

Finding the best way to work with children and young people: Good engagement and giving them a voice

*Jackie Williams, Stacey Simmers, Craig Hughes and Asenati Toilolo (and Joshua, Aundrea, Jaymae, and Beyonce*¹)*

Abstract

Frontline Child, Youth and Family social workers discuss the meaning and reality of engagement with young people. This key skill encompasses such strategies as allowing a young person to speak for himself, understanding the specific needs of the young person, and exploring ways of engagement and participation with the young person.

In anticipation of an edition of Social Work Now focusing on how to bolster children and young people's participation, we² asked Child, Youth and Family staff for their examples of how they work with children and young people. Relationship building and engagement are key social work skills, but they are also the foundation of providing opportunities to children and young people to have a voice and participate. This article provides the stories of four innovative approaches to providing children and young people with a voice or engaging them, and what young people have to say about it.

Vignette 1 – Utilising the power of a young person's voice

The first example is from Jackie Williams, a youth justice social worker in the South Island and a young person she was working with named Joshua (a pseudonym). As a result of Joshua's family group

conference (FGC) plan, Jackie asked if he would be willing to write about his experience of having attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) to help raise awareness about both disorders, to help others better understand him and to build his confidence in writing. The timing coincided with the lead up to Mental Health Awareness Week, and Jackie asked Joshua if he might like to write something that could be published in the local paper. Joshua stood up to the challenge and wrote a very moving and effective account of his experience, which was a powerful tool for informing those who attended the FGC to better understand his behaviours and his point of view. The following is the letter Joshua wrote for his FGC. He has some profound messages for those working in the helping professions.

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How it is to have ADHD

ADHD (Attention deficit hyperactivity disorder) and ASD (autistic spectrum disorder) are conditions found mainly in youth and are mostly diagnosed in childhood. I live with these conditions daily. Some of the ways in which I am affected are that I have to take medication, and every six months I have to have meetings with psychologists.

When I was younger I would have trouble understanding people's emotions. I find it difficult to read non-verbal cues, like body language and people's facial expressions. When I

¹ Pseudonyms

² The editors of Social Work Now

was younger I wouldn't know when people were taking the piss. As I've gotten older I've learned to emulate people's emotions and expressions and have learned to understand people's feelings better. Although I don't notice a difference in my behaviour others do, and because they don't know/understand it makes things difficult for me. Some teachers understand I'm a bit different and some don't believe it because it is not physical or verbal which means I don't walk or talk differently. And because people don't understand that I'm different it often results in them not liking me or being bullied.

Sometimes I do bad stuff because I have trouble thinking things through beforehand or don't think of the consequences at all. When this happens I get in trouble and I feel unhappy. Sometimes I get varying levels of anxiety which can result in having trouble sleeping because I'm worrying about things. Some of my fears are irrational fears. That means thinking about stupid things that wouldn't/couldn't happen but I worry about them anyway.

Over the years we've tried a variety of places to get help. I've had to deal with meeting lots of people; having heaps of meetings; and lots of tests. People say a lot of empty words and say stuff will happen to help me, but it never does. This makes me feel frustrated and like I've wasted heaps of time. I would like it if they did what they said they would and I could get more help. It is always hard to ask for help but it is worse when you ask for help and no one does.

I hope that I can finish my education with the little bit of help and understanding I need.

I have spent heaps of time on this. Hope you like it :-)

Vignette 2 – What participation and engagement means

The second vignette is by Stacey Simmers, a care and protection social worker from the North Island, and three of the young women she works with. We

were given positive feedback about the natural way Stacey engaged with young people. When we approached Stacey to see if she could write a brief article, she immediately identified some of the young people she works with and asked them to help her put this paper together. This illustrates how young person-centred Stacey is. After her conversations with Aundrea, Jaymae and Beyonce (pseudonyms), she composed the following piece. It is often difficult to articulate the intangible mechanisms of good relationship building, but Stacey, Aundrea, Jaymae and Beyonce provide us with some brilliant

insight into how young people like to be treated in order to build lasting trust.

Aundrea, Jaymae and Beyonce are three girls; Aundrea is aged 12 and the twins are 15. They have been in Child, Youth and Family care since May 2007. Since April 2008, they have been living with non-kin caregivers after attempts to return home or to find a whānau placement failed. The goal for them is progression towards independence. Over the years they have had about seven social workers. Prior to writing this, I spoke with Aundrea, Jaymae and Beyonce to get their view on what participation and engagement is, what it means to them, and what they have liked and disliked about social work approaches. From this conversation, three themes arose: listening, including, and doing things together.

What does participation mean?

It means including yourself, joining in, playing as a team.

What does engagement mean?

It means being together, joining in and engaging in activities.

