

## 6 The process of change

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

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

### 6.1 Strengths-based practice

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

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

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

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

## **6.2 Creating a positive environment for referral**

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

## **6.3 Starting with deficit-based referrals**

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

## **6.4 Changing attitudes from a position of trust**

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

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

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

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

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

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

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

## **6.5 Inclusive interventions**

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

## **6.6 Reinterpreting the past and present**

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

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

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

## **6.7 Working with families in the interests of the children**

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

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

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

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

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

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

## **6.9 Assisting the family to get resources**

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

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

## **6.10 Referrals to and relationships with support agencies**

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

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

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

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

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

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

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

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

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

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

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

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

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

## **6.11 Conclusion**

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

## 7 Evidence of change

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

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

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

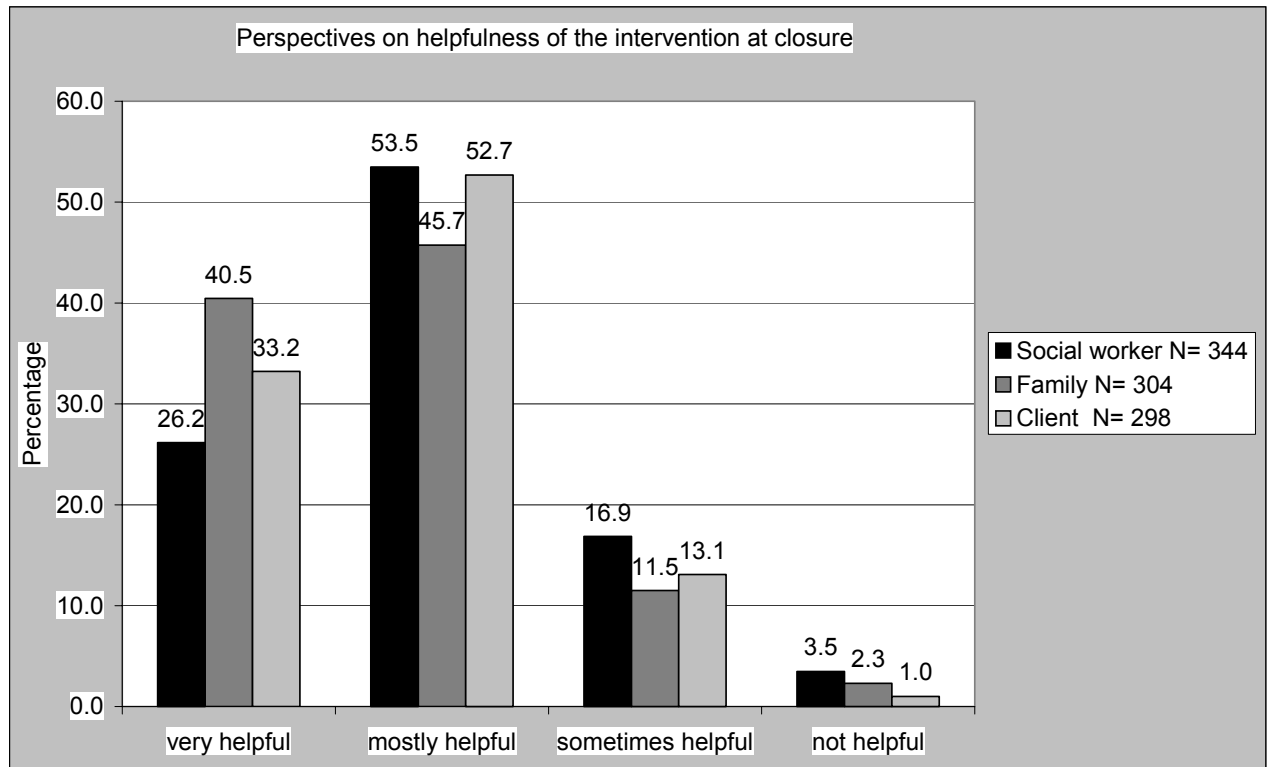
### 7.1 Client and family assessment of change

