Social Workers in Schools

Expansion Evaluation

December 2002

Social Workers in Schools Expansion Evaluation Report was published by the Ministry of Social Development / *Te Manatū Whakahiato Ora*
December 2002
Produced by:

Dr Michael Belgrave
Maggie Jakob-Hoff
Dr Sharon Milne
Rachael Selby
Lanuloa Asiasiga
Dr Peter Mataira
Theo Brandt
Jackie Sanders
Margaret Millard
Sue van Daatselaar
Professor Robyn Munford
Wheturangi Walsh-Tapiata
Kori Hawkins
Herewini Kaa
Alfred Schuster
Shaun Ackroyd
Anne Thorpe

ISBN: 0-478-25130-0

This document is available on www.msd.govt.nz

Copies of this report can be obtained from:

Ministry of Social Development
PO Box 12 136
Wellington, New Zealand
Ph: 64-4-916-3300
Fax: 64-4-918-0099

CONTENTS

Tables

Tables from the database

Tables from the social worker and stakeholder survey

Figures

Acknowledgements

First, we would like to acknowledge the Ministry of Social Development (formerly Social Policy) for providing the funds for this evaluation project. Without this, this project would not have been possible.

Then we give our heartfelt thanks to all the SWIS social workers, their providers and other stakeholders associated with the service for their participation in all the activities carried out during this evaluation. This is especially so for those who were associated with the provider profile and case study sites and who were more than generous with their time, information and insights at all stages of the evaluation.

There were also the families and, of course, the SWIS children themselves who allowed us into this very precious part of their lives. Their insights into the SWIS process and outcomes were very important.

The team was also given unwavering support over and above the call of duty from Child Youth and Family Contracting staff, Marianne McGee and David Nicholson, in a period where their time and resources were stretched to the limit.

This team was also supported by staff from the Ministry of Social Development: Dr Anne Opie, Tania Stanton, Nicolette Edgar, and Sue Buckley and by other members of the Evaluation Advisory Group. These were: Jim Murphy, Dr Tricia Laing and Marianne McGee (Child, Youth and Family Services), Shelley Kennedy (Ministry of Education), Tae Tu'inukuafe and Rachel Enosa (Ministry of Pacific Island Affairs), Cynthia Tarrant (Ministry of Health) and Ella Henry (Unitec).

Finally, we would like to acknowledge all the members of our interviewing and support team who put so much into their work. Special thanks to Sue Stanley-Gonsalves for her care of the team.

Maggie Jakob-Hoff — Project Manager

Michael Belgrave — Project Leader

Executive summary

Social Workers in Schools (SWIS) is a government initiative. It is contract managed and led by the Department of Child, Youth and Family and involving the Ministries of Health, Education, Pacific Island Affairs and Te Puni Kōkiri. The programme was first introduced in 1999 with the appointment of six providers to deliver 12 social work positions. In 2000 the programme was expanded to 66.5 social worker positions providing professional social work services to children and families in 171 schools. The programme expanded by another 5.5 positions in 2001, but these were not part of this evaluation. The programme is targeted to low decile primary and intermediate schools (1-5) and recognises the special needs of Māori and Pacific children and families within these schools.

The model for SWIS emphasises strengths-based social services that respond flexibly and professionally to the needs of children and families who use these services on a voluntary basis. Schools are sites for social work interventions because they provide a non-threatening point of access for most families. Social workers are funded to provide a variety of professional services for children and families including assessments, working directly with individual children and families and delivering early intervention and preventative programmes to groups of children and their families.

An initial process evaluation of the pilot programme was completed in 2000. The evaluation reported here focused on the impact of SWIS on children, their families, schools and communities.

The key elements of the evaluation were to explore:

- the impact of the SWIS programme on each of the key stakeholder groups: the children involved; their families; school-based social workers; school staff; and relevant community agencies; and
- the elements which contribute to the success or otherwise of SWIS in terms of the different delivery models.

The methods used were:

- collection of quantitative data from a **records system** used by social workers in their day-to-day practice and involving all their clients;
- collection of information from **social worker activity diaries** recording the number of hours they spent on each of their activities;
- a **mail survey of all SWIS stakeholders;**
- **in-depth interviews with stakeholders involved with five providers** (one pilot site provider and four expansion site providers); and
- **in-depth case studies** of 31 children and their families who had been seen by a SWIS social worker.

The fuller impact of a programme such as SWIS, in terms of assisting in changes within families and schools that are sustained over a considerable period of time, can only be evaluated over a more extended period (5-10 years). Anticipated improvements in community development could only be expected after the programme had been operating for such a period. Nonetheless, this evaluation has demonstrated that SWIS has provided a valuable mode for developing strengths-based programmes for children and families, achieving positive results for at-risk families and providing an extremely useful service to lower decile schools.

Because the service is voluntary and independent of schools and of statutory agencies, social workers have been able to develop strong and effective relationships with the children and their families. These relationships have been instrumental in effecting major changes in the functioning of the families and their capacity to respond to the issues facing them and their children. By promoting a willingness to embrace change and enhancing families' resources to effect change, there have been major improvements in the educational, health and social experiences of children. In some areas change has been transformational, with families' abilities to deal with the issues facing them and their children showing dramatic improvement.

The impact on children, families, schools and communities included:

- indications from the records system database that over 80% of children and families thought the interventions mostly helpful or very helpful at the time that the cases were closed;
- indications from the records system database that over two-thirds of clients and families found the overall issues facing them at referral much improved or improved at the time when the cases were closed;
- the proportion of children assessed as high risk by the social workers at the beginning of the intervention being reduced by three-quarters when the cases were closed;
- very substantial improvements in children's and families' strengths over the period of the intervention, with between two-thirds and three-quarters of families developing greater skills in parenting and managing their resources. The same proportion of children developed their own skills and had barriers to their development removed or reduced, including aspects of abuse or neglect, the effects of trauma or poor role models or poor relationships with peers or school.

Positive changes were also clearly demonstrated for many children in the case studies. These changes included:

- noticeable improvement in children's educational performance;
- improvement in the behaviour of children in the classroom and school grounds;
- significantly improved circumstances for children who, at the beginning of the intervention, came to school hungry, not well clothed and whose health and hygiene were creating issues in classrooms and playgrounds;
- children who at referral did not have the materials required to participate fully in lessons acquiring them; and
- the establishment of clear homework routines at home.

In the interviews with parents/caregivers, they identified changes such as:

- increased confidence in being able to approach and interact with school staff regarding their children without feeling ashamed or frightened;
- the cessation of smacking or hitting children;
- the development of creative strategies to allow children to express anger without hurting themselves or others or damaging property;
- children being more respectful of parents/caregivers and listening and co-operating more with each other;

- the establishment of clear routines for family life and the use of appropriate consequences that resulted in children being fed more regularly and getting sufficient sleep;
- the development of periods when families spent recreational time together because housework and homework were completed;
- the elimination of violence as the primary strategy for solving problems within the family;
- positive communication strategies being used by parents/caregivers and children that ensured that all parties were heard and that their needs were met;
- the increased confidence of parents/caregivers to achieve previously unimagined levels of positive family life, work and education goals and the ability of families to problem-solve on their own; and
- parents and caregivers being better able to manage other aspects of their lives as demonstrated in their capacity to reduce debt levels and provide cleaner, healthier houses and more suitable accommodation for children.

It was primarily as a result of these changes that improvements occurred for children.

The programme is strongly supported by schools and other social service agencies and relies extensively on the support of a range of health, social and educational services. Social workers are well placed to provide an integrating role in bringing children and their families into positive relationships with schools and statutory and non-statutory agencies. This includes changes that involve restructuring the relationship between children and their families and the schools and other agencies. SWIS was also able to provide a catalyst for making schools and other agencies change the way that they worked with clients and their families. However, it is too early to comment on whether this learning will assist in improving relationships between schools and agencies and children and families more generally.

In the course of the evaluation, feedback from the evaluators and reviews of their modes of operation by providers and schools led to some changes and improvements in the operation of SWIS. Nonetheless, SWIS is still a new programme, and its delivery could be further enhanced by attending to a number of issues that are fully discussed in the body of the report. A number of principal issues were identified which are particularly important to attend to. They are discussed below.

The isolation of social workers

There are a large number of contracts with providers to deliver single social work positions. Results show that these positions contribute to an overall sense of isolation for individual workers. Isolated social workers are unable to work with peers in teams and at times are placed in situations of serious professional, emotional and physical risk. Contracts with providers should, if at all possible, include enough social work positions to ensure high quality supervision, professional safety, training and career development. Although in some (particularly rural) areas, clusters of SWIS social workers may be impractical, it should be possible to ensure that contracts are with experienced social service providers working in a range of other areas. This would enable the SWIS social workers to work with their colleagues and benefit from the support of peer and clinical supervision.

There are major benefits in SWIS being delivered by independent social service providers with a range of other support services that are readily available to social workers in schools.

Increasing Māori providers

SWIS has been sufficiently flexible for the development of services to Māori children and families and for iwi. Māori providers have been shown to provide SWIS services very effectively. There is a need for more Māori providers to ensure increased levels of community involvement in SWIS and a greater choice for Māori clients and their families. There is also a need for more Māori social workers to give Māori children and their families greater choice.

Increasing Pacific providers

The need for Pacific providers is particularly important, given that there is only one at present and that the diversity of Pacific communities poses a particular challenge to SWIS. Mainstream providers also need to develop creative, effective and long-term partnerships with Pacific agencies. A commitment to ensuring larger numbers of Pacific social workers is also required.

Issues of relationship management

The management of relationships with the extensive range of stakeholders required to ensure effective SWIS delivery has placed strains on providers, who were unprepared for the level of support necessary to maintain the important networks required. Providers need to be able to respond more quickly and more extensively to stakeholders to ensure effective relationships. This is particularly true for service-provider/ school relationships. Management and relationship solving responsibilities should not be left to the social workers themselves.

High rates of turnover and recruitment difficulties

High staff turnover is a major issue at 29% per annum. This creates serious difficulties in providing continuity of service and is compounded by difficulties faced by providers in recruiting suitably trained and competent staff. The case studies which demonstrated sometimes dramatic levels of change all occurred where there was a strong and unbroken relationship between social workers and clients and their families. The case studies were not able to include families where there were changes in social worker or breaks in service.

The capacity of the social service sector and social work educators to provide sufficiently trained and competent workers to service an expanded SWIS programme is problematic, and particularly so for Māori and Pacific workers. Ensuring that there will be enough social workers with a specialist understanding of the needs of school social work and the competencies required will require a partnership between Child, Youth and Family, providers and schools of social work.

Demands on Child, Youth and Family

The number of contracts and the isolation of social workers also necessitate a greater level of support from Child, Youth and Family Contracting staff. While training and staff development responsibilities lie primarily with providers, the development of this important speciality also requires leadership and support from central government. This goes beyond just ensuring that social workers and providers can fulfil their contractual requirements, particularly in case recording and reporting. It also involves leadership in ensuring long-term professional development needs are met for SWIS overall.

The expansion of SWIS provides an important government-funded resource for children and families that, in the long term, should ensure that families are better able to deal with issues facing their children. This should reduce levels of risk for their children. The voluntary and independent nature of service delivery is important in

effecting good outcomes. Early intervention from a voluntary and independent agency allows greater family choice and may well avoid the more substantial statutory intervention at a later time.

1 What is SWIS?

The Ministry of Social Development contracted Evaluation Associates Ltd., with Massey University, to undertake the evaluation of the Social Workers in Schools Expansion Programme. This work was carried out for the Department of Child, Youth and Family.

1.1 SWIS

The Social Workers in Schools Expansion Programme (SWIS) is a multi-agency programme, funded and contract managed by Child, Youth and Family, involving Te Puni Kōkiri and the Ministries of Health, Education and Pacific Island Affairs. It has been developed as a Strengthening Families initiative. SWIS operates using a model of school-based social service delivery. The delivery of social services to children in schools and their families was previously piloted in three geographical areas: the East Coast of the North Island (from East Cape to Wairoa), Northland (Hokianga to the Bay of Islands) and Porirua/Hutt Valley. A largely process evaluation of these sites was completed by Massey University in 2000. The report is available on the following web site: www.msd.govt.nz.

1.2 The model for SWIS

The development of SWIS occurred in response to a perceived gap in social service delivery. In many other countries, schools have been seen as both a site for social work interventions and as requiring the services of social workers to enhance the educational and social outcomes of pupils. This aspect of social service delivery has been relatively neglected in New Zealand. In the mid-1990s local initiatives were developed to provide social work services at secondary, intermediate and primary level.

The development of the government-funded SWIS Programme arose primarily out of a pilot that was initiated by Massey University in North Shore City between 1994 and 1996. Similar experiences in delivering social services in Christchurch and Hamilton also contributed to the model.

The major feature of the model was to use primary and intermediate schools as sites for social work intervention because they provided access to families. The programme's emphasis was on low decile schools as a means of targeting children and families considered most in need. The Targeted Funding for Educational Achievement (TFEA) system introduced in 1995 increased funding for all state and secondary schools in lower socio-economic areas. School communities throughout the country were divided into 10 levels of socio-economic status, with the most disadvantaged being decile one and the most affluent being decile 10. The proportions of Māori and Pacific families in these communities were two of the criteria for determining decile ranking. The pilot was delivered to decile one to three schools. In the expansion, it was decided to include schools up to decile five.

The original programme was intended to be located predominantly in primary and intermediate schools. The needs of secondary schools were seen as different and guidance counsellors were already part of the secondary schools' response to the needs of children and young people. A number of intermediate schools were included in the pilot and in the expansion, and in one area a secondary school was also included because it made no logical sense to exclude it, given the nature of that rural community.

Clusters of schools received services through external social service providers with two exceptions: one where services were provided by one of the schools, and one where services were run by a local secondary school's social service arm. According to the model, children and families should have access to the services of experienced deliverers of social services. Those services would be accessible through the school but support families and clients confidentially and independently of the school itself.

The development of the model was part of Strengthening Families. The model is seen as a means of ensuring better integration of health, social and educational services being provided to children and families. Social workers are able, because of their special locations in schools, to provide an integrated response to the needs of children and families.

The service is voluntary. The intention was that its voluntary nature would contribute to greater buy-in from clients and ensure that participants were actively committed to using SWIS to achieve positive change. Families can approach the service themselves, or other agency representatives can refer them, but in this case they must first have given their consent. Regardless of the way they access the service, social workers inform families that, should they discover information that gives them concerns about the safety of children in respect of abuse or neglect issues, they would be obliged to notify Child, Youth and Family. In matters of child safety, schools are required to follow the procedures outlined in the child abuse protocols that have been signed off between the Ministry of Education and the Department of Child, Youth and Family.

The design of the model had a strong emphasis on a strengths perspective. Its emphasis is on looking at children and families with an eye to the positive strengths that they possess. These strengths can then be built on to develop effective programmes of intervention and to develop programmes that go beyond referrers' deficit-based perceptions. Strengths-based practice, the key dimensions of which are discussed below, is also seen as a model for the organisation and delivery of social services.

The SWIS programme has a strong commitment to early intervention and prevention of social, educational and health problems. It is not intended to duplicate the service of Child, Youth and Family. Rather, the intention is to provide early detection and preventative services at a time when social workers can deal with issues facing children and their families more easily. This can prevent later statutory interventions by Child, Youth and Family, interventions that can be, because of their nature and because the situation is likely to have become more entrenched, more demanding for all concerned. Preventative work is also seen as a key component of the voluntary aspects of SWIS because it allows relationships of trust to be established that are less intimidating and less formal than statutory relationships.

Given the potential competing demands of schools and families the service was to be child-focused and family-centred with its primary concern being the well-being of children.

Reducing disparities between Māori and Pacific peoples and other New Zealanders is also a priority. In view of the extensive cultural diversity of school populations and recognising the special needs of Māori and Pacific children and their families, the model emphasises cultural sensitivity and appropriate responsiveness. The expectation is that social workers in schools will deliver services to a wide range of cultural groups. However, given the targeting of services to those most in need, there was recognition that Māori and Pacific clients would have significant involvement in the SWIS programmes.

The development of partnerships with other agencies is a key feature of the programme. It recognises that social workers alone are ineffective unless they are

able to establish strong working partnerships within the school, and with other social service, educational and health agencies in the community. The voluntary nature of the model makes it essential that social workers develop strong networks of co-operation and support to avoid duplication and to ensure integrated social service delivery for children and families. Because the quality of the social workers' relationships with schools is a key factor in the success of the programme, it is particularly important that social workers establish strong working relationships with school principals.

The primary aim of the service is to provide accessible, timely, professional social work services to children and families. These services can be varied and are not prescribed. The expectation is that social workers will not only work directly with children and families, but also develop early intervention and remedial programmes for children, their families and the community. The model places considerable emphasis on professional discretion and social workers are able to develop a range of services that reflect their own professional capabilities and style, and demonstrate evidence of best practice. The professional nature of the social work services reinforces the need for social workers to have access to quality clinical supervision, with overall management by experienced social service managers. While social workers do not have to be formally qualified, they are expected to demonstrate key social work competencies to work within schools.

The model's emphasis on professional practice also makes flexibility an important aspect of the service. Social workers are expected to apply the best social work practice according to the needs of children and families and to work alongside those children and families to empower them, rather than to be directive.

The pilot programme included operating protocols which outlined the model for SWIS and provided information about the responsibilities of stakeholders. The protocols also provided a records system for implementing the model. There were some revisions to these protocols for the expansion of SWIS to incorporate some findings from the pilot, but the overall model remained substantially intact. The outcomes-based records system that was developed alongside this evaluation (see below) replaced the records system that had been part of the original protocols for SWIS and provided information about the responsibilities of stakeholders. The protocols also provided a records system for implementing the model.

1.3 Strengths emphasis

Although often seen as a dramatic departure from conventional problem-based models of social work practice, strengths-based social work combines new perspectives with earlier aspects of good practice. A strengths emphasis demands that the practitioner help families or individuals to discover personal and contextual strengths and resources that they can creatively summon to assist the overcoming of problems and the realisation of dreams.

Taking a strengths-based approach fits the worker with a fresh lens through which to view the clients' situations. While listening and acknowledging their stories of struggle, pain and disempowerment, the worker rejects notions of psycho-pathology. Instead, the worker listens for threads of other narratives, stories of times when the families have overcome trials, shown resilience, summoned resources and attained goals. Reconnecting them with these achievements engenders hope and belief in their own wisdom and ability to emerge from their cycles of 'trouble' to being proactive, autonomous and competent human beings.

Strengths-based approaches to practice can be located within post-modern paradigms that emphasise the plurality of truths that are contextually and culturally specific. People can, with and without assistance, 're-author' their lives to bring forth more positive versions of situations (Parton and Marshall, 1998). Wieick et al (1989) and

Saleeby (1997) set out the assumptions that underpin strengths-based practice, basing these on the belief that:

- in spite of life's problems all people and environments possess strengths that can be marshalled to reach an improved quality of life;
- trauma, abuse, illness and struggle may be injurious but may also be sources of challenge and opportunity;
- client motivation is fostered by a consistent emphasis on strengths as defined by the client/family;
- the upper limits of the capacity to grow and change are unknown and the worker must make allegiance with clients' hopes, visions and values;
- clients are served best by collaborative ways of working – the client is the expert; and
- every environment, even the most bleak, contains resources.

Practice is solution-focused rather than looking at problems and their causes. It believes the person is not the problem – the problem itself is the problem. The notion that all problems have exceptions that give clues to solutions and that it is more useful to help the client to see what will be different when the problem is absent, is freeing for all concerned. Concentrating on the problem blinds people from appreciating they have strengths and skills that can be harnessed to achieve change. The social worker's role is to elicit these skills and strengths and foster creative thinking, focusing on doing more of what is right rather than less of what is wrong. The worker has a responsibility to facilitate the removal of constraints to change, whether structural or personal. Working to client strengths in New Zealand social work has become increasingly important (Connolly, 2001; Munford and Sanders, 1999).

Working from a strengths perspective involves more than just the individual practice of the social worker. It also has implications for the approach of all agencies involved in the delivery of services to SWIS clients and their families, including the schools. Agencies need to ensure that their relationships with clients and other agencies avoid an emphasis on problems and deficits. Solution-focused and positive agencies that build on the strengths of their clients, workers and associated agencies are essential. Maintaining a strengths perspective also has training implications for the whole organisation.

This perspective has particular implications for working with Māori and Pacific clients. Policies for dealing with Māori and Pacific disadvantage prior to the challenge of *Puao-Te-Ata-Tu* (1988) often emphasised cultural identity as part of the problem. These policies advocated cultural assimilation, euphemistically called 'integration' after the Hunn Report of 1961, as the solution to the poor social and economic status among Māori. A strengths perspective recognises cultural identity, familial and kinship relationships as well as culturally focused knowledge and skills as strengths in themselves (Te Komako, 1995, 1999; Durie, 2001).

However, the extent to which strengths-based models are a revolutionary departure from past practice should not be overestimated. The models also draw on aspects of good social work practice that have long been used and were well accepted within the social work tradition. There has been a tendency in New Zealand social work to regard *Puao-Te-Ata-Tu* as too dramatically dividing social service policy and practice. The division is between an assimilationist and deficit-based past and a post-1988 present that is strengths-based and recognises the specific value of the approaches taken by Māori and Pacific social work models. Even before the theoretical discussions about social work actively challenged the deficit model, good social workers were looking for positive solutions to the needs of their clients, without invariably blaming clients themselves for their predicaments. Social work practice had adopted such approaches from as early as the 1920s (Labrum, 1999).

In this evaluation, too, there is an emphasis on the structural aspects of social service delivery as well as on the deliberate application of a strengths-based perspective by social workers, schools and other agencies. The voluntary and independent location of SWIS is seen as a key aspect in the ability of social workers to work in a way that is strengths-acknowledging and strengths-building.

The emphasis on strengths does not preclude social workers recognising risks to children. Poor application of the strengths perspective could overemphasise the positive aspects of families at the expensive of the child, and put the child at risk through collusion with family members. Social workers are expected to assess risk and monitor risk to clients throughout the process. Good strengths-based practice recognises the extent to which children can be placed in danger and seeks solutions to the long-term threats to children's well-being.

2 What was the pilot?

The pilot SWIS programme involved 12 social worker positions spread evenly between the three areas, the Hutt Valley/Porirua, the East Coast and Northland, delivering social work services to children and their families through 56 school sites. The large number of school sites reflected the extensive network of small schools on the East Coast, which made up 21 of the total number of schools. Providers were all experienced social service providers with the exception of a consortium of schools with a contract for one social worker.

The providers and social workers were all strongly community-focused and had a good understanding of and strong links to their communities. With the exception of two sites, all of the schools had very high Māori populations. In one area the Māori population was somewhat smaller, but there were high proportions of students from a number of different Pacific communities. There was a considerably smaller but still important Pacific population in another site.

The pilot evaluation demonstrated that SWIS was a valued addition to communities' abilities to respond to the social, educational, and health needs of children and families. SWIS also proved sufficiently adaptable to allow iwi and Pacific providers to incorporate social service delivery to schools within culturally specific models of practice and service delivery such as a whānaungatanga or a Samoan model of service delivery. These models emphasised kinship and community, identifying and strengthening relationships to provide solutions to the different needs of these communities.

The pilot evaluation was primarily concerned with the process of implementing SWIS, but it also made some comments on outcomes, primarily to inform this evaluation.

The expansion of SWIS to a significantly larger number of providers has dramatically changed the character of the provision of the programme. In the pilot the social workers were located predominantly in rural and small town locations, the exception being four positions in Wellington and the Hutt Valley. In contrast, the expanded positions took SWIS to South and West Auckland and Christchurch, providing a strongly urban environment for the programme. In the pilot, the providers had a strong iwi and Pacific character. Only two of the 12 positions were delivered through non-iwi and Pacific agencies. Because of high levels of isolation, and the special needs of Māori communities in Northland and on the East Coast, many of the social workers were not formally qualified. This contrasts with the bulk of positions currently held by school social workers.

In the expansion round a number of new types of providers have emerged. These have included mainstream social service providers as well as smaller voluntary providers, and in addition there have been a significant number of health providers including health camps and two District Health Boards. Increases to the sizes of clusters in the new round have allowed a more comprehensive coverage of urban environments, particularly in South and West Auckland. These factors have been significant and have raised a number of process issues that the pilot did not cover.

Because of the timing of the expansion of SWIS a number of recommendations which were made in the pilot evaluation were not considered prior to the allocation of positions to new areas.

3 Expansion of SWIS

3.1 Selections of sites, providers, schools and social workers

The selection of sites in the expansion of the SWIS programme was made by Cabinet in 1999 with the intention of ensuring that social workers were available within 29 local authorities, based on demographic indicators of socio-economic need. Schools and providers were invited to make applications for the positions allocated to each area. The criteria included a low decile rating and clusters of schools to ensure a degree of common interest and a ratio of up to one worker to 700 school students.

Following the selection of schools, panels made up of school representatives and representatives of participating government departments appointed the providers. The providers then undertook to appoint social workers using the competencies identified in the operating protocols.

The selection of sites, schools and providers for the expansion programme was undertaken prior to the completion of the pilot evaluation although not before some of the initial findings of the evaluation were available. The expansion did not address key concerns expressed in the pilot evaluation, namely those of social worker isolation and the appointment of providers with close links to the schools' communities.

The pilot sites were incorporated into the expansion and there were some minor changes to the operating protocols and contracts for the delivery of SWIS. The only significant difference between the pilot and the expansion was that expansion site schools were also required to provide funding on a pro-rata basis of $4,000 per cluster per social worker. This was not a feature of the pilot, although schools in the pilot have recently been asked to contribute the same amount.

3.2 Number of sites

The SWIS programme as discussed in this evaluation covers services located in schools in the following areas.

TABLE 1: LOCATION OF SCHOOLS SERVICED BY SWIS PROVIDERS IN THIS EVALUATION

Auckland City	Masterton District	Waikato District
Christchurch City	Napier District	Waitakere City
Dunedin City	Nelson City	Wanganui District
Gisborne	New Plymouth District	Western BOP District
Hamilton City	Palmerston Nth City	Whakatane District
Hastings District	Papakura District	Whangarei District
Horowhenua District	Rotorua District	Northland
Hutt City	South Taranaki District	East Coast/ Wairoa
Invercargill City	South Waikato District	North Clyde School
Kaipara District	Taupo District	Porirua/Hutt Valley
Kapiti Coast District	Timaru District	Northern Hutt
Manukau City		

Thirty-four providers covered these areas, with two-thirds of the providers being social services agencies. There were four iwi social services agencies, two health organisations and four health camp providers and one Pacific Social Services Provider. There were also two school-based providers (see Table 2 below).

TABLE 2: NUMBER AND TYPE OF SWIS PROVIDERS IN THIS EVALUATION

Provider type	No.
Social Services	21
Iwi social services	4
Health	2
Health camp	4
School providers	2
Pacific Social Services	1
Total	**34**

The number of schools covered by these providers during the evaluation period was 171.

These providers were contracted to employ 66.5 SWIS social worker positions between April 2000 and June 2002.

Over half the providers (18) were contracted to employ one SWIS social worker, while a third were contracted to employ between 1.5 and 3 SWIS social workers. Four providers were contracted to employ 3.5, 4, 6 and 9 workers each.

Child, Youth and Family Contracting have estimated that the staff turnover of SWIS social workers for these providers for the period between April 2000 and June 2002 was 42. This constitutes a staff turnover rate of 29% per annum, compared to the turnover rates for statutory social workers during a comparable time frame of 15.1% (year to the end of June 2001) and 12.25% (year to the end of June 2002). While the implications for this rate of turnover in relation to service delivery are discussed later in the report, it is clear that it will have a negative impact on the effectiveness of the programme overall.

ome families to renew contact with their social workers.

