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.

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.

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.