# 5 SWIS in practice

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

## 5.1 An overview

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

TABLE 11: COMPONENTS OF SWIS

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

## 5.2 Funder and providers

### 5.2.1 Funder support and the contract relationship

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

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

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

## 5.3 Providers

### 5.3.1 Profile of an effective SWIS provider

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

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

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

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

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

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

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

### 5.3.2 Contracts for isolated positions

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

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

### 5.3.3 Governance relationships between schools and communities and the provider

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

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

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

### 5.3.4 Partnership workshops

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

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

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

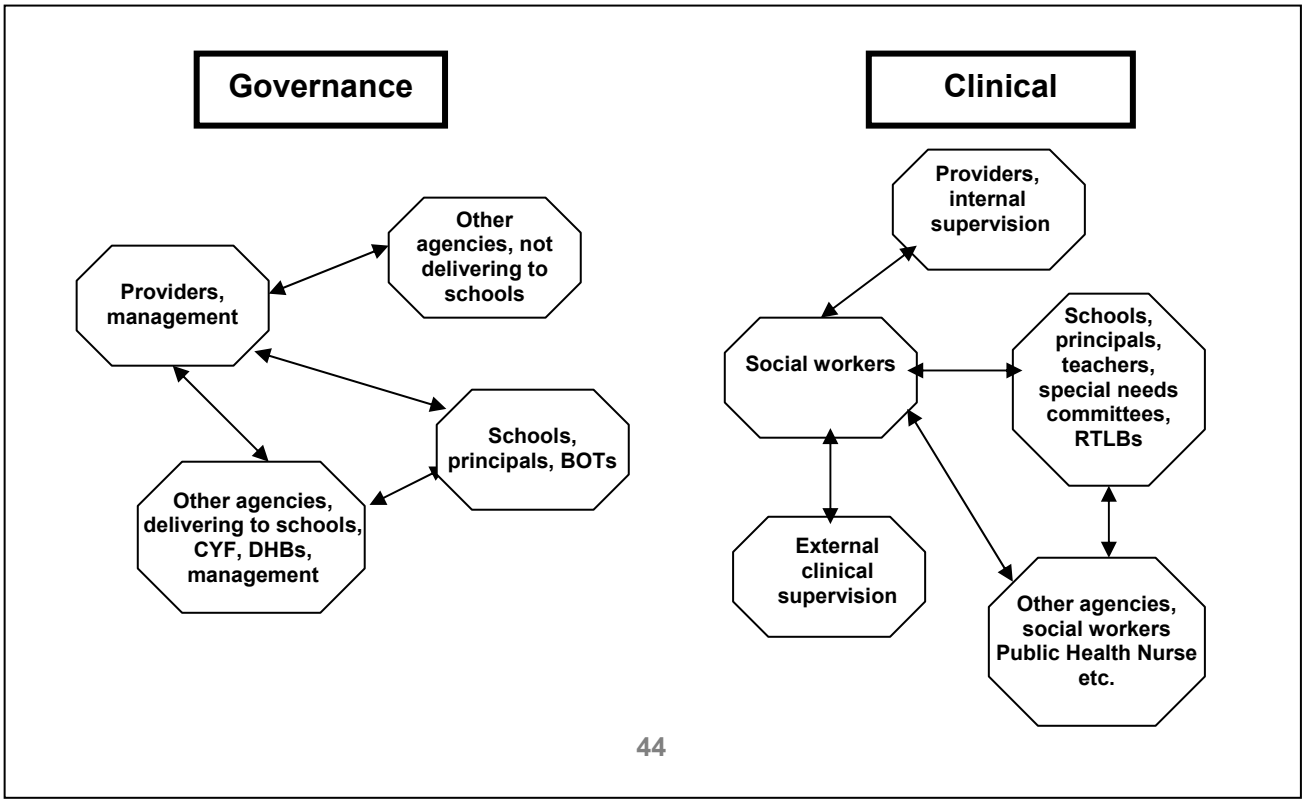
Ensuring that SWIS has a governance mechanism that allows the participation of schools and, if possible communities, in the running of SWIS would seem to be a significant priority. Schools often felt detached from the management of SWIS, and even providing a representative from schools on management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