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



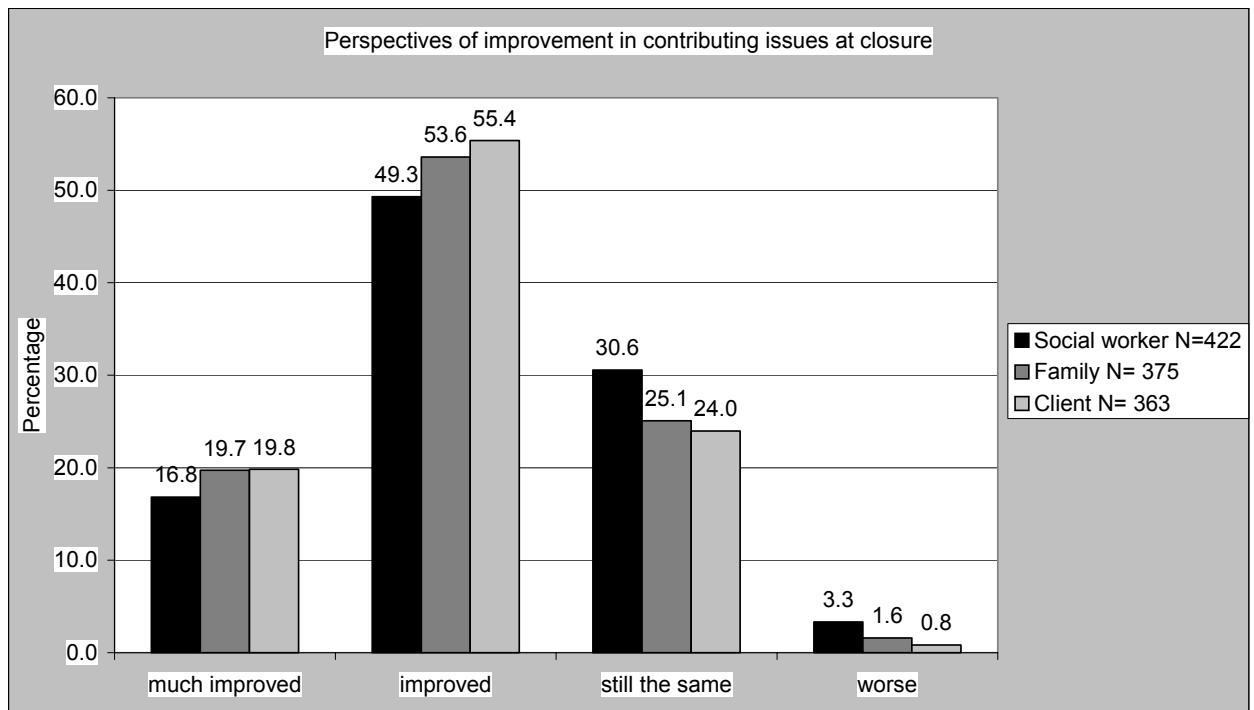
Social workers consistently rated clients and families as more optimistic about the level of helpfulness of the intervention than social workers (Figure 4) and this reflected similar results to the pilot. They estimated that over 85% of families considered that the intervention had been mostly helpful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