For me as a practitioner, listening is important as it allows me to get to know the girls and for them to know that I am interested in and value what they have to say. Relationship building is about listening in an understanding, responsive, relaxed and encouraging way that encourages them to feel

comfortable in my presence and more willing to talk candidly about the issues that are important for them. Listening in this way also gives a sense of control back to them, by giving them the power to steer the direction of the conversation. For these three girls, listening in this way made them feel comfortable, made it easy for them to express their feelings, made them feel like their opinion was being heard, and made it easier for them to communicate with me.

The second theme they highlighted was 'being included'. Listening is a key precursor to being included because you cannot include a person in an effective way unless you know what it is to include them about. Again, valuing what they have to say and giving control back to them are important elements in ensuring they feel included. 'Including' was identified by the girls as being an important element to both participation and engagement. Recently the twins found themselves in trouble and planning meetings were held to help rectify the situation. In reflecting back about what happened, they felt that it was important that they were part of the meetings, that what they said was taken into consideration, and that they were given chances and opportunities to make changes.

If you were participating with your social worker what would you be doing?

We would be doing activities, like eating ice cream! She would be talking to me, including us and we would be working together.

If you were engaging with your social worker what would you be doing?

We would be being friends, building a relationship and connecting.

The last theme identified was 'doing things together'. This can be as simple as going and getting an ice cream, going for a walk in the park, or dropping the girls off at soccer practice. Doing things such as this is part of the ongoing maintenance of the relationship and demonstrates that you care.

Aundrea, Jaymae and Beyonce also said that they felt more comfortable when social workers had a

nice voice, a nice personality, and a good vibe. The one thing that they did not like was changing social workers when they had become used to them, and the changeover of social workers. They think this could be made better by having a visit with their old social worker and their new social worker where they can all get to talk. This process that they have described is part of best practice but is obviously not occurring as it should.

In conclusion, these three girls have a clear understanding of the elements and qualities they like in social workers. A clear example of engagement and participation was highlighted by Beyonce when she was asked to give an example about what makes good engagement and participation, she said "Right now, what you are doing now". This shows how important it is to listen, to include and to do things together.

What are your likes and dislikes when working with your social worker?

We like a social worker who has a nice personality, is cool to talk to, is understanding, goes to the park or to get ice cream and makes us feel comfortable. We like it when our social worker lets us talk and our opinion is heard. It is good when our social worker talks in a fun way, has a nice voice – that is not angry, mean or scary and when they have a good vibe and can become friends and not strangers. This makes it easier to communicate.

For example you made us milos, showed us where the kitchen was and told us to help ourselves. Also last term you gave us a chance and an opportunity, included us in the meetings, took in what we said. Listening to us now [for this article] made us feel included, writing down what we are saying and being understanding.

We don't like it when we have to change social workers after just getting to know them. Or not meeting the new social worker with the old one – it would be easier for us if the old social worker and new social worker got to talk and introduce us. It's good though if we get sick of the old social worker!

Vignette 3 – Understanding the individual needs of each young person to get the best outcome

The third vignette in our series is by Craig Hughes, a youth justice social worker in the residences in the South Island. Craig was recommended as a good person to ask to take part in this edition on children's participation. When we first asked Craig to contribute, he was not sure what he could write about because building relationships with young people was just something he did and he said it was dependent on the individual needs of each young person. We asked Craig to write an article based on what advice he would give to new social workers about responding to those individual needs, particularly where young people are presenting as difficult to engage. This is precisely what he has done. Using the example of David, a young person Craig works with, this article outlines how, with perseverance, he was able to break down the barriers and form a good working relationship with David.

To get some children and young people to engage and work with you as a newly introduced social worker requires an eclectic set of skills. As social workers, we all know the importance of listening, empathy and applying strengths-based practice to our young people and their families and whānau. However, it is important to recognise those clients that initially may need more intensive input. Typically, those clients will benefit from your dedication and effort. I am often told by other professionals and families that it is good to have a social worker involved with a young person. There are usually a couple of reasons for these comments, but the most important is that they often see social workers as the main change agents to help 'fix' or solve their young person's issues.

The young person I have chosen as a case study is David (a pseudonym). David is now a 16-year-old with no criminal convictions but who had previously come to the attention of the police. He was reluctantly involved with his mental health provider and not attending school. In fact, when

I met with David he had been stood down from his school nine times in six months because of his verbal abuse and threats towards teachers and students.

David has been diagnosed with ADHD, anxiety, and attachment disorder. Although he has supportive parents and grandparents, he was not able to live in the family home due to his aggressive behaviour towards his mother and her partner. David was in the custody of the Chief Executive of Child, Youth and Family. At the time I became involved with his case, David had been charged with assault with a weapon on his caregiver. He had been temporarily placed back with his grandmother as no other suitable placements were available for him.

My first meeting with David was one week before he was due to have his youth justice family group conference (YJ FGC). Prior to meeting with David, I had met with his mental health social worker and his support person from Group Special Education in order to gain some information on his history.

