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# Preface

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It is a fact of everyday work across the whole area of safeguarding children that many practitioners and managers struggle to engage clients who resist getting involved with services that the clients either need or have offered to them.

Yet, although there is clearly a need to improve concepts and strategies in work with such involuntary clients, insufficient attention has been paid in recent years to systematically developing innovations in working with them; and there has been very little theoretical and practice research activity geared to this end. This book has been written to make it easier for a wide range of people to take steps towards addressing this shortcoming.

## Who this book is for

This book is for all practitioners and managers – whether their expertise lies in care, welfare, education, justice, health or mental health – from any of the agencies involved in the wide spectrum of safeguarding children work, which includes child protection, children in need, domestic abuse and youth offending/justice.

It will also be useful for students on many courses – especially social work training at degree and PQ levels – and for Safeguarding Board trainers. It should also be appealing to government staff with responsibility for policy development or review.

## Their clients

For convenience, the term ‘clients’ is used here to describe the full range of all of the people, of all ages, with whom this full spectrum of safeguarding children agencies work.

This could include:

- **Children and young people** who have been abused or neglected.
- Those who could be at risk of abuse or neglect.
- Those whose behaviour may already be a concern because of its impact on others.
- Those whose behaviour is judged to be at risk of becoming so.
- Caring **parents** of children in any of the above circumstances.
- Abusive parents.
- Parents who are neglectful, for whatever reason, potentially including substance misuse or inexperience in the skills of parenting.
- Parents who are caring to their children but who are nevertheless violent to each other.
- Those who are victims of such domestic violence.

- **Foster or residential carers** who are in place of parents in any of the above circumstances.
- **Anyone else who abuses or neglects to safeguard a child or young person.** This could be another family member, someone working in a school or club, a neighbour, or even a complete stranger.

## Voluntary and involuntary clients

All of these clients range along a continuum from voluntary to involuntary.

At one end of the continuum are those **voluntary clients** who believe in the value and efficacy of professional services such as counselling, and who actively seek help in solving their problems and in achieving their personal goals. For example, parents may ask for assistance in dealing with tensions to avoid abusing their children; and substance abusers may voluntarily participate in counselling to reduce the frequency of their undesirable behaviours.

At the other end are those **involuntary clients** who not only are legally mandated to receive services but also do not wish to receive them. Those who are legally mandated include prisoners and other institutionalised clients in correctional and mental health settings. Other clients may be legally mandated by the courts to receive services but not be institutionalised.

In between the examples used above to illustrate these two clear-cut sets of circumstances, whether a client is voluntary or involuntary may vary:

- In relation to the **make-up of the client unit**. A worker's 'client' might be an individual, couple, family, or group. When there are two or more individuals in the client unit, one may be mandated to receive services and, thus or otherwise, be receiving services involuntarily; while the other person or people in the client unit may be receiving the same or other services entirely voluntarily. This difference depends on the degree to which they wish to participate in services provided. For example, in a family where sexual abuse or domestic violence is an issue, one or more family members may be mandated to receive services to help them stop their abusive behaviour; while others may voluntarily seek services, for example ones that help them to continue to provide care despite being badly affected by abuse themselves.
- **Over time**: a voluntary client may be involuntary on another day.
- **Depending on the service offered**: the same client may be 'voluntary' about some services that they consider desirable and 'involuntary' about others, which they consider undesirable, even from the same worker.

## How this book can help

The carefully selected and edited chapters in this book offer systematic and evidence-based approaches to the critical areas in work with all of these clients in the

full range of these circumstances. They are 'no-nonsense' approaches that will fit with practice wisdom and practice realities.

By exploring the range of problems facing professionals, coupled with frameworks and suggested strategies to attain better outcomes, they offer what for many readers will be innovative ways of enhancing their clients' motivation and helping them to change, not only in how they respond to services, but also in what they had been doing that caused the services to need to be delivered or offered.

Special attention is devoted to:

- Strategies for making and maintaining working relationships to achieve practice objectives with these clients.
- Examining the contemporary context of safeguarding children and the new considerations this brings.
- Links between risk assessment and involuntary clients as they are seen as two sides of the same coin.
- Examination of the emerging research and theoretical evidence-base in relation to this work linked to developing practice wisdom.
- Considering issues for the engagement of children as well as adults in the safeguarding process.
- Examining the importance of consent and coercion.
- Frameworks for understanding and working with motivation as well as resistance and change.
- Considering new approaches to working with involuntary clients across a range of settings.
- The risks to staff when clients respond to their involuntary status.
- The need to shift toward the engagement of men/fathers as well as women/mothers in the intervention process.