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



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

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

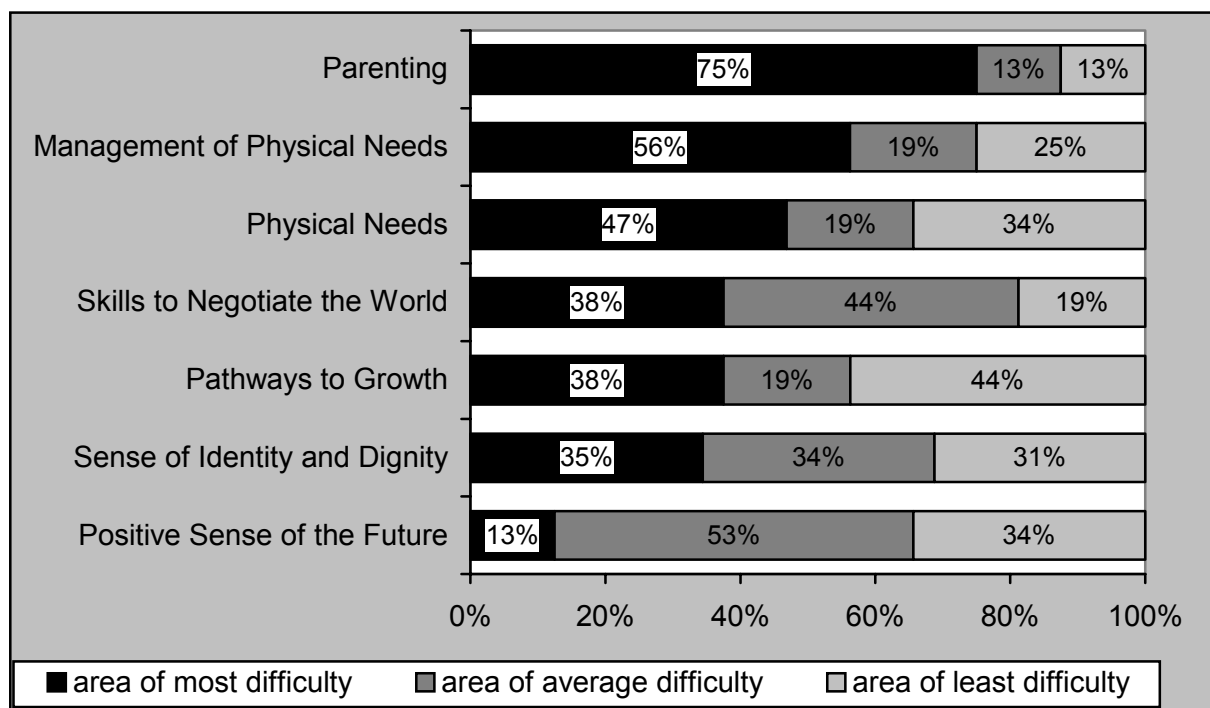


## 7.2 Strengths and barriers in meeting intervention goals

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

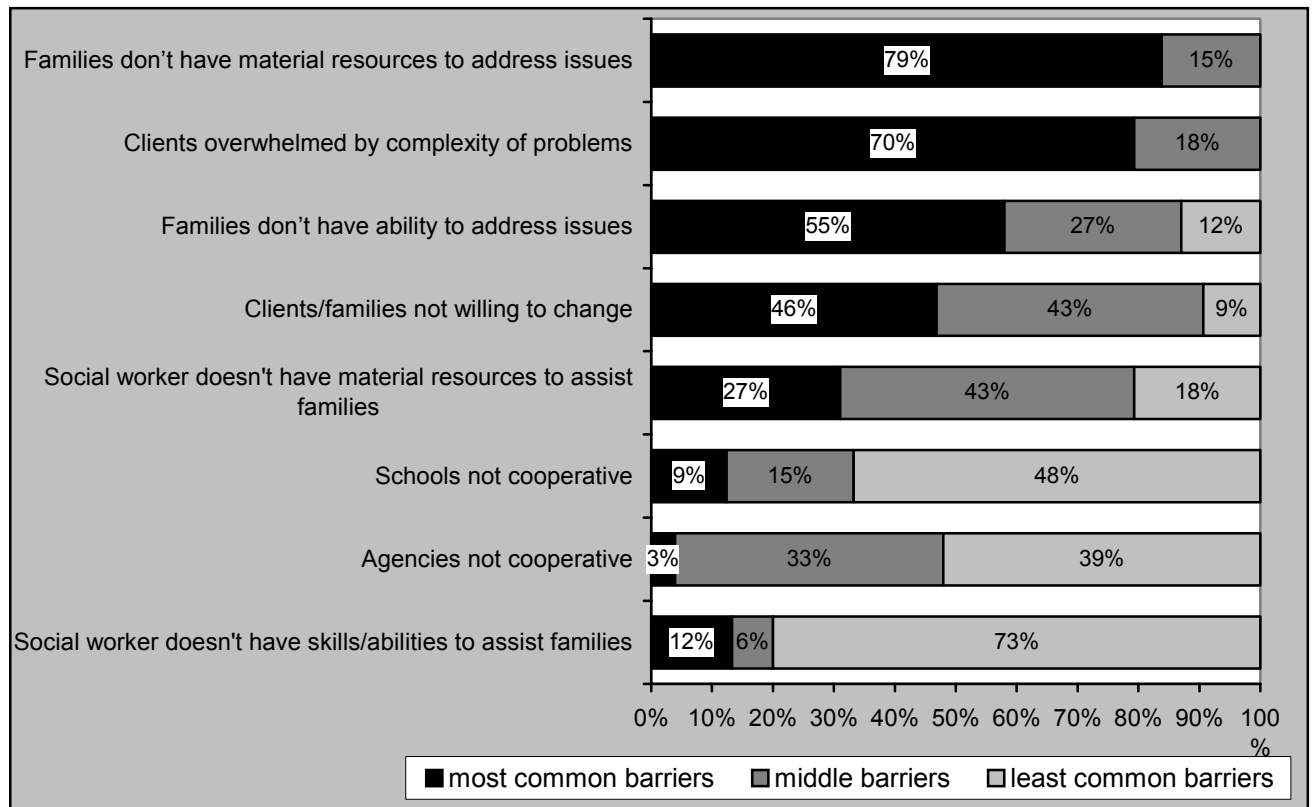
Their priorities clearly showed an emphasis on family skills. Parenting, managing resources and the level of resources available to the family all scored more highly than the strengths that were more directly concerned with the child. In addition, although these latter strengths were more associated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