I met David at his home along with his grandmother and her partner. In my opinion it was critical to ensure that David and his family were able to ask as many questions about my role, what their expectations were and how best we could all achieve the goals set. The sharing of information between everybody at this point is vitally important. It was critical that David and his family were clear on possible scenarios (in terms of consequences for his offending and understanding the YJ FGC process) and what I also expected of them.

During this first meeting David would not make eye contact with me and continued to play games on his computer during my visit. I wasn't too bothered about David's lack of wanting to be involved at this point as I had learned from the other professionals that this is often how David handled meeting new people and that although he would not look at me, he would be listening to what I was saying.

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My next meeting with David was at his YJ FGC. He was able to cope with this process well. I believe that this occurred because he was aware of the process and the advantages he would gain by contributing to it. Again this was around making sure he was fully informed of the process around the YJ FGC. This was made clear to him by me and by the YJ FGC co-coordinator previously.

It was clear from the YJ FGC that David had a number of care and protection issues that needed to be addressed urgently, along with his offending that was mainly to do with his anger.

While David agreed to his plan, he was reluctant to meet with other professionals around his anger and schooling. The pressure at home on David's grandmother was also taking its toll as he was refusing to leave the home. He would rather play on the computer or PlayStation.

In order to relieve some of the pressure on the family home, a resource worker was employed for four hours a day to get David out of the home and engage him in some proactive activities. Through this process I learned that he was a keen movie addict and that he enjoyed fishing and mountain biking, and of course McDonald's. This was the catalyst to moving forward on David's plan, setting some goals, and playing to those strengths that would hopefully result in a successful outcome for David.

I made an agreement with David that I would initially meet with him once a week, until I was sure that he was keeping agreed appointments and discussing any issues he had. If he kept on task then I agreed to have at least one of our meetings in the next fortnight at McDonald's. David was aware that I had made this plan with the agreement of his family and the other professionals involved with him. David had asked me if I could take him to his first appointment with his anger management counsellor. I agreed to this as David's anxiety would play a major part in any future engagements with other professionals. I ended up attending a number of meetings with David to help with his anxiety and after a while

he began to trust the people he was working with and to accept my assurance that it was OK for him to go on his own.

While David required a considerable amount of my time to start off with, I believe that without this initial input his progress would not have been as successful. I had the support of my supervisor who understood David's needs, and I was still able to manage the other young people on my caseload.

As time progressed, I gradually spent less and less time with David. He was confident enough to attend appointments on his own and was even able to use the bus service to get himself around. David also re-engaged with an alternative education programme (AEP) until he turned 16 years of age. AEP were also able to help David find full-time employment. While this was going on, David also completed his YJ FGC plan and received a discharge without conviction from the Youth Court. David's success with his plan has also

had a follow-on effect with his placement at his grandmother's. David's grandmother has also learned new skills and has a grandson who is lot happier.

The challenge for me when working with young people who are particularly difficult to engage with is making sure that you involve as many family/whānau members and professionals as possible to make sure that you are able to share important and relevant information. Without this support, and most importantly the 'buy in' from the young person, you will struggle right from the start. It is important that the young person is fully informed of what is required of them, which means you need to double-check that they understand and that they are clear on the boundaries and limitations you have as a social worker.

All young people I have worked with require different levels of input or attention. Some are quite capable of completing tasks and goals set for them with minimal support. Others, like David, who have more complex needs, require more intensive monitoring and input. However, the

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rewards of seeing the positive changes for that young person are more than satisfying.

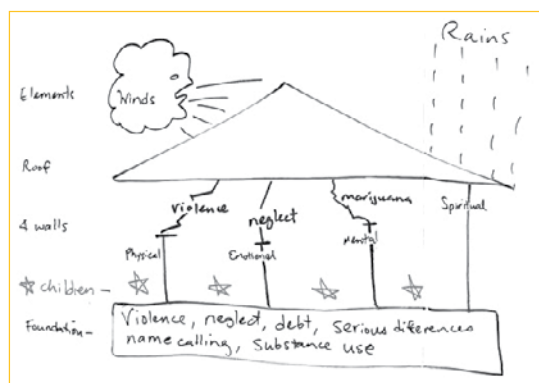
Vignette 4 – Picture the children in the Family Group Conference

Our final instalment of vignettes that showcase engaging children and young people and providing them with a voice is provided by Asenati Toilolo, a care and protection coordinator in the North Island. We were sent an email highlighting the fantastic work a South Island social worker and Asenati Toilolo had done on preparing for and holding an FGC for some children who were relocating. Intrigued by the case, we asked Asenati to write it up for this edition of *Social Work Now* and luckily she agreed. Asenati provides a synopsis of how she illustrated to the family at the FGC what was happening for the children and what the consequences would be if change was not made. She uses Mason Durie's *Te Whare Tapa Whā* model to great effect.