4 The evaluation

The pilot evaluation was planned to be part of a two-phase evaluation. Accordingly, it was primarily concerned with the establishment of SWIS and was a process evaluation although it did attempt to look at outcomes within a limited time-frame. The examination of outcomes in the pilot evaluation was to inform a subsequent phase two evaluation which was primarily concerned with the impact of SWIS on clients, their families, schools and communities. While concentrating on outcomes this impact evaluation has, however, addressed some aspects of process to provide a greater context for studying impact. It has underscored how the SWIS expansion has enabled new kinds of providers with different kinds of service delivery issues and client populations to be involved in the programme's delivery.

4.1 The SWIS evaluation objectives

This evaluation of the SWIS project provided an opportunity to review further an important development in New Zealand's social services and is therefore crucial for policy development and determining outcomes and the accountability of such programmes.

The key elements of the evaluation were to explore:

- the impact of the SWIS programme on each of the key stakeholder groups: the children involved; their families; school-based social workers; school staff; and relevant community agencies; and
- the elements which contribute to the success or otherwise of SWIS in terms of the different delivery models.

4.2 Major research questions driving the evaluation

The major research questions driving the evaluation were:

a. What was the impact of SWIS on clients and their families in terms of:
    - education?
    - health?
    - social well-being?
    - behaviour and relationships?

b. What was the impact of SWIS specifically on Māori and Pacific clients?

c. What were the unintended impacts of SWIS?

d. What outcomes were directly attributable to SWIS and what were attributable to other programmes?

e. What was the impact of SWIS on schools as a whole?

f. What impact did SWIS have on the accessibility of early intervention services?

g. What makes SWIS work?

h. What are the key success factors for SWIS?

4.3 Challenges to impact evaluation in the social services

The assessment of the impact of SWIS provided major challenges to this evaluation, challenges that are inherent in many social service environments, but are particularly important in reviewing outcomes from work with children and families:

- social work interventions have a series of short-term and long-term objectives. Early intervention programmes in particular are concerned with sustainable long-term change. The evaluation timetable made it impossible to make assessments of long-term sustained change. This inevitably placed an emphasis on shorter-term goals and short-term change;

- because of the holistic nature of social work interventions it is often difficult to isolate the nature of change and to measure the key components of the intervention and their impact on change. The major interests of this evaluation reflect sectoral responsibilities in that the evaluation sought to identify the impact on health, educational and welfare outcomes. While these outcomes are important, dividing well-being into these three areas reflects the ministerial responsibilities of government rather than the needs of clients and families as they determine them. An effort has therefore been made to report both on sectoral lines and on the needs identified by families. In addition, the evaluation seeks to identify any overarching aspects of change that flowed into both the sectoral outcomes and the needs and strengths-based outcomes that were developed for the report.

- social workers and social work providers often have an in-built resistance to quantitative measures of outcomes because they see these as reducing interventions to narrow quantitative outcomes. Interventions are seen as holistic experiences leading to clients making what were, for them, unique responses. This has a negative impact on social workers' commitment to collecting quantitative data about their work with clients, because they do not see this as relevant to assessing their own practice.

- outcomes, whether positive or negative, are often subjectively assessed. Clients, workers and families may have quite different perceptions of the value and extent of change and reconciling these different perspectives also limits the ability to reduce these changes to simple quantitative measures. Quantitative assessments of change will therefore often be complex and will always need to be seen alongside other qualitative data – all of the above needs to recognise these different perspectives.

- professional social work practice is slow in following other professions, such as nursing, in developing evidential tools for assessing impact. The reasons for this do not lie in professional lethargy. Rather, they lie in a deep-rooted sense within social work that reducing a complex range of professional interventions to numerical outcomes could do an injustice to the interests of clients and the nature of professional practice. Single outcome measures, such as immunisation rates, are not helpful in measuring change resulting from social work interventions with children and families.

For these reasons the impact evaluation has relied on a series of different qualitative and quantitative tools to provide a multi-dimensional perspective of SWIS and recognise the holistic and complex nature of the outcomes and the different perspectives involved. These tools included case studies of work with clients, a survey of stakeholders and quantitative information from the SWIS Record System which was developed just prior to this evaluation.

Although children are only one of a number of stakeholders where positive outcomes were expected from SWIS, their needs must still be seen as being the most important

focus for the evaluation. Positive outcomes for families, schools and communities would have little meaning if there had been few benefits for children. An even worse scenario would be where benefits for these other stakeholders were at the expense of children. While this means that the primary concern is impact on children, however, the evaluation has spent more of its time on change for children within families and on the relationship between families and schools. This was because positive change for children is fundamentally linked to improvements for families, a point strongly outlined in the findings of this evaluation. Positive change for families flowed from benefits to caregivers and families, both in their capacity for change and in their structural relationships with other institutions.

4.4 The evaluation methods

This evaluation ran from April 2001 to April 2002 with a final reporting date of July 2002. Briefly, the methods used were:

- collection of a range of quantitative data from a **records system** – these data sets tracked outcomes for all SWIS clients and their families and recorded the details of all clients, their families, all the social workers, all the schools and the communities in which the social workers were operating;
- collection of information from **social worker activity diaries** which were kept by social workers to record the number of hours they spent on each of their activities;
- a **mail survey of all SWIS stakeholders** about their perceptions of the changes to a range of key groups like children, their families, their schools and their communities since the introduction of SWIS. In addition to this, social workers only were asked about the ways in which they worked;
- **in-depth interviews with stakeholders involved with five providers** (one pilot site provider and four expansion site providers) to ascertain their perceptions of how SWIS was working at their sites; and
- **in-depth case studies** of 31 children and their families who had been seen by a SWIS social worker.

The following sections include descriptions of each of these methods.

4.4.1 Collection of quantitative data from a records system

The records system was kept by social workers, who entered information about their clients, their families, case plans, case notes and progress. The system included provision for monthly reports to Child, Youth and Family Contracting about supervision and training and the social workers' impressions about how their jobs were going. The purpose of the records system was:

- to provide a checklist for social workers to use when carrying out their assessments;
- to provide a tool for social workers to record their assessments, plans, case reviews and case notes;
- to provide a records system for providers as well as social workers;
- to generate information for contract monitoring; and
- to provide quantitative non-identifying data for the evaluation.

The records system also included a series of outcome measures which were developed parallel to the evaluation. These measures provided an outcomes-based model for reporting to Child, Youth and Family and for informing this evaluation. Together these measures constituted a tool aimed at giving a greater emphasis to strengths-based practice and ensured that social workers focused on families'

strengths and how these might be enhanced. Neither of these elements were part of the pilot's records system.

When the system was introduced, social workers could choose whether to use a predominantly paper-based system or an entirely computer-based system, with a number of hybrid possibilities in between. However, a decision to provide computers to all social workers influenced the implementation of the tools. Unfortunately, the implementation of this decision was drawn-out, creating some uncertainty among social workers and providers as to how to enter the data. There was also some delay between records system training and the use of the system, and some social workers did not absorb enough in the brief time allocated to become confident users. High staff turnover also meant that many social workers were unable to attend one-off training sessions. Additional software and hardware problems combined with the above to cause delays in the provision of data to the evaluation team and compromised its quality.

Data from the SWIS Records system were originally intended to cover a 12-month period starting from Easter 2001. Because of delays in getting the records system operational, the period covered was the year to 30th June 2002.

Prior to the new system's development Child, Youth and Family's monitoring process was based upon statistical measures that emphasised inputs and outputs. The pilot evaluation raised questions about the ability of the (then) existing records system, as a monitoring and evaluation tool, to provide worthwhile data contributing to a fuller understanding of what social workers actually did in their work with clients and how the clients responded to the social work interventions.

The outcome measures that were developed as part of this tool were arrived at independently and prior to the release of Child, Youth and Family's own five outcome measures for its statutory services. There are seven primary outcome measures in the tool that are intended to cover a comprehensive range of aspects of well-being.

The team that developed the measures included the principal evaluators, Child, Youth and Family Contracting and Research staff and a small number of providers and social workers with frontline social work experience.

The development of the outcome measures arose from the strengths perspective, with an emphasis on positive experiences and environments for children and their families. The strengths were identified after a review of the international literature. As part of the stakeholder survey, social workers were asked to indicate any aspects of well-being that were not covered by these strengths and in no case were additional areas of need or strength identified.

Prior to its introduction to SWIS the tool was piloted with a small number of Auckland-based social workers. It was then introduced to the social workers at a national training hui in Rotorua prior to Easter 2001 and was followed up with small regionally-based group training sessions across the country in the following weeks. The responsibility for training, monitoring and maintenance of the tool rests with Child, Youth and Family Contracting.

In using the tool social workers assess strengths on the basis of three options (see Table 3) The first choice describes situations where the child and the family demonstrate strong evidence of the strength and are able to cope with significant crises in this area should these occur. The second choice describes evidence of the child's and family's ability to cope adequately in non-crisis situations. This rating indicates that the coping ability of the child and/or family would not be sufficient in crisis situations. The third choice describes those situations where the worker assesses the family as one where strengths are significantly absent, indicating that

work could be required to ensure that the family developed the strength at least to maintain its well-being.

In making it possible for workers to choose only three outcomes there was acceptance that significant changes might occur without shifting a family from one option to another. This may well provide an overall limit on the ability to assess change, with major changes disguised within a single choice and not recorded as a shift across options. However, the value of limiting choices to three was that it simplified the process in order to ensure greater levels of consistency across different areas of social work practice.

4.4.1.1 TABLE 3: THE SEVEN KEY STRENGTHS

	Label	Description	Options		
			A.	**B.**	**C.**
A.	Physical needs	Adequacy of material resources to meet basic physical needs (health, food, shelter, clothing)	Family has enough resources to enhance the physical well-being of the child	Family has enough resources to maintain the physical well-being of the child	Family does not have enough resources to maintain the physical well-being of the child
B.	Management physical needs	Family management of material resources	Family manages material resources to enhance the well-being of the child	The way the family is managing material resources maintains the well-being of the child	The way the family is managing material resources does not maintain the well-being of the child
C.	Parenting	Good quality parenting (love and boundaries)	Parenting practices enhance the well-being of the child	Parenting practices maintain the well-being of the child	Parenting practices are detrimental to the well-being of the child
D.	Positive sense of the future	Positive sense of purpose and future (dream, emotional (hinengaro), spiritual (wairua))	The child has a positive view of their own future	The child has a view of their own future which is neutral to their well-being	The child has no view of their own future or a negative view of their own future
E.	Sense of identity and dignity	Sense of identity/dignity	The child has a positive sense of their own identity (within their family/ culture)	The child is developing sense of their own identity (within their family/ culture)	The child has a negative or no sense of their own identity (within their family/ culture)
F.	Skills to negotiate the world	Skills to negotiate their path in the world (ie, skills in communication, education)	The child has the skills needed to take positive advantage of opportunities in the world	The child is developing the skills needed to take positive advantage of opportunities in the world	The child needs help to develop the skills needed to take positive advantage of opportunities in the world
G.	Pathways to growth	Pathways to growth	The environment of the child is conducive to their growth	The environment of the child is inconsequential to their growth	The environment of the child is detrimental to their growth

The first three strengths apply to families and/or caregivers while the last four apply to children.

4.4.1.2 SUB-STRENGTHS

The seven individual key strengths themselves were not considered adequate to cover all aspects of need and were subdivided into sub-strengths. These sub-strengths also provided a greater explanation to social workers on the nature of the key strength.

Physical needs

Are the physical resources (environments) adequate for the family?

Food	The child is not missing meals, regularly has lunch or has an adequate diet
Housing	Housing is safe and not overcrowded
Clothing	The child is adequately clothed
Health or disability	The child's health or disability needs are being met
Finances	Family has adequate financial resources, realistic debt, and adequate access to benefits or employment
Communication and transport	There is access to a phone, safe transport to school and necessary services[1]

Management of physical needs

Management of the physical resources (environments) by the family

Knowledge of supports/ services	Family is aware of needed supports or services
Use of supports/ services	Family is drawing on accessible supports or services
Resource management	Family is managing the resources it has adequately

Parenting

Quality parenting

Positive role models	Caregiver/s provide positive role models (only one person is needed)
Adult leadership	Family experiences quality adult leadership
Consistent discipline	Non-abusive and consistent discipline is provided
Appropriate affection	The child experiences affection that is appropriate
Understands the child	Caregiver/s understand the child's needs and points of view
Realistic boundaries	Caregiver/s set realistic and age appropriate boundaries for the child
Adequate supervision	The child receives adequate and appropriate supervision

Positive sense of future

Positive sense of purpose and future

Purpose in school	The child has a clear understanding of the value of school for her/him
Role visualisation	The child has a ability to see him/herself in one or a range of roles in the near and/or distant future

Sense of identity and dignity

Sense of identity and dignity

Knowledge of origins	The child has a story of origins, a sense of cultural, familial and spiritual identity
Comfortable with self	The child likes herself/himself and is comfortable with his/her identity
Preferences	The child has preferences and makes choices in activities and friends
Balances individual/group	The child has an appropriate sense of boundaries between his/her identity as an individual and as a member of different groups

[1] This was the phrase used in the database. It should be seen as including safe walking or cycling routes to school and may need a change in wording to reflect this.

Skills to negotiate the world

Skills to negotiate their path in the world

Communication skills	The child can communicate effectively with family/whānau, teachers, peers and adult others
Educational ability	The child's education performance is acceptable – able to stay on task, able to write well compared to others of the same age, making progress in their reading, able to work independently (teachers' judgement)
Social skills	The child has the social skills to deal effectively with family/whānau, teachers, peers and adult others
Cognitive skills	The child has age appropriate cognitive skills
Emotional skills	The child has the emotional resilience to deal with day-to-day experiences
Problem solving skills	The child has the problem solving skills to cope with day-to-day difficulties encountered
Adaptability/flexibility	The child has the ability to adapt and be flexible where appropriate
Coping with challenge	Challenges and changes are coped easily accommodated and responded to
Ability to plan	The child can plan to achieve positive change

Pathways to growth

Absence of barriers to growth

Freedom from abuse	The child does not suffer from abusive relationships or experiences
Freedom from neglect	The child's essential needs are met
Absence of trauma	The child has not experienced recent trauma or has unresolved issues from earlier trauma
Supportive school	The school environment supports the child's identity and growth
Home and School align	The school and family/whānau are working together to meet the child's needs
Good role models	The child experiences good positive adult role models
Positive peer relationships	The child has positive relationships with friends

The evaluation primarily made use of quantitative records of children's and families' progress over time. Outcome and presenting problems were also cross-tabulated with characteristics of children and families to see if there were any patterns.

4.4.1.3 ANALYSIS

Analysis of the data focused on the issues of concern which were identified by social workers in their assessment process. Pre and post-intervention measures were analysed to look at changes in clients' circumstances over time.

4.4.1.4 LIMITATIONS OF THE DATA FROM THE DATABASE

The problems involved in the implementation of the records systems and their accompanying database have resulted in severe limitations in the quantitative data available for this evaluation. The introduction of the full computerised version was too late and the level of training was insufficient to ensure consistency and delivery of data. This meant that it was not possible to meet the evaluation's objective of covering a period from June 2001 to the end of April 2002. Less than half the expected data was delivered to the evaluation team prior to the completion of this report. As discussed earlier, many of the data entry processes and the resultant problematic data demonstrated social workers' lack of understanding of or commitment to the underlying principles of the records system. Child, Youth and Family began a remedial training exercise in May 2002. This involved sending trainers out to all providers to ensure that all social workers and providers had the essential skills to enter data and transfer that data to Child, Youth and Family Contracting and then on to the evaluation team. This exercise identified a serious lack of basic computer skills among many of the social workers, including an inability to

use basic word processing features such as cutting and pasting. While an increasing amount of data has since been transferred to the evaluation, a good deal of this data is retrospective and has significant gaps. The records system allowed social workers considerable discretion as to the information they entered into the database. While the retention of this general principle is desirable, it has led to the omission of some key information, such as the timing of key processes.

Social workers' use of the records system was more consistent and complete in areas of practice with which they were most familiar, such as client details and recording of risk. Social workers had less understanding of the more complex strengths-based components of the database and used them less. Many social workers were critical of the amount of time involved in filling out this material and in its relevance to their practice. However, the limited data provided shows that more general use, following more intensive training, would provide a valuable tool for contract management, social worker and agency self-assessment and overall evaluation of the programme.

The very large number of strengths-based components of the seven key strengths also limits an effective use of the data to quantify outcomes at this stage in the development of the programme. Because social workers only report on change in components on which they have worked, it would take some time before there could be an overall appreciation of the relative success of interventions in each of these sub-strengths. The principal evaluators will be following up all database issues with Child, Youth and Family Contracting at a later date.

4.4.2 Activity diaries

The diaries comprised two sections, a grid for recording contact and non-contact hours for the week in question, and a section asking for information on hours paid, sick leave and approximate hours providers and schools dedicated to SWIS. They also included a covering information page. This page gave details of how to complete the diary, the incentive to return it and contact details for the evaluation team.

Staff in Child, Youth and Family Contracting provided contact details of social workers. The evaluators sent the diary to 70 social workers a week before measurement commenced, asking them to keep a record.[2] The return deadline was one week after the measurement week.

The diaries were sent at three different times, July 2001, November 2001 and March 2002, in order to capture information about different times of a typical SWIS working year.

After the deadline, reminder notes with another copy of the diary were sent to those social workers who had not responded. A final cut-off was made two weeks after the reminders were sent. The evaluation team followed the same procedure for each of the three diaries.

[2] Once returns were received, evaluators discovered that a number of these workers were half time or had left but had not been identified as such on the list.

4.4.2.1 RETURN RATES FOR THE ACTIVITY DIARIES

Table 4 presents the return rates for all three diaries.

TABLE 4: RETURN RATE FOR ACTIVITY DIARIES

Diary #	Total returned	% of sent
1	41	58.6%
2	23	32.8%
3	28	40.0%

The return rate for diaries for the first round was good for a mail survey of this type. However, the difference in return rates between diary one and diaries two and three was dramatic. The higher response rate for the first diary was possibly due to the recent face-to-face contact social workers had had with the evaluation team. Apart from the time of year, the only other factor that may have affected return rates was the amount of other evaluation material the social workers were required to complete. The second diary was sent out at the same time as the survey questionnaire from another part of the evaluation (see below).

It is possible that social workers were reluctant to complete yet another form, considering the questionnaire they had just filled in. Further, while the cover sheet for each diary explicitly mentioned that they should send the diary on three occasions, social workers may have felt they had sent one diary and that there was little point in repeating the exercise. As the three sets of diaries all produced comparable results, it is unlikely that the lower response rate of the second and third diaries had an impact on the robustness of the data from this source.

4.4.3 Mail survey of all SWIS stakeholders

A mail survey of SWIS stakeholders explored their perceptions of the impact of SWIS on a range of key groups. The survey questionnaire reached as wide a range of stakeholders in the SWIS programme as possible. To this end, social workers were asked to provide an initial list of key stakeholders in a pre-survey exercise.

All SWIS social workers received the pre-survey in October of 2001. This asked social workers to supply the names, organisations and positions, as well as contact details, of people with whom they had contact as part of their SWIS duties. After two weeks, a reminder letter with another copy of the pre-survey was sent to all social workers who had not responded.

In total 42 social workers returned the pre-survey. This included at least one social worker from 30 of the 34 provider sites.

As well as these respondents, principals from all schools with SWIS workers, SWIS provider managers and Child, Youth and Family contract managers were included in the sample.

The sample comprised five distinct groups of stakeholders:

- SWIS social workers;
- school personnel, including Resource Teachers Learning and Behaviour (RTLBs), principals, Boards of Trustees members, senior school staff and special needs co-ordinators;
- Child, Youth and Family specialist contract managers and statutory social work staff;

- providers, mainly managers of SWIS services; and
- other stakeholders, including: Work and Income New Zealand case managers, Special Education Services (SES) staff, family support service workers, community liaison workers, kaumātua, Strengthening Families co-ordinators, police officers, psychologists, and Public Health Nurses (PHNs).

4.4.3.1 THE QUESTIONNAIRE STRUCTURE

Each of the above five stakeholder groups received a different version of the survey questionnaire, tailored to tap into their particular area of knowledge about the SWIS programme.[3]

All five versions included a cover sheet. This briefly explained what the evaluation of the SWIS programme was about, as well as how and why the respondent was included in the sample. An incentive to complete the questionnaire was also included.

The questionnaires discussed the issue of confidentiality, as questionnaires were uniquely numbered in order to send reminders selectively. They also included contact details for the researchers and encouraged respondents to call if they had any questions.

4.4.3.2 RESPONSE RATE FOR THE SURVEY

Questionnaires were posted to respondents with a self-return envelope in November 2001. A reminder letter was sent two weeks later to stakeholders who had not responded, enclosing another copy of the questionnaire. The survey was closed six weeks later. Table 5 includes the response rates for each stakeholder group.

The 'surveys sent' number excluded all survey questionnaires returned unopened. The overall response rate was 70% and is excellent for a survey of this sort. The school return rate was most impressive, which may be partly due to the nature of the incentives offered to those who completed the questionnaire. The response rate from provider managers was lower than expected, despite sending out reminders. The evaluators believe that the relatively low response rate for Child, Youth and Family workers was due either to high workloads for Child, Youth and Family Contracting and frontline social workers or to perceptions on the part of frontline staff that they did not have enough contact with SWIS to usefully respond.

TABLE 5: RESPONSE RATES TO SOCIAL WORKER AND STAKEHOLDER SURVEYS

Version	Respondents	Surveys Sent	Surveys returned	Response rate (%)
Social worker	Social workers	67	46	69%
School	School personnel (principals, RTLBs, other teaching staff)	231	184	78%
Other stakeholders	PHN, SES, police, non-SWIS social workers	260	171	66%
Child, Youth and Family	Child, Youth and Family staff, specialist contract managers	42	19	45%
Provider	Provider SWIS managers	32	21	66%
Total		**632**	**441**	**70%**

[3] Electronic copies of all data collection instruments can be requested from the Evaluation Unit of the Ministry of Social Development.

4.4.4 In-depth interviews with stakeholders involved with five providers

In-depth interviews were carried out with the stakeholders from five selected providers on two occasions in order to establish detailed provider profiles.

4.4.4.1 PROCEDURE FOR IN-DEPTH INTERVIEWS

The interviewers asked providers and social workers to provide details of relevant stakeholders to be interviewed and interviewers contacted them personally to set up interviews.

The interviews were primarily face-to-face. Most were held one-to-one with some being held in groups.

There were different versions of the interview schedules for:

- providers;
- social workers;
- principals and teachers; and
- representatives from other agencies.

Briefing sessions with the interviewers ensured consistency of approach and interviewing procedures. There were two interview rounds. The first took place in July 2001, and the second in November/December 2001. The gap between the two interview sessions was not ideal but was necessitated by the timeframe for the evaluation and attempts to reconcile the demands of interviewing with the seasonal stresses and timetables of schools.

All providers were given feedback on the general issues around the SWIS programme emerging from the first round of interviews with all informants. Any particular areas of concern pertaining to individual providers were also discussed with the provider concerned. The research model adopted allowed feedback to be given to providers in order that they improve their programme development during the evaluation period. In some cases issues of concern came as a surprise to providers but in others, providers had already identified areas where further work was required and had either embarked, or were about to embark, upon some form of remedial action. In general, where informants in the first round had raised concerns, providers had made significant attempts to address these by the time the second round of interviews took place. This level of change demonstrated the value of the process and the evaluators were surprised by this given the very short period between interview rounds.

Interviews were all audiotaped, unless participants did not give consent to be recorded. The few that refused to be taped included RTLBs, Child, Youth and Family staff and representatives from community-based agencies. No transcriptions were undertaken unless individual interviewers required them. Each interview was written up from the tapes as a summary by the interviewer, who developed both an overview account of the interview and a summary of the responses to each question. The questions in all interview schedules were coded so that all participant responses to the questions addressing similar topics could be viewed together. Once all the interviews had been completed the individual responses for each coded area were selected out so that the evaluation could show all responses from different participants to each question in one place. These were circulated to all the interviewers, who then participated in analysis meetings. During these meetings, results were discussed in terms of the evaluation objectives. The analysis was based on interview content while taking into account the context of each piece of information.

4.4.4.2 SELECTION OF THE IN-DEPTH SITES

In the pilot evaluation the relatively small number of sites allowed all to be included. With the expansion, sampling of provider sites was essential.

In selecting sites it was considered important to cover the range of new site profiles that had not been evident during the pilot. These included:

- schools which had a large enough population to have a social worker working exclusively with their children and families;
- large-scale and mainstream social work providers;
- social work providers in South and West Auckland. Here social services covered blanket areas with more than one provider;
- South Island providers; and
- health providers. There were a significant number of health providers who gained contracts to provide social work services. The inclusion of health camps as providers of social work services was especially noticeable.

In addition to these factors other criteria seen as important in selecting the site sample were:

- Māori and Pacific providers providing services to both Māori and Pacific and non-Māori and non-Pacific clients within their clusters;
- social work services being provided at some distance from the provider base; and
- providers servicing a single social worker. During the pilot evaluation there were concerns about problems of isolation where a sole social worker provided social work services.

The selected providers that agreed to participate covered all but one of these criteria. There was no social worker servicing a single school, although one social worker's two schools shared a common boundary. Two other providers declined to be involved. They considered that they could not at that time support the level of commitment that the evaluation would have involved as this might have resulted in a disruption to their service.

The provider sites participating in the evaluation were:

- an Auckland social service partnership. In the Auckland site, a partnership of two providers was delivering social work services. One was a mainstream social service provider with very substantial experience in providing social services to children and families and also with a history of providing social services through schools in other areas. The other was an urban Māori provider, also with substantial experience in social service delivery. The contract was for three social workers providing services to seven schools.

  The bringing together of two experienced providers of social services was a major feature of this site, and one where the challenge was to draw effectively on the strengths that each brought to the service. Both providers worked to achieve this and were committed to a strengths-based approach. The site covered a large urban area with schools sometimes unnaturally clustered together (ie, not necessarily close together or with common families). This created difficulties for some of the social workers employed by the two providers who found themselves servicing more than one community. The area had a strong Strengthening Families network and many schools were already experienced in accessing social services for their children. The community also had a very mixed population with

large Pacific and Māori communities and a growing number of new immigrants. The SWIS social workers had all been Pākehā except for one Pacific worker. The providers were contracted to employ three SWIS social workers. Over the period of the evaluation, five social workers left and there were difficulties and delays in filling positions. This degree of instability affected the operation of the programme by resulting in gaps in service for some schools, and in weakening continuity of services to clients and schools;

- a Māori provider in a small provincial town. This iwi provider was involved in a range of services within the town and a close neighbouring town and had a SWIS contract to provide services in a nearby metropolitan centre. This provider serviced the only Kura Kaupapa Māori in the sample sites, although there were three kura in the pilot sites.

  Schools in this site had publicly voiced increasing concern about the impact that family violence and socio-economic problems within their communities were having on children and their ability to learn. Teachers, who had to deal with difficult and sometimes highly volatile situations concerning children and whānau and who experienced a lack of professional support in dealing with the many complex social issues, welcomed the service. The school population was strongly Māori and school principals were Pākehā, even in the case of the principal of the kura. The town had high levels of unemployment and all its schools were low decile, despite the region being generally better off and with decile 10 schools in towns elsewhere in the region. Two Māori social workers with strong cultural links to their clients were a particular feature of the site;

- an urban social work service provider with one social worker in a small provincial town approximately 80 kilometres from the social service provider's base.

  This community also had an iwi provider and a substantial Māori population. Two of the three schools involved in the cluster had Māori rolls above 70% and the third had a 40% Māori roll. The process of appointment created difficulties for the provider which was an outsider to the community. The social worker was Pākehā as were the school principals, two of whom lived outside the community;

- a health camp providing four social workers to 11 schools in a South Island metropolitan area.