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



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

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



### 7.3 Risk measures

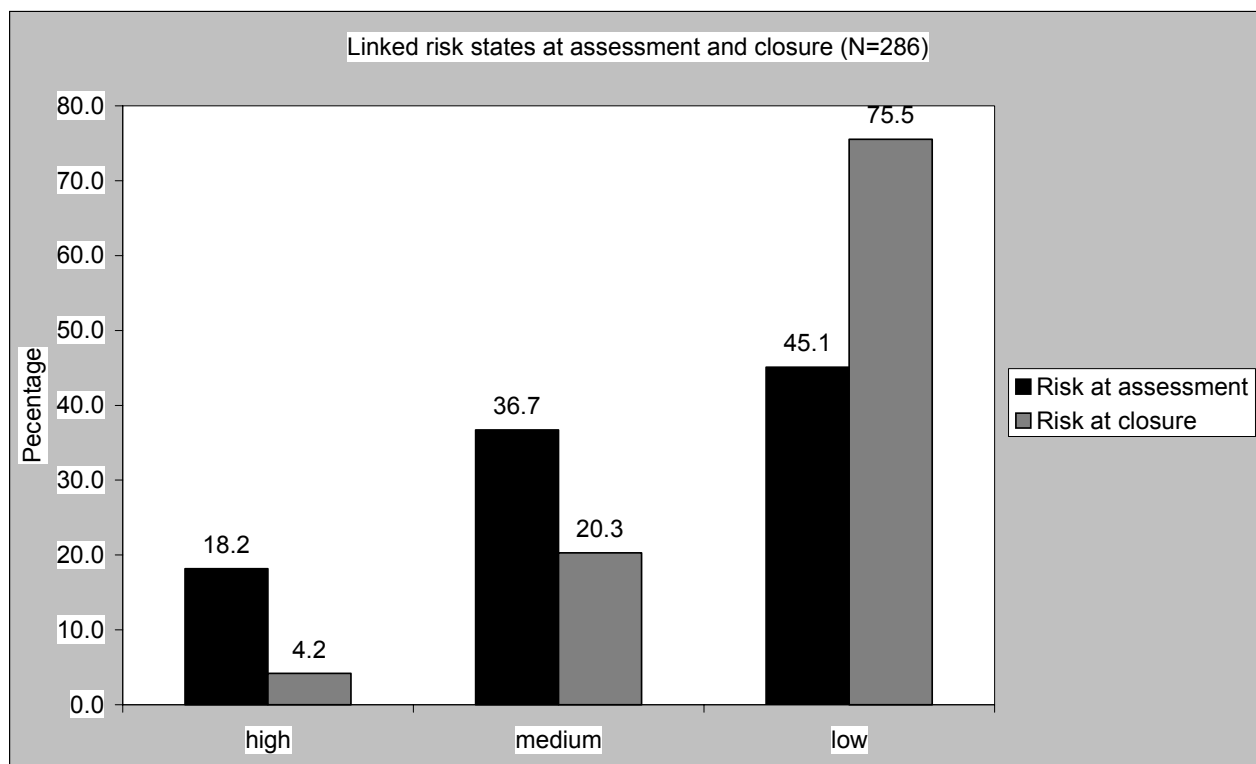
The assessment and monitoring of risk was a major responsibility mentioned in the operating protocols and social workers were expected to monitor any changes of risk that might have occurred at any stage in the process from referral to closure. The operating protocols defined risk in the following ways:

