needs and rights of the respective child. Adoptive parents often trivialize the meaning of the biological prehistory of their adopted child. They also neglect the meaning of the birth parents as well as the country and culture of origin for the child's development. In this context, the handling of missing information regarding the child's birth parents and the beginning of the child's life history is particularly tenuous. This also applies to experiences concerning racism and discrimination due to a different outward appearance than the majority in Germany. While the specific situation as an adoptive family seems to be without any problems for the most adoptees, many children reveal issues in the reactions of their social environment (e.g. classmates) concerning the visible difference between the parents and the child as well as between the German majority society and the child as a member of a minority group. Surprisingly most parents do not know about these conflicts of their children. Thus, the development of identity and the question of origin and belonging appear to be difficult and ambivalent for many adoptive children.

Conclusions

Adoptive parents of internationally adopted children in Germany only receive limited professional support during and after the adoption.

In order to guarantee the child's welfare, parents require professional counselling and advisory services which are sensitive to diversity, fulfill the child's needs to learn about its biographical history, and integrate multiple experiences from the country of origin as well as from Germany (Tomasello, 2016).

Adoptive parents need support in order to adequately decode the meaning of different cultural heritage for their adoptive child and their development as a bi-cultural

family. Further, parents require help to support their adoptive child's self-understanding and self-acceptance as a child with double parenthood *and* cultural affiliation to contribute to an integrated self-concept of the adoptive child.

Main references

Keller, H. (2011). *Kinderalltag. Kulturen der Kindheit und ihre Bedeutung für Bindung, Bildung und Erziehung*. Berlin/Heidelberg: Springer.

Keller, H. & Otto, H. (2012). *Bindung und Kultur*. Nifbe Themenheft no. 1, Nifbe.

Mayring, P. (2000). *Qualitative Inhaltsanalyse. Grundlagen und Techniken*. Weinheim: Deutscher Studienverlag.

Tomasello, M. (2016). Cultural Learning Redux. *Child Development, 87(3),* 643-653.

Witzel, A. (2000). Das problemzentrierte Interview. *Forum Qualitative Sozialforschung Social Research, 1(1),* doi: http://dx.doi.org/10.17169/fqs-1.1.1132.

Contact details: Prof. Dr. Stefanie Sauer, Evangelische Hochschule Berlin, Teltower Damm 118-122, 14167 Berlin, Germany, E-mail: stefanie_sauer@web.de, Tel. +49 (0)157 51100760.

Awareness and implementation of children's participation rights in Hong Kong

Anna Hui, Elaine Au Liu, Sally Lam and Diego Busiol

Background

Children are often regarded as future leaders of the world and yet they are also a vulnerable group of individuals whose rights a civilized society should be able to protect. But recent studies from Hong Kong showed that children's rights to participate might often be surpassed by their parents' expectations to succeed (Hong Kong committee on children's rights, 2012).

This raises some concern about children's rights of expressing their opinion and having their voice heard, as a right for self-determination (Cherney & Shing, 2008). According to the ladder of participation of Hart (1999 & 2008), the highest level of participation allows children to have the ideas, set up their own projects and come to adults for advice, discussion and support. Since children spend a consistent amount of time at school, teachers and social workers may give a major contribution in promoting children's rights (Mason & Bolzan, 2010). The lack of current data about how local teachers and social workers see children's rights, if and how they promote it in their practice captured researchers' attention.

Objectives and methodology

The objectives of the current study are two-folded, firstly to investigate the awareness and understanding of child participation and rights among teachers and social workers in Hong Kong; secondly to identify good practices in promoting child participation in schools and NGOs.

The study adopted both quantitative and qualitative methods in research design. Participants included 331 teachers (77%) and 99 registered social workers (23%) by using convenience sampling and received 430 completed questionnaires. We will mainly focus on the findings of the quantitative study.

Key findings

A significant difference was found between social workers and teachers with the former group that could correctly indicate the origin of the concept coming from «The Convention on the Rights of the Child» (CRC). 81.9% of respondents have never received any professional training in terms of the implementation of children's participation rights. Social workers reported having significantly higher confidence and knowledge in helping children to implement participation rights in community participation, religious belief, and political participation compared with teachers. Over 70% of respondents further elaborated that the provision of professional training to adults, such as parents, teachers and social workers was the most important element to help implement children's participation rights. Social workers accepted significantly more children's advice when participating in the design and implementation of service and activity compared with teachers. Social workers agreed significantly more with the capability in children compared with teachers.

Conclusions

Based on the findings from the current study, social workers have flexibly exercised their gatekeeping authority and respect children rights more than teachers do.

