'Making haste slowly':

Applying a narrative approach to the task of managing a 'crisis' situation

By Manja Visschedijk

Manja Visschedijk can be contacted c/o YWCA
of Canberra Housing Support Unit
Ph: 6242 6211 Fax: 6242 6311
or via email:
manja.visschedijk@ywca-canberra.org.au.

This short piece explores the ways in which narrative ideas can be helpful for managers in responding to 'crisis' situations. It is written by a manager of a supported accommodation service. The author would appreciate any feedback, discussion or ideas from readers about this article or on any aspect of the use of narrative approaches in the management of similar 'crisis' situations.

Keywords: crisis, narrative ideas, management, homelessness

Imagine this:

It's 4pm Wednesday afternoon. You've had a really busy day. There is a report to finish by tomorrow, several tasks have come out of the team meeting held earlier in the day, the operational plan needs to be finalised, the deadline is approaching for that abstract to write for a conference you were hoping to present at, and you are really beginning to look forward to the bush walk you are planning to take after work.

One of your workers, Tara, returns from a routine outreach visit to one of the families housed in one of the properties managed by your supported accommodation service. Upon her return to the office she tells you that during her visit to the family's home she had noticed a huge hole in the lounge room wall and that the mother, Elisabeth, had told her that this was caused by her fourteen-year-old daughter, Mary, who had 'lost it' and 'gone on a rampage'. This rampage had also included Mary hitting Elisabeth, when Elisabeth tried to restrain Mary.

The family is housed in a three bedroom home. Mary shares a room with her nine-year-old sister, Kirsty, her parents (mother Elisabeth and step-father Tom) occupy the second bedroom, and her eleven-year-old brother, Jeremy, the third. Mary has to take two buses to get to her school and has been having trouble keeping up with her school work since the family was evicted from their home three months earlier. This had occurred when Tom had lost his job and the family could no longer meet the rent payments.

In this Supported Accommodation Assistance Program (SAAP) service, the families are housed in individual homes through a sub-leasing arrangement requiring each family to enter into a Tenancy Agreement with the agency. The key tasks of the agency are to provide safe and appropriate accommodation for up to twelve months and intensive case-management support to address the underlying causes of homelessness, thereby building the capacity of the family to sustain independent housing in the longer term.

Tara wants to know what to do and she has come to you, in your capacity as Manager, for direction.

As a manager aspiring to apply narrative approaches to your management practice, how would you respond?

This scenario is a composite story and does not refer to any particular persons or events. While not referring to any specific family our team has worked with, this is a typical situation I am routinely asked to manage. The issues, dilemmas and possible responses to this scenario are multiple and complex, and my thinking and acting in these situations continues to evolve.

My first few years of working with narrative approaches were in a counselling context, and as these have always been more than a set of techniques for me, I brought the ideas and principles which informed them into the management roles I have taken up over the last few years. As within a counselling context, I base my management work on an assumption that there are always many possible courses for action in any given scenario and that there is no single or right response. And so, I can't really say what a 'narrative management' response to the above scenario might be, because this would depend on the worker and family responses to some of the questions and dilemmas listed below. Depending on the directions these responses would take us in, we would arrive at a collective plan for moving forward.

If someone is currently being hurt or is in need of medical attention, I will not hesitate to call the police or ambulance immediately, but once the immediate safety concerns are attended to, I try to slow things down a little.

I might initiate a conversation to deconstruct the 'crisis' or to externalise 'urgency'. In doing this, I may hold 'statement of position map' (White 2005) or questions about the 'absent but implicit' (White 2000) in my mind to provide a map for opening up conversations which might lead to the worker and the family members arriving at double-storied accounts of what has occurred, and to develop plans for moving forward that are acceptable to them. I am also always interested in striving for a de-centred and influential position for myself in these conversations, where both the workers and the family members' knowledges are afforded a place of respect and remain central to any decisions made. I will now explain in more detail each of these possible responses.

Incidentally, I might do a lot of other things as well or instead, but a community sector manager rarely has time for writing anything more than short papers, so I need to keep this relatively brief!

DECONSTRUCTING 'CRISIS'

As a narrative practitioner, I work from the assumption that the telling of a problem story is a political act – located within, re-producing and creating power relations. In the scenario above, meaning is being negotiated and circulated and power is being exercised. Bearing this in mind, and faced with the above scenario, I might ask myself questions such as:

• What makes the above scenario a crisis?