## **Experience, understanding and experimentation**

The authors of this book's chapters are drawn from a wide range of disciplines; practitioners and researchers; in different countries with different systems. Whilst their descriptions derive from their own practice base, workers will find many of the messages and suggestions transferable.

## **The aspirations of this book**

Many professional staff face a daily wall of resistance and barrage of uncaring feedback in the course of going about their work across the whole area of safeguarding children as well as their carers. It can become wearying and dispiriting.

If managers, trainers and lecturers have had to work as hard as was necessary to pull this book together, then they may also have become weary and dispirited when asked for help that they may not have been sure how to provide.

It is hoped that the encouragement that I, as the editor of this book, have received from the chapters that are presented here – all of which I have certainly found to be essential reading for my own practice, training and consultancy – will:

- Help everyone in training to enter the workplace to do so with a sense that they can succeed, not only when their assistance is sought, but also when others do not want to engage with their help.
- Rekindle the confidence and enthusiasm of those who have shared first-hand, sometimes for a long time, in the experience of trying to address entrenched client resistance without adequate help or guidance on how to do so.

## About the Contributors

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**Ken Barter** is a Professor with the School of Social Work, Memorial University of Newfoundland. He has a BA degree from Memorial University, a Masters degree in Social Work from the University of Calgary, Alberta, and a PhD degree in Social Work from Wilfred Laurier University, Waterloo, Ontario. His PhD is in the field of public child welfare and administration. Ken worked for 30 years in public child welfare systems in Newfoundland, Northwest Territories, and Prince Edward Island before entering academia in 1995. During these years he held positions in the front line, supervision, management, and social policy areas. Ken has published extensively in the form of book chapters, journal articles, research reports, and conference proceedings. He has presented to audiences at provincial, national and international conferences. His publications, presentations, teaching, and research are in the field of child protection and social work. Ken is a Board member with the Child Welfare League of Canada and a Board member with the Canadian Association of Schools of Social Work. He also serves on several community boards. From September 1998 until the end of funding in April 2003, Ken held the research position of Chair in Child Protection at the School of Social Work.

**Calvin Bell** is Director of *Ahimsa* (Safer Families) Ltd and an international consultant in the field of domestic violence. He has extensive clinical experience of working with men with histories of violent and abusive behaviours. His practice has involved supporting both male and female victims of domestic abuse. He has wide experience of carrying out adult family assessments where domestic abuse is a concern, and has acted as an expert witness in family law proceedings for over 10 years. Calvin has received numerous commissions to design and deliver training in various aspects of domestic violence from a number of UK and overseas organisations; has been commissioned to write domestic violence training manuals; and has published in the field. Having trained in teaching, community work and psychotherapy, he is currently undertaking PhD research at the Centre for Forensic and Family Psychology (Birmingham University).

**Christine Bidmead** MSc, RGN, RHV is an experienced health visitor working in both urban and rural communities. She has undertaken training in counselling with the Herts and Beds Pastoral Foundation and since 2001 has worked for the South London and Maudsley NHS Foundation Trust as a training facilitator of the Family Partnership Model. She is a visiting research fellow of King's College, London, Chair

of the health visitor's forum of the Community Practitioners and Health Visitors Association and serves on the committee of the Association for Infant Mental Health.

**Judith Bula Wise** PhD (Bryn Mawr College) Professor Emerita, has held academic positions at Columbia University and the University of Denver. She is the author of *Empowerment Practice with Families in Distress* and co-editor (with Marian Bussey) of *Trauma Transformed: An Empowerment Response*, forthcoming in November 2007. Dr. Wise also developed and served as the first Coordinator of the Trauma Response Certificate Program at the University of Denver. She lives in Boulder, Colorado with her husband and two Labrador retrievers.