  Although this provider was inexperienced in the employment of social workers it showed itself to be an effective social service provider and demonstrated a strong commitment to SWIS. The schools did not form a natural community and the social workers did not have a common base. Three of the social workers were Pākehā and one was Pacific. The schools' communities were mixed with 30 to 35% of their populations being Māori. There were also significant Pacific communities and a growing new immigrant population; and

- a Pacific agency providing social work services to five suburban schools with a contract to provide 1.5 social workers, although this was supplemented by agency funding to provide two positions. This provider also had links to a Māori provider providing the services of two social workers within the same area and sharing services to one school. Although they were involved in separate service provision, all the social workers had access to a common space at one of the schools.

  This was a lower socio-economic area with a high Pacific population. The community was badly affected in the 1990s with a declining population because of the impact of market rentals on its large number of state housing properties. This trend had been partly reversed since the abandonment of this policy. Poverty remained a major problem. The provider had a strong commitment to Samoan models of practice and linked SWIS clients to a wide range of other services it

delivered. The provider had a particular commitment to Pacific clients and their families in the schools.

4.4.4.3 INTERVIEW RESPONDENTS FOR THE PROVIDER PROFILES

There were 184 interviews carried out altogether for this exercise. Respondents from the first round of interviews were approached for the second round wherever possible. In some cases, those who had not been available for the first round were approached during the second round. There were no instances where key stakeholders like social workers or providers were missed in either round and therefore evaluators felt that a comprehensive picture of each provider area emerged in each round of interviews.

TABLE 6: RESPONDENTS TO THE PROVIDER PROFILES

	Social workers	Providers	Principals and school staff	Other agencies	Total
Round I	10	13	38	39	**100**
Round II	12	20	23	29	**84**

Respondents interviewed from other agencies included:

- cultural supervisors;
- Resource Teachers of Learning Behaviours (RTLBs);
- Public Health Nurses;
- social services providers;
- programme staff;
- Child, Youth and Family Contracting staff;
- Child, Youth and Family liaison staff;
- Child, Youth and Family social workers;
- Ministry of Pacific Island Affairs representatives;
- community centre staff;
- community projects staff;
- health camps staff;
- Special Education Services staff;
- Māori community groups;
- Pacific community groups;
- mental health workers; and
- iwi social services staff.

The evaluators developed separate topic guides for each group to reflect their involvement with SWIS.

4.4.5 In-depth case studies

In-depth case studies were carried out for 27 cases representing 31 children and their families. This was three cases short of what was planned but numbers had to be reduced because some social worker positions were vacant and another social worker was off work for some time. The evaluators therefore had to reduce the evaluation load on the remaining social workers by reducing the number of cases.

The case studies involved in-depth, face-to-face interviews with everyone involved with the child's case including: the children; their families (and/or caregivers); their SWIS social workers; their teachers; and workers from any other agencies involved. The emphasis was on the outcomes for each group as well as their experiences of the SWIS process. The interviews took place in November and December 2001, with a few held over until January and February 2002.

4.4.5.1 SELECTION OF CASES

All but one of the in-depth Provider Profile sites provided client participants for the case studies. Clients from one additional site, an iwi Māori provider in a small Northland town, were also included in this exercise. This provider was servicing a wide rural area and was included because, having been part of the pilot, it had a longer history of social service provision to schools. It was hoped that its inclusion would make it possible to assess longer-term change by examining clients who had been seen by social workers in the period prior to the programme's expansion. In the event, however, this did not prove possible. Problems of client and social worker transience made it difficult to follow up on earlier clients. The Northland provider was not included in the impact evaluation because new providers were the priority. It was therefore difficult to place the interventions examined at that site in a broader community and provider context. Because of the selection process, and the need to interview the social workers involved, no cases were reviewed where there had been a break in service delivery because of a change in social worker. This means that there is no in-depth information available about the impact of the turnover of social workers on individual cases.

TABLE 7: NUMBER OF CASES FROM EACH PROVIDER TYPE

Provider types	**No. of cases**
South Island health camp provider	7
Metropolitan partnership between mainstream and Māori organisations	6
Rural iwi provider	6
Regional iwi provider	5
Mainstream organisation with one SWIS social worker remotely-based	3
Total	**27**

Individual cases within those provider sites were to be selected from the chosen providers' database records late in 2001. However, at the time of the selection process, data from the database was not available. Therefore, evaluators asked social workers at each provider site to submit unidentifiable details of a number of cases from which a selection could be made. The aim was to choose the most diverse range of cases possible while minimising the additional load on any one social worker. Social workers were also asked to identify and exclude those families who were in current crisis situations. Overall, social workers submitted twice as many cases as were needed and a selection was made to ensure overall diversity, with representation of different age groups, genders, ethnicities, and types of issues. Evaluators also asked social workers to locate and submit one case where they felt the intervention had not gone so well. Only three of these ended up in the final mix of cases because families were unable or unwilling to participate.

The final selection of cases included:

- Māori, Pacific and Pākehā cases (to ensure the experiences of each group were explored);[4]
- children of different ages (ranging between ages 5 - 13);

[4] Very few Pacific cases were submitted by these sites and therefore all were chosen.

- cases where social workers considered things went well; and
- three cases where social workers considered that the intervention could have worked out better.[5]

4.4.5.2 THE CASE STUDY SAMPLE

In some cases more than one child in the family/whānau was the focus of the work done by SWIS and so the 31 children identified represented 27 cases. In many cases, children were not always the sole focus or even the primary focus of work. In fact, many SWIS workers and school personnel identified the importance of working with other whānau/family members, particularly parents/caregivers, in order to achieve forward movement around critical issues.[6]

Within the group of children involved in these case studies, there was a mix of age, gender and ethnicity (see details in Table 8 and Table 9).

TABLE 8: AGE AND GENDER OF CHILDREN IN CASE STUDIES

Age	Female	Male	Total
5-7	4	6	**10**
8-10	6	6	**12**
11-13	4	5	**9**
Total	**14**	**17**	**31**

TABLE 9: ETHNICITY AND GENDER OF CHILDREN IN CASE STUDIES

Ethnicity	Female	Male	Total
Pākehā	7	6	**13**
Māori	4	8	**12**
Pacific	2	1	**3**
Māori/Pākehā	1	1	**2**
Other	0	1	**1**
Total	**14**	**17**	**31**

4.4.5.3 THE INTERVIEW PROCESS

Following selection of the cases, social workers approached families for permission to pass their contact details on to the evaluators. If families had moved, were unavailable or refused this permission, the evaluators selected a comparable case from the original list of names submitted and repeated the process.

---

[5] The three cases came from three social workers located with three different providers.

6 The phrase "parents/caregivers" is used in this report because in several cases children were living with other adults, grandparents or close friends who had assumed the primary care responsibility for the children. This classification therefore includes all these sorts of whānau/family configurations.

Social workers were interviewed in relation to all cases selected where they had been involved. Some social workers had more than one case included in the case study but were only interviewed on one occasion during which all their case study cases were covered. Parents/caregivers of the children involved in the case study cases were interviewed in every case. Sometimes the work carried out on these cases by social workers was only with the families even though the child had been the initial point of contact. For this reason, not all children from these cases were asked to be interviewed. Some of the remaining children did not agree to be interviewed.

When relevant, other key people involved with each case were also interviewed. These mostly included school personnel (teachers, RTLBs and principals). School personnel were not interviewed in cases where school-related issues were not present. In some self-referred cases, families requested that school personnel not be interviewed if they were unaware of the family's contact with the social worker.

There were five interviews with other agencies (two health camp co-ordinators, the member of a runanga, an iwi social service agency worker and a counsellor).

TABLE 10: NUMBER OF AND TYPE OF RESPONDENTS IN CASE STUDIES

Respondent type	No. Interviewed
Children	27
Parents/caregivers	31
Social workers	13
School staff and other agencies	10
Total	**81**

The interviewers were organised into three cultural teams so that there was a Māori team, a Pacific team and a Pākehā team. The division into cultural teams ensured that the appropriate Māori and Pacific cultural protocols were observed and assisted respondents in feeling at ease with the process. This also allowed an analysis of any issues specific to Māori as well as those specific to Pacific peoples. The Pākehā team dealt with the one case which did not fit into these ethnic categories. No special cultural protocols were used in this instance.

Respondents were initially matched with interviewers with the same cultural background wherever possible. Respondents then had a choice if they did not want to be matched with someone from the same cultural background and a replacement would be found.

Once the family gave their consent, social workers passed contact details to the evaluation team. At that stage, interviewers from the evaluation team made contact with families, explained the evaluation and asked permission for the case to be included in the case studies. In some instances, the SWIS social worker accompanied the interviewers to smooth the way for their first meeting with the families but left once the interviews began.

As part of the consent process, interviewers asked families specifically whether they (the interviewers) were allowed access to the children involved, the written case files and various professionals involved with the case. Once families gave their consent, interviewers contacted other respondents involved with the case.

The interviewers gave written and oral information about the evaluation to all respondents before their consent was finalised. Children had simplified versions of information and consent passed on to them and, in some cases, the written material was translated into Samoan for adult respondents. Interpreters were used in one case where the parents/caregivers could not understand English. In another case, an interpreter was used as the respondent was deaf.

Interviews with all children took place in the presence of their parents/caregivers. Specific child-centred interviewing techniques ensured that the process was appropriate and that children felt a measure of control of the situation. In one case three children from one family were all the explicit focus of work by a SWIS worker and in one other case, two children from the same family were the explicit focus of work. In these cases, the children from each family were interviewed together.

Interviews varied in the time taken from less than 30 minutes for children to an hour and a half for adults.

In all cases, interviewers gave children a koha in the form of pens or stickers. Interviewers also gave parents/caregivers a koha to acknowledge their participation. This took the form of petrol or book vouchers. Children and families interviewed did not know that they would receive a koha until their interviews were finished.

4.4.5.4 THE CASE STUDY TOPIC GUIDE

The evaluation interviews were structured around a topic guide covering educational, social/behavioural and health/disability issues that brought the child and their whānau/family into contact with SWIS. The questions explored the following areas:

- consideration of how the child and family/whānau came to the service (the method of referral);
- the range of SWIS involvement;
- what was achieved across the cases;
- what improvements for children and parents/caregivers were attributable to SWIS and what were attributable to other factors;
- the range of supports and inputs in addition to SWIS that was made available to child and parents/caregivers; and
- any issues participants identified that could be improved in SWIS operation.

The topic guide varied according to the different audiences interviewed. There was one for children, one for their parents/caregivers, and one for school staff and respondents from other agencies.

4.4.6 Analysis

Evaluators used the same processes of coding data and writing up the interviews for the provider profiles and the case studies. At the analysis meetings, interviewers discussed the aggregated overview of their cases and ensured that those present had a detailed understanding of the story of each case. This helped inform the contextual dimension of the analysis. Every attempt was made to ensure that there was an adequate balance between the holistic and contextualised 'stories' that emerged out of each intervention and the analytic process leading to the identification of general themes for the overall purposes of the evaluation.

In addition to this, each of the ethnic teams met separately to identify and write about any themes specific to their groups to ensure that the data were framed within the relevant cultural contexts.

All the above written information was then passed to the team's writer, who prepared a first draft of the case studies findings. This draft was then reviewed by other members of the team for accuracy and to ensure that all issues and their nuances had been fully reported.

4.4.7 The evaluation team and their experience

The inclusion of active social service professionals in the evaluation team, with backgrounds in services to children and families/whānau and in community development, greatly assisted the ability of the research team to link the evidence collected to models of good practice. The evaluation team members had a wide range of complementary skills, including experience in social service delivery, social service evaluation, educational service delivery, Pacific and Māori social service delivery, project management and research. The research team also consisted of researchers with strong community links to the groups that were participating in the evaluation. All the interviewers were experienced researchers and the interview team included the principal evaluators.

4.4.8 Approach to the evaluation

In undertaking the overall research plan, and in particular in analysing the qualitative material collected from interviews with both stakeholders and clients and their families, the model for SWIS as outlined in the operating protocols also provided a valuable tool.

This model places an emphasis on:

- strengths-based practice;
- child-focused and family-centred practice;
- cultural sensitivity and responsiveness;
- effective partnerships between stakeholders;
- professional social work service;
- flexibility; and
- prevention and early detection.

The emphasis on child-focused and family-centred interventions along with the strengths model were leading factors in looking at qualitative data. Client satisfaction and the satisfaction of stakeholders in the delivery of services was not the ultimate test of good social work practice. The evaluators needed to examine positive statements against the fundamental principles outlined within the model. Evidence of achievement and positive change was therefore more important than client satisfaction alone.

Māori and Pacific evaluators had special interest in the nature of services being provided to Māori and Pacific children and their families, both by Māori and Pacific providers and social workers and by non-Māori and non-Pacific providers and social workers. Their knowledge of Māori for Māori and Pacific for Pacific services, their work with Māori and Pacific children and their families and their involvement in Māori and Pacific models of practice made them well-placed to assess benefits for Māori and Pacific children and families.

The evaluation also placed strong emphasis on using triangulation between different evaluation tools. The qualitative data collected from interviews with stakeholders could then be compared with survey data from a broader range of social workers and stakeholders. At the same time, data collected about interventions from client records could be examined against the interviews with clients, their families and associated workers. Issues common across different data sets could be highlighted as well as key differences. The analysis of quantitative material occurred in a broad

contextual framework, which allowed an understanding of the quantitative results as an integral part of a social context.

4.4.9 Ethics

Massey University's Human Ethics Committee approved the evaluation plans, including details of the ethical considerations relating to this evaluation. The plans detailed the evaluation methodology, the approach to be taken by the evaluation team, and the specific activities to be undertaken to ensure the safety and privacy of all participants including members of the evaluation team. The team was guided by the standards set by the Australasian Evaluation Society.

There were some ethical issues to be noted in interviewing clients of this type of service. Intensive interviews by evaluators cannot be isolated from the social work interventions themselves and have the risk of impacting upon outcomes, and at worst undermining benefits that had been achieved through the intervention itself. To overcome this, interviewers underwent specialist training on interviewing with this client group. Therefore all interviewers were aware of the aforementioned risks and felt able to refer issues raised in interviews to social workers if necessary. As it happened, none of the interviewers considered that it was necessary to refer issues that were discussed back to the social workers and, serendipitously, the interview process prompted some families to renew contact with their social workers.

5 SWIS in practice

This chapter reviews the implementation and delivery of SWIS. It is primarily concerned with process, but also explores the extent to which aspects of service delivery may have contributed to outcomes. The chapter begins with a review of the participants engaged in contracting and providing SWIS and then discusses the role and activities of the social workers.

5.1 An overview

The following diagram outlines the various components of SWIS and demonstrates the general nature and flow of the work.

TABLE 11: COMPONENTS OF SWIS

Development of good practice operating guidelines/ protocols [completed by Child, Youth and Family in consultation with the Ministries of Health, Education, Pacific Island Affairs, Te Puni Kōkiri and Massey University] **Partnering protocols decided** **SW appointed following selection process** **Induction process into** • employer agency • schools • communities	**Practice operating guidelines/ protocols are followed** **SW puts in hours into each domain of the work** • relationship management • casework with children and families • group/programme work • administration and reporting **Professional development** **Supervision** **Establishing/ maintaining effective relationships with relevant stakeholder communities** • school staff • children • families • police • providers (employers) • other providers • iwi • community agencies • government agencies (Child, Youth and Family) • on-site visiting professionals including RTLBs, and PHNs. and possibly in some schools school health nurses.	**Process for individual case work** 1. establish contact with stakeholders 2. referral 3. do assessment 4. develop plan with family 5. implement plan 6. review progress 7. go through steps 4-6 till case is ready to close 8. ongoing maintenance of accurate, relevant and concise case notes 9. close case **Process for setting up and running programmes** 1. topic area needs to be identified 2. programme designed or purchased 3. resources acquired 4. recruit children and families 5. run programme 6. review programme 7. finish or re-run programme **Other agencies' programmes** • development • co-ordinating • supporting the continuation of other agencies' programmes

5.2 Funder and providers

5.2.1 Funder support and the contract relationship

Child, Youth and Family undertake the monitoring of contracts. Renegotiation of contracts was undertaken in 2002 to ensure that contracts addressed outcomes rather than inputs and outputs. Commentary on this change relied heavily on data being supplied to Child, Youth and Family Contracting and to the evaluation. As this data

arrived very late in the evaluation, it is difficult at this stage to comment on the success of this change.

More generally, there was significant criticism of the monitoring of contracts by Child, Youth and Family at a national and local level. This criticism came from providers and social workers. At a local level the issue depended largely on the ability, knowledge and accessibility of individual contracting staff. As providers and schools noted, a potential conflict of interest complicates the relationship between Child, Youth and Family and individual providers. On the one hand Child, Youth and Family monitors contracts in order to ensure that government outcomes are being met and contract obligations fulfilled. However, on the other hand Child, Youth and Family also provides through its contracting branch significant provider and social worker supports at the level of training and advice. Providers and schools often had difficulty distinguishing between the two. They believed that Child, Youth and Family's ability to respond to the needs of some sites was limited. However, despite the potential for conflict in these roles, there are major benefits in keeping the two functions together. This does require, though, that Child, Youth and Family's role in supporting SWIS needs to be more clearly acknowledged and better articulated to stakeholders. This will require enhanced resources.

5.3 Providers

5.3.1 Profile of an effective SWIS provider

Stakeholder participants in the provider profile interviews identified the following criteria for an effective SWIS service:

- the right social worker: skilled, experienced, approachable, a good networker with an appropriate personality for working independently with children and a wide variety of families and stakeholders;
- the right provider: strengths-based, knowledgeable about social work, supportive of social worker, aware of importance of supervision;
- principals, teachers, families all understand social worker's role; and
- the existence of a good relationship and effective communication between the provider, the school, the social worker and Child, Youth and Family Contracting.

Stakeholders also defined the key characteristics of good providers as follows:

- their practice was strengths-based and family-focused (that is, recognising that a family has strengths and is the expert on their family, while the social worker's role is to facilitate processes);
- they understood the role of the social worker;
- they developed a relationship with the social worker, the school and Child, Youth and Family and were able to communicate effectively with all of these;
- they provided support for the social worker, including ensuring that they had adequate and appropriate space in which to work at each school, a base office at one school with filing cabinet, phone etc, and resourcing (such as mileage to places other than their office); and
- they arranged for clinical supervision of the right kind, namely structured, regular, with a senior practicing social worker, as well as cultural and peer supervision.

Providers have demonstrated many of the above characteristics. There was a high level of enthusiasm for SWIS by providers and providers were meeting the challenge of introducing a new service. They were often committing substantial amounts of time and energy into getting services established, in reviewing those services, and in meeting the very real and particular challenges that SWIS has presented. Many of the providers were also experimenting with aspects of strengths-based delivery and

showing high dedication to the needs of the schools and communities they served as well as to their workers.

Many of the issues that are discussed critically below involve difficulties that were not seen at the time the project was piloted and expanded. These issues flow from the complexities of delivering independent social work services in an environment where there are a very high number of different stakeholders. Where problems were identified providers often moved to make substantial improvements as the evaluation progressed.

5.3.2 Contracts for isolated positions

The pilot evaluation had identified isolation as a major risk factor for social workers and clients. Social workers working alone were considered to be more likely to be at-risk to themselves and also more detached from professional review and peer group support that could help ensure best practice. Despite these concerns, 18 of the new contracts were for single social worker positions. Although some of these appointments, particularly in rural areas, may have been unavoidable as is indicated below, the findings of this evaluation reinforce concerns about isolation addressed in the first evaluation.

The first evaluation also argued for the value of appointing providers that had a key role within the communities served by the schools. This has generally been the case in the appointment of providers for the expansion. However, there were a number of instances where providers were appointed who had limited experience in the community, were inexperienced as social service providers or were based at a considerable distance from schools. While these appointments have not precluded the delivery of effective and efficient social work services, the evaluation findings have emphasised that social workers need active support from an agency on the ground because both factors are critical to ensuring best practice. Further, the particular value of a close association between provider and community is that it provides support in maintaining relationships between the provider and other stakeholders. In addition, it ensures that there is a network of social service responses available for referral and to support social workers in school. The evaluators consider that both these key issues require attention in any future development of the service.

5.3.3 Governance relationships between schools and communities and the provider

The model for SWIS places particular attention on the importance of partnership relationships. Providers are not only expected to ensure that their social workers are an integral part of a social service community, but also, and most importantly, to ensure that workers are seen as strong assets to the schools from which they work. Key relationships between the providers, schools and social workers are an important part of the partnership model.

In the pilot, an external facilitator undertook partnering workshops. Responses to these workshops were mixed, depending upon the area where they were held, with each workshop drawing different kinds of stakeholders depending upon the size of the cluster. Where clusters involved large numbers of schools, partnering workshops tended to be with the provider, social worker and principal. However, where partnering workshops involved smaller numbers of schools it was possible to bring in another range of social service providers from the community and occasionally community representatives, although these tended to be self-selected.

Partnering workshops for the expansion were carried out by Child, Youth and Family Contracting staff rather than outside contractors, largely as a means of reducing the cost.

5.3.4 Partnership workshops

There were concerns about the lack of completion of the implementation of partnering workshops. These highlight the necessity for ensuring the development of a quality process to provide an agreed model for managing relationships through SWIS and for problem solving.

In some areas there was similar criticism to that generated by the first round of workshops in the pilot: that the partnering process was incomplete and that a final agreement had never been reached for managing the complex relationships that surrounded social workers in schools. At the same time there was a feeling in some-quarters that the provision of partnering workshops by Child, Youth and Family involved some degree of conflict of interest, as mentioned before.

On a more important level, the evaluation provided ongoing evidence of significant gaps in communication between different parties. However, as the evaluation proceeded some of these gaps were being bridged, or at the very least processes were put in place to attempt to ensure greater levels of communication between stakeholders.

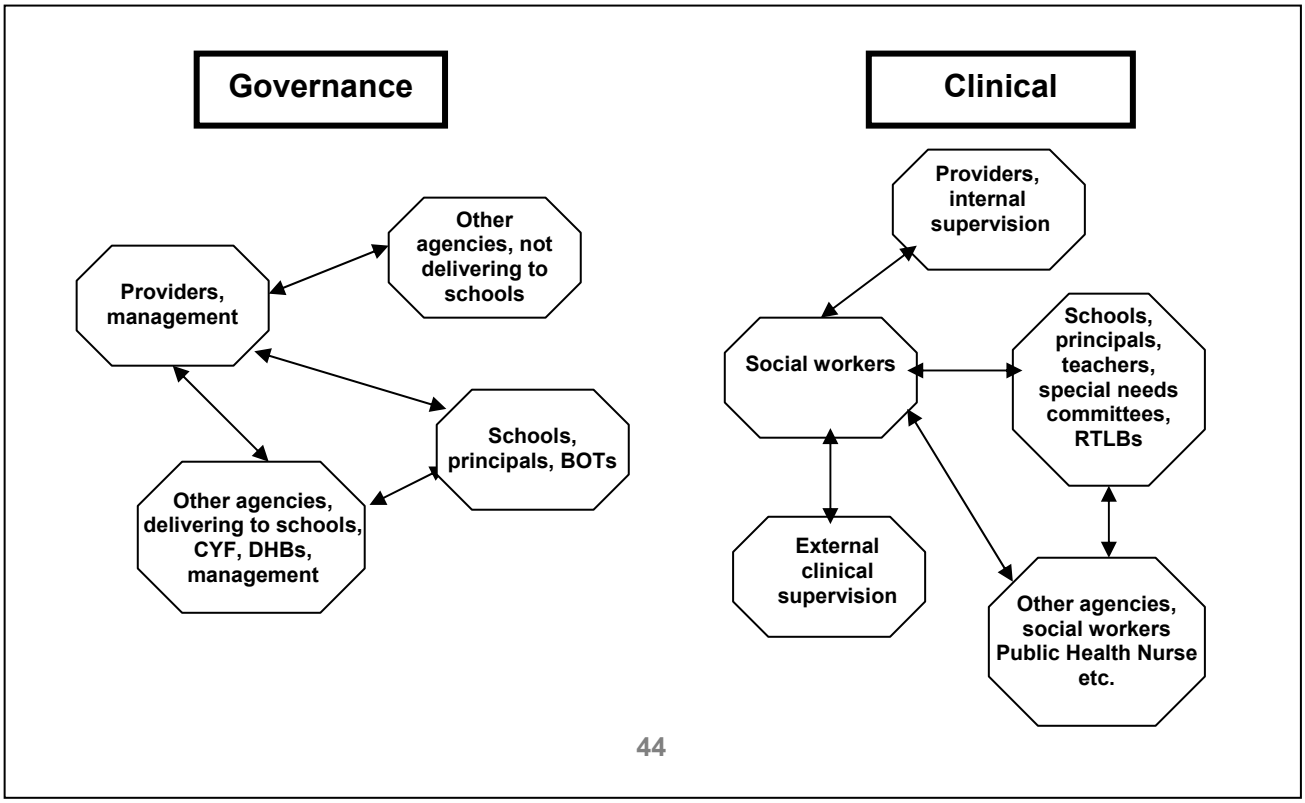
Ensuring that SWIS has a governance mechanism that allows the participation of schools and, if possible communities, in the running of SWIS would seem to be a significant priority. Schools often felt detached from the management of SWIS, and even providing a representative from schools on management committees did not necessarily ensure that all schools felt a part of the process, given the number of schools involved.

5.3.5 Management and clinical relationships

Figure 1 below illustrates the management and clinical service delivery of SWIS envisaged in the operating protocols.

Governance models for SWIS varied considerably. In some sites schools were represented on management committees, while in others the social work service did not have a management structure separate from that of the agency itself. However, some of these providers did hold formal meetings with stakeholders and had advisory structures for dealing with issues such as services to Māori.

Figure 1: Governance and delivery models for SWIS



5.3.6 Day-to-day relationships between providers and schools and other agencies

The general lack of involvement of the schools in governance flowed into the day-to-day relationship between providers and schools and was one of the most significant deficiencies in the implementation of SWIS. A weak implementation of the governance and management aspects of SWIS meant that too many of the tasks that were management and partnering responsibilities fell to the social workers. In fact, in many sites there was no day-to-day relationship. All parties seriously underestimated the time that would be required to maintain strong relationships between stakeholders and the provider.

The protocols and contract envisaged that the provider would maintain responsibility for social workers in schools. The primary responsibility for carrying out this role has rested with a busy service provider managing a wide range of contracts and services and the outcome has been insufficient attention to the needs of the SWIS programme. Schools would like to have better professional relationships with the providers, in particular, one where they saw the provider regularly.

Responding to the day-to-day needs of schools in relation to provider issues has in some instances fallen entirely to social workers. This has not proved satisfactory, and in some cases it has undermined the relationship between social workers and the school. Social workers have not been able to address problems properly, because they were not in a position to deal with the concerns raised by school principals. Principals also tended to feel a responsibility to provide a degree of supervision and support of social workers, which was more rightly the responsibility of providers. Where relationships between principals and providers were weak, and yet the schools saw the social workers as a major asset, principals often expressed dissatisfaction with the professional provider model. They often expressed interest in employing the social workers directly, not just to ensure the provision of a better service to their school, but also because of weaknesses they saw in the appropriate support being provided to their social worker.

Providers have increasingly recognised these problems and have taken steps in many instances to try to fill what has been identified, by themselves or through this evaluation, as a significant gap. Relationships have been much better serviced where there is someone at a level below the general manager who is not a frontline social worker and who has ongoing responsibility for the implementation of SWIS, if only in a part-time capacity.

Some of the providers included from the evaluation sample (as well as some other providers) have used their supervision funds along with other funding to appoint in-house supervisors who also have line management roles and responsibility for stakeholder relationships. A number of providers have developed this second tier of management independently. At least some of the funding for this has come from the supervision budget.

Generally social workers welcomed this second tier of management because it provided them with support that was more accessible, available for greater periods of time and able to respond to demands made by schools and other agencies that were more appropriately dealt with by the provider. Social workers also indicated a strong preference for supervision that was informed by the day-to-day experience of social workers in schools. The development of these in-house supervision mechanisms is an indication of the extent to which SWIS is developing its own unique social service speciality.