Following the February 2011 earthquake in Christchurch, a family of four children were being relocated to the North Island. They had an eight-year history with Child, Youth and Family. Some of the concerns included domestic violence, substance use/abuse, transience, and neglect, to name a few. Over the eight years, many attempts to address these concerns were made but none were sustained. The FGC was another intervention by Child, Youth and Family to address the chronic issues, but this time we needed to do something a little bit different if we wanted to see a lasting change.

To put the children at the centre of the FGC, I often use an illustration to summarise the ongoing worries. I generally use an adaptation of the holistic health model created by Mason Durie, *Te Whare Tapa Whā* (Durie, 1994). Using this model I am able to illustrate to a family the strengths and areas that need improvement in a way that is tailored for those who are visually literate. The model shows a house with four walls symbolising an individual's health, including psychological health (*Te taha hinengaro*), family health (*Te taha whānau*), physical health (*Te taha tinana*) and spiritual health (*Te taha wairua*).

Figure 1: The family whare, showing strengths and challenges to the structure



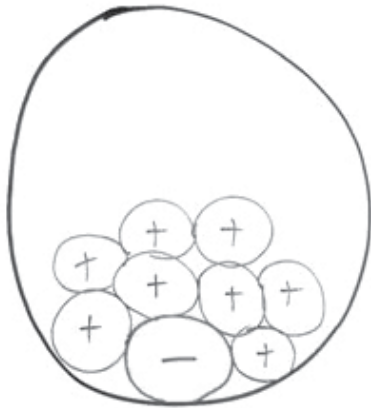
This family's house (whare) is shown in Figure 1.

These children's life is pictorially summarised with the foundation at the bottom, the children, the four walls, the roof and the elements. The concerns are written inside the foundation frame. The children in the house are symbolised by the stars. In this adaptation, the four walls depict the family's emotional, mental, physical and spiritual health. As shown in Figure 1, the mental, emotional and physical walls (straight vertical lines) do not reach the roof as marijuana, violence and neglect hinder the wall's structure. The spiritual wall touches the roof and appears to be the strongest wall holding the house up – the children are alive! It is easy to understand that one good wall will not sustain the roof when the winds and rains of life strike. This illustration helped the family to see that the opportunities for the children to grow, develop, and sustain their physical, emotional, mental and spiritual health were hampered while they lived in this house. Without attending to the structure of the house, this family will likely build a home like the one they already knew.

In an FGC, the next step is often to use another simple image to portray the impact on the children of different decisions. Figure 2 captures a sense of hope for the children and puts the issues into perspective.

The big circle represents the children's whole life. The small circles within it represent aspects of the children's life: the circles with plus symbols represents positive aspects of their lives and the

Figure 2: Circles representing the children's life



circles with minus symbols represent negative aspects of their lives. Without minimising the seriousness of the situation, the coordinator explains to the family that the FGC focuses on the circles with a minus symbol. To help the family realise the impact of the decisions they are making for the children, they are told they have two choices:

1. blow the negative circle up until it fills the big circle, or
2. allow themselves to up-skill and to accept the healthy supports, options and choices available so that they can begin to fill the children's life circle up with positive aspects.

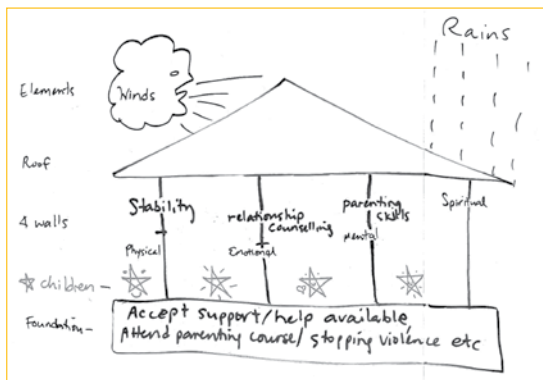


Figure 3: The family whare, reflecting positive change

The next step is usually to add another version of the house (whare) where positive change has been made. Figure 3 illustrates how the house and its foundation can be strengthened by adding positive things into the picture, for example, accepting support or help that is available, attending parenting courses, stopping violence, alcohol or drug use, etc. This is an interactive exercise and the family add what they want to the picture.

Lastly, for this family the emotional, physical and mental walls could be extended vertically until they reached the roof and the crooked lines could be removed to show what the FGC intended to occur in order for the children to achieve all their potential (four walls).

By the time a family goes into their family time, they are clear about the children's situation and the type of house they want their children to grow up in. This is often one with all the four walls touching the roof and holding itself up, despite the elements. I have found that families are much more likely to grasp what is being asked of them and what the concerns are in an FGC when we undertake this exercise. ■

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Jackie Williams is a Child, Youth and Family youth justice supervisor in Timaru.

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