**Martin C. Calder** established Calder Training and Consultancy in 2005 after 20 years in frontline child protection practice. His aim has been to generate and collate the available and necessary assessment tools for frontline staff, especially in times of massive change. He also critiques central government guidance and attempts to provide remedial materials to help fill the gap left between aspiration and reality. He is contactable through his website at [www.caldertrainingandconsultancy.co.uk](http://www.caldertrainingandconsultancy.co.uk)

**Mark S. Carich**, PhD is the coordinator of the Sexually Dangerous Persons (SDP) program at the Illinois Department of Corrections, Big Muddy Correctional Center. He has been working with SDPs since 1989 and has coordinated this program since 1990 and is also on the teaching and dissertation staff of the Adler School of Professional Psychology in Chicago. Dr Carich has published extensively in the field of psychology and treatment of sex offenders. His most recent publications include *Contemporary Treatment of Adult Male Sex Offenders* (with M. Calder, 2003) *Adult Sex Offender Report* (with D. Adkerson, 2003) and *Handbook of Sexual Abuser Assessment and Treatment* (co-edited with S. Mussack, 2001). Dr Carich conducts sex offender training at an international level. He recently conducted six days of training in Taiwan on key points in contemporary treatment of sex offenders. When he isn't teaching, training, or testifying in court, Mark lives in Illinois with his family.

**Sarah Cowley** BA, PhD, PGDE, RGN, RHV, HVT, after 25 years as a practitioner, became interested in how organisations help or hinder practice. That curiosity led her into research; first a PhD focusing on how to account for health visiting practice, then to an academic post at King's College, London. She was appointed as Professor of Community Practice Development in 1997. She has published widely, mainly to report research projects that reflect her professional background in health visiting and interest in public health and positive health, especially in relation to needs assessment, families and the social environment. She has edited three books and co-authored three others, including a recent update of the *Principles of Health Visiting* in 2006.

**Scott Curran** is a child protection social worker on the long-term high risk team at Olmsted County Child and Family Services in Rochester, Minnesota and is currently completing a masters of social work degree at the University of Minnesota in St Paul. Scott is contactable at: [curran.scott@co.olmsted.mn.us](mailto:curran.scott@co.olmsted.mn.us)

**Gerry Dobkowski** MA LPC is a sex offender treatment counsellor working with Dr. Carich in the Sexually Dangerous Persons Program at Big Muddy River Correctional Center, part of the Illinois Department of Corrections.

**Toby Fattore** is a research scholar in the school of Political Economy, University of Sydney. His current research includes examining children's subjective assessments of well-being and developing a framework of children's economic agency by investigating children's work. Some of his other work includes developing modes of child-centred citizenship, examining the impact of administrative structures on child protection practice, developing practice guidelines for children's participation in research and an assessment of the impacts of economic reform on middle class Australians.

**Erica Flegg** is a risk assessor and psychotherapist working in the field of family violence. She has a wide experience in carrying out risk assessments in disputed contact and child protection cases where abuse within the family is a concern, and she has acted as an expert witness in both family law and criminal proceedings. She has a particular clinical interest in the dynamics of violent relationships and the psychology of gender, and she has helped to develop AHISMA's risk assessment model as it applies to mothers and the understanding of relationship risk factors. She trained at the Institute of Psychotherapy and Social Studies from 1988–1991, and subsequently helped to set up the East Oxford Women's Counselling Service where she saw clients and ran supervision groups, deepening a prior interest in women's therapy. She holds degrees from the University of Sussex and the London School of Oriental and African Studies, doing post-graduate research for two years at the University of Edinburgh on theories of the subordination of women, and she holds a post-graduate Certificate in Violence in the Home (University of Westminster).

**Eileen Gambrill**, PhD, is Hutto Patterson Professor of Child and Family Studies in the School of Social Welfare at the University of California, Berkeley. She is the author of a number of books, articles and chapters on the intersection between critical thinking and clinical practice, between ethical and evidentiary concerns.

**Phil Harris** is an independent writer who has worked in drug services for over fifteen years. He has designed and delivered internationally recognised treatment programmes and accredited training courses throughout the UK and Europe. Having

worked as a treatment advisor to DSTs, criminal justice services and youth services, he has also managed several organisations and implemented innovative, practical and effective approaches to addressing people's problems with misuse of drugs and alcohol. He has published two books; *Drug Induced: Addiction and Treatment in Perspective* (Russell House Publishing, 2005) and *Empathy for the Devil: How to Help People Overcome Drugs and Alcohol Problems* (Russell House Publishing, 2007). A consultant lecturer to Bristol University's Social Policy Unit, he continues to practice in the South West of England and Wales.