However, the use of in-house and line management supervisors did muddy the waters between line management and clinical supervision. The in-house supervisors were often responsible for the management of the social workers, maintaining relationships

with stakeholders, organising peer supervision and providing one-on-one clinical supervision. While all parties have welcomed this development because of its ability to fill a key gap in the service, it has come at the expensive of external review. While internal supervision was common throughout the sector, this change in SWIS did represent something of a loss, despite its overall advantages.

External clinical supervision not only provides a check for the safety of clients and workers, it also provides an external check of agencies' practices as well as individual social work practice. The absence of independent social work supervision could be problematic. Conflicts of interest could occur when there are employment-related difficulties between worker and employer and leave the possibility of collusion between agency and workers that might be ultimately harmful to clients and workers. There was also the need for external cultural supervision for workers in mainstream agencies, particularly for their Māori and Pacific workers, and this was generally available. Non-Māori and non-Pacific workers, however, also needed access to and were generally provided with cultural supervision.

5.3.7 Providing services for Māori and Pacific clients and families

Providing services for Māori and Pacific clients is a critical feature of good social service delivery in SWIS. Because SWIS targets mainly low decile (1-5) schools, the proportion of Māori students is generally high, while urban clusters also often have high proportions of Pacific students. The proportions of Māori and Pacific families in these communities are two of the criteria for determining decile ranking

There were two different provider approaches to dealing with cultural needs of Māori and Pacific clients and their families. Some were Māori for Māori or Pacific for Pacific and used their cultural focus to deliver services to all clients and their families. However, they drew on other expertise when required in order to deal with the needs of clients and families from outside their cultural umbrella. These providers usually (although not always) had workers in Māori agencies who had iwi links to the community and for Pacific providers, workers who were from a particular Pacific community.

The second approach was from agencies, broadly described as mainstream, that provided culturally generic services, and had specific policies for delivery to Māori, Pacific and minority ethnic groups. These providers tended to have a majority of non-Māori and non-Pacific staff, although they did also employ Māori and Pacific staff. One contract in the site sample combined both a Māori and mainstream provider. In current practice, however, this site was providing mainstream delivery to Māori and Pacific clients and families, although this was changing as part of the evolving relationship between the two providers.

Not only did Māori and Pacific providers see an importance in the shared cultural ground between social worker and client families, they also saw their practice as a means of recognising specifically Māori or Pacific approaches to practice. For iwi Māori this often involved whānaungatanga with its emphasis on kinship links and responsibilities. For Pacific providers, it involved recognition of the specific status and origins of different families, which in terms of the one Pacific provider of SWIS meant an emphasis on fa'a Samoa. Such approaches recognised and gave validity to Māori/iwi and Pacific knowledge and practices in dealing with social issues. Practices relating to other Pacific cultures were evident in mainstream sites only through the employment of workers from a number of Pacific communities.

Māori communities requested more Māori social workers, despite some being supportive of existing non Māori agencies. The case studies showed that clients and whānau of non Māori social workers appreciated the professional approach of their social workers and were able to work with them with positive outcomes. Where social workers were Māori, or iwi, there were additional benefits in a greater sense of

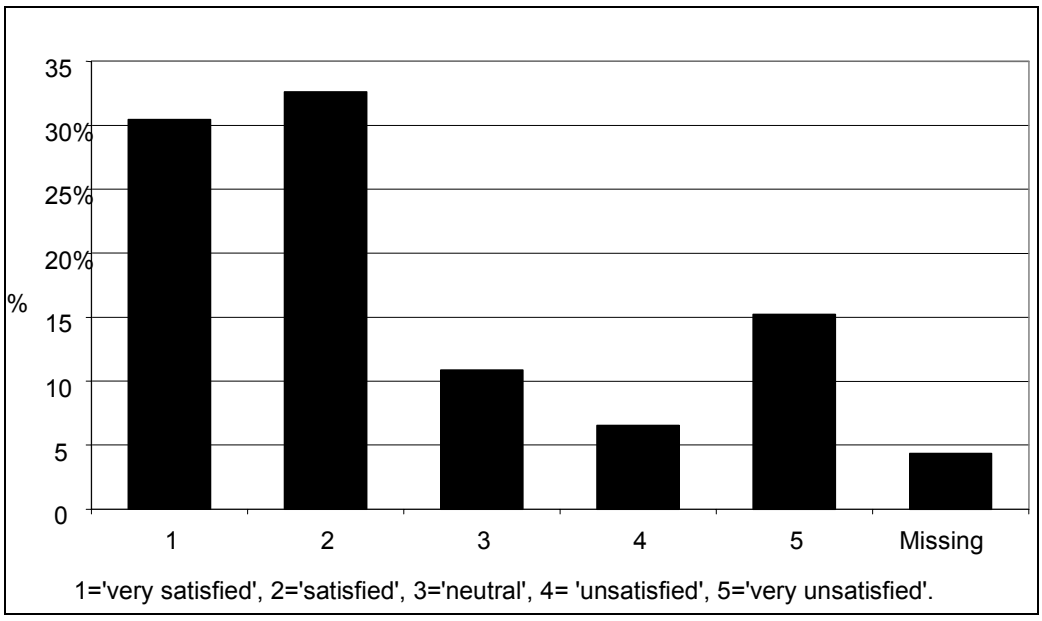
empathy, and a knowledge of the whānau's strengths. The reality for many Māori and Pacific communities was that the social service, education and health agencies still had predominantly Pākehā staff: this accentuated the issue of the ethnicity of the worker. Having SWIS social workers who, in terms of ethnicity, reflect the community in which they are working and of which they are a part was seen by clients as a major advantage.

Better connections between Māori and SWIS than between Pacific communities and SWIS reflected greater Māori experience in working with the state and non-Māori agencies, and the extent to which many Pacific people have to manage language barriers.

5.3.8 The management of social workers

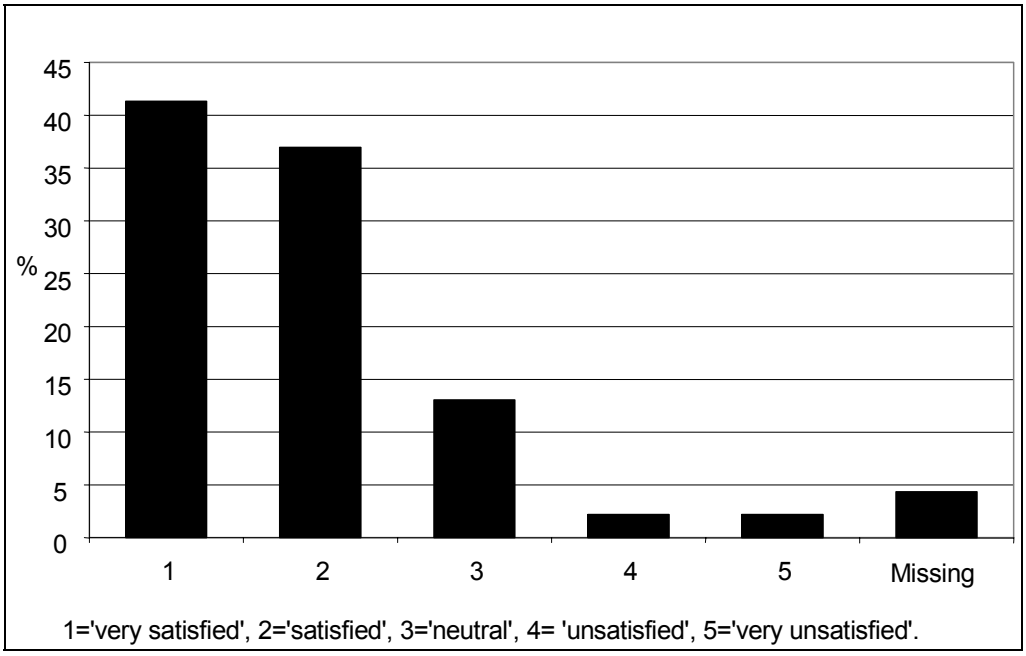
Line management of social workers often suffered from the same problems evident in relationships between providers and schools. The appointment of a middle tier of supervisor managers has helped to address some of the problems in this area. Relationships between schools and social workers were generally better than between social workers and their providers. While most social workers throughout the SWIS programme saw themselves as satisfactorily supported by their providers, a number were dissatisfied or very dissatisfied with their support. While the figure which follows still shows strong levels of satisfaction, this was the highest negative response for all the questions asked in the stakeholder survey. In contrast a much smaller number of social workers were dissatisfied with their relationship with their schools (Figures 2 and 3).

FIGURE 2: SOCIAL WORKERS' SATISFACTION WITH LEVEL OF SUPPORT FROM PROVIDERS



Note: N=46

FIGURE 3: SOCIAL WORKERS' SATISFACTION WITH LEVEL OF SUPPORT FROM SCHOOLS



Note: N=46

5.3.9 Providing clinical supervision

Clinical supervision is an important part of the model and was generally adequate throughout the participating sites. The Aotearoa New Zealand Association of Social Workers (ANZASW) requires evidence of regular clinical supervision in evaluating social worker competency. Participants in the provider profiles identified the following significant features of good supervision:

- ensuring high standards of practice;
- allowing professional development and accountability;
- maintaining safe practice;
- monitoring work load;
- supporting the social worker;
- ensuring terms of contract are met; and
- challenging and affirming social work practice.

Participants also commented on the elements of an effective model of supervision, including:

- structured supervision at regular intervals;
- the right kinds of supervision being provided (peer, professional, cultural and line management);
- clarity regarding frequency and purpose of supervision;
- a professional supervisor who was an experienced practising social worker and who had detailed knowledge of cases;
- a supervisor with legitimacy, credibility and the power to deal with Child, Youth and Family;
- professional supervision and line management carried out by different people; and
- the availability of supervision whenever needed.

There were differences of opinion on whether supervisors should be, or have been, Child, Youth and Family staff. Some thought that this was an advantage because of such supervisors' inside knowledge of statutory social work, given the needs of SWIS

workers to access the Department. However, others felt that the voluntary nature of SWIS required a different background for a supervisor.

In some areas an extensive network of supervision was available, including peer supervision, clinical supervision and cultural supervision. At one site social workers complained that there was too much supervision taking place and this was subsequently rationalised. Schools, too, did not necessarily understand the need for clinical supervision and because of this sometimes merely tolerated their social workers' absence to obtain this. Other schools recognised the value of supervision and saw the possibilities of it greatly assisting their own professional activities as teachers or principals. In general, social workers had clinical supervision for one hour per week or fortnight, although, as discussed above, the appointment of in-house supervisors sometimes limited access to external clinical supervision. In some cases supervisors were provided from within other parts of the organisation. In other cases, supervisors were from within Child, Youth and Family. Supervisors provided essential support for social workers, particularly given the isolation in which social workers in schools often operate. As the evaluation progressed it was noted that as schools gradually developed an understanding of SWIS their tolerance of supervision grew.

Problems over supervision have emerged much less frequently than was the case in the pilot. This can be attributed to some learning experiences from the pilot itself and also to the greater percentage of qualified and experienced social workers being appointed in the expansion. Clearly the supervision of relatively unskilled or untrained staff created even greater challenges than where staff were experienced and trained. The evaluation demonstrated that there was a strong commitment to clinical supervision across the board.

5.3.10 Training

Training also provides a significant challenge to a devolved service such as SWIS. Primary responsibility for professional training lies with individual providers while Child, Youth and Family has developed a limited range of training supports including an annual two-day training hui at Rotorua, with follow-up group training. The ongoing professional development of social workers in schools is becoming increasingly specialised. Social workers have expressed a strong belief that SWIS has specialist training needs and that these needs should be addressed more strongly at a national level. There are calls by social workers for increased opportunities to network nationally so that challenges, experiences and solutions can be shared. Participants at all levels considered that there was a need for third party provision of postgraduate training in SWIS, because of its specialist nature. More detail on training is included in the time use survey and as a part of the records system data.

5.4 Social workers

5.4.1 Social workers: qualifications, skills, practice style, and ethnicity

The protocols do not demand that social workers have formal qualifications. Rather, they emphasise the competencies needed to undertake the work. Rural agencies, particularly with an iwi focus, have found it difficult to attract suitably qualified staff, although they have been able to appoint workers with a degree of competency. Some urban providers have also experienced long delays in replacing social workers. The expansion showed evidence of social workers having higher levels of qualification and experience in social work than did those in the pilot.

Participants in the first round of stakeholder interviews were asked to identify the qualities which made up good SWIS practice. Respondents identified the following key qualities of workers:

- having appropriate personality and nature (young enough, energetic, able to relate to young people);

- having appropriate social work skills and experience (to a lesser extent, appropriate qualifications);
- being accessible to families and young people, both physically and through their manner;
- being protective of the safety of clients;
- being able to network well within schools, the community and other services, thus freeing principals and teachers to do their job;
- being trusted by children, families, professional colleagues, the community and other agencies;
- being visible in the community;
- using an eclectic, holistic approach;
- being accountable to provider and community;
- having cultural sensitivity and knowledge of Māori and Pacific culture;
- having good organisational and time management skills;
- being self-directing and autonomous;
- being able to provide a professional service;
- being flexible, that is not confined to rigid structures and processes;
- being able to relate, liaise and communicate at a range of levels, both formal and informal;
- being effective at monitoring and reporting;
- being respectful and non-judgmental;
- using clear criteria, boundaries and processes;
- practicing openness and transparency; and
- engaging in positive modelling.

These competencies, while very important, should not be seen as preventing social workers developing their own special style of practice that evolves from the relationship they have developed with the school and its community. In one in-depth provider site where there were four social workers, this degree of personal difference was very evident in the different emphasis social workers placed on referrals, working with clients directly, co-ordinating a range of social service agencies and developing programmes. Their differences were accentuated because they did not operate from a common physical space, which would have allowed greater peer exchange and integrated service development. These differences did not have a detrimental effect on their roles within SWIS; there are major benefits if these styles are able to complement each other and if social workers can work together as a team.

The use of Māori and Pacific workers in the Māori and Pacific populations was an important feature of the providers' approaches to SWIS, and it reinforced provider relationships between the Māori and Pacific communities in those sites. In both areas these client bases were very significant elements of the client population. In those sites there was an expectation that the culture of the workers would correspond to the cultural focus of the provider. In both areas this was seen as a very important aspect, although there were sometimes concerns raised by schools and other agencies about the ability of these providers to deliver services to other groups within their school.

5.4.2 Relationships with partners: principals, teachers, RTLBs, public and school health nurses, etc.

The location of a particular professional in a series of effective working relationships with a series of other professionals as well as with clients and community is central to SWIS. The social workers had a line management relationship with their providers but no ability to enforce any degree of compliance on other partners. While partnering relationships could set the expectations of different parties, in practice social workers could be in a situation where they needed to negotiate relationships to deal with the specific needs of clients. Maintaining these lateral relationships was a fundamental challenge for individual social workers and for SWIS in general. All parties saw it as

crucial that the primary responsibility for maintaining the framework of relationships was not left to social workers but lay with the provider and the principals.

There was evidence that while social workers might have developed good working relationships with some of their schools, they had problems with other schools. Where social workers were having difficulty relating to specific schools and their principals there were declining numbers of referrals and the workers spent little time in the school. In some cases these unresolved difficulties were long-standing.

While there were significant problems identified in most key partner-provider relationships, social workers themselves and the individual professionals with whom they worked showed evidence of strong commitment to developing effective working relationships. For schools already experienced in operating policies to deal with the social needs of children, social workers' ability to network, to know the social service resources available in their area, and to access these quickly was seen as one of the major advantages of SWIS. In general, there appeared to be few boundary disputes between RTLBs and social workers. RTLBs concentrated principally on the behavioural and teaching issues within the school and social workers worked with the child and family more broadly. When the professional relationships between the two were working well, the RTLBs and social workers complemented each other's work, formed co-working relationships, and were part of the team of auxiliary professionals working in the school environment. Some Public Health Nurses developed collaborative relationships by co-working cases and in one case a Māori PHN provided support to a Pākehā social worker working with Māori families.

5.4.3 Relationship with Child, Youth and Family

The relationship between Child, Youth and Family and social workers in schools on case matters was based upon referrals to Child, Youth and Family and social workers in schools providing services to clients and ex-clients of Child, Youth and Family. This relationship was seen as a distinct activity and one where there was no apparent conflict of interest with the contracting roles of Child, Youth and Family. Nonetheless, there were a variety of criticisms expressed about the interface between Child, Youth and Family and individual agencies. These complaints were not universal, however. In some areas social workers and providers considered that they had a strong working relationship with Child, Youth and Family, but in others this relationship was seen as problematic. There were two key factors in developing good relationships. The first was the presence of SWIS social workers who had experience in working at Child, Youth and Family, particularly in the local office. The second was the ability of Child, Youth and Family to respond to referrals from SWIS in an appropriate and timely manner. Relationships were at their worst where Child, Youth and Family offices were particularly overloaded and where SWIS social workers had little understanding of statutory work. In the latter instance, there were tensions over roles, and social workers in schools considered that they were undertaking work that should be more appropriately undertaken by Child, Youth and Family. In one case a school social worker was left working with a difficult Child, Youth and Family client on her own, on behalf of Child, Youth and Family, but without their supports. Some social workers had made a series of referrals to Child, Youth and Family and were concerned about the ability of the agency to respond to the needs of those children.

A key component in the tensions between the two services lay in the high level of difficulty in many of the client interventions undertaken by SWIS. A review of the evaluation case studies showed very high levels of complexity being dealt with by social workers in schools: long-term issues, multiple layers of unmet needs and a history of multi-agency involvement. In many cases Child, Youth and Family, rather than the school social workers, may have, in an ideal environment, more appropriately met the needs of SWIS clients and their families. As in the pilot evaluation, the relationship between the two agencies at a clinical level must be seen as an ongoing relationship that will grow as the service develops. Child, Youth and Family's efforts,

at the time of writing, to better integrate its work with the community should be a positive factor in this development.

5.4.4 Recording of case material

The evaluation identified some significant concerns about the case recording system. As noted earlier, many social workers found the recording system cumbersome, time-consuming and sometimes at variance with their practice although it allowed them to format their own notes with a wide range of discretion. They disliked having to complete a system that they considered had been established primarily for the evaluation and not for their practice, albeit that a relatively limited range of quantitative material collected was used for monitoring and evaluation. Some were also uncomfortable with the way the operating protocols set out processes in a linear manner that they considered did not adequately reflect their SWIS practice.

An intense and individual programme of training was initiated by Child, Youth and Family near the end of the data collection period for the evaluation. This programme identified major training deficiencies not just in social workers' ability to use the database programme, but in basic computer skills such as copying and pasting in a Windows environment. Social workers were also unaware of the flexibility within the programme to accommodate different styles of practice. Many of the social workers' concerns about the database appear to have been addressed during these training sessions, but there is a need for ongoing support from Child, Youth and Family. Some modification of the database is also required to ensure that key information, such as dates, are always completed. There should also be some consideration of the way strength measures are used to accommodate the impact of crucial changes for the family between referral and the completion of the assessment and to explore whether the strength measures can be simplified.

There were also concerns from providers that the records system was developed for social workers and that it needed more development to provide information that would be of direct benefit to providers for management and monitoring purposes. The requirement to keep all records in the social workers' offices was also a concern. These were rapidly increasing in quantity and should have been archived by the provider as cases closed. There was also some conflict between Child, Youth and Family and one provider over whether full database records should be available to a supervisor, illustrating some of the uncertainty about the role of in-house, supervisor-line managers. This person saw access as essential to an assessment of the service and its ongoing development.

As mentioned before, delays in providing computers for social workers deferred the full implementation of the system, despite the system being designed for both paper and computer systems.

5.4.5 Access to logistical and other support

Providers had very different systems for supporting their workers. Schools were expected to provide space, phone access and other supports on their premises. Funding was made available from the Ministry of Education to provide a permanent home for social workers in schools. Providers were responsible for cars and other forms of communication. In some cases, cars were purchased under lease agreements and provided directly to social workers. In others, social workers were reimbursed for mileage in their own cars. This created some difficulty where social workers did not have access to reliable motor vehicles. There were also tensions in resolving provider responsibility for travel when the schools, provider base and social worker's residence were all at some distance from each other.

5.4.6 Isolation from providers

Isolation is a factor in SWIS at a number of different levels. The most extreme degree of isolation occurred in relation to a single social worker appointment. This social worker was culturally different from the predominant client base in that community and was employed by a provider who was geographically distant from the community where the social worker was located. Such a degree of isolation posed serious risk to the well-being of the worker and to their ability to practise safely. It is very difficult in these circumstances for providers to monitor workload adequately and ensure that social workers are not being overburdened by levels of stress. It is also difficult for social work providers to have a detailed understanding of the community and school issues that confront social workers. At the same time, the provider agency is less likely to be able to provide that wraparound network of support services on which social workers may well depend. Isolation at this level, particularly but not exclusively, in servicing rural clients also raises major concerns about the physical safety of social workers. In both the pilot and the expansion, social workers have been the subject of physical threats from associates of clients and their families. Providers are not able to respond effectively to these serious threats if they are at a significant distance from their workers. Similar problems occur for single-teacher schools, but social workers can be at greater risk, given the population they service.

However, isolation can also be a factor operating at another level for social workers working in clusters in urban areas. The key issue is the multiple professional relationships into which social workers in schools are thrust. Social workers bring to schools different cultural and ethical values in dealing with children and families and these values often place them at odds with a range of other professionals with whom they work on a day-to-day basis. This form of professional isolation further underlines the need for effective and responsive clinical supervision. It also provides a challenge to agencies to ensure that there is a cohesive level of integration of services and strong partnering relationships between different stakeholders, particularly if these represent a different professional ethos.

5.4.7 The way SWIS workers spent their time

The survey of social workers' weekly activities provided an overview of how many hours social workers were working and just what activities took up this time. There was, however, quite a considerable range of workload experiences for different social workers.

The findings of the activity diary exercise included the following:

- those social workers employed for a 40-hour week worked on average for 44 to 45 hours (median 42 hours). This can be broken down into 17 to 18 (median and average) hours a week in direct contact with clients (including travel to and from clients) and 24 to 25 hours (median 22 hours) in non-contact activities. These latter activities included supervision, administration, attending school activities and meetings with providers, principals or staff.

- those social workers employed part-time (an average of 24 hours per week) worked on average for 30 hours a week (median 28 hours);

- when the different activities were broken down to include both contact and non-contact time, 58% of time was spent working on behalf of clients (45% casework, 4% programmes and 9% casual contact);

- overall activities, including client and non-client activities, included travel (8%), meetings (12%), administration (13%), training and supervision (4%) and community networking (4%);

- a comparison of time spent on travel by rural, rural/urban and urban social workers showed no significant difference on the basis of location although some individual social workers in rural locations did report very high hours of travel; and
- social workers reported that providers and schools contributed an average of three hours per week (median 2 hours) and 2.2 hours per week (median 1.5 hours) respectively in supporting each social worker.

The value of this information is that it makes available to providers, social workers, school personnel and funders the way SWIS social workers' time is structured. It suggests that a typical social worker is likely to spend around half their time doing casework with clients and their families. Approximately a third of this casework time will not involve direct contact with the client or their family.

Equally, the diaries' analysis suggests that administration activities and meetings with others, either with providers or school personnel, would normally take up one quarter of a social worker's time. Providers and schools can expect that administration would take up half of that time. The diaries also demonstrated that social workers would spend around 10% of their time being with children in informal school settings, around the playground and attending school events. Spending time in the playground was not usually recorded in the records system; however, it was acknowledged by all as an essential feature of good SWIS social work practice because it helps to ensure that the worker is visible to the children, and emphasises workers' accessibility.

There are two issues that need further comment. First, the substantial individual variations in some workers' hours underline a responsibility to structure work loads appropriately and the median and average weekly activities provide an aid in achieving this. Secondly, while the travel figures suggested little difference in hours spent by rural and urban-based social workers, individual figures still showed very extensive travel times for some rural-based social workers. Ensuring that problems of distance are dealt with appropriately may require individual variations to contracts with providers, rather than a generic accommodation for rural-based social workers.

5.5 The social work process

SWIS provides for two major forms of social service delivery:

- services to children and families; and
- the development and delivery of proactive, preventative programmes.

The social work services being provided reflected those outlined in the operating protocols. The protocols had also been the focus of national training sessions, although with a high level of staff turnover, many social workers did not attend these. In spite of this, social workers were generally well aware of the protocols. However, many stakeholders were not greatly aware of their content. The protocols outlined a generic and task-centred process of social work intervention that followed the sequence of:

- referral;
- assessment;
- plan and review; and
- closure.

Planning and review can involve the co-ordination of services, referral on if necessary, and supporting the family to access these other resources.

The process is primarily based on reaching common understandings with families on the goals for change and is a dynamic process as interventions can loop back through multiple plans. There is also the possibility of undertaking a new assessment if new information or major changes for the client and family make this worthwhile.

The generic nature of the process meant that it had to cover all types of referrals from the very minor to the most serious. The question is whether the process was sufficiently general to cover all circumstances or whether it was prescriptive and did not provide enough flexibility to deal with different practice styles or the wide range of different circumstances of children and families referred to the programme.

In general the records system was capable of providing a sufficient degree of flexibility to cover most processes. However, this flexibility was heavily dependent on the level of training and confidence that social workers had in basic computer use and in their flexibility in applying their professional discretion. Most informants emphasised greater flexibility rather than prescription in any review of the operating protocols.

5.6 Referrals

The referral process was considerably more complex than that envisaged in the protocols. Schools have developed their own processes for dealing with referrals and many of these can be quite intricate. As a general rule, cases were referred by teachers to the principal, who then in some instances discussed these cases at a special needs meeting before being referred to social workers. Some schools saw assessment and referral as a collective process, with social workers implementing 'the plan' at the end. Urgent cases were usually referred directly to social workers by the principal. As social workers became an accepted part of the schools, there were also increasing numbers of self-referrals, with children and families phoning or visiting, although information from the database showed that caregiver self-referrals appeared to have stabilised at around 10%.

While some schools encouraged self-referrals, others did not because their principals felt that they should monitor and control access between their students and families and social workers. Special needs committees existed in many schools to deal with specific groups of students and to manage the special funding that was available to them. Schools used these committees to scan the school population on a periodic basis for children with unmet social needs. For some schools the inclusion of social workers on these committees was a natural and immediate process. Others took varying lengths of time to include their social workers, because it took a while for them realise what role their social workers could play in their schools.

While schools used a variety of different processes to make referrals to their social workers, these processes depended very heavily on strong trust relationships between social workers and schools. Principals were reluctant to make referrals where they felt that referrals would not be properly treated. They were reluctant to refer issues they judged to be relatively minor where they felt social workers were either not able to respond or were being overwhelmed by the number of referrals and a high caseload. The greater the level of trust, the more likely it was that principals would allow social workers to make assessments themselves rather than pre-judge the issue.

There were also variations in how first contact was made with families. In some schools the principal or a member of the teaching staff made contact with families prior to the social worker's visit. In other schools, social workers made contact directly. Sometimes school control of the process reflected a lack of confidence in social workers' professional ability. Sometimes it was the result of continuing with an existing practice for other referrals and sometimes it came from the school's belief that it should pave the way for social workers.

Many SWIS social workers were already overloaded and were unwilling to accept referrals from Child, Youth and Family, although some did monitor Child, Youth and Family cases. There was concern that Child, Youth and Family might off-load cases onto SWIS – as seems to have been the case at one site, where Child, Youth and Family were under particular workload pressure. There was also awareness that contact with SWIS, which is voluntary, should not be compromised by the statutory nature of Child, Youth and Family social work.

The amount of autonomy exercised by social workers varied. For example, in one site the provider rather than the social worker made all decisions about onward referrals, a process which could disempower both social workers and the family. At some schools special needs committees had already gone substantially down the assessment and intervention planning path prior to social workers and the family becoming involved. Despite this, social workers did not feel pre-empted. They considered that, following their own assessment with the family, they would be able to change the direction of the intervention alongside the family if this proved necessary. The level of complexity and the importance of the family's ability to tell its own story as part of the social work process were illustrated in some of the case studies. It is unlikely that professionals could develop a strengths-based understanding of the family's needs and aspirations, in all their complexity, without the full involvement of the family itself. This highlights the need for families to be included in assessments of their needs as early as possible.