### 5.3.5 Management and clinical relationships

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

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

**Figure 1: Governance and delivery models for SWIS**



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

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

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

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

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

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

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

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

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

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

### 5.3.7 Providing services for Māori and Pacific clients and families

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

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

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

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

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

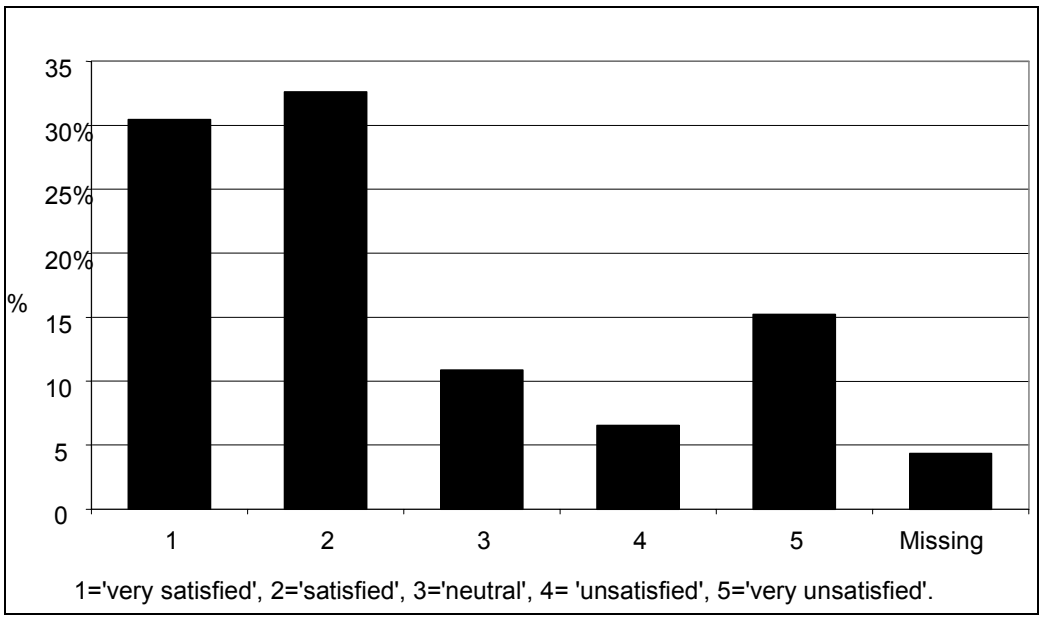
empathy, and a knowledge of the whānau's strengths. The reality for many Māori and Pacific communities was that the social service, education and health agencies still had predominantly Pākehā staff: this accentuated the issue of the ethnicity of the worker. Having SWIS social workers who, in terms of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

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

### 5.3.8 The management of social workers

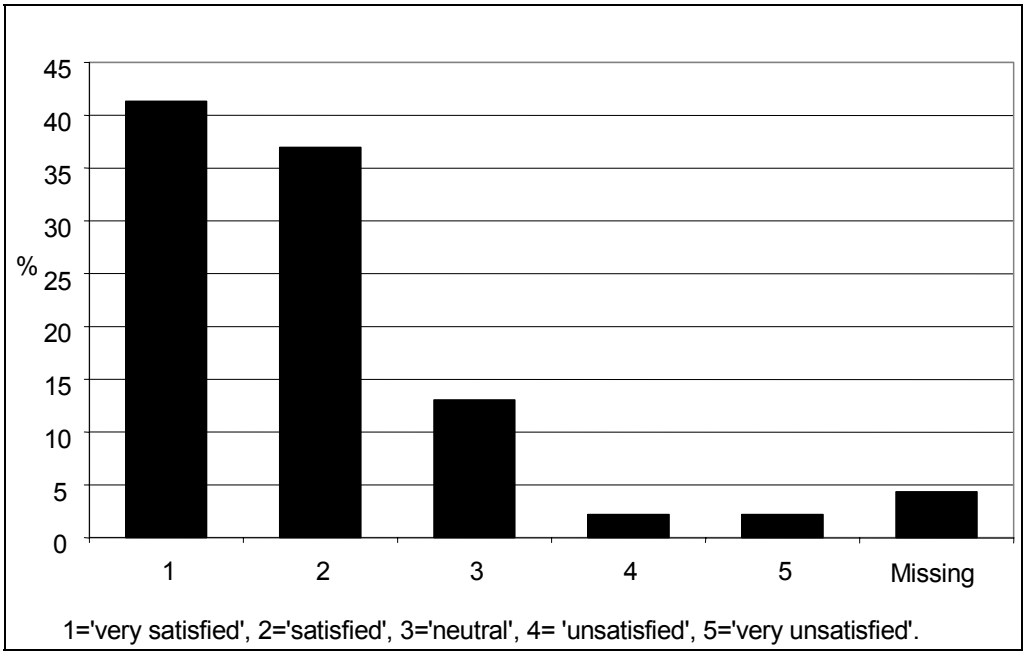
Line management of social workers often suffered from the same problems evident in relationships between providers and schools. The appointment of a middle tier of supervisor managers has helped to address some of the problems in this area. Relationships between schools and social workers were generally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