**Michelle Lefevre** is a lecturer in social work and social care at the University of Sussex (M.Lefevre@sussex.ac.uk). Her research and teaching interests include child protection, direct work with children and therapeutic interventions. She also has a small private practice as a psychotherapist and independent social worker. Recent publications include: *Knowledge Review: The Social Care Needs of Children with Complex Health Care Needs and their Families*; *Knowledge Review on Teaching, Learning and Assessing Communication Skills With Children and Young People in Social Work Education*; *Ethical Considerations in Psychotherapy with Children*; *Facilitating Practice Learning and Assessment: The Influence of Relationship*; *Finding the Key: Containing and Processing Traumatic Sexual Abuse*; and *Playing with Sound: The Therapeutic Use of Music in Direct Work with Children*.

**Brian Littlechild** is Professor of Social Work at the University of Hertfordshire. He has published widely on issues of aggression and violence against social workers, and on conflict resolution approaches. He has presented papers at national and international conferences on these areas for a number of years, and has been providing consultancy and training to a variety of social work and criminal justice agencies for over 20 years.

**Susan Lohrbach** is supervisor of family group decision making and the long-term high risk team at Olmsted County Child and Family Services in Rochester, Minnesota and is currently completing her social work PhD at the University of Minnesota in St Paul. Sue is contactable at: [lohnbach.sue@co.olmsted.mn.us](mailto:lohnbach.sue@co.olmsted.mn.us)

**Peter Marsh** is Dean of Social Sciences at the University of Sheffield. He is a social worker and Professor of Child and Family. He spent ten years as a lecturer/social worker in a joint post between the University and a community-based team, and is currently working on evidence-based and participative social work, focusing on family group conferences, task-centred practice, and the development of practice-based research. He is professional advisor to the Research in Practice evidence-based services initiative, and heads up the resources team for the national social work research strategy.

**Lynda Regan** has worked with children and families in various settings for over 20 years. She was a social worker on a busy area team for eleven years before moving into therapeutic work at Salford Cornerstone Project in 1997. She manages a growing team of staff who are committed to supporting children, and their families to move forward from sexual or domestic abuse, as well as helping to develop skills of other professionals in relation to working with children and families.

**Phil Rich** holds a doctorate in applied behavioural and organisational studies and a master's degree in social work, and has practiced as a licensed independent clinical social worker for over 28 years. Phil is the Clinical Director of the Stetson School, a 111-bed long-term residential treatment programme for sexually reactive children and juvenile sexual offenders in Massachusetts, where he supervises a clinical team consisting of 18 clinicians and 8 case managers. He is the author of *Understanding Juvenile Sexual Offenders: Assessment, Treatment, and Rehabilitation* and *Attachment and Sexual Offending: Understanding and Applying Attachment Theory to the Treatment of Juvenile Sexual Offenders*, and is currently writing a book on assessing risk in sexually abusive youth.

**Ronald Rooney** is a Professor at the School of Social Work, University of Minnesota. He is the author of *Strategies for Work with Involuntary Clients* and *Direct Social Work Practice*. Dr Rooney has over 25 years experience in practice, training, consultation and research with involuntary clients in varied populations with special expertise in child welfare.

**Trevor Spratt** is a senior lecturer in social work at Queen's University Belfast. He previously worked as a social worker, team leader and manager within social services departments in Northern Ireland. His research interests, which include translation of policy into practice and the effect this may have upon service users, have largely come about as a result of his experience of work with children and families. He is currently involved in an international comparison of service approaches to families with long term and complex needs.

**Dr Chris Trotter** worked for almost 20 years as a social worker and a regional manager in child protection and corrections prior to his appointment to Monash University in 1991. He has published widely on the subject of 'effective social work' particularly in public welfare settings. His research on the relationship between worker intervention styles and client outcome has achieved international recognition and the intervention model developed in his research is being used in several countries. He has two commercial books, *Working with Involuntary Clients* and *Helping Abused Children and their Families* published by Allen and Unwin in Australia and by Sage internationally.

**Nick Turnbull** is a lecturer in social policy at the University of Manchester. He researches and teaches about political conflicts around social policy problems. He is currently researching how households cope with high levels of debt. He also writes on the philosophy of social science and is developing an interpretative theory of policy and politics based on the concept of questioning.