In other schools, principals controlled the referral process, expecting to be informed of the issues in every case and to be involved in assessments. This also had the potential to undermine social workers' professional standing, and illustrated a lack of clarity over professional boundaries, something that should have been clearly resolved in the partnering relationship between the school and provider. The protocols were clear about the need for contracts between principals and social workers and about their respective roles in the referral process. However the protocols did not specify the detail of these agreements and, without being too prescriptive, could have clarified these better by giving examples.

It was initially thought that there was a tendency for schools to involve social workers in apparently trivial issues such as a family's non-payment of stationery money. It was also thought that schools were making such referrals to advance their administrative needs rather than the needs of the children and their families. However, social workers commented that by dealing with minor problems they often uncovered more important issues. More recently in the evaluation, there was a greater understanding of which referrals were appropriate and which ones were not.

Self-referrals by caregivers and other family members were handled different and avoided the intermediate processes developed by the schools. Sometimes families did not want schools to be aware that they were working with social workers. In all cases children referring themselves to the service needed caregiver consent before any work could proceed.

5.6.1 Profile of clients

5.6.1.1 Gender and age

The gender ratio of clients recorded on the database was in favour of boys with 58% of clients being boys and 42% girls (Table 12). This predominance was slightly less than the pilot where 59% of the clients were boys. There is no reason to assume that the needs of boys are any greater than those of girls, but their difficulties are often more visible. The age ranges, although more flattened than the pilot from the ages of eight through to 13, still demonstrated a similar lack of referrals from children aged five and six. The percentage of referrals at aged six at 5.9% was less than that of the

same age group in the pilot. There was an increasing level of referrals from aged ten to those nearing intermediate age.

TABLE 12: AGE AND GENDER OF CLIENTS

Age	Female	Male	Total	%
under 5	7	26	33	1.7%
5	19	23	42	2.2%
6	44	71	115	5.9%
7	75	94	169	8.7%
8	57	122	179	9.2%
9	77	116	193	9.9%
10	81	121	202	10.3%
11	106	152	258	13.2%
12	104	123	227	11.6%
13	76	87	163	8.3%
14	20	28	48	2.5%
15 and over	3	7	10	0.5%
no age provided	154	160	314	16.1%
Total	**823** (42%)	**1130** (58%)	**1953**	**100.0%**

129 clients did not have gender information included.

5.6.1.2 TRANSIENCE

The database allowed some estimate of the extent to which the children were experiencing high degrees of transience (Table 13). Nearly 60% of the referred children had not changed schools over the previous two years. However, 41.8% of children had experienced changes of schools with 7.2% of children changing schools three or more times in the previous two years. There were some individual examples of very high levels of transience within schools. Sixteen students had shifted schools five times or more and four of these recorded ten changes in the two year period. These figures need to be seen alongside the 18.7% of children whose cases were closed because they were shifting schools. Transience caused problems in maintaining a continuity of services, but as the discussion below suggests, could have positive as well as negative outcomes.

TABLE 13: NUMBER OF SCHOOLS ATTENDED IN THE LAST TWO YEARS

Number of schools	Number	%
1	494	58.3%
2	293	34.6%
3	28	3.3%
4	17	2.0%
5 or more	16	1.9%
Total	848	100.0%

Note: no information supplied for 1234 clients

5.6.1.3 FAMILY INCOME AND ECONOMIC STATUS

On the database, family income showed a high proportion of the families working with a social worker as being dependent on some form of state benefit, with this number at around 46% (Table 14). Only around a third of the sample were being supported by a salary or some other form of income.

TABLE 14: FAMILY INCOME SOURCE

Family income	Number	%
Income support	649	46.3%
Salary	449	32.0%
Self-employed	14	1.0%
ACC	3	0.2%
Other	24	1.7%
Unknown	264	18.8%
Total	**1403**	**100.0%**

No information supplied for 679 clients

This is not surprising given the low decile socio-economic setting for the programme. Low decile schools are often in areas of high unemployment and low income.

As can be expected in low decile areas, just under 70% of the sample were renting and only a little more than 21% were living in their own homes with or without a mortgage (Table 15).

A small 5.2% were living with relatives and a small number had other arrangements.

TABLE 15: HOUSING SITUATION

Housing situation	Number	%
Renting	847	69.3%
Own home	262	21.4%
Living with relatives	64	5.2%
Other	50	4.1%
Total	**1223**	**100.0%**

No information supplied for 859 clients

5.6.1.4 FAMILY STRUCTURE

Over 35% of clients whose entries in the database had been completed were living with their family of origin and about a third were living in single parent families. Reconstituted families made up just under 12% of the sample, and 11.2% lived with other caregivers including the 6% who lived with a grandparent (see Table 16). Only 10.8% of the sample were not living with a biological parent and just over 8% were living with a father alone. Just over a third were living with both mother and father. Over half the clients were living with only one of their biological parents (Table 17).

TABLE 16: LIVING SITUATION

Living situation	Number	%
Family of origin	520	35.6%
Single parent	494	33.8%
Reconstituted	171	11.7%
Grandparent	94	6.4%
Extended	36	2.5%
Care	33	2.3%
Unknown	114	7.8%
Total	**1462**	**100.0%**

No information supplied for 620 clients

TABLE 17: WHERE CLIENTS RESIDE

Client resides with	Number	%
Mother	786	43.0%
Father	150	8.2%
Mother and father	625	34.2%
Guardian	69	3.8%
Other caregiver	128	7.0%
Not known	71	3.9%
Total	**1829**	**100.0%**

No information supplied for 253 clients

5.6.1.5 ETHNICITY OF CLIENTS

Ethnicity allowed multiple entries in the database so that individuals were able to identify themselves as Māori, Pākehā, Samoan, Tongan, Cook Island, Niuean, Other, or any combination of these fields. The largest percentage of clients were Māori making up 50.2% of the total while 34.9% identified themselves as Pākehā. Nineteen percent identified themselves as having one or more Pacific ethnicity, with 9.5% recorded as Samoan, 4.8% Tongan and just under 5% Cook Island. Niueans made up around 1% of the total number of clients. Other ethnicities made up 3.1% of the total (Table 18).

TABLE 18: ETHNICITY OF CLIENTS

Ethnicity (multiples allowed) N= 1827													
Pākehā		Māori		Samoan		Tongan		Cook Islands Māori		Niuean		Other	
n	%	n	%	n	%	n	%	n	%	n	%	n	%
638	34.9%	917	50.2%	173	9.5%	88	4.8%	88	4.8%	21	1.1%	56	3.1%

No information supplied for 339 clients

5.6.2 Source of referral

The school was the predominant source of referrals in the database records with three-quarters of the referrals coming from the school in one way or another (Table 19). This is compatible with the experience of the pilot, although the proportion of referrals from teachers had increased, with a corresponding decline in those coming through principals and deputy principals. This change suggests a greater level of relaxation among principals around social workers working directly with teachers.

TABLE 19: ORIGIN OF CLIENT REFERRAL

Origin of referral	Number	%
Principal / deputy	633	34.6%
Teacher	512	28.0%
Caregiver	223	12.2%
Other school professional	131	7.2%
Other family member	75	4.1%
School/Public Health Nurse	20	1.1%
Neighbour	5	0.3%
Other	228	12.5%
Total	**1827**	**100.0%**

No information supplied for 255 clients. No category for self-referral in the options in the database

Compared with the pilot, the increasing involvement in referrals of other professionals associated with schools also suggested that SWIS was becoming more truly an inter-professional partner. This was supported by some other aspects of the evaluation and perspectives on intervention and closure.

The proportion of referrals from caregivers and other family members has increased slightly from that in the pilot, with caregivers rising from 7.5% to 12.2% for instance. A greater level of family referrals could be expected as the service became better known.

5.6.3 Reason for referral

Behaviour was the most frequent reason (at 46.8% with multiple responses allowed) for referral of clients recorded in the database. The next most common reasons for referral were emotional, family relationship, and other reasons. Multi-stress families and parenting problems made up just over 13% and 10% of reasons for referral respectively. All other categories were 10.1% or below. Boys were more than twice as likely to be referred for behavioural reasons and had similar response rates to girls for emotional reasons. Girls had higher rates of referral for information and advice (Table 20).

In all other categories boys had higher rates of referral. Not only were boys being referred more than girls with these issues, but boys tended to have more multiple reasons for referral.

TABLE 20: REASONS FOR REFERRAL

Reason for referral	Female	Male	Gender not known	Total	% (N=1693)
Behaviour	228	536	29	793	46.8%
Emotional	169	174	15	358	21.1%
Family relationship	130	184	12	326	19.3%
Other	124	167	1	292	17.2%
Multi stress family	84	130	9	223	13.2%
Parenting problems	60	100	11	171	10.1%
Alleged abuse or neglect	77	81	6	164	9.7%
Information and advice	85	63	5	153	9.0%
Learning difficulties	38	82	13	133	7.9%
Health difficulties	44	73	6	123	7.3%
Family financial/material	44	61	4	109	6.4%

No reason for referral recorded for 389 clients

5.6.4 Extent of issues

Despite the emphasis on preventative and early intervention, the case studies showed that many of those who were referred to SWIS had very substantial issues that had not been dealt with previously. They often brought into SWIS a long history of soured relationships with a wide range of different health, social service and justice agencies. Some of the caregivers interviewed described their situations as extreme, and regarded themselves as 'close to being at the end of their tether'. As a result, many of the clients and their families that SWIS worked with involved high levels of intervention and sometimes these took place over some months. At their most extreme, social workers worked with families where there were unresolved and multi-generational issues of sexual or physical abuse or family dysfunction. There were cases where family members, including siblings, were in jail or under some other form of custodial care, where the impact of significant health and disability issues had not been dealt with, and where families were experiencing major trauma.

5.6.5 Referral results

Table 21 shows what social workers recorded as happening to the referrals after they had dealt with them. Of particular interest were families who refused to continue with the service, despite the referral issues not being dealt with by other agencies and not having other sources of support.

TABLE 21: ACTION TAKEN AFTER REFERRAL

Action after referral (multiples allowed)	freq	% (N=1155)
Family approves of further action by social worker(s)	633	54.8%
No action required	272	23.5%
Refer to other agency	82	7.1%
Family maintain present action without social work	82	7.1%
Agency involved and dealing with referral problem(s)	72	6.2%
Referral to CYF	61	5.3%
Agency involved and managing risk	42	3.6%
Work possible: family does not want to proceed	37	3.2%
Referral to iwi / Māori agency	9	0.8%

No information supplied for 927 clients. Multiple responses allowed

Almost 55% of the prospective clients were happy to continue working with a social worker in a form of intervention. Of the rest, 23.5% required no further action and the remaining clients and their families were either already working with another agency satisfactorily or were referred on to another agency for further work. Just over 5% of referrals led to a referral to Child, Youth and Family.

In general, the referrals either confirmed existing processes that families were using to deal with issues or allowed families to enter into new processes either with the school social worker or with some other agency. Only around 10% of the total number of referrals were left with the family dealing with the issues themselves, either because they felt competent to do so or because they were unwilling to allow social workers or other workers to participate.

These must be regarded as important outcomes particularly when considering whether the service should involve voluntary relationships between social workers, clients and their families or alternatively whether social workers should have some statutory powers. In a very small percentage of cases, the family was left to their own devices, despite social workers feeling that work was possible. Given the very substantial benefits that flowed from the voluntary nature of the programme it would appear that very few families missed out on services because of their choice to refuse service.

5.7 Assessment

The assessment process assumes that the assessment will take place at a specific point in time, or within a relatively short period. Once completed, the assessment is expected to have included a series of fact-finding interviews, with the referrer, the child and family, the principal and teachers and other school professionals such as RTLBs and, if relevant, outside agencies such as public health nurses. While the interviews with professionals do not need to be face-to-face, the interviews with children and caregivers do need to be, and the whole process is intensive. By the end of the assessment, when overall goals for the intervention are arrived at, social workers and the family should have available to them a wide range of information. They should also have unravelled many of the different perspectives through which this information has been filtered. Social workers should also have established a sufficiently strong level of trust with the family to ensure their active participation, even enthusiasm, for the overall approach to the intervention.

5.7.1 The records system assessment tool

The records system included the following assessment tool as a checklist for information gathering from a variety of services.

Areas	***Cues***
Knowledge of living arrangements	Where does the child live (sometimes more than one place) and who cares for him/her?
Parental/ caregiver relationships	What is the child's understanding of the relationship between the parents/caregivers and the child and how does this correspond to that of other family members?
Whānau structure and history	What is the *child's understanding* of the family's history and structures and how does this correspond to that of other family members?
Family involvement with each other	Does the family always do things together/ is Mum always at home with the kids?
Family involvement with the community.	To what extent is the child and family involved with the church/community, sports etc?
Emotional context/ vulnerability	What emotional stresses does the child face and how well does she/he deal with these?
Family rules/ discipline	Are there reasonable rules and discipline?
Family routines	What are the regular routines in the family and who participates?
Domestic violence	Does the child experience or witness domestic violence?
Substance use	Does the child experience or witness substance abuse?
Supervision	Is the child appropriately supervised?
Cultural identity	What is the child's understanding of his or her cultural identity?
Trauma	Has the child or family/whānau experienced trauma and how well has this been dealt with?
Present understanding/ child's reality	How does the child understand his/her reality?
Social interactions with peers	How does the child experience friendship and other peer relationships?
Dreams and aspirations of the child	What are the hopes and aspirations of the child and is he/she able to see him/herself in positive future roles?
View of school	How does the child view the school, his/her teachers and their class?
Health issues (physical well-being)	Are there any health or physical well-being issues that are not being met?
Educational achievement	Is the child performing well at school (teachers' opinion) – able to stay on task, able to write well compared to others of the same age, making progress in reading and able to work independently.

5.7.2 Limitations in the assessment process

The assessment model and the records system are generic and attempt to balance the wide range of different assessments that occur in the field. This poses some problems, in that:

- achieving all of these assessment goals could not, for many social workers, be reduced to a single 'event' called an assessment. The collection of information was much more cumulative and occurred over a longer period of time; and

- finding a balance between the needs of different clients could also be difficult. In a number of instances, social workers found that much of their work existed at a level that fell below the level of intensity expected for an assessment along the detailed lines of the assessment tool. On the other hand, one provider developed an even more intensive questionnaire for social workers in interviewing some children referred to the programme.

The records system has given social workers much more flexibility than the system it replaced in dealing with these very different and conflicting situations. However, there was clear evidence from sites that considerably more training was required to allow social workers to tune the system more directly to their needs.

Nonetheless, to modify the protocols dramatically in order to provide different streams of service for different kinds of clients poses the major risk that children will not be appropriately assessed into the correct stream. It would also greatly increase the level of complexity of the protocols, when many social workers appeared to have some difficulties using the existing referral and assessment tools.

5.7.3 Work undertaken without assessment

It still has to be recognised that social workers will also continue to undertake a whole range of tasks that fall short of a full assessment. Where there was no formal referral or no assessment, the social worker's role was described as:

- providing information (eg, on parenting course);
- identifying local networks;
- mediation;
- discussing issues with families (eg, bullying at school);
- working with children on how to deal with issues;
- facilitation or case management bringing together resources and advocating for children;
- talking to families of all children, not just those they were working with;
- building rapport and credibility with the community;
- attending events; and
- spending time in playground and visiting classrooms.

Most of these examples involve the important role that SWIS social workers have in being seen and known in their communities, in being available to potential referrals and in scanning their school population for potential individual or group issues. In those cases where social workers were undertaking specific work, it is questionable that this should be underway without a full assessment having taken place.

Social workers have requested that they be allowed to provide services to referred clients without going on to a full assessment when the issue is minor, the level of intervention is low level, and the situation a one-off. The problem is ensuring that the social workers have sufficient information to come to these conclusions. Reasons for referral are more likely than not to be symptomatic of deeper issues. Because of this, Child, Youth and Family expressed some concern about ring-fencing referrals because they appeared relatively insignificant. The overwhelming experience of SWIS suggests that the complex nature of many families' needs and their strengths to

respond to these needs are far from apparent at referral. It also suggests that the decision to provide a limited intervention without assessment needs to be made with considerable caution.

5.7.4 Strengths at assessment

The social workers assessed strengths at the beginning of the assessment. They did this with sufficient clients to get an overall picture of the major needs and strengths that clients and their families were exhibiting soon after referral (Table 22). These strengths have been outlined in Table 3. Those areas where children and families were strongest at assessment involved 'Physical needs' and 'Children's positive sense of the future' with all of these scoring around 32% in the enhanced capacity field. Children and families struggled most in the skills area, with over 50% of children facing difficulties in having adequate skills for their needs and just under 44% of parents or caregivers having difficulty with parenting. 'Pathways to growth' were also important with just under one-third of children facing detrimental obstacles to their growth. The results suggest that at least a quarter of the sample suffered significantly from poverty either because of absolute disadvantage or inability to manage the resources they had.

TABLE 22: ANALYSIS OF KEY STRENGTHS AT ASSESSMENT

Strength	unable to maintain	maintains	enhances
Skills to negotiate the world (N=292)	51.0%	45.2%	3.8%
Parenting (N=278)	43.9%	46.8%	9.4%
Pathways to growth (N=289)	32.5%	52.2%	15.2%
Physical needs (N=234)	25.6%	42.3%	32.1%
Positive sense of the future (N=128)	23.4%	43.8%	32.8%
Management of physical needs (N=235)	23.0%	54.5%	22.6%
Sense of identity and dignity (N=184)	20.1%	58.7%	21.2%

A review of these strengths then allowed social workers and families to prioritise the interventions and develop overall goals for enhancing strengths. The need to work on the skills of both children and families showed through very strongly in the database records with both parenting and children's skills showing by far the lowest level in the enhanced categories at assessment.

Once the assessments were complete and the families identified their hopes for positive change, social workers, clients and families were then able to plan the more specific features of the interventions.

5.8 Interventions

The provider profile exercise showed that social workers were involved in a wide range of different kinds of interventions with children and families, including:

- working directly with children and families;
- advocating on behalf of children and families with schools, statutory agencies and agencies;
- referring children to programmes and services;
- co-ordinating services and linking agencies dealing with children and their families;
- monitoring children's progress;
- assisting other professionals in their work with children and families;

- ensuring families had access to resources, food, clothing, medical care and transportation; and
- facilitating family decision-making.

5.8.1 Work undertaken

The case studies provided a review of the wide range of work undertaken with clients and their families, which included:

- being advocates for families and ensuring that they had access to programmes such as health camps, respite care and specialist services as well as access to benefits or housing;
- helping families co-ordinate and deal with the range of agencies they were often involved with: Health, Child, Youth and Family, Housing New Zealand, Work and Income, and police. Some social workers played key roles in Strengthening Families meetings;
- improving parenting and family relationships by working through past issues that continued to have negative impact on the child and/or family;
- modelling behaviour in working with children, that provided role models for caregivers and parents;
- working with families in their homes;
- undertaking whānau-based practice, by identifying the appropriate resources from within the whānau, hapū or iwi and applying these resources to the intervention. This usually meant recognising the whakapapa of individual clients and caregivers as well as working to enhance the spiritual and cultural strengths of children and their whānau;
- undertaking group work with children; and
- developing and/or running a range of programmes such as Reaching Out, Eliminating Violence/Bullying and Making Responsible Choices.

The interventions were undertaken through a series of plans and reviews, with social workers, clients and families setting goals for the intervention. Having completed each plan they either made a new one or decided that the intervention had achieved its overall objectives and moved on to closure.

5.9 Closure

On looking at reasons for closure on the database, only 42.3% of closures occurred because the intervention had met the intervention goals (Table 23). This can be considered a relatively low figure although with many of the other categories such as 'Other' that were dealt with by another agency or where a client left a school, the closure may also indicated a positive outcome. As the case studies also indicate, successful outcomes may not necessarily have been accompanied by achieving the goals set by assessment. Nonetheless, and perhaps more importantly, less than 3% of the total were closed because of lack of progress and only 6.2% because of a client withdrawing from the service. While a client withdrawing might also be the subject of successful and unsuccessful interventions, even if both of these categories are combined, less than 10% can be seen as closed because of unsatisfactory results.

A more disturbing figure is that 18.7% of cases were closed because of clients leaving the school and where only one client was recorded as transferring to another SWIS provider. The case studies indicated that transience could be a positive factor in families dealing with the issues facing them. However, there are major concerns that

such a large group of children were being transferred out of the service into areas where their needs may not be catered for. An unknown, but significant proportion of those children and their families would have been transferred prior to the satisfactory completion of the intervention itself. In extreme cases it is likely that the transfer will be part of an ongoing pattern of shifting as a strategy to avoid dealing with ongoing issues.

TABLE 23: SOCIAL WORKERS' ASSESSMENT FOR REASON FOR CLOSURE

Reason for closure (N= 968)	Freq	%
Goals met	409	42.3
Client leaving school	181	18.7
Being dealt with by other agency	134	13.8
Client withdrawing from service	60	6.2
Lack of progress	28	2.9
Transfer to other SWIS provider	1	0.1
Other	155	16.0
Total	**968**	**100.0**

The outcomes achieved an assessment of the success of the interventions are discussed in Chapter 9.

5.10 Programmes

While working with children and families directly was the most important aspect of the social workers' work, the SWIS contract budget provided a limited resource for the running of programmes. Programme delivery received varying priorities in sites, with some sites indicating that pressure to meet the needs of individual referrals left little time for the SWIS social worker to deliver group programmes. The range of programmes delivered by SWIS included the following:

- empowerment, self-esteem (eg, Cool Schools, Kiwis Can);
- anger management (eg, Warrior Kids);
- parenting;
- grief and loss;
- social skills;
- after school activities;
- Tu Tangata;
- Children's Day (Saturday sports and entertainment);
- food banks and resource programmes;
- lunchtime quiet room; and
- anti-bullying.

Overall, teachers, principals and providers were generally enthusiastic about these programmes. When asked to rate the programmes' effectiveness in achieving their intended goals, respondents to the survey tended to give ratings between 7 and 9 (where 1 was not effective and 10 was very effective).

Some of these programmes were delivered off the shelf. Social workers devised and developed some programmes themselves and providers delivered others as part of another contract. Almost all participants in the provider profile regarded programmes as extremely important in meeting the needs of children. In some cases programmes were seen as primarily a school holiday responsibility and in others they were seen as an ongoing part of the overall delivery of SWIS. There was some criticism of the delivery of some kinds of programmes, particularly those that dealt with bullying and self-esteem. One programme, for instance, was both praised and heavily criticised by different participants from the same site.

The shared delivery of programmes has often led to creative partnership with other providers from a wide range of different agencies.

6 The process of change

The processes outlined in the previous chapter fails to describe adequately the relationship established between social workers, the clients and families. The dynamics of this relationship often began even prior to the referral because of the clients' and families' prior knowledge of the social workers and their service. Once the referral began social workers were then linked together with clients and families in a process of change. The following discussion reviews this relationship, drawing extensively from the information collected during the case studies. From this material it is clear that crucial aspects of the intervention occurred early. The relationship between social workers, clients and families depended on the establishment of trust, which allowed families to reassess their own situations confident of the support of the social workers. Because these key elements of change are also associated with strengths-based practice, the relationship between social workers, clients and families is discussed in this context.

This chapter draws mainly on case study material and is not therefore representative of all cases. Because of the need for social workers to contact families for their permission to be involved in the evaluation and the need to have access to the case worker, these cases did not include those where there had been a break in service or different social workers involved. Given the importance of continuity and timely responses, and the high turnover of staff, it is likely that the cases in the case study had better than average outcomes. This may go some way towards explaining the slightly less positive results in some of the strengths measures recorded in the database.

6.1 Strengths-based practice

There is strong evidence in the case studies that social workers were using strengths-based practice as a means of working with their clients. The nature of this practice, however, needs to be explored in greater depth. Social work training has only recently emphasised strengths-based approaches from different perspectives, but probably most influenced by Saleeby's sociological approach (1997). It could be expected that far from all of the social workers entering into the field were able to rely on some aspect of strengths-based training, either as part of their professional training or through some post-professional training. The untrained social workers would have had even less understanding of the perspective. Training in strengths-based practice does not entirely explain the extent to which SWIS social workers were using a broadly strengths-based approach.

It was also difficult to identify in social workers' practice key aspects of strengths-based work that can be clearly linked to specific theoretical models. In many cases social workers did adopt very specific knowledge-based skills in working with clients, such as attempting to reduce negative stereotypes of children within families and from schools. These approaches showed a direct attempt to apply a theoretical approach. At the same time, however, many of the social workers tended to adopt aspects of generic good practice that may well have been evident in good social work long before the adoption of specific strengths-based models.

Deficit-based approaches were still very evident in this evaluation, although generally not being applied by SWIS social workers. In the SWIS programme the strengths-based model has been used to transform deficit-based relationships between clients and other agencies and between clients and schools. The referral process for SWIS, reviewed in previous chapter recognises the problem-focus in referrers' views of children as social work clients.

It was the ability of social workers to restate and re-articulate the issues that were involved in social work practice that was one of the strongest strengths-based features of SWIS in the case studies, beginning with redirecting the deficit basis of most referrals.

6.2 Creating a positive environment for referral

Many caregivers interviewed in the case studies were only vaguely aware that there was a social worker in their children's school at the time of the referral. Nonetheless, there was still an important amount of positive background knowledge which contributed to caregivers' willingness to become involved. Schools had provided some of this information directly and other knowledge had come from discussions with other parents. Caregivers sometimes knew other caregivers using the service, but at this stage in SWIS's development knowledge of the programme was less specific. Because social workers were seen as part of the school and its community, this community awareness helped breakdown barriers of suspicion or potential hostility towards the social workers.

6.3 Starting with deficit-based referrals

In the case studies reasons for referral invariably began with problems. Mostly these problems were identified at school and led to referrals from principals and school teachers. However, very often when social workers took these referrals back to caregivers they were very much aware something needed fixing. The reasons for referral were fundamentally deficit-based with the focus on different aspects of behaviour or change being experienced by the child. These concerns often revealed considerably negative experiences for the children and families in their previous dealings with agencies and to a lesser extent with the schools themselves. Furthermore, many of the caregivers had negative views of their children's behaviours. They often expressed high levels of frustration at their inability to escape difficult and unpleasant situations, including situations that placed their children at risk of some form of abuse. In a few cases families saw the problem as being located at school, while the school saw the problem as in the family. In many cases these caregivers expressed long term frustration at their dealings with schools and at their inability to resolve issues with schools in the interests of their children.

6.4 Changing attitudes from a position of trust

The case studies showed that given the weight of these negative experiences and the deficit nature of referrals, social workers faced major challenges in turning around the attitudes and perspectives of many of those involved. A central dimension of this work involved giving some credence to perceptions and viewpoints of the clients and their caregivers. It was not uncommon for social workers to work on patterns of blaming by teachers, the school overall and other agencies as well. Social workers too had to understand and overcome a major barrier of client prejudice towards the role of social worker, despite generally positive community perceptions of SWIS itself. This prejudice was based primarily on previous experiences with social workers, often in a statutory environment. It was also reinforced by community stereotypes that regarded social workers as intrusive and directing, rather than supportive and professionally available to the family itself.

It took time for the social workers to create a trusting relationship with many of the caregivers. This trusting relationship relied on the abilities of social workers to apply important basic skills. Listening was fundamental. Caregivers recognised that in their initial experiences with social workers, social workers did not immediately seek solutions or provide advice, but spent time just listening. This in itself confirmed that the perspective and views of the caregivers and the clients were fundamentally valuable in themselves. Both children and the caregivers in the case studies were

very appreciative of the extent to which social workers took them seriously and listened to them.

The child's needs at school provided an appropriate entry into a more extensive unravelling of the issues facing the family. Social workers were able to work positively with clients to deal with issues that were sometimes seen as external to the family, before then returning once some success had been achieved, to allow more personal and difficult issues to emerge.