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

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

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

FIGURE 5: RISK ASSESSMENTS AT ASSESSMENT AND CLOSURE



## 7.4 Change in strengths at closure

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

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

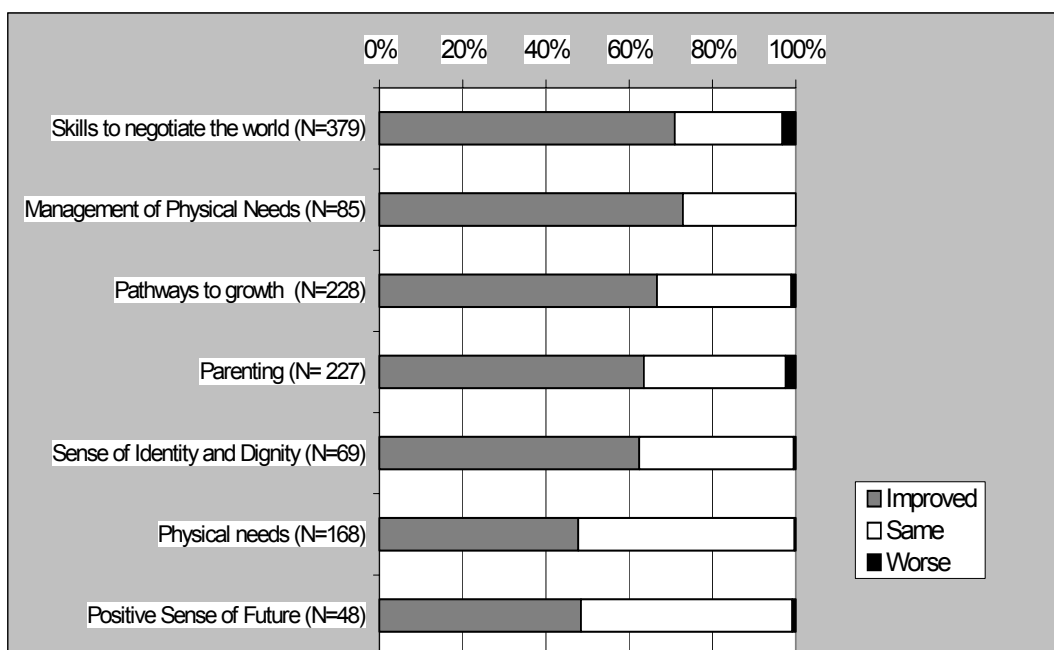
**TABLE 24: IMPROVEMENT OF DATABASE STRENGTH INTERVENTION GOALS AT CLOSURE**

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

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

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

**FIGURE 6: CHANGES IN STRENGTHS DURING INTERVENTION**



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

## 7.5 Case study successes

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

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

Material collected from parents/caregivers identified such changes as:

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

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

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

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

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

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

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

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

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

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

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

## **7.6 Goal achievement and success**

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



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

## 7.7 Stakeholder survey

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

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

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

TABLE 25: OUTCOMES FOR SCHOOLS

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

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

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

**TABLE 26: OUTCOMES FOR COMMUNITIES**

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

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

**TABLE 27: OUTCOMES FOR SPECIFIC GROUPS**

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

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

TABLE 28: OUTCOMES FOR SWIS CLIENTS

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

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

## 7.8 Outcomes for Pacific people

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

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

**TABLE 29: BENEFITS OF SWIS TO MĀORI AND PACIFIC**

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

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

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

## 8 Discussion

### 8.1 High level of support for the programme

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

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

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

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

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

## 8.2 Critical success factors of SWIS

### 8.2.1 Strengths-based practice

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

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

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

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

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

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

### **8.2.2 The voluntary nature of SWIS**

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

### **8.2.3 Social worker independence**

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

### **8.2.4 Networking with other agencies**

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

## **8.3 Being part of the schools**

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

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

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

## **8.4 Inclusion of stakeholders**

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

## **8.5 Independent social services providers**

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

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

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

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



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

## **8.6 Isolation**

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

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

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

## **8.7 Continuity of service**

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

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

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

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

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

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

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

## **8.8 Māori and Pacific providers and practitioners**

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

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

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

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

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

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

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

## **8.9 Kura Kaupapa Māori**

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

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

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

## **8.10 Pacific children and families**

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

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

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

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

## **8.11 Wraparound services where available**

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

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

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

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

## **8.12 Social service networking**

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

## **8.13 Access to referral services**

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

## **8.14 Ability to co-ordinate a range of services**

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

## **8.15 Training and recognition of SWIS as a social work specialisation**

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

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

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

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

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

## **8.16 Dealing with client transience**

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

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

## 9 Conclusion

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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