**Andrew Turnell** is an independent social worker with Resolutions Consultancy from Perth, West Australia. Andrew works as a child protection consultant with social services agencies in Europe, Australasia and North America. More information about his work is available and he is contactable at: [www.signofsafety.net](http://www.signofsafety.net)

**Professor Diane Yatchmenoff** is Assistant Director at the Regional Research Institute in Human Services (RRI) at the School of Social Work at Portland State University. She is one of the faculty members at RRI who provides essential research and evaluation services for local organisations and agencies that serve children and families. Yatchmenoff is one of the University's leading researchers at the Regional Research Institute (RRI). The RRI's goal is to improve the manner in which social services and service delivery systems are designed, managed and evaluated.

# Introduction

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The seeds of this book were sown when developing materials to assist frontline practitioners in their risk assessment practice. It became clear that the provision of evidence-based materials was of little value out of the context of working with involuntary clients in the child protection field. It was for this reason that I set about the task of trying to track down the best available materials to address this point and I was fortunate enough to elicit the cooperation of many leading writers in this area to assemble this exciting and groundbreaking book. It goes to press at the same time as my work on contemporary risk assessment (Calder, 2008) so these should sit together neatly for workers.

The book is broken down into three sections:

- Understanding the Current Context
- Introducing Broad Frameworks
- Working With Specific Client Groups

In the contextual opening section, **Chris Trotter** starts off by laying down the foundations for the book with an overview of the literature.

This is followed by **Trevor Spratt** examining the implications of the social care landscape for this area of work. He examines three identified themes of *prevention*, *pathology* and *partnership* and shows how they have largely been re-conceptualised within the ideological framework of the social investment state. This has given rise to a much greater number of parents becoming, by virtue of the way the state has become concerned with regard to their children, involuntary clients of the state. This has come about as a result of the redrawing of the relationship between the family and the state. In this new understanding, *partnership* with families has become subsumed within a more general concern for the safeguarding of children and recast in the contractual terms of rights and responsibilities. *Prevention* has come to the fore as the defining theme of the social investment state. No longer is the concept of prevention limited to small populations such as children in the state care system but is broadened to include a wide range of vulnerable children who require early intervention if they are to meet acceptable norms of progress toward an independent and productive future. Notions of *pathology* have become reserved for those groups who, whilst small in number, require the punitive attentions of the state to ensure they either undertake the parenting role or become excluded from it altogether.

In Chapter 3, **Turnbull and Fattore** consider the current political context of engaging with children. They argue that developing a system of service provision

which engages positively with children requires effort at the level of practice, administration and the political will of policymakers to support it. Working with children should not be coercive but should engage positively with them and accord them some measure of agency within a supportive relationship so that the child and the worker might develop a shared perspective and, in so doing, enact a sincere communicative process which also attends to outcomes.

In Chapter 4, **Eileen Gambrill** examines informed consent. She notes that Professional Codes of Ethics require practitioners to honour informed consent guidelines. However, there remains considerable confusion in the field about issues of consent as well as confidentiality. Although written from her experience within the US system, the messages are equally relevant here. Informed consent requirements, gaps in honouring them, related ethical principles and the contentious nature of informed consent are discussed in this chapter. Options for informed consent in involuntary settings are suggested and obstacles reviewed as well as discussing trends forwarding informed consent. She suggests that informed consent is especially vital in coercive situations and describes opportunities to honour related obligations in settings such as protective services for children and mental health services. Both clients and professionals have choices in such settings in relation to informed consent issues that have both legal and ethical implications.

In the second section, **Diane Yatchmenoff** starts off by presenting findings from two studies of client engagement embedded in a five-year evaluation of child protective service practice in Oregon. The findings generate thought and dialogue about how we might guide and supervise workers to think more systematically about engagement – both what they might observe in the clients and how their practice might influence the client's feeling state.

Relationship is considered the most fundamental tool in social work practice. **Michelle Lefevre** moves us on to consider relationship-based considerations within child protection practice. The type of relationship formed between social workers and families who are subject to child protection assessments can be the key to both engagement and to whether family members feel sufficiently safe to explore the kind of sensitive areas that the assessment demands. This promotes decisions being based on the fullest knowledge possible, because parents and children have been able to contribute. Where trust is felt, family members are more likely to let down their barriers, to acknowledge difficulties and to begin to work on themselves. This makes for a more dynamic assessment, where change and development become part of the process.