The former group tended to use different strategies to enable children to get access to the right to participation, the latter are more normative due to their profession as they tend to transfer knowledge to students and contribute to create their opinion. But child participation can be promoted in Hong Kong in several ways by setting up a Children's Commission, integrating Child Rights education and the CRC into the curriculum of school education and the training of pre-service or in-service child-related professionals as well as sharing good practices of meaningful child participation with the community in a continuous way.

Main references

Cherney, I.D. & Shing, Y.L. (2008). Children's nurturance and self-determination rights: A cross-cultural perspective. *Journal of Social Issues, 64(4),* 835-856.

Hart, R.A. (1999). *Children's participation: The theory and practice of including young citizens in community development and environmental care.* New York: UNICEF.

Hart, R.A. (2008). Stepping back from 'The Ladder': Reflections on a model of participatory work with children, In B.B. Jensen, and J. Nikel (Eds.), *Participation and learning: developing perspectives on education and the environment, health and sustainability* (pp. 19-31). Netherlands: Springer.

Mason, J. & Bolzan, N. (2010). Questioning understandings of children's participation: Applying a cross-cultural lens, In B. Percy-Smith, and N. Thomas (Eds.), *A handbook of children and young people's participation: Perspectives from theory and practice* (pp. 125-132). New York: Routledge.

The Hong Kong Committee on Children's Rights (2012). *NGO report of the Hong Kong Special Administrative Region under the Convention on the Rights of the Child.* Hong Kong: The Hong Kong Committee on Children's Rights.

Contact details: Anna Hui, Associate Professor, Department of Applied Social Sciences, City University of Hong Kong, Tat Chee Avenue, Kowloon, Hong Kong, Tel. +852 34428260, E-mail: annahui@cityu.edu.hk

Authors in alphabetical order

Ainsworth Frank, School of Social Work and Community Welfare, James Cook University, Australia

Au Liu Elaine, Department of Applied Social Sciences, City University of Hong Kong

Baginsky Mary, King's College London, Social Care Workforce Research Unit, London, United Kingdom

Baldwin Helen, Department of Social Policy and Social Work, University of York, United Kingdom

Barbero Vignola Giulia, Fondazione Emanuela Zancan onlus, Italy

Beretta Gemma, NATUR&-Onlus, Italy

Berti Chiara, University Gabriele d'Annunzio of Chieti-Pescara, Italy

Biehal Nina, Department of Social Policy and Social Work, University of York, United Kingdom

Borenstein Juliette, La Trobe University, Australia

Brandon Marian, Centre for Research on Children and Families, School of Social Work, University of East Anglia, Norwich United Kingdom

Busiol Diego, City University of Hong Kong

Cammal Marie, Founder/ Regional Country Director, Cambodia & Laos, Sok Sabay

Canali Cinzia, Fondazione Emanuela Zancan onlus, Italy

Chan Christine, Social Welfare Department, Hong Kong

Chan Chung-Ming, Social Welfare Department, Hong Kong

Chen Honglin, Department of Social Work, Fudan University, China

Chen Yu-Wen, College of Social Sciences, National Taiwan University, Department of Social Work, Taiwan

Cheng Shengli, Department of Social Work, Shandong University, China

Chew Linda, Clinical Psychology Unit 4, Social Welfare Department, Hong Kong

Chim Karen Ki-wing, Hong Kong family welfare society, Hong Kong

Chow Man-kit Keith, Hong Kong Expressive Arts Therapy Service Center

Chun Chou Hung, Changhua County Government Department of Social Affairs

Clifton John, Centre for Research on Children and Families, School of Social Work, University of East Anglia, Norwich United Kingdom

Cusworth Linda, Department of Social Policy and Social Work, University of York, United Kingdom

Cwikel Julie, The Spitzer Department of Social Work, Ben Gurion University of the Negev, Beer Sheva, Israel

Di Fabio Fiorinda, A. Murri Provincial Hospital of Fermo, Italy

Erkki Antero Hämäläinen Juha, Department of Social Sciences, University of Eastern Finland, Finland

Faircloth Doug, Verso Consulting Pty Ltd, Australia

Fernandez Elizabeth, School of Social Sciences, University of New South Wales, Australia

Frederico Margarita, La Trobe University, Australia

Freitag Raelene, Manager of International and Special Projects, National Council on Crime and Delinquency, Madison, Usa

Gilligan Philip, Department of Social Work and Social Care, University of Bradford, United Kingdom

Grietens Hans, Centre for Special Needs Education & Youth Care, University of Groningen, the Netherlands

Gyamfi Jones-Adu, Department of Social Work and Social Care, University of Bradford, United Kingdom