Social workers often entered the clients' homes. This was seen as a very important part of their ability to stand alongside families, to understand their situations and to be able to work effectively with clients and their families on their own ground. Everyone saw this as important, especially schools that were otherwise unable to access children in the homes. They saw major advantages in having a social worker who could cross the doorstep and develop a very personal relationship with families. Although this particular approach was also strongly supported by Māori clients, it was a strong feature of the service overall.

Social workers did try to help set boundaries, and did challenge clients', caregivers' and other family members' behaviour. However, they usually did so after a trusting relationship had been established and at a time when these challenges were accepted as a contribution rather than a threat to the family. Even in some instances where social workers presented advice to caregivers that did appear overly directive and inappropriate, it was done at a time in the intervention when the caregivers were able to challenge the advice and take an informed alternative path. One client, for instance, wanted her son to change schools and go to a school in a 'better part of town' and one where he might be less subject to bullying. The social worker argued against it. Despite this, the caregiver still felt strong enough in her relationship with the social worker to make a different decision and to shift her child to another school for reasons which were ultimately sound and with a positive outcome.

Caregivers and clients clearly saw the social worker as their social worker, not as the representative of the school or the representative of a social service agency. This idea that the individual was there to provide support and assistance continued even when interventions drew in a number of other social service professionals. A key positive relationship between child and social worker and between caregiver and social worker underlined the strongest aspects of social work practice.

6.5 Inclusive interventions

Other relationships were also very important. Many of the interventions by social workers clearly identified a range of important family members who would need to participate in finding solutions for the families. One of the most instructive aspects of the evaluation was in identifying the extent to which the social workers undertook work with fathers and other significant male adults. Sometimes this work was done particularly well by male social workers who were able to establish productive relationships with fathers and other males. However, women social workers were also able to work effectively with many of the men that were important to their clients. At times this meant working with family members who were not living within the same household.

6.6 Reinterpreting the past and present

The case studies showed that, in addition to listening, social workers tried to re-formulate the stories that they were told, thereby providing alternatives for caregivers that interpreted the same events more positively. This was particularly true where social workers provided support for parenting. Social workers were able to work with caregivers to reconstruct the relationships between them and their children, as well as between other members of the family environment. Undertaking this work involved

allowing caregivers to work through unresolved issues, which could include abuse, grief or the baggage of past difficult relationships. In working through these issues, social workers were conscious of the necessity of resolving things to the extent that individuals and their families could develop practical strategies for dealing with the present. In this way, many of the caregivers began to take on some of the strengths-based modelling themselves. In discussing their relationship with social workers with the evaluators, caregivers often used strengths-based language. They described the transformation in their thinking about their situations and about their relationships with their children and with other family members. For them this was a key aspect in their ability to deal with the issues that confronted them and to move into a new phase of their lives with an emphasis on positive, achievable change.

Support here was very important; support of caregivers and other adults, and children, to work through their issues and begin to take appropriate risks to change their present circumstances. Talking through such issues and being a sounding board often led to the family becoming involved in other therapeutic services and programmes through referral by the social worker.

6.7 Working with families in the interests of the children

Once social workers developed effective interventions that led to change, almost all reconstructed the original reason for referral. At one level, as the evaluators have already discussed, this was looking at the issue itself from a less blaming perspective. Ultimately, however, the social workers were able to touch on the more complex issues that were having a negative impact on the child and to work more broadly to effect transformation within the family, or with the school or other agencies, that would ensure a better outcome for children themselves. In no case were social workers able to resolve an issue by working with the child in isolation from the family. It was common for social workers to be working with the caregivers and other family members extensively and yet have relatively little involvement with the referred clients themselves.

6.8 Reconstructing relationships between children and families and schools and other agencies

For many of those children who were referred to SWIS, the social workers' positive attention to their needs and opinions was in itself a transforming experience. These children often had long histories of being blamed in their families and targeted for their behaviour at school. Caregivers and teachers regularly expressed their anger at patterns of ongoing acting out or oppositional behaviour. In not blaming the child, social workers were able to work initially with caregivers to reconstruct their relationship the child and then with teachers. This latter work sometimes posed more difficulties for social workers, because a negative pattern of dealing with children by teachers often reflected stress that they experienced in the classroom. This meant that there was sometimes reluctance by teachers to recognise positive changes that were occurring for the child. Blaming was a habit that was difficult to break. Change for teachers was slow but in one case there was clear evidence of a change towards more positive teaching practice.

Relationships between families and schools were their most tense and fragile when children were on the verge of suspension, often with a history of suspensions and expulsions. Bullying was also a major source of friction between families and schools, with the families of both perpetrators and victims often feeling that schools had not adequately protected their children or controlled bullying behaviour within the classroom and in the playground. Negative attitudes towards schools often had a long history and they also proved at times intractable. However, social workers often played an effective advocacy role in these situations.

In the initial period of setting up a relationship, social workers often dealt with external agencies. In doing this, they tried to ensure that benefit levels were appropriate, and re-assessed and that families improved their relationships with external agencies. This assisted families in their attempt to provide the basic needs of their families. Being able to demonstrate this capacity, such as ensuring that children had lunches and stationery and that their financial relationship with the school was on track, had major benefits. They provided an outward sign that the families were open to change, and such signs of change encouraged schools and other agencies to begin reassessing their relationship with the family as well. Success in some of these areas was in some cases sufficient in itself, but in others it allowed more difficult issues internal to the family to be raised and dealt with.

Finding the appropriate time to raise difficult issues was also an issue raised by caregivers. Social workers would work toward these and occasionally raise an uncomfortable issue before the caregiver was ready to confront it. In one such case, the caregiver appreciated the very respectful and appropriate way in which the social worker raised the issue.

6.9 Assisting the family to get resources

While the social workers could not be expected to lift a family out of poverty, they were able to provide crucial links between families and the statutory agencies that were there to support them. Many families had had negative experiences of such agencies. However, the positive approach of social workers and their preparedness to advocate on behalf of families not only assisted families to review their own situation, but also helped ensure that their basic needs were being better met through the benefit system and other state-provided supports.

Poverty issues were important in the cases of over a quarter of fully-assessed clients in the database (Table 14). Many of the families experienced high levels of poverty, including over-crowding in poor housing, difficulties in providing for the material needs of their children and, especially, the demands for activity fees from schools. Despite these real problems, many were not receiving their statutory entitlements. Social workers were able to assist families in ensuring that entitlements were available. In some cases the social workers were also able to effect dramatic transformations in the relationship between agencies and families by reconstructing them for the families. There was strong evidence that for many of the client families, negative experiences with agencies had left them feeling trapped in an unsatisfactory present, unable to use agencies as strategies for change. Most statutory agencies had been unable to work with families on anything resembling a strengths-based perspective.

6.10 Referrals to and relationships with support agencies

Other professionals also contributed and worked with the family and social workers to get positive results. Important contributors to outcomes included principals and teachers, RTLBs and public health and school nurses. Because social workers were able to establish positive relationships with clients and families in their homes, and were well placed within schools, they were able to provide a key co-ordinating role, allowing others to work within their own professional capacity. This involved the SWIS worker taking a case management role and in some instances being lead workers in Strengthening Families' panels.

It was also apparent that social workers were at times able to turn a previously bad relationship with other agencies into one that was productive and able to make a much stronger contribution to a positive outcome for the child and family.

For families under stress, the complexities of the different relationships with social service agencies were a source of considerable confusion. The social workers' involvement with these families often created a degree of order out of what was a

cacophony of agency voices. The agencies themselves did not recognise the extent to which they had a systemic (and poor) relationship with the families. They had not recognised that their actions often impacted on the family's relationship with agencies from other sectors. A focus on the child allowed social workers to integrate this network of relationships.

By working in an advocacy or mediation role, social workers demonstrated their ability to negotiate boundaries between their work on behalf of the family and the family developing its own capacity to negotiate with agencies on its own. Some social workers were explicit about how this related to the strengths approach that they were taking.

One of the key strengths of larger social service providers holding SWIS contracts has been their ability to provide wraparound social service provision. Where providers had a number of contracts and provided a wide range of services this afforded a very important resource to social workers in referring clients to other services and in the provision of proactive and remedial programmes. In cases where the provider also ran a health camp there was strong evidence of using the health camp as a resource for clients and their families. Social workers were able to deal with the interface between the health camp and the family, not only in arranging the placement, but also in supporting children and their families once the children had returned home. The health camp was used as a resource in other ways such as providing food parcels where necessary. The social workers were in many cases able to draw on their networks which involved a whole range of appropriate agencies, depending on the nature of the intervention. However, it also appeared that they were able to respond creatively and in a more timely fashion with in-house services where these were available.

The fact that these services existed did not necessarily make them accessible to individual social workers. In a number of agencies reviewed as part of this evaluation there was a substantial increase in the use of the wider resources of the agency by social workers as the evaluation proceeded. Similarly, where social service provision was provided by partnered agencies, there needed to be active encouragement of social workers to access the wide range of services provided by both agencies.

Often social workers also needed to access a wider range of programmes or referral agencies beyond the capacity or experience of their host agency. In some instances there could be significant barriers to ensuring seamless referrals. This meant that some clients and their families were left with less appropriate in-house services because they were more easily available. Social workers were inevitably forced to make trade-offs between easily accessible services available in-house and external services that might have been more appropriate, but less accessible, more expensive or delayed.

Social workers were very dependent upon the strength of relationships between different agencies in their own communities and often on the effectiveness of Strengthening Families in being able to draw in these external services.

Ensuring that Māori and Pacific children and their families had access to a seamless range of culturally appropriate health and social services was still a challenge to SWIS in some areas. Māori and Pacific agencies were established because Māori and Pacific communities saw mainstream services, and especially statutory agencies, as not meeting the specific needs of Māori and Pacific children and their families. This failure has been long recognised and was one of the strongest themes of *Puao-Te-Ata-Tu* (1988). Since 1988 there has been a dramatic and welcome increase in the number of Māori and Pacific agencies, and other social service agencies have been challenged to provide services that are better suited to Māori and Pacific needs and ensure better outcomes for Māori and Pacific clients.

This evaluation has shown, however, that there was still a significant gap between the approaches of Māori and Pacific providers and other providers. Because of this gap and the still limited number of Māori and Pacific providers in the field, there was a strong preference by Māori and Pacific providers for using in-house services, rather than on referring to 'outsider' agencies. These providers were also strongly linked to their communities and saw themselves as understanding community needs more completely than some of the external agencies. In turn, external agencies often viewed with suspicion what they saw as a tendency of culturally specific providers to hold on to clients when a more appropriate response may have been a referral to a specialist agency.

This division underlines the need for good partnering relationships between all stakeholders of SWIS. It also suggests that where there were iwi and Pacific providers of SWIS there is a significant responsibility on both providers and stakeholder agencies to ensure that clients got the most appropriate range of services. Stakeholder agencies had to work to earn the confidence of Māori and Pacific providers, so that these providers could be assured that the cultural needs of SWIS clients and their families would be met on referral. Māori and Pacific providers, for their part, had to work with external agencies to ensure that their clients were not missing out on mainstream services they needed and were entitled to.

During the course of the evaluation some of these issues were highlighted for providers either as a direct result of the interview process or through feedback after completion of the first round of interviews. Despite the very limited time between the first and second interview rounds, providers and other agencies had made major attempts to enhance the relationship between stakeholder agencies in the interests of their clients and their families.

6.11 Conclusion

The implications of these practice relationships will be covered more extensively in the later discussion (Chapter 8). The case study material generally suggested that social workers were able to practice with clients and families with a high-level competence, demonstrating many of the principles associated with a strengths-based perspective. It has been suggested, however, that much of the style of practice used by SWIS social workers was also derived from key aspects of the model and its implementation. Independence, the voluntary nature of the service and the ability to bring resources into the intervention, whether they be skills, access to benefits, or parenting programmes, were all key contributing factors in allowing social workers to establish strong productive and ongoing relationships with the children and families they worked with.

7 Evidence of change

The primary objective of the evaluation was to assess impact. Outcomes were assessed in a variety of different ways, using different methods and measures of success and from the different perspectives of the participants. These measures included:

- assessments of presenting problem from the records system database from the client's, family's and social worker's perspective;
- assessments of the overall value of the intervention from the records system database from the client's, family's and social worker's perspective;
- assessments of change in the contributing issues from the records system database from the client's, family's and social worker's perspective;
- case study reviews of individual interventions;
- assessments of changes in strengths from assessment to closure from the records system database; and
- assessments of changes in client risk from assessment to closure in the records system database.

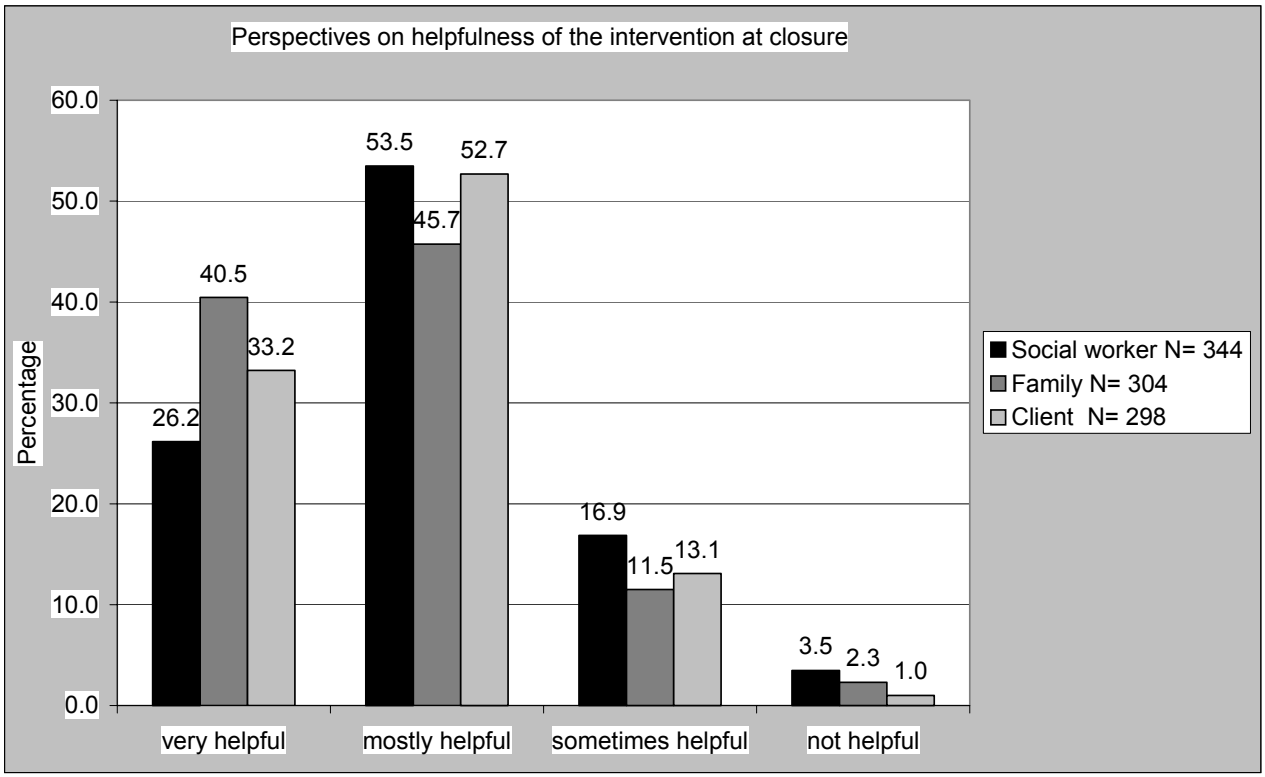
Apart from the case studies, the assessment of impact was undertaken at the end of the intervention, in part by an overall review of change and in part by retesting strengths or risks originally recorded at assessment. The case studies were particularly important in identifying longer-term change and in reviewing the extent to which families were more resilient and capable of dealing with the issues that were confronting them or could confront them in the future.

7.1 Client and family assessment of change

S As part of closing the case with clients and families social workers were asked to record on the records system the value of the intervention from three perspectives. These perspectives were those of the clients, families and the social workers themselves. The review from these three different perspectives was also important in practice terms to ensure that social workers were reflecting on the value of the intervention from the perspectives of the child and family. The assessments were undertaken as part of case closure, so should in most instances have been undertaken with the client and family. Although all of these assessments had the potential to be influenced by social workers' own opinions, the responses did give a sense of the relative difference between these different perspectives. However, it is possible, because of social workers' control over data entry, that these differences were understated.

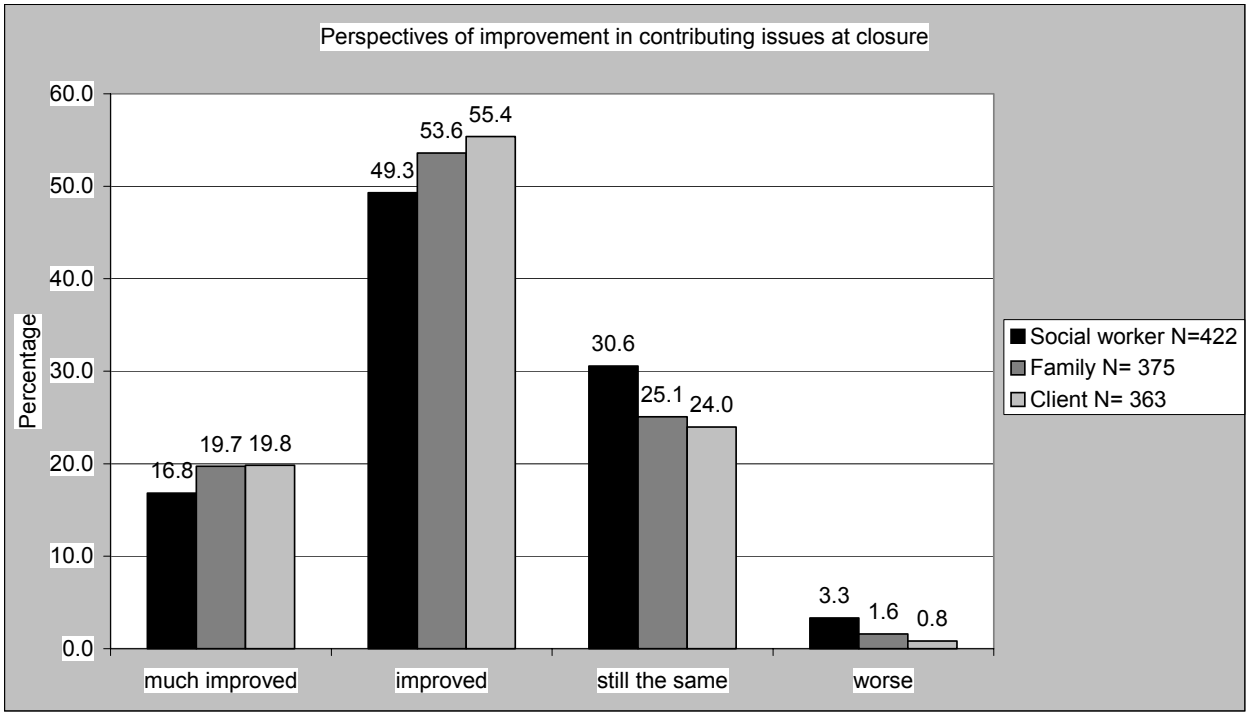
Social workers consistently rated clients and families as more optimistic about the level of helpfulness of the intervention than social workers (Figure 4) and this reflected similar results to the pilot. They estimated that over 85% of families considered that the intervention had been mostly helpful or very helpful, divided almost equally. The children themselves (the clients) were recorded as being slightly less optimistic about the intervention being very helpful and had a similar response to their families about the intervention being helpful.

FIGURE 1: SOCIAL WORKERS' RECORDING OF CLIENT, FAMILY AND SOCIAL WORKER PERSPECTIVE ON THE VALUE OF THE INTERVENTION



When looking at improvements in issues identified during assessment (contributing issues, as opposed to those raised at referral), there was a similar pattern. However, the perspectives of social workers, clients and families all showed a greater percentage of the interventions as indicating no change (Figure 5). For the social workers, the proportion of interventions that produced no change or had seen the contributing issues deteriorate was as high as a third. For clients the proportion was a quarter. For families, the proportion of interventions that produced no change or had seen the contributing issues deteriorate was just over a quarter. Clients were more optimistic than families that contributing issues had improved but all three were relatively the same with roughly a fifth of interventions being regarded as much improved. In all of these areas social workers considered that there was a high level of success.

FIGURE 2: SOCIAL WORKERS' RECORDING OF CLIENT, FAMILY AND SOCIAL WORKER PERSPECTIVES ON CHANGE IN THE CONTRIBUTING ISSUES

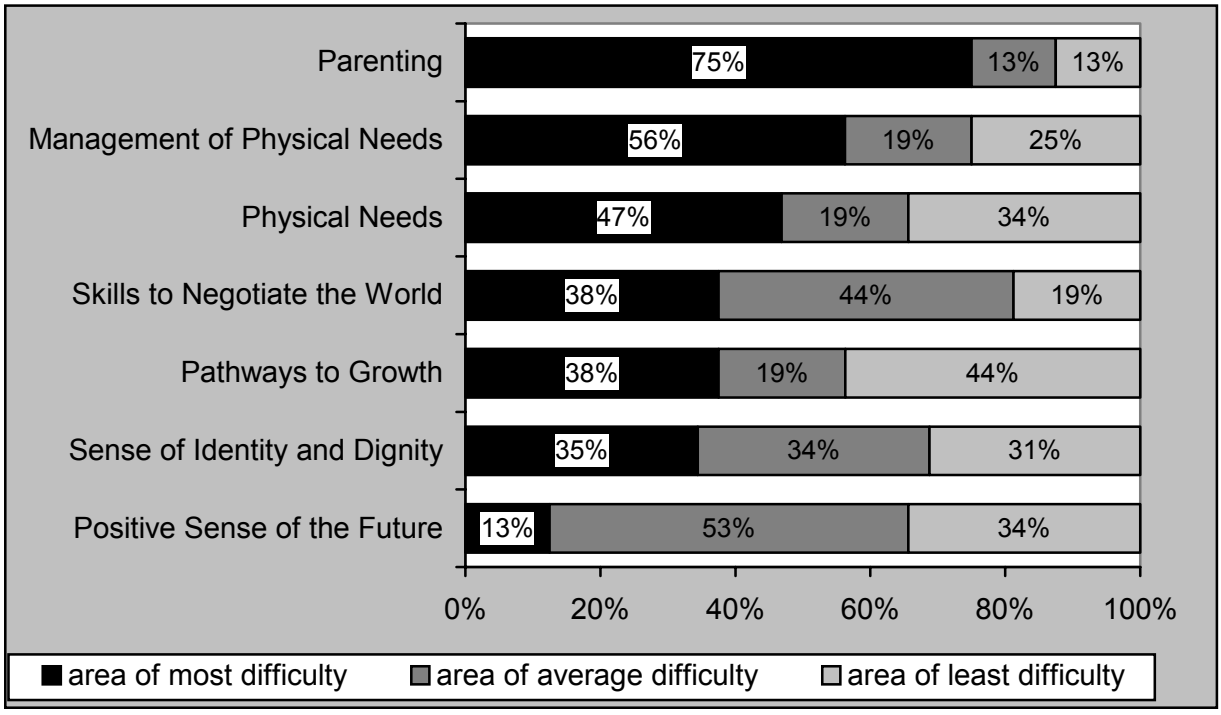


7.2 Strengths and barriers in meeting intervention goals

Social workers were also asked in the stakeholders' survey to review the relative importance of the different strengths issues in their dealings with clients and their families.

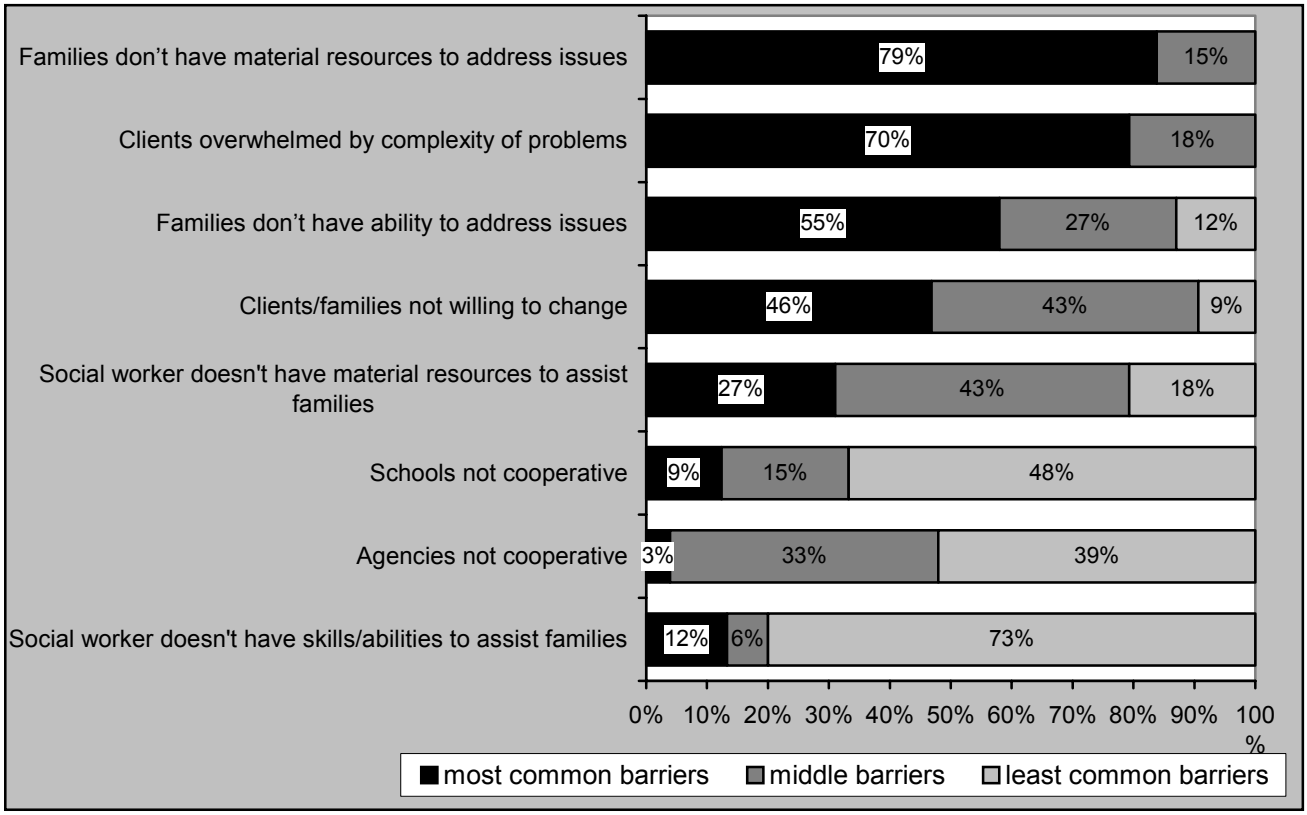
Their priorities clearly showed an emphasis on family skills. Parenting, managing resources and the level of resources available to the family all scored more highly than the strengths that were more directly concerned with the child. In addition, although these latter strengths were more associated with the child, social workers could still have worked more with family members than the actual client to achieve these goals. The results underlined the importance of working with families to meet children's needs (see Figure 6 below).

FIGURE 3 SOCIAL WORKERS' ASSESSMENT OF KEY STRENGTH AREAS IN WHICH CLIENTS/FAMILIES HAVE DIFFICULTY ACHIEVING OUTCOMES



In their assessment of the barriers to meeting intervention goals (Figure 7), the social workers also demonstrated a clear pattern, although this emphasised client, rather than agency or delivery, problems. The barriers focused first on deficiencies in the family, rather than in the resources available to the social worker, whether these be from the agencies, the school or the social worker's own skill base.