• For whom is it a 'crisis'?

• Which stories/voices are dominant in the way this problem story is being told?

• Whose voices/stories are sidelined or missing?

• Which relations of power (gender, age, culture, etc.) are operating in this context?

• How are they operating?

• How is power circulating among the various people involved in this situation?

• Which positions are my workers and myself taking up?

• How am I using my power as the 'manager' – in relation to the workers and in relation to the families and in relation to the situation?

EXTERNALISING 'URGENCY' AND ITS RELATIONSHIP TO 'RISK MANAGEMENT'

In the above scenario, for myself as a manager and for the worker Tara, there is a strong possibility of being taken over by 'urgency' – it's 4pm, there is pressure to come up with a plan before 5pm, and a risk of being held responsible for any further violence that might occur within the family.

'Duty of care' concerns, 'safety issues' and 'risk management' practices are very important features of community sector work, designed to safeguard the well-being of workers and service users alike. They are also tools for holding service providers accountable for the effects of their service delivery upon service users. The most common measuring stick for gauging what makes for good management decisions in a crisis situation are 'Risk Management' tools, which are generally developed using structuralist methods. Risk factors are listed, categorised and graded, and a set of procedures is then devised, based on a 'typical' or 'worst case'

scenario, and this is then universally applied to all contexts, often in the name of 'consistency' and 'clarity' for service users and in order to enable the manager to make decisions based on these procedures. This places the power to make decisions, but also a considerable burden of responsibility, in the hands of the manager. It also centres the manager's views and concerns in the decision-making process rather than the family's. Decentring the manager's position has the added benefit of lifting some of this burden of sole responsibility.

I have encountered dilemmas in trying to apply narrative ideas in a context framed by such structuralist thinking. I also place a high value on qualities such as 'clarity' and 'consistency' and share a concern for ensuring safety, especially the safety of those people whose interests might routinely be ignored or minimised, such as the children and non-violent partners in a context of family violence. Relying on a standardised check list, however, without taking the time to understand the particularities of the situation, runs the risk of misjudging people, basing decisions on small fragments of information, on very thin descriptions of the situation, rather than engaging with all of its complexity. It also runs the risk of not respecting the family's own assessments, evaluations and preferred courses of action, and of sometimes causing more harm than good through not listening to people. These are mistakes which we in the helping professions, even with the best of intentions, have historically been prone to making – especially in the areas of child protection and family violence.

So what might a post-structuralist or a narrative approach to 'safety' and 'duty of care' look like? How can I ensure that I remain 'de-centred but influential' (White 1997)? Whose views and which priorities need to be centred?

PEOPLE'S INTENTIONS AND HOPES FOR THEIR LIVES – MAKING USE OF THE IDEA OF 'THE ABSENT BUT IMPLICIT'

In order to perform a management role effectively during crisis situations, and in line with narrative ideas, I find it very helpful to have access to a set of purposes and priorities, understandings and a common language, which is shared as much as possible by both the workers and the families. In

my current and previous workplaces, the development of this shared understanding of the purposes of our work has been made possible through team meetings held for a whole day, once a month. These team meetings feature regular, relatively unhurried conversations about 'crisis' scenarios. And these discussions enable a clearly articulated and richly described ethical framework to be built and continuously revised and reflected upon. This is a framework shared and understood by all the workers and, as much as possible, with the families when they enter into our supported accommodation.

Other possible forums for these kinds of 'unhurried' conversations include:

- Policy and procedure reviews, especially intake and assessment or risk management procedures. Within these reviews we critically reflect upon the service's purposes and underlying values, and how these might fit with those of a family experiencing homelessness.
- 'Support plan' or 'case management' meetings with families, during which we seek to learn about family's hopes, dreams and cherished values.
- One-to-one supervision and debriefing meetings.
- Planning days.
- As well as more informally catch-ups over cups of coffee or in the corridors between our offices.

The ethical framework of our agency is shaped in response to our contractual obligations, the stated values of the agency, the current strategic directions, and the ways in which these directions, principles and purposes interact with the personal ethical frameworks of each member of the team. These personal ethical frameworks have been shaped by our individual histories, values and preferences.