Hansen Patricia, Hansen Legal, Australia

Harder Annemiek T., Faculty of Behavioural and Social Sciences, University of Groningen, the Netherlands

He Mingjie, School of Public Administration, Sichuan University, China

Hietamäki Johanna, National Institute of Health and Welfare, Finland

Ho Tsz-mei Rita, Causeway Bay Integrated Family Service Centre, Social Welfare Department, Hong Kong

Huang Yu Hsuan, Changhua County Government Department of Social Affairs

Hui Anna, Department of Applied Social Sciences, City University of Hong Kong

Ibrahim Habibie, Faculty of Psychology & Education, Universiti Malaysia Sabah, Malaysia

Johnson Sally, Department of Psychology, University of Bradford, United Kingdom

Kam Ni, Hong Kong Children & Youth Services, Hong Kong

Kim Yeong-Hee, Department of Child Welfare, Chungbuk National University, Korea

Koo Ngar-shan Alice, Rotary Family Service Centre, Singapore

Kwok Sylvia, Department of Applied Social Sciences, City University of Hong Kong

Kwok Tsz-ying, Social Welfare Department, Hong Kong

Lai Kelly, Department of Psychiatry, The Chinese University of Hong Kong

Lai Wong Suet Wing, Hong Kong Family Welfare Society, Hong Kong

Lam Sally, Department of Applied Social Sciences, City University of Hong Kong

Lam Tze Yan, Rowdget W Young & Co, Hong Kong

Lau Yuk King, Hong Kong Family Welfare Society, Hong Kong

Lee Charrix Shuk-yee, Hong Kong family welfare society, Hong Kong

Lee Vincent W.P., Department of Applied Social Sciences, The Hong Kong Polytechnic University

Leipoldt Jonathan D., Department of Special Needs Education and Youth Care, University of Groningen, the Netherlands

Leong Fu-king Bonnie, Hong Kong Children & Youth Services, Hong Kong

Leung Kim, Tuen Mun Children and Juvenile Home, Social Welfare Department, Hong Kong

Leung Parry, Department of Social Work and Social Policy, China University of Political Science and Law

Li Wai-chong Janet, Hong Kong Expressive Arts Therapy Service Center, Hong Kong

Liu Ying, School of Public Administration, Guangzhou University, Guangzhou, China

Lo Julia W.K., Department of Social Work, The Chinese University of Hong Kong

Lo Shun-pan, Social Welfare Department, Hong Kong

Long Di, Key Laboratory of Mental Health, Institute of Psychology, Chinese Academy of Sciences, Beijing

Lowrie Emma, Centre for Early Child Development, Blackpool Better Start (NSPCC), United Kingdom

Luk Ada Yuet-wai, Hong Kong family welfare society, Hong Kong

Ma Lai Chong Joyce, Department of Social Work, The Chinese University of Hong Kong

Man Jonathan Chun-nok, Hong Kong Expressive Arts Therapy Service Center, Hong Kong

Manthorpe Jill, Social Care Workforce Research Unit, King's College London, United Kingdom

McLean Sara, Australian Centre for Child Protection, University of South Australia

McNamara Patricia, Department of Social Work, University of Melbourne, and Department of Social Work and Social Policy, La Trobe University, Australia

Miettinen Janissa, Department of Social Sciences, University of Eastern Finland

Montserrat Carme, Faculty of Education and Psychology, University of Girona, Spain

Mordish Volk Nirit, The Spitzer Department of Social Work, Ben Gurion University of the Negev, Beer Sheva, Israel

Moriarty Jo, Social Care Workforce Research Unit, King's College London, United Kingdom

Nan Joshua, Department of Social Work & Social Administration, the University of Hong Kong

Ng Tsui Ping, Hong Kong Young Women's Christian Association Family Wellness Centre, Hong Kong

Nozawa Shinji, Department of Sociology, Meiji Gakuin University, Tokyo, Japan

Petrelius Päivi, National Institute of Health and Welfare, Finland

Philip Georgia, Centre for Research on Children and Families, School of Social Work, University of East Anglia, Norwich, United Kingdom

Pölkki Pirjo, Department of Social Sciences, University of Eastern Finland

Poon Maggie, Social Welfare Department, Hong Kong

Potì Silvia, University of Salento, Italy

Pun See Ngar Christina, Hong Kong Young Women's Christian Association Family Wellness Centre, Hong Kong

Ramsay Sylvia, School of Human Services and Social Work, Griffith University, Australia

Ren Guoying, School of Ethnology & Sociology, The Minzu University of China

Rimehaug Tormod, Kayed Nanna S., Department of Mental Health, Norwegian University of Science and Technology, Norway