FIGURE 4: SOCIAL WORKERS' ASSESSMENT OF THE MOST COMMON BARRIERS AT THE OUTSET TO MEETING INTERVENTION GOALS



7.3 Risk measures

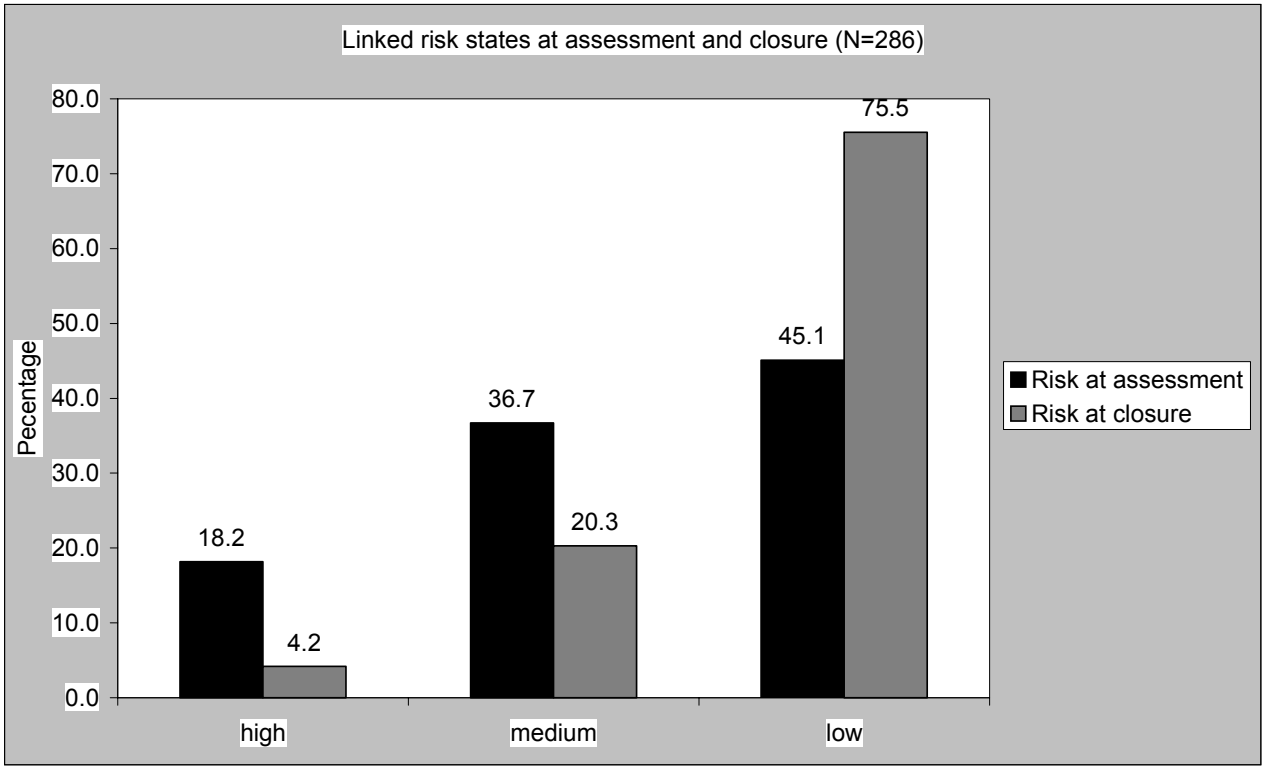
The assessment and monitoring of risk was a major responsibility mentioned in the operating protocols and social workers were expected to monitor any changes of risk that might have occurred at any stage in the process from referral to closure. The operating protocols defined risk in the following ways:

- high risk was when there was a current crisis for the child or young person and/or their family/whānau. This could include a death of a parent or close family/whānau member, family breakdown, suspension from school, or a serious medical situation;
- medium risk included less serious but ongoing issues, for example; repeated truancy, constant bullying of other children or getting into fights, less serious but frequently recurring health problems; and
- low risk was either a single instance of concern, or a repetitive but low level concern, where intervention was undertaken to avoid a more serious situation occurring. For example, a single incident of truancy or bullying, occasional incidents of coming to school inadequately clothed or without lunch.

While completion of risk assessment was relatively high in the records system database, given the problems of introducing the database, the number of cases where the evaluators had a complete trail of risk assessments from assessment to closure was still small at 286 clients. It was clear that for this group there had been an important reduction in risk over the period of the intervention.

The level of risk fell markedly from assessment to closure (Figure 8). Eighteen percent of clients at assessment were judged to be high risk and this had fallen to 4.2% at closure. Similarly over a third of clients were assessed as having medium risk and this had fallen to under quarter at closure and 45.1% of clients were low risk at assessment and this had increased to 75.5% at closure. Although the numbers here were still relatively low, this was a satisfactory result.

FIGURE 5: RISK ASSESSMENTS AT ASSESSMENT AND CLOSURE



7.4 Change in strengths at closure

The number of clients where the evaluators had good data from assessment to closure was comparatively small. The evaluators did not have assessment data with sufficient numbers from the seven main strengths linked from assessment to closure to indicate levels of change. The seven outcomes measures broke down to 39 different components, and these were only measured if they had been worked on as an intervention goal. Therefore it may take some time to generate sufficient data to make an overall analysis of change, even when all social workers are using the system consistently and supplying their data to Child, Youth and Family Contracting on a regular basis. Preliminary data comparing strengths at assessment with those at closure suggested that it may be possible to assess positive changes in strengths, once social workers have used the model more extensively and with a larger number of cases.

Changes in the seven key strengths have been reviewed by aggregating components within a strength. Table 24 illustrates the overall level of improvement in strengths. In all areas there were very high levels of improvement.

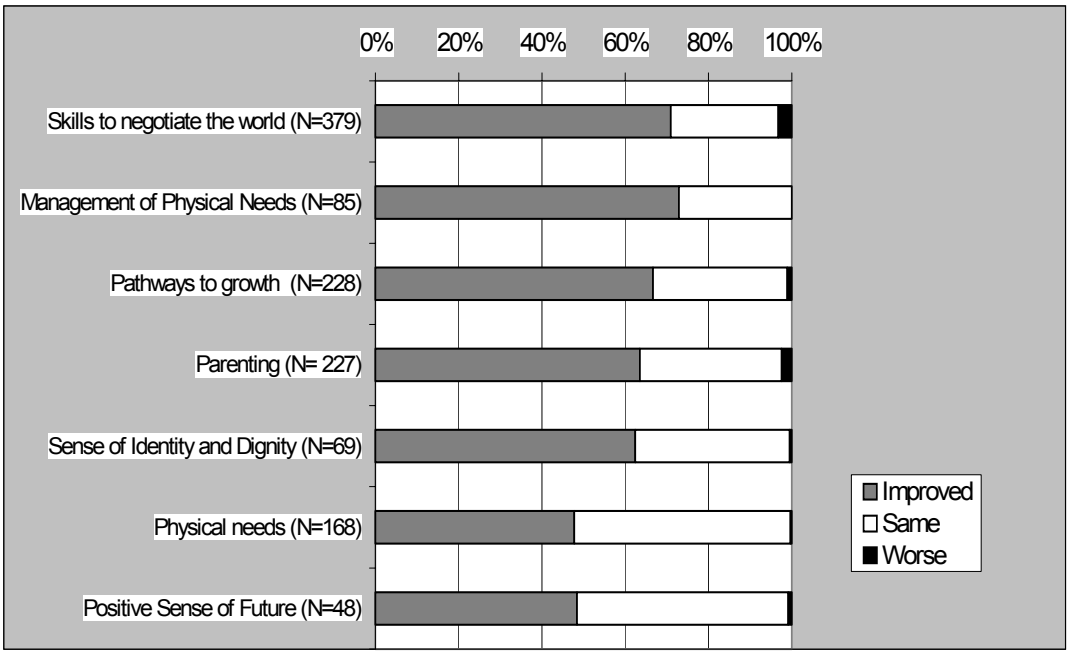
TABLE 24: IMPROVEMENT OF DATABASE STRENGTH INTERVENTION GOALS AT CLOSURE

Combined sub strengths at closure	much improved	improved	still the same	worse	much worse
Skills to negotiate the world (N=379)	31.7%	39.3%	25.9%	2.9%	0.3%
Management of physical needs (N=85)	27.1%	45.9%	27.1%	0.0%	
Pathways to growth (N=228)	26.3%	39.9%	32.0%	1.1%	
Parenting (N= 227)	24.2%	38.3%	33.5%	2.4%	
Sense of identity and dignity (N=69)	17.4%	43.5%	36.2%	0.5%	
Physical needs (N=168)	11.9%	35.7%	51.8%	0.0%	0.3%
Positive sense of future (N=48)	10.4%	35.4%	47.9%	0.8%	

- These totals are based on the sum of all sub strengths for that strength category.

Figure 9 shows this information in graphic form with the high level of improvements in strengths clearly contrasting with the small level of deterioration. It can be noted that the areas where there was the least change, 'physical needs' and 'positive sense of the future', were also the strengths that scored amongst the highest level at assessment (see Table 21). The major improvements in management of physical needs are particularly noteworthy given the high score this also achieved at assessment.

FIGURE 6: CHANGES IN STRENGTHS DURING INTERVENTION



Overall, there was a marked improvement in the key strengths over the period of the intervention. While these changes need to be seen alongside the level of strengths assessed by social workers at the beginning of the intervention, it is clear that major improvements were achieved in developing appropriate skills for both caregivers and client children. There was no difference in the results for caregiver-strengths (physical needs, management of physical needs and parenting) and the others which were child-strengths.

7.5 Case study successes

Positive changes were also clearly demonstrated for many children in the case studies. These changes included:

- noticeable improvement in children's educational performance;
- improvement in the behaviour of children in the classroom and school grounds;
- significantly improved circumstances for children who, at the beginning of the intervention, came to school hungry, not well clothed and whose health and hygiene were creating issues in classrooms and playgrounds;
- children who at referral did not have the materials required to participate fully in lessons acquired them; and
- the establishment of clear homework routines at home.

Material collected from parents/caregivers identified such changes as:

- increased confidence in being able to approach and interact with school staff regarding their children without feeling ashamed or frightened;
- their ceasing to smack or hit children;
- the development of creative strategies to allow children to express anger without hurting themselves or others or damaging property;
- children being more respectful of parents/caregivers and listening and co-operating more with each other;
- the establishment of clear routines for family life and the use of appropriate consequences that resulted in children being fed more regularly and getting sufficient sleep;
- the development of periods when families spent recreational time together because housework and homework were completed;
- the elimination of violence as the primary strategy for solving problems within the family;
- positive communication strategies being used by parents/caregivers and children that ensured that all parties were heard and that their needs were met;
- the increased confidence of parents/caregivers to achieve previously unimagined levels of positive family life, work and education goals and the ability of families to problem-solve on their own; and
- parents and caregivers being better able to manage other aspects of their lives as demonstrated in their capacity to reduce debt levels and provide cleaner, healthier houses and more suitable accommodation for children.

The 27 cases selected included three chosen where social workers thought the outcomes were less than satisfactory. Apart from those cases, all of the other cases showed sufficient elements of change for all parties to agree they were successful, although the extent of change and achievement of goals did differ.

Children's comments were almost universally supportive of their social worker and showed the extent to which they felt supported by an adult who was both their friend and their guide:

- "[the social worker] was choice";
- "The bomb straight up, easy to relate to"; and
- "[the social worker was] cool".

Children indicated the extent to which they felt social workers had led them to better modes of behaviour, or better strategies for dealing with difficulties that they faced:

> I reckon I changed and I went a lot better. Teacher was talking to mum and dad like I was being good, getting heaps of positives [now] and all that. I am quite happy with it and getting on better with teachers now. Definitely she [the social worker] is very understanding, easy to talk to … she's just good.

The social worker was described as ensuring that they had access to some of the material needs that they required. They saw the relationship they had with social workers as being personal and directed at improving their situation. However, they also understood the extent to which social workers were working with their parents or caregivers in practical and positive ways.

The reasons why interventions were less successful were not too difficult to identify, although the sample of cases examined with these outcomes is limited to three. In all of these cases a trusting relationship between the caregivers and the social workers did not develop to the extent that was evident in the interventions that led to positive change.

In one case, the social worker was able to work with the child but was unable to reach a consensus with the caregiver on the issues that were facing that child. In another case the family had a very high marijuana use and the child had ready access to the drug. Time spent at a health camp allowed him to achieve major changes in being 'dried out', but when returned to his family these advances were soon lost. The family did not accept in this case that the level of marijuana in the household, and the child's access to it, were major contributing factors to their son's situation.

In two of the cases the worker and the caregiver had communication problems and were unable to overcome some very negative historical experiences of the client with other social service agencies. Interpreting was a problem where one caregiver had a hearing disability, and in another case where the social worker did not appear to have adequately acknowledged the need for an interpreter and other means of communication. In this particular case the family appreciated the services of the social worker, but their understanding of the work undertaken demonstrated that they may have been confusing the social worker with some other professional.

Overall, given the wide range of different issues children and families brought into these interventions, the level of change was considerable, with individual families undergoing transformational change as a result of the intervention. The social workers did not work alone. The most effective interventions involved a range of other appropriate professionals, but they were largely managed by the social workers. The social workers' strategic location within the school, as well as their broad holistic and generally strengths-based approach to practice, made them ideal to be the significant support person in assisting families to manage their relationships with a wide range of professionals. The social workers' location and approach to practice also allowed other professionals to concentrate more directly on the specialist skills that they were able to bring into that family.

7.6 Goal achievement and success

Some of the case study information suggested that not too much should be read into a failure to achieve goals. On the contrary, there was considerable evidence that significant changes had occurred with positive outcomes for children, even though

some of the major intervention goals were still not successfully completed by the time of the case study interview. The fact remained that families still considered that they had made some fundamental positive readjustments and that these had been sustained from the end of the intervention to the time when the evaluation interview took place. The social workers were entering into a dynamic environment, assisting families to redirect and take a greater control over that environment. Social workers also needed to appreciate that their involvement with families overall still took place in a relatively limited timeframe and alongside other powerful family and community influences that promoted or inhibited the potential for change.

7.7 Stakeholder survey

The following information was collected from the stakeholder survey of all social workers, providers and schools (predominantly principals) and community stakeholders. As outlined before, school and agency respondents greatly outnumbered social workers and providers who responded to the survey. In general social workers were more optimistic than school staff about elements of change. This was independent of their area of expertise, with social workers being more positive about both educational and social outcomes than school staff. Reasons for this finding are difficult to discern, but may include social workers having a higher opinion of the value of their work or having better knowledge of outcomes due to their more intimate knowledge of the interventions. School staff may also hold more long-term negative perceptions of children and their families than social workers.

Other agency respondents had higher levels of missing and not applicable returns, as well as tending to be more cautious about outcomes. This reflected their comparative lack of direct information about SWIS's relationship with clients and families.

Respondents were asked to assess changes in schools and communities since the introduction of SWIS (Table 25). The questions did not ask respondents to link these changes to SWIS itself. There was considerable support for the idea that many behaviour-related problems were less evident since SWIS's introduction and that general problems were better identified and managed. Only one respondent considered that access to suitable programmes had deteriorated, while over 72% felt that access had improved. Fifty-four percent of respondents also recorded improvements in the identification of special needs.

TABLE 25: OUTCOMES FOR SCHOOLS

Since SWIS ….	Got a lot better	Got a little better	No change	Got a little worse	Got a lot worse	NA + Missing
	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)
…suspension/expulsion rates**	21(9.1)	61(26.5)	84(36.5)	6(2.6)	2(0.9)	56(24.3)
....truancy/absenteeism**	30(13.0)	88(38.3)	66(28.7)	3(1.3)	1(0.4)	42(18.3)
....damage to property	20(8.7)	39(17.0)	91(39.6)	6(2.6)	3(1.3)	71(30.9)
....identification of special needs at school	42(18.3)	82(35.7)	78(33.9)	1(0.4)	0(0.0)	27(11.7)
....access to suitable programmes	69(30.0)	97(42.2)	35(15.2)	0(0.0)	1(0.4)	28(12.2)

**In the planning of this survey a decision was made to not burden schools with the additional task of providing "hard" figures to provide evidence of these marked changes. There was also a feeling at that time that changes in these rates could not be fully attributed to the work of the SWIS social workers and that to include them might give undue credit to their work.

There was also strong support for the belief that schools were better linked to their communities and to networks of social support since the introduction of SWIS (see Table 26). For only two questions did more than 1% of respondents feel that these linkages had deteriorated.

TABLE 26: OUTCOMES FOR COMMUNITIES

	Got a lot better	Got a little better	No change	Got a little worse	Got a lot worse	NA + Missing
	No.%)	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)
Since SWIS... community relationships with the school	25(28.3)	148(33.6)	81(18.4)	4(0.9)	1(0.2)	82(18.6)
Since SWIS...networking within the community	161(36.5)	155(35.1)	66(15.0)	2(0.5)	1(0.2)	56(12.7)
Since SWIS…community responsibility for needs of children	66(15.0)	166(37.6)	122(27.7)	1(0.2)	1(0.2)	85(19.3)
Since SWIS...co-ordination of services for children	143(32.4)	185(42.0)	54(12.2)	3(0.7)	1(0.2)	55(12.5)
Since SWIS...access to early intervention services	136(30.9)	151(34.3)	74(16.8)	4(0.9)	3(0.7)	72(16.4)

A slightly higher proportion felt that SWIS had had positive impacts on the Māori community (61%) than on the Pākehā community (55%), although the figures were generally similar (Table 27). On the other hand, while few (less than 1%) felt that there were negative outcomes for the Pacific community, only 35% indicated that there were positive outcomes for the Pacific community. The high level of Not Applicable or Missing responses (56%) makes the result difficult to interpret because a proportion of the sites did not have Pacific populations and respondents would not have been able to comment on the effect on the Pacific community at all. The most that can be said is that those who did express an opinion held positive views and that the numbers were still lower than those recorded in relation to Pakeha or Māori communities (Table 27).

TABLE 27: OUTCOMES FOR SPECIFIC GROUPS

•	Very Positive	Positive	None	Negative	Very Negative	N/A + Missing
•	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)
The Māori community	76(17.3)	193(43.9)	43(9.8)	5(1.1)	2(0.5)	121(27.5)
The Pacific community	37(8.4)	118(26.8)	35(8.0)	4(0.9)	0(0.0)	247(55.9)
The Pākehā community	62(14.1)	181(41.0)	50(11.3)	2(0.5)	0(0.0)	146(33.1)
Co ordination of services for children	121(27.4)	218(49.4)	28(6.3)	4(0.9)	2(0.5)	68(15.4)
Access to early intervention services	116(26.3)	182(41.3)	51(11.6)	3(0.7)	1(0.2)	88(20.0)

Stakeholders were asked to assess the changes for SWIS clients since the introduction of SWIS. Overall there was a perception that for SWIS clients positive changes had occurred since the introduction of the service. This perception was more positive for health and social outcomes than for educational outcomes. As could be expected there was a stronger perception that children and families had better access to the services they needed. Family willingness to change was rated more highly than areas where there needed to be evidence of major familial changes. Nonetheless, there were high scores for better family functioning and improvements in behavioural and relationship areas (Table 28).

TABLE 28: OUTCOMES FOR SWIS CLIENTS

In relation to SWIS clients only, since the introduction of SWIS:	**Strongly agree**	**Agree**	**Neither agree or disagree**	**Disagree**	**Strongly disagree**	**N/A + Missing**
	No.(%)	No.%	No.%	No.%	No.%	No.%
Educational interest has increased	25(10.9)	70(30.9)	86(37.8)	10(4.3)	2(0.9)	35(15.2)
Effort in the classroom has increased	21(9.1)	99(43.5)	68(30.0)	7(3.0)	5(2.2)	28(12.2)
Access to remedial support has increased	44(19.1)	73(32.2)	57(24.8)	22(9.6)	3(1.3)	30(13.0)
Educational attainment has increased	12(5.2)	78(34.3)	85(37.4)	16(7.0)	4(1.7)	33(14.4)
Access to appropriate health interventions has increased	92(22.9)	176(43.9)	37(9.2)	13(3.2)	6(1.5)	77(19.2)
At-risk children have experienced improvements in health	37(16.2)	94(41.1)	36(16.0)	10(4.2)	2(0.7)	49(21.7)
Family functioning has improved	32(13.9)	110(48.3)	47(20.4)	12(5.2)	1(0.4)	27(11.7)
Client/family buy-in to addressing social well-being has increased	36(15.7)	116(50.9)	37(16.1)	12(5.2)	2(0.9)	26(11.3)
Access to social well-being interventions has improved	48(20.9)	127(55.7)	27(11.7)	6(2.6)	1(0.4)	20(8.7)
Access to needed behavioural and relationship interventions has improved	48(20.9)	116(50.9)	33(14.3)	11(4.8)	1(0.4)	20(8.7)
Behavioural and relationship difficulties have improved	43(18.7)	110(48.3)	43(18.7)	11(4.8)	1(0.4)	21(9.1)
Client/family buy-in to addressing behavioural and relationship issues has increased	26(11.3)	123(53.9)	41(17.8)	13(5.7)	1(0.4)	25(10.9)

This survey data was based on external perceptions of client change and needs to be seen alongside the case study data which allowed clients and families to report on the value of the intervention from their own perspectives.

7.8 Outcomes for Pacific people

The stakeholder survey (Table 28) showed general acceptance of the value of SWIS to Māori and Pacific client groups. However, there was fall-off in knowledge about the extent to which SWIS was contributing to reducing disparities between Pacific and non-Pacific people from those able to comment on this issue. The provision of SWIS to Pacific people was an area of some criticism in comments made to the evaluators as part of the stakeholder survey and during the provider profiles. Commentators were concerned that many SWIS social workers did not have enough linkages to Pacific communities and skills to work with Pacific clients and families. Pacific clients and their families were also described as more independent, wanting to solve their own issues, more wary of social workers, and more likely to lack an understanding of SWIS and to confuse social workers in schools with Child, Youth and Family workers. There is a danger that these views could become further barriers to providing effective services for Pacific clients and their families, since it was clear from the database information that significant numbers of Pacific children were referred to the service (17% overall). A sense of self reliance when coupled with suspicion of mainstream services did not mean that Pacific clients and families did not need and would not respond to appropriately provided services. The experiences of many Pacific families in the pilot evaluation and in the expansion suggested otherwise.

Higher numbers of respondents in the survey agreed that the service was appropriate for Māori and Pacific clients, than agreed that SWIS was reducing disparities between these groups. At the same time there was a fall-off in the proportion of respondents who saw SWIS as reducing disparities for Pacific rather than Māori clients. The numbers of those who were unable to make a decision were also much higher, although this probably also reflected the comparative lack of Pacific clients in many of the schools covered by SWIS.

TABLE 29: BENEFITS OF SWIS TO MĀORI AND PACIFIC

	strongly agree	**agree**	**neither agree or disagree**	**disagree**	**strongly disagree**	**N/A + Missing**
	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)
SWIS is appropriate for Māori clients	151(34.2)	183(41.5)	42(9.5)	9(2.0)	8(1.8)	48(10.9)
SWIS is contributing to a reduction in the disparity of circumstances between Māori and others.	74(16.8)	141(32.0)	88(20.0)	24(5.4)	8(1.8)	106(24.0)
SWIS is appropriate for Pacific clients	80(18.1)	119(27.0)	51(11.6)	12(2.7)	0	179(40.6)
SWIS is contributing to a reduction in the disparity of circumstances between Pacific people and others.	43(9.8)	90(20.4)	64(14.5)	22(5.0)	1(0.2)	221(50.1)

The caution in assessing outcomes in the stakeholder surveys was reflected in other qualitative material supplied with questionnaires, in interviews with stakeholders and in some of the case study material.

Together, however, these concerns suggested that there was a need for a greater involvement of Pacific social service agencies as SWIS providers and for more Pacific social workers from a variety of island cultures. There was also a need for a more determined response by other providers and social workers to meet the needs of Pacific clients and their families.

8 Discussion

8.1 High level of support for the programme

SWIS is a very highly regarded programme that had attracted high levels of support from schools and clients in the comparatively short period that the programme has been in operation. Where the programme was being provided by able social workers and where there was a continuity of service, undisrupted by changing personnel, then enthusiasm for the service was at its highest. In areas where SWIS was working well there was a high demand for extending the service to neighbouring schools outside the range of the programme at that time. Many schools reported substantial changes and improvements in their ability to respond to the social needs of children, with improvements in educational, health and social outcomes for children and families. Schools also considered that professional social work services allowed them to deal with issues that were previously undiagnosed or social needs that were recognised but unmet. SWIS had reduced the amount of time that principals and other school staff needed to invest in negotiating with social service providers and locating appropriate services. This had allowed schools to respond more quickly when children's special needs were identified.

For a relatively small number of schools SWIS has been less successful. For these schools the primary concern has been access to services. In some cases schools considered that the services provided by individual social workers fell short of the levels of professional availability and level of skill that they expected. More importantly, however, schools that experienced significant gaps in services had major criticisms of SWIS. Difficulties in appointing staff and resulting gaps in service delivery were the schools' main concerns. This occurred in an environment where the average annual turnover of SWIS social workers is 29%, approximately double the turnover of Child, Youth and Family social workers.

In many cases these concerns can also be seen as reflecting some of the success of the programme. Schools complained most when, because of staff changes, they did not have social workers they felt they were entitled to and valued. The slightly less enthusiastic response of other agencies may be the result of distance from the work and therefore a lack of knowledge of what social workers in schools were doing, particularly in their work with individual clients and their families.

A good many of the interventions considered by this evaluation illustrated very substantial change and major achievements by the families concerned. At times, these interventions made radical differences to the lives of these families. They also occurred with families who had deep-seated and long-term issues, not resolved in the past despite the efforts of, at times, numerous social service agencies. These issues with social service agencies involved structural relationships between agencies and families, often with agencies working from a deficit model. Positive changes with SWIS intervention went well beyond improvements within the family and they also involved structural improvements in the ways that agencies dealt with the families.

Despite these trends, an assessment of the overall impact of SWIS does need to be qualified due to the recent establishment of the service and the short time frame of the evaluation. A more sustained assessment of impact could only be made over a longer period of time. SWIS is still finding its way in many sites. Therefore it is also difficult to comment on the extent to which, aspects of service delivery that have contributed or hindered positive change are fundamental to the model and its implementation or are simply the result of bedding in a new programme.

8.2 Critical success factors of SWIS

8.2.1 Strengths-based practice

There is strong evidence that social workers were actively engaged in seeking out the strengths of their clients and client families, the schools and their communities. In doing so they were able to facilitate change where negative experiences of prior contact with social service agencies had produced a self-perpetuating expectation of failure. Families demonstrated much more commitment to change where they were able to rely on and develop their own resources. This was not the same as being left to their own devices; it required a re-orientation of the clients' and families' relationships with essential support agencies. This involved a significant turnaround from deficit-based relationships with social service agencies to strengths-based modes of working.

This ability to view clients and their families as central and significant participants in the interventions was dependent upon a strong strengths-based approach to social work practice.

In one of the case studies the social worker's ability to bring together a very wide range of social service agencies was a very significant factor in the success of the intervention. Also significant was the social worker's ability to use a family group conference with these agencies to transform their relationships with the family. Prior to the involvement of SWIS, other social service agencies' experiences with the family had been extremely negative and their dealings with the family had been predominantly hostile and punitive. The social worker's emphasis on strengths allowed this family and the agencies to reframe their relationships in a way that produced positive outcomes for all participants. This was achieved in an environment where previously positive outcomes had appeared impossible. This model of working was replicated through most of the cases. In some instances there was evidence of social workers being more overtly directive in their dealings with families. However, this must be seen as a relatively minor occurrence.