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




**Note: N=46**

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




**Note: N=46**

### 5.3.9 Providing clinical supervision

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

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

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

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

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

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

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

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

### 5.3.10 Training

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

## 5.4 Social workers

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

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

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

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

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

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

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

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

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

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

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

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

### 5.4.3 Relationship with Child, Youth and Family

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

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

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

### 5.4.4 Recording of case material

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

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

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

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

### 5.4.5 Access to logistical and other support

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

### 5.4.6 Isolation from providers

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

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

### 5.4.7 The way SWIS workers spent their time

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

The findings of the activity diary exercise included the following:

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

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

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

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

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

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

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

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

## 5.5 The social work process

SWIS provides for two major forms of social service delivery:

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

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

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

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

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

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

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

## 5.6 Referrals

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

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

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

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

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

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

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

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

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

### 5.6.1 Profile of clients

#### 5.6.1.1 Gender and age

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

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

**TABLE 12: AGE AND GENDER OF CLIENTS**

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

129 clients did not have gender information included.

#### 5.6.1.2 TRANSIENCE

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

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

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

Note: no information supplied for 1234 clients

#### 5.6.1.3 FAMILY INCOME AND ECONOMIC STATUS

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

TABLE 14: FAMILY INCOME SOURCE

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

No information supplied for 679 clients

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

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

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

TABLE 15: HOUSING SITUATION

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

No information supplied for 859 clients

#### 5.6.1.4 FAMILY STRUCTURE

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

TABLE 16: LIVING SITUATION

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

No information supplied for 620 clients

**TABLE 17: WHERE CLIENTS RESIDE**

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

No information supplied for 253 clients

#### 5.6.1.5 ETHNICITY OF CLIENTS

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

**TABLE 18: ETHNICITY OF CLIENTS**

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

No information supplied for 339 clients

### 5.6.2 Source of referral

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

TABLE 19: ORIGIN OF CLIENT REFERRAL

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

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

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

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

### 5.6.3 Reason for referral

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

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

TABLE 20: REASONS FOR REFERRAL

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

No reason for referral recorded for 389 clients

### 5.6.4 Extent of issues

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

### 5.6.5 Referral results

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

**TABLE 21: ACTION TAKEN AFTER REFERRAL**

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

No information supplied for 927 clients. Multiple responses allowed

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

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

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

## 5.7 Assessment

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

### 5.7.1 The records system assessment tool

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

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

### 5.7.2 Limitations in the assessment process

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

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

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

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

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

### 5.7.3 Work undertaken without assessment

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

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

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

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

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

### 5.7.4 Strengths at assessment

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

TABLE 22: ANALYSIS OF KEY STRENGTHS AT ASSESSMENT

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

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

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

## 5.8 Interventions

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

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

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

### 5.8.1 Work undertaken

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

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

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

## 5.9 Closure

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

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

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

TABLE 23: SOCIAL WORKERS' ASSESSMENT FOR REASON FOR CLOSURE

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

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

## 5.10 Programmes

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

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

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

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

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