In Chapter 7 **Ken Barter** also examines the challenges, principles and practice considerations of building relationships with clients in the field of child protection drawing upon the Canadian experience. He notes that the investigative role in child protection has placed workers in positions of doing more judging than helping, more investigation than relationship building, more following rules and protocols than creative intervention and risk taking, more relying on tools and instruments than professional integrity and assessments, more attending to the needs of the

organisation than to the needs of families and children, and more reacting after family breakdowns than interventions to prevent breakdowns. These practice realities represent fundamental barriers in engaging in relationships with families in order to realise desirable outcomes for children. He reviews some of the literature in relation to relationship building and makes some recommendations for practice. Children and families who come to the attention of or require services from child protection organisations are struggling with fundamental challenges associated with poverty, discrimination, injustices, lack of opportunity, and health issues. They require interventions in their lives that create opportunities for them to engage in a process of healing and change whereby they discover their personal power to make a difference in their lives. This engagement has to extend beyond child welfare systems to include mental health, schools, community resource centres, justice, and community. Currently, child protection systems tend to be alone for much of this engagement, particularly from a protection perspective. It is for this reason that he proposes a community dimension to our interventions.

**Turnell, Lohrbach and Curran** demonstrate that child protection work and the professional-service recipient relationships are best thought about more in terms of their effectiveness in creating safety for children than whether they are voluntary or involuntary. By building and maintaining a professional system to family network focus, exercising and using authority skilfully alongside equal measures of empathy and honouring the strengths and humanity of the parents, thereby drawing upon a naturally occurring network surrounding the child, and through organisational and supervisory structures focus, the whole voluntary/involuntary nature can be de-emphasised and its negative consequences inoculated. This professional system to family network focus enables child protection work to be seen through a more constructive and purposive lens than simply the 'myopia' of individual change.

**Ronald Rooney** in his chapter presents guidelines for initial contact, assessment, and contracting based on normalising perspectives of strategic self-determination and reactance theory.

In Chapter 10, I move on to present a conceptual framework for understanding resistance, motivation and change and then offer some practical materials to equip it for operational practice.

**Brian Littlechild** examines the important elements for social workers and social work agencies to consider in an area which is often ignored in the literature and research; the effects of stress and violence on social workers and their professional practice when this is perpetrated against them when they are working with clients who are receiving their services involuntarily. He also examines the evidence concerning the effect on child protection work and child protection workers of violence from clients, responses to perpetrators, and responses to the workers affected by aggression from involuntary clients in child protection work.

**Judith Bula Wise** introduces us to a framework for family empowerment. She argues that the integration of supportive, caring family members and

empowerment-based principles for treatment with involuntary clients offers many possibilities for enhancing a client's (individual or family) motivation to make choices for change that leads toward greater health and well-being. The tools presented in her chapter offer possibilities for transforming realities at the beginning of work with involuntary clients to an empowering result, one that integrates the power of family dynamics to enhance the outcome for the well-being of the clients.

**Peter Marsh** covers some of the history and current development of Family Group Conferences (FGCs), outlines the basic model, concentrating on the major area of child welfare, before going on to draw out some key lessons for user engagement from the substantial FGC experience that is now available.

**Bidmead and Cowley** examine the key relationship between health visitors and parents. They trace the development of policies affecting health visiting, to explain the principles underpinning the work and how the service came to be organised in its current, universal form. The present formulation of 'progressive universalism' is outlined to explain how the service retains some involuntary elements, requiring health visitors to engage their clients as a prelude to any meaningful work. They provide an integrative literature review to show how health visiting works in practice, with a particular focus on research that illuminates processes involved in gaining access, engaging and developing a continuing relationship based on a genuine partnership between health visitors and their clients. They conclude by noting that the growth in understanding of processes required to engage clients has not necessarily been translated into practice, partly because service organisation does not always take this evidence into account. They explore barriers and facilitators in supporting partnership working between health visitors and their clients, concluding with a critical analysis of the evidence and current issues.