The word 'framework' suggests a solidity that does not convey the fluidity and contention that characterises the circulation of these ideas and principles. While the 'vision statement' may seem clear and simple on paper, the meanings we attach to these words vary from person to person and change as new experiences lead us each to revise our own meanings.

Having access to a thickly described ethical framework means that in a crisis situation I can fend 'urgency' off by asking questions such as:

- How does our response to this problem fit with our ethical framework and our stated aims and objectives?
- How does it fit with the family's stated values, hopes, dreams and purposes in accessing this supported accommodation?
- For whom is this decision acceptable/not acceptable?
- Which values are being promoted through this decision?
- Does this decision promote respect for human rights?
- Who will benefit from this decision? Who will be disadvantaged?
- How am I addressing complexity in this situation – have I made space for each person affected by the decision to have their views heard?

TEASING OUT COMPLEXITY - USE OF THE 'STATEMENT OF POSITION' MAP

If I am going to reference my decisions to the particularities of the family, rather than to a standardised check list or set of procedures, I often find it helpful to refer to the 'statement of position map' (White 2005) as it applies to both naming the problem(s) and the possible courses of action in response to the problem(s), mapping the possible real effects of the proposed action on a range of people, and then evaluating and justifying the preferred courses of action.

I also try to bear in mind that:

- The person is not the problem – the problem is the problem.
- A person's life is multi-storied.
- Not all stories are equal.

In a crisis situation, I see my role as manager as involving collecting and circulating the views of all concerned, and seeking to find a position from which to proceed that respects the skills and

knowledges of both the family members and the worker(s) concerned. Using the statement of position map, and looking for an 'experience-near' description of the problem, I might ask myself the following questions:

- What is the problem here and for whom is it a problem?

- How does Mary explain what happened? What is her 'experience-near' description of the problem?

- What if it had been Tom who 'lost it' and put the hole in the wall and hit Elisabeth? Would I be thinking differently and, if so, why?

- What effects is this problem having on each of the people involved?

- How do Mary, Elisabeth, Tom, Kirsty and Jeremy evaluate the effects of the problem, and how do they justify the proposed courses of action which they think would best remedy it?

- What are Tara's views? What if she says she is afraid of Mary and wants a co-worker to accompany her on future visits to the family?

- Who decides if and when to call the police?

- How would the Tenancy Agreement define this problem? Are there any legal breaches of this agreement?

- What consequences would flow from this problem being named as a 'mental health' issue? Or a 'domestic violence' issue?

- How do the proposed remedies fit with our values, principles and purposes? Or our contractual obligations? Are these in accord with the vision and values of our agency?

Our service takes a strong stand against domestic and family violence. In this case, Mary has used violence and could be asked to leave. Her mother says that, while she wants Mary's outbursts to stop, she absolutely does not want to see her daughter made homeless, in a youth refuge or living on the streets.

From a tenancy agreement perspective, the tenants are responsible for ensuring that violence does not occur within the property. If it does, the tenancy can be terminated. The service also has a responsibility to see that the houses are maintained in good order for subsequent families to shelter in when they find themselves experiencing, or at risk of experiencing, homelessness and while they find longer term accommodation.

One way forward might be for a safety plan to be drawn up to be signed by all members of the family and the workers, naming the violence, a commitment to work towards preventing further violence, and a list of possible ways to make amends for any harm done. The commitment could be spelled out in terms of an agreement to attend counselling, and could list interim emergency strategies for noticing early warning signs of potential violence, and plans for taking action to avoid a similar occurrence in the future. It could also include an agreed repayment plan for damages done, etc.

The old proverb 'make haste slowly' seems to sum up my growing preference for locating 'safety' and 'duty of care' in continuous reflective conversations rather than in a strict adherence to a policy or procedure which might simply state: '... when domestic or family violence occurs, workers will inform the manager, who will call the police'. These reflective conversations centre the knowledges and preferences of the people whose lives will be most affected by any decisions made.

REFERENCES

White, M. 1997: Narratives of Therapists' Lives. Adelaide: Dulwich Centre Publications.

White, M. 2000: 'Re-engaging with history: The absent but implicit.' In White, M.: Reflections on Narrative Practice: Essays & interviews (chapter 3). Adelaide: Dulwich Centre Publications.

White, M. 2005: Current workshop notes. (Updated 21st September 2005) www.dulwichcentre.com.au