Sauer Stefanie, Evangelische Hochschule Berlin, Berlin, Germany

Shih An-Ti, Department of Social Work, National Taipei University, Taiwan

Shum Wing Yan, Hong Kong Children & Youth Services, Hong Kong

So Lap-yi, Hong Kong Expressive Arts Therapy Service Center, Hong Kong

Spath Robin, Ph.D., Consultant, Singapore

Suen Suk Yin Christina , Hong Kong Family Welfare Society, Hong Kong

Tang Chi-shan Canna, Hong Kong Expressive Arts Therapy Service Center, Hong Kong

Thoburn June, University of East Anglia School of Social Work, United Kingdom

Tilbury Clare, School of Human Services and Social Work, Griffith University, Brisbane, Australia

Tolttila Arja , Municipality of Mäntsälä, Finland

Tsang Ngan-tung Stone , Hong Kong Children & Youth Services, Hong Kong

Tyrrell-Smith Rachel, Centre for Early Child Development, Blackpool Better Start (NSPCC), United Kingdom

Vecchiato Tiziano, Fondazione Emanuela Zancan onlus, Italy

Vornanen Riitta, Department of Social Sciences, University of Eastern Finland

Wade Jim, Department of Social Policy and Social Work, University of York, United Kingdom

Wai Coky, Department of Applied Social Sciences, City University of Hong Kong

Wang Yueh, Department of Social Work, National Taiwan University

Wong Jane King-lai, Social Work Consultant, Hong Kong Family Welfare Society, Hong Kong

Wong Lai Cheung, Department of Social Work, The Chinese University of Hong Kong

Wong Mei Ching Mooly, Department of Social Work, the Chinese University of Hong Kong

Wong Yu-cheung, Department of Social Work, The Chinese University of Hong Kong

Xia Lily, Department of social work, The Chinese University of Hong Kong

Yuan Rhea, Department of Social Work, The Chinese University of Hong Kong

Zeira Anat, The Hebrew University of Jerusalem and Haruv Institute, Jerusalem, Israel

Zhao Fang, Department of Social Work, Fudan University, China

Zhu Chenhai, Department of Social Work, Fudan University, China

Conference organizers

International Association for Outcome-based Evaulation and Research on Family and Children's Services (iaOBERfcs)
Constituted on June 25 2003, iaOBERfcs aims to promote cross-national research and comparisons on theories, methods and techniques for outcome-based evaluation and research, to facilitate the exchange of experiences and knowledge on these subjects through meetings, seminars and international workshops and using publications and sharing knowledge through the web, to conduct research and studies on outcome-based evaluation, to disseminate the findings of research and experimentation.
iaOBERfcs pursues its aim by organizing seminars and conferences and by publishing books and journals. iaOBERfcs organizes an annual international conference that has always been held in Europe, such as Padova in 2014, Malosco in 2015 and Oviedo in 2016. The Association is located in Padova at the Fondazione «E. Zancan» in Via Vescovado 66, www.outcome-evaluation.org

Family and Group Practice Research Centre (FGPRC)
Housed within the Department of Social Work, the FGPCR was inaugurated in 1995. The Centre focuses on development of clinical social work knowledge and the promotion of evidence-based practice research. It works particularly with Chinese populations in different contexts and communities, with an emphasis placed on intervention research (e.g., family therapy, multiple family group therapy, mindfulness group) for family centered care of family in distress (e.g., families of children with mental health needs, looked-after children and youths and maltreatment in parent-child relationship), family health and its linkage to individual well-being. The Centre aims at bridging the cultural gap between the East and the West, the Centre embraces the vision of becoming a leader in knowledge development and the advancement of culturally unique and socially relevant clinical social work practices so as to enhance social work development in Chinese societies, which in turn will benefit our service users.

Fondazione Emanuela Zancan onlus Research Centre
The Fondazione Zancan (Foundation) was founded in 1964 in the memory of a social worker Emanuela Zancan, assistant manager at the School for High Studies in Social Services. Since 1964 the Fondazione has been running relevant research activities on social themes, and nowadays it is listed among the most relevant cultural institutions. In 1983 obtained legal recognition with a decree of the President of the Italian Republic and also officially acknowledged by Veneto Region where it is located. The Fondazione is in the list of no-profit institutions, running research activities of relevant social interest and it collaborates with national and international organisations, in 2 main areas:
- Professional and inter-professional practice aimed at defining new interventions for the social, health and educational services and addressing unresolved issues in the field;
- Planning, organising and managing social, health and integrated services in order to improve organisational models and promote quality and greater effectiveness.
The Fondazione Zancan is located in Padova, North East of Italy, www.fondazionezancan.it