Social workers also used a strengths perspective to transform schools' deficit-based assumptions of the abilities of individual children and their families. Schools inevitably identified problems and referred these problems to social workers thus reinforcing a deficit-based referral model. In almost all cases social workers demonstrated the flexibility to look beyond reasons for referral and to provide a more holistic and strengths-based examination of the needs and abilities of the referred child and their family. In many cases the social workers' involvement with the family led to better relationships between the child and the school. These new relationships were based more on the child's strengths than the school's understanding of his or her deficiencies.

Social workers' training in and understanding of strengths-based practice are important, but should not be seen as the only driver of strengths-based work within SWIS. Much of the movement towards using the strengths-based models in dealing with clients can be seen as extending from the design and nature of the programme itself.

The ability of families to accept the possibility of positive change and to begin to envisage self-directing futures was among the most important aspects in producing positive outcomes. Families' abilities to take control of the future and to be able to envisage change were crucial. Much of this extended from the voluntary and independent nature of the service and on the capacity of the social worker to bring resources into the family.

8.2.2 The voluntary nature of SWIS

Positive outcomes for the child also invariably necessitated some form of transformation within the family itself, even where there was a need for structural change in schools' or agencies' relationships with families. Social workers within SWIS were able to facilitate this transformation for a number of reasons, all of which flowed from three key aspects of the programme. Because the families were voluntarily engaged with the social workers, the relationship was much more equal than it may have been in a statutory context. The voluntary nature of this service did not mean that all clients actively committed themselves to change. However, by making active decisions to become involved with the social workers many families were also able to make commitments to positive change. The voluntary nature of the programme also appears to have increased its acceptability in the community at large, despite entrenched negative feelings about the nature of social work.

8.2.3 Social worker independence

Social workers were able to work alongside families because they were seen as independent and representing none of the major agencies that had often dominated the lives of many of the families. While relationships with schools could often be positive, there was also strong evidence of poor relationships with schools and of families requiring someone to act as an advocate or mediator in dealing with schools on behalf of their children. This need for advocacy helped social workers to be seen as a key support to the families themselves. Ironically, social worker isolation from providers, overall a major problem for SWIS, sometimes assisted in making strong relationships between clients and social workers. Clients did not feel that they were working with an agency but that they were working with a social worker who became their key support person. Social worker independence was also crucial in encouraging structural change in the relationship between families and schools and agencies, because it allowed the workers to act on the families' behalf in the best interests of the child where change was required in schools and agencies.

8.2.4 Networking with other agencies

Social workers were able to use their networks to enhance the resources available to families. These included accessing material resources like food parcels and ensuring that families had access to appropriate benefits. In addition to this, social workers enhanced families' skills in dealing with agencies.

8.3 Being part of the schools

Schools with a high level of support for SWIS were also those with a sense that their social workers were an essential part of their schools. Many schools appreciated social workers taking part in school events, such as sports days or parent nights. They saw this as a means of cementing better relationships, not just between social workers and the school but also between social workers and children and families served by the school. This also allowed potential clients to become aware of the existence of the social work service and have a personal knowledge of who the social worker was.

Some schools resented the time taken by social workers to carry out administrative or training responsibilities, which they saw as taking social workers away from the school. Social workers were often spread across a number of schools which were sometimes geographically distant from each other. This often created competing demands by schools both for the physical presence of social workers and also for a fair percentage of their caseload. Some schools felt that they had been inappropriately combined with other schools in marriages of convenience to participate in the tendering process. Attempts to make sure that the clusters served by individual social workers have a community of interest, and are not simply an unnatural alliance put together for the sake of ensuring an appointment, need further

consideration. Schools in the round of applications should be able to show that they have sufficient common interest to provide a degree of cohesion to the social worker's role. Where this is not the case then there may well be significant logistical problems of travel between schools. Differences may be compounded as social workers try to develop separate programmes that are appropriate for the different communities they serve.

8.4 Inclusion of stakeholders

SWIS would be enhanced if there were a greater inclusion of stakeholders and community in the management structure. The varied models for managing SWIS used across sites show that there is no consistent model for including stakeholders and the community in the governance of SWIS. Some providers have management committees made up of representatives of the provider, with some social worker representation, and with representatives from schools. Other providers have no governance structures for including stakeholders and the community in the management of SWIS. There may, however, be advisory groups established to advise providers on specific issues such as the delivery of services to Māori. However, even where schools do have representatives on management committees, there still has to be a clear understanding of roles and responsibilities and those representatives have to be seen by schools as a viable avenue for decision-making.

8.5 Independent social services providers

Demands by some schools to have the right to appoint social workers directly generally flowed from negative experiences with either social workers or providers. In a small percentage of cases these tensions were created because of a feeling that the social worker was not able to deliver the level of professional services expected by the school. More commonly, however, the school's negative feeling towards SWIS was based on a poor relationship between the provider and the school. A weakness in the relationship between providers and schools was a general problem throughout SWIS sites.

This weakness has to be seen as a structural problem within the development of SWIS, rather than simply a problem of contract compliance or lack of professionalism by social service agencies. All parties to SWIS significantly underestimated the amount of time and effort that providers would be required to put into maintaining relationships with stakeholders. The almost organic development of a second tier of management within a number of SWIS sites illustrated recognition by providers of this gap in their services. The funding mechanisms for SWIS should recognise that there are major management responsibilities in maintaining the myriad of relationships on which SWIS depends and that these are separate responsibilities from the provision of social work supervision. Contracts for a larger number of positions per provider will also assist in allowing better economies of scale in this area.

Transferring control for SWIS to the school would not necessarily ensure better continuity of service. Social service providers, because they are likely to employ a number of social service professionals, including social workers, are in a better position than schools to fill gaps when individuals leave. The provision of services by individual schools would also further isolate social workers from their practice, already a concern in this programme. It would also raise questions about the ability of schools to provide the level of social service supervision and support that should be expected from a good social service provider. Having social workers employed directly by schools would also have the disadvantage of separating social workers from access to the wraparound services that might be available through a social service provider.

An intermediate approach of schools themselves joining together to create a social service provider would go some way to meeting these concerns. However, many of the problems that any social service provider may experience might still surface.

There is therefore a stronger argument for including schools more effectively in some form of governance of the SWIS clusters, but continuing to provide SWIS through independent, experienced and external social service providers.

8.6 Isolation

Isolation remains a significant challenge to social workers in schools. This was identified as a major concern as part of the pilot evaluation. Social workers working as individuals in schools and with families, without strong support, face considerable professional risk. They are also in danger of placing their clients and their families at some degree of risk as well. The problem of rural isolation was less evident in the evaluation of the expansion than had been the case in the pilot. This, however, should largely be seen as a result of a more strongly urban focus being taken in this round. Providing social work services in rural areas still posed significant risks of physical isolation and put social workers at a greater risk of danger to themselves or their clients. Many social service and health providers only enter the homes of clients in pairs, which is often not possible for individual social workers, particularly those working in isolated rural areas.

Even where social workers are working in schools with a wide range of other professionals there is still a danger of professional isolation. Social workers have to manage a series of complex and inter-professional relationships as part of SWIS. It is essential for the well-being of their clients and for their well-being as social workers that they have access to good professional support, including high quality professional supervision. Because social workers have these complex lateral relationships with a wide range of others it is also important to have an accessible and local provider. Accessibility helps the provider to maintain the network of relationships at a managerial level. It also allows them to be sufficiently accessible to be able to intercede at short notice on the social worker's or client's behalf and to be readily available to schools and other stakeholders when issues arise.

In avoiding isolation there are also major advantages in having social work providers that are located in the community that they service. A number of contracts were awarded to providers in the expansion round that were at a considerable distance from the school sites. Sometimes these involved health camps in different towns to the schools, chosen because they already had strong relationships with the schools. There was also evidence that in particular cases schools wanted to distance themselves from local providers in which they had little confidence, even though these providers had experience and competence in providing social work services. This placed both the social workers and their clients and the provider at a considerable degree of risk, as often it proved very difficult to maintain the strong community relationships on which the programme depends.

8.7 Continuity of service

One threat to the continuity of SWIS service has been the high turnover of social workers. The resulting breaks in service were a major feature in school dissatisfaction and had a negative impact on relationships with clients. This was particularly the case where resignations or relocations of social workers had led to substantial periods without a social worker. Often this lack of satisfaction was greater when schools felt that they had lost an important and valued resource. Because of the relationship-building component involved in SWIS, temporary replacements were not necessarily acceptable or useful.

The high level of staff turnover being experienced across all sites is one of the most important challenges to SWIS. Slowness in appointing social workers and gaps in delivery of social work services also created real problems for all stakeholders, with consequences for children and families. In one case a provider also shifted workers

from one location to another for a variety of good reasons, but underestimated the impact of this transfer on clients and on schools.

Providers had major difficulties recruiting suitable staff, meaning that some schools had a significantly reduced service and others complained of no service at all for extended periods of time. While there was some capacity of providers to use other social workers from within SWIS or from outside to fill gaps, this was certainly inadequate and was not sustainable for any but short periods of time. Breaks in service created other flow-on problems for SWIS. New social workers had to be inducted and trained and missed the annual national training presentations. New social workers also have to spend a considerable amount of time to become known within the community and for them to develop the important trust relationships on which their work depends. Every time a social worker leaves, this lengthy process needs to be repeated.

The reasons for the departure of social workers were many and varied. A number of social workers left because they found that the expectations they had for the role were not being fulfilled, while others realised they were probably unsuitable for the position. Some social workers left for higher-paying jobs in other sectors. Many social workers, especially the more recently qualified, embarked on a period of overseas travel. Some left with a degree of dissatisfaction with their role or the with level of support they had received from their providers. Others left because of the lack of a career structure within SWIS and their inability therefore to gain promotion.

Social workers showed high levels of satisfaction with their work but there was evidence of social worker burn-out and many schools and other agencies raised concerns about case loads. So far it has proven very difficult to compare case loads because of the different styles of social work practice being adopted by individual social workers and by providers. The management of case loads is a particularly critical responsibility of providers given the relative isolation of social workers in schools compared with many other forms of social service delivery. Again, the management of case loads and managing the risk of worker burn-out requires providers to have a strong understanding of the communities SWIS serves and to understand the different dynamics of stakeholder relationships within those communities.

Replacing social workers who have resigned or left is currently extremely difficult. Filling the need for greater numbers of Māori and Pacific workers in the field was even more difficult. There is currently a national shortage of trained, competent and experienced staff. This was even more so in smaller provincial towns and rural areas. Some SWIS positions have had to be re-advertised before attracting suitable applicants. Some providers expressed concern that increases in social workers' pay within Child, Youth and Family would create more pressure on positions, and that increased salary levels for SWIS social workers were required. Schools often expressed amazement at the low salaries being paid social workers when compared with those of teachers. The capacity of the social service sector and social work educators to provide sufficiently trained and competent workers to service a rapidly expanded SWIS programme is also currently problematic, and particularly so for Māori and Pacific workers. These are crucial issues in any expansion of SWIS and will need to be addressed specifically.

8.8 Māori and Pacific providers and practitioners

Iwi and Pacific providers, clients and communities were adamant that the appointment of iwi and Pacific workers was important. On the other hand, some mainstream providers argued that clients needed the best social workers available regardless of their ethnicity. There was little doubt that Māori and Pacific clients demanded professional services from able social workers, irrespective of their ethnicity. Nonetheless, there was also evidence from clients and stakeholders that a competent

worker who was culturally familiar, who was, for example, Māori for Māori (and Tainui for Tainui), Samoan for Samoan or Tongan for Tongan, added a major premium to the service.

What was significant for clients was that in most cases it was not just the social workers that were Pākehā but also the majority of other professionals in their lives. For example, in one of the site areas all of the principals were Pākehā and in others all of the PHN's were Pākehā. The problem is not so much the absence of Māori social workers but the absence of any professionals with whom clients can have a strong cultural identification.

Mainstream service providers should be ensuring that, over time, they have Māori and Pacific workers so that clients have some choice over whom they see. It is not suggested that a panel of social workers should serve each school. Rather, social workers should be able to draw on a range of other ethnically-specific approaches and workers in the community as backup, ensuring that the availability of these is known within the schools where they work.

Social workers are inevitably going to be working with clients from other cultures. Māori and Pacific providers have adapted SWIS well to deal with the needs of all those in their school populations. For Māori providers this involved the use of manaakitanga, being responsible for non-iwi members, and for the Pacific provider, close relationships with a Māori provider.

The whole school community, however, was the responsibility of social workers and the provider and all agencies needed to have policies for dealing with the breadth of cultural groups that they served. Mainstream providers needed to ensure that they had a range of policies to deal with Māori, Pacific and other cultural groups. The Pacific provider needed to ensure that an island-specific focus also met the needs of the range of non-Samoan Pacific peoples as well as Māori, Pākehā and other groups. Māori providers, where there was a non-Māori population in the school, needed to also address the needs of these groups. In many cases service providers were making attempts to deal with this issue but this process needs to be strengthened.

The strong focus on Māori and Pacific peoples needs to be seen as first reflecting Treaty responsibilities to Māori and secondly recognising social disparities between Māori and Pacific and non-Māori and non-Pacific peoples within New Zealand. Finally, the numeric significance of these groups within the low decile schools on which SWIS has been focused also needs to be acknowledged.

8.9 Kura Kaupapa Māori

The involvement of Kura Kaupapa Māori in SWIS has been slower and less extensive than that of other schools. This is not unexpected, given the experience of other external providers in attempting to provide appropriate services to kura. Kura, despite a willingness to become involved, often were only loosely connected with SWIS even when there were strong iwi Māori providers and Māori social workers providing the service. The reasons for this lack of uptake by kura were often tied to a number of concerns that kura had with what was seen as a mainstream programme. Kura expect that social workers, along with any professionals entering the kura, should be fluent in Te Reo Māori. Kura also looked upon their own whānau as being the most appropriate resource for dealing with the social issues of children.

In the sample of providers included for this evaluation there was only one provider with kura included in the cluster. The social worker for the kura had a strong knowledge of tikanga and was fluent in Te Reo Māori. The result has been a much greater involvement of the kura with SWIS and little, if any, difference in the use of the social worker compared with other schools. Two other neighbouring kura, although not accessing the service, have also expressed their support. Although this is only

one experience, it suggests that Māori service providers with fluent Māori speakers who are familiar with the tikanga of the kura can provide accessible services to kura.

8.10 Pacific children and families

There was no evidence to suggest that the SWIS model cannot be used successfully for Pacific people. As has been the case in developing other mainstream services for Pacific peoples, it takes more time to establish services properly in Pacific communities. This establishment process requires greater levels of networking and greater access by social workers to the different resources that exist within Pacific communities themselves. Good partnership relationships at both management and worker level are essential.

However, without an increase in the number of Pacific providers and Pacific social workers, SWIS's partnership with Pacific communities will be one-sided. Social workers and mainstream agencies will be drawing on Pacific communities to assist them in gaining access to these communities in the interests of their clients. However, Pacific communities will not be benefiting from the development of greater experience to deal with the issues of their own client populations. Pacific communities are complex. There are many diverse island groups represented and this is further broken down into different church and village communities. Distinctions between the New Zealand and island-born are also important. Such a wide range of difference makes it difficult to ensure that all those communities will have services that reflect their particular cultural and community backgrounds. Generic and mainstream services are also going to be required and are always going to have to deliver effective services to those communities.

In one of the sites with a large Pacific population being served by SWIS, the mainstream and Māori provider became increasingly able to respond to the needs of Māori clients. Responses to Pacific clients were a little less effective. Because this provider has good relationships with Pacific providers through other areas of its work, it can be expected that, as the service develops, delivery to Pacific people will also improve.

In addition, it would be dangerous to assume that Pacific clients not serviced by SWIS are able to deal with the issues that face their children and families solely from within their own communities. Pacific families also need to be able to choose between a wider range of different services and providers. As the greater diversity and inclusiveness of approach and personnel already evident in SWIS develops further, more effective delivery is likely for Pacific clients and families.

8.11 Wraparound services where available

The ability of social workers and their clients to access effectively the wide range of services that may be required is greatly enhanced where providers of social work services have access to a wide range of other support services. Providers with a range of contracts and services need to ensure that social workers are aware of these services and have seamless access to them.

To some extent, the access to wraparound services also skewed the kinds of services that were readily available. The core business of the providers often determined those most readily available. The health camp provider, for instance, used their health camp resources effectively to provide a range of different supports, including food and household resources, parenting courses, as well as residential programmes for children.

The relationship between SWIS and the other wraparound services provided is not just one-way. These other services should not just be seen as a resource for SWIS. SWIS also provided services complementary to other aspects of a provider's portfolio

of services. Social workers in schools provided referrals from a population that was sometimes difficult to access and, in the case of health camp providers, they also created a valuable link between residential services and the community. There was a danger, however, that ready access to a particular range of services may be too easily relied upon where there is a strong need for access to different kinds of services for children and families. There was some evidence in this evaluation of subtle pressure being put on social workers to use in-house services rather than attempt to access external programmes.

8.12 Social service networking

Social workers brought to schools access to a wide range of social services, many of which had resources that could be positively applied to the needs of their children and families. Māori social workers belonging to their local iwi had major advantages in networking within their communities. Prior to the introduction of SWIS many schools developed their own knowledge of the social, health and other support resources of their communities, but with the introduction of SWIS these resources were made much more readily available. Social workers who were from the community had a major advantage in knowing the community resources that were available. Social workers appointed from outside had to develop these links, but having done so, were also seen as having the ability to develop strong relationships with both statutory and voluntary services available to the community.

8.13 Access to referral services

Access to referral services varied substantially depending on the location of social workers and the range of services that were directly available through the provider. There was little or no funding being made available to social workers for the purchase of services for children and families from the contract itself. This was a source of concern for some social workers and providers who felt that they were forced to beg and borrow to get their clients into appropriate programmes. One provider was particularly concerned with the lack of priority given to their social workers in getting resources through Strengthening Families. Other participants, while expressing the same frustration with delays to services, were concerned that giving SWIS clients priority access to services would inevitably give a lesser priority to the more serious needs of children and families referred through other programmes. Funding SWIS more extensively for the cost of such referrals may have the same effect of cutting across the needs of those children and families. Without appropriate and timely services being available then there is a danger that the effectiveness of SWIS could be undermined.

8.14 Ability to co-ordinate a range of services

The placement of social workers in schools provides a strategic location for the co-ordination of social work services. The social workers' independence often allowed them to establish a special relationship with clients and the school-based social workers link school, family and community with a range of other specialist services, such as those provided by health, welfare and educational agencies. The social worker's overall responsibility for child and family welfare also underlined the potential effectiveness of this role. There is considerable evidence from the case studies of social workers taking significant lead roles in dealing with the clients where there were a number of different professionals involved.

8.15 Training and recognition of SWIS as a social work specialisation

Social workers in schools shared a strongly-held belief that their work was a highly specialised form of social work practice. The issues that flowed from dealing with

children and families and developing programmes for schools, the voluntary nature of SWIS and the multiple relationships that were involved were all used as evidence of the need to provide highly specialised training and support for SWIS social workers.

The devolution of social services under the umbrella of a national programme provides a significant challenge. There is a need to ensure the overall co-ordination of training. There is also a need to clarify the boundaries between the providers' responsibility to train social workers and support their professional development and the national responsibilities of government to do so. National requirements, such as adherence to protocols, need to be maintained and various centralised changes to the programme have to be adequately explained to providers and social workers and supported by appropriate training. There needs to be greater negotiation between major stakeholders, social workers, providers, schools and Child, Youth and Family over training requirements and training planning. It is important not to leave schools out of this consultation process as, in the early days of SWIS, schools had a tendency to resent training as keeping social workers away from their frontline experience.

Training needs involve an understanding of the specialist nature of strengths-based programmes within schools and the ability to use the networks of education, health and other social service professionals in the best interests of children and families. Social workers have a great deal of professional flexibility in exercising their role and need to be able to test their experience against developing models of best practice. There is also an ongoing need for basic training and support in the key processes outlined in the operating protocols. One-off training programmes do not meet the needs of a rapidly changing workforce. There is a need for ongoing induction and training packages.

Responsibility for improving training lies at a number of different levels. It is important that more resources be made available to Child, Youth and Family to ensure that ongoing support for training in the operating protocols can be provided. This level of support needs to be considerably more extensive than that available during most of the period of the evaluation. In addition, providers need to ensure that there is better support for the specialist needs of their workers. Schools of Social Work should have a role in developing professional and post-professional courses that recognise the specialist nature of SWIS social work. There is certainly a need for short courses on specific aspects of social service delivery within schools.

8.16 Dealing with client transience

One of the more interesting challenges for social workers in schools arose through the work undertaken with children and families experiencing some degree of transience. In the pilot evaluation, transience was discussed as a major challenge to SWIS, because of high levels of movement in and out of schools and in and out of SWIS clusters. It was felt that many of those children and families who were most at-risk were those who were most transient. SWIS social workers were limited to a specific geographical locality and could not adequately deal with the needs of children who were shifted in and out of that locality for a variety of social and economic reasons.

In this evaluation there was a concern with transience as a limit on continuity of service and an interest in the way that transience affected outcomes for children and families. There was evidence of families using relocation to escape intolerable situations, in one case to escape the abusive attentions of an ex-partner. However, movements of children from school to school and from place to place did sometimes have positive characteristics. Children and families were able to move into better and safer environments. Social workers were able to work with families to allow them to make considered decisions about relocating that led to positive improvements for their children. Social workers were able to assist families to make sure that they were making positive choices. Their help facilitated families to make more informed decisions about what was in the best interests of their children and themselves.

9 Conclusion

This evaluation has utilised a range of different measures to assess the extent to which the SWIS programme, as a new service, has been able to assist children and families to achieve positive change. In reviewing change, the evaluation has accessed the perspectives of children, families, social workers, schools and other stakeholders to assess the ability of SWIS to effect positive changes. Although this evaluation has been concerned with outcomes for a variety of SWIS stakeholders, the main emphasis should be on outcomes for the children involved. Positive changes for children flowed invariably from changes within their families. Changes in children and their families were also the result of improvements in the relationships between families and schools and families and other agencies.

The increase in children's and families' capacity to deal with problems was evident in a multitude of ways: children going to school with lunches; families setting clear boundaries for their children; and reductions in behaviour problems. Important as these changes were, they were only part of the story. In reviewing these outcomes primarily from the perspective of children and families themselves, it was clear that more fundamental changes were taking place. It was concluded that developing the capacity to change and the willingness to change were more important than the changes themselves as was forming new positive relationships with schools and agencies based on structural changes within these agencies and schools.

Much of this change was the result of schools and agencies being able to develop better relationships with children and families. A great many clients brought histories of suspicion and poor relationships with schools and agencies. In many cases this was because they themselves had too often been regarded as problems. Social workers acted as mediators, advocates and facilitators in reforming these relationships. As independent professionals, social workers were able to bring agencies together and work in partnership with other professionals and their services. Families developed greater self-confidence and better skills in their dealings with important stakeholders. Schools and other agencies, in turn, were able to address families more from a strengths than a deficit model. At this stage in SWIS's development, however, there was only limited evidence that changes in the way that schools and agencies were dealing with clients and their families had influenced the way that they dealt with children and families more generally.

For the majority of families with significant needs who were involved in SWIS, the process has been transformational. The elements fundamental to changes for families involved:

- their ability to restate their present circumstances with an emphasis on their strengths;
- their desire for improvement in their circumstances;
- their capacity to imagine a more positive future;
- their ability to develop a strategy to achieve that future; and
- their ability to access resources, in terms of materials and skills, to realise that future.

Not all of the social work undertaken within the SWIS programme operated on such a transformational plane and nor did it need to. Social workers also worked with strong and well-resourced families at times of crisis, providing access to additional resources when needed and support through periods of grief or loss or when disability or health issues needed addressing.

However, SWIS was not a panacea, although having a wide application. There were still major barriers for families in making these changes. The first four elements of change discussed above focus on the family, but they also involve relationships with schools and agencies whose role is to support children and families. Changing attitudes within families and family dynamics were often constrained by negative relationships with external agencies, including schools and statutory and voluntary agencies. Change involved these agencies as well as the families themselves. The agencies' relationships with the children and families often needed to be restructured and this required change within the agencies as well as within the families. Social workers were, however, well placed to be advocates and facilitators in this change.

Social workers' referral networks also enhanced access to resources, but poverty and delays in access also limited the resources available to families intent on change.

The ultimate test of the success of SWIS lay in the extent to which social workers in schools encouraged the transformation of families in their capacity to achieve or enhance these fundamental changes and on the capacity of schools and agencies to re-think their approach to what were loosely termed 'difficult families'.

The emphasis in this discussion on families rather than on the children themselves is crucial. While individual children were able to contribute to change, the fundamental contribution to change in children's lives was the capacity of families to transform their own situations with the support of community and statutory resources.

In looking at the ability of social workers in schools to be a catalyst for these transformations it was clear that there were major strengths in the programme and in the model itself. The three primary strengths were the voluntary nature of the service, the social worker's independence and the ability of social workers in schools to access a wide range of supporting resources through advocacy, skill enhancement and referral. The independence of the practitioners and the voluntary nature of the service made it much easier for families to develop strong working relationships with social workers. Social workers' strategic location within schools, but independence from them, also allowed trust relationships to be established more readily. Without such relationships, the overarching capacities for change were much harder to achieve, both for change within the family and for structural change in agencies and schools. The relationships made it easier for the families to gain access to the social workers' network of resources and encouraged the development of family skills to use these resources more effectively.

These outcomes would be enhanced if the number of Māori and Pacific social workers and providers were increased, giving greater access to important client populations and more choice for Māori and Pacific people.

The evaluation has emphasised the extent to which social workers were able to draw on a wide range of timely and appropriate resources that enhanced the families' capacity to assess their own needs, imagine their own futures and have the resources to achieve them. All of this required responsiveness on the part of the agencies themselves, sometimes based on new, more positive relationships between these agencies and their clients.

The report has highlighted the capacity of individual social workers in schools to provide effective assistance to children and their families. However, it also has drawn attention to some very significant professional, organisational and structural issues complicating the operation of the programme. In a context where effective social work in schools depends on the building of strong professional relationships across schools and agencies and with children and their families, the high turnover of social workers is of considerable concern as such losses undermine the efficacy of the programme as a whole. The report has identified a number of professional reasons contributing to this turnover, such as the isolation of some positions, the levels of workload and

worker stress, lack of adequate professional support, lack of a career structure and adequate levels of remuneration, and it has set out how some of these issues could be addressed. Such professional issues intersect with those relating to governance and organisation: the relationship between providers and schools and the building of positive partner relationships; the clustering of schools; and the resolution of the tensions between line management and clinical supervision. Irrespective of whether the programme is further extended, such issues require attention.

References

Connolly, M. (2001) (ed.) *New Zealand Social Work: Context and Practice*, Oxford University Press Auckland.

Durie, M. (2001) (ed.) Mauri Ora *The Dynamics of Māori Health,* Oxford University Press Auckland.

Labrum, Bronwyn J. (1999) 'Family needs and family desires : discretionary state welfare in New Zealand, 1920-1970', PhD thesis, Victoria University of Wellington.

Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, (1988) *Puao-Te-Ata-Tu (Day Break),* [Department of Social Welfare], Wellington.

Munford, R. & Sanders, J. (1999) *Supporting Families.* Dunmore Press, Palmerston North.

Parton, N. & Marshall, W. (1998) Postmodernism and discourse approaches to Social Work in *Social Work: Themes, Issues and Critical Debates*, Adams, R., Dominelli, L., Payne, M. (Eds) Macmillan Press London.

Saleeby, D. (1997) (ed.) *The Strengths Perspective in Social Work Practice* (2nd Edition) Longman New York.

Te Komako (1995) Vol. 7 number 1.

Te Komako (1999) Vol. 11 number 4.

Weick, A., Rapp, C., Sullivan, W.P. & Kisthardt, W. (1989) A Strengths Perspective for Social Work Practice *Social Work*, 34, 350-354.

Weick, A. & Chamberlain, R. (1997) Putting Problems in their place: Further Explorations in the Strengths Perspective in Saleeby, D. (1997) (Ed) *The Strengths Perspective in Social Work Practice* (2nd Edition) Longman New York.