Social Workers in Schools

Expansion Evaluation

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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).

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.