In the final section there are a number of chapters addressing issues with particular client problem behaviour. **Mark Carich and his colleagues** consider engagement and motivation issues with sex offenders. As sex offenders are often involuntarily placed in treatment by the legal system, they present unique challenges that have the potential to create barriers to their recovery. Front line staff witness resistance in various forms, expressions of which include non-compliance with directives, defiance, some form of denial, defensiveness, hostility, and cognitive distortions. Quite often, initially, the offender's motivation to change is largely external; that is, a vague attempt to satisfy court-mandated treatment. In their chapter they examine how to motivate resistant sex offenders and even though the focus of the chapter is on sex offenders, the ideas, perspectives, and methods apply to most therapeutic perspectives and can be utilised with most clients. In fact, the ideas presented have direct applications to hostage negotiations, crisis intervention, along with less urgent communication or interactional processes.

**Phil Rich** examines how to engage young people who sexually abuse in the treatment work. He notes that working with young people who engage in sexually abusive behaviour, or, more specifically, *engaging* such youth in treatment, is

straightforward to the degree that the work is no different than therapeutic work with any other client population. That is, the workbooks, the relapse prevention plans, and the interventions targeted specifically towards sexually aggressive and inappropriate behaviour are interwoven into a larger treatment programme that is no different than any other kind of broad treatment programme addressed towards troubling and troubled adolescent behaviour. However, the individual practitioner has to decide which model is the most appropriate, both from a philosophical perspective about treatment and with regard to what constitutes necessary and effective treatment. He introduces us to two models. Model one is constituted by the 'one-size-fits-all' approach that is technique and technically driven. Conversely, model two recognises that our capacity as trained, experienced, and knowledgeable clinicians is central to the work. In this model, it's clear that who the client is, what the client brings into treatment, and the client's attitudes and perspectives about treatment are very much influenced by the therapeutic relationship, which, in turn, has an impact upon the expectancy effect, or the client's belief that things can and will improve through therapy. Accordingly, outcome variables are chiefly moulded by client expectations, therapeutic alliance, and placebo effect that work together. The argument here is straightforward; it's the therapeutic relationship that makes the difference in the capacity to engage the client in treatment. From this perspective, engaging involuntary young people who sexually abuse in treatment is a matter of therapeutic practice and skill, transforming involuntary participants into voluntary participants through not technique, but clinical skill.

**Flegg and Bell** move on to consider domestic violence situations. Their work comprises risk assessment and treatment in two family law contexts: private law (disputed child contact/residence cases) and public law (child protection proceedings). They examine some of the issues arising from their experience of assessing parents for treatment suitability and delivering treatment in public law cases.

Continuing with the issue of domestic violence, **Lynda Regan and myself** examine the impact of misdirected professional interventions with mothers living in situations of either sexual abuse or domestic violence. We consider the similarities of the professional approaches and mistakes and offer some suggestions on how this can be modified to be more constructive. One of the recurring themes in professional responses to domestic violence and sexual abuse is that mothers are unfairly dealt with by the professional systems, thus compounding the harm they have already experienced within their adult relationships. Given that most children stay with their mothers after parents separate, it is vital that we rapidly develop a system that allows for the mother's experience and the impact of the abuse to be resolved in a safe way for the children. Mothers have needs and are better able to provide for their children if those needs are acknowledged and built into the systems of response. Regrettably, this is sometimes considered a luxury given the increasing pressures on agencies and the deficits in resources that threaten to dismantle even the existing systems of inter-agency working.

In the final chapter **Phil Harris** examines treatment issues for substance using clients, many of whom are there through court mandate or 'threatment' as he calls it. The formalisation and expansion of criminal justice responses demands that substance misuse services revise their assumptions of both addiction and the delivery of treatment. Treatment outcomes will only endure if services can not only bond with the most excluded users, but capture their individual aspirations and cultivate their resources to achieve them. Likewise, informal relationships should be recognised as an unmet need and as a potent resource for change. This potential should not be therapised with unsubstantiated judgments but supported in the attainment of mutually shared goals of restoring cherished relationships. This means that in both the formal and informal domains, coercion should not replace engagement as the central force in change. Problematic users should not reframe from consumption simply because to do so has become entirely hostile, but because they have come to value a new life more highly. Coercion may provide the means but it can never be the end.

## References

Calder, M.C. (Ed.) (2008) *Contemporary Risk Assessment in Safeguarding Children*. Lyme Regis: Russell House Publishing.