

Making Services Reachable: Family Help Trust case study



Making Services Reachable Family Help Trust March 2016

**Virginia Baker (ESR), Dr Sue Carswell (Te Awatea Violence Research Centre),
and Moana-o-Hinerangi (Indigemo Ltd)**

PREPARED FOR: Ministry of Business Innovation and Employment (Contract C03X1301)

CLIENT REPORT No: FW 16014

PREPARED BY: Virginia Baker (ESR), Dr Sue Carswell (Te Awatea Violence Research Centre) and Moana-o-Hinerangi (Indigemo Ltd)

REVIEWED BY: Maria Hepi

ACKNOWLEDGEMENTS

We are very grateful to the staff, clients and stakeholders of Family Help Trust for their insights and contribution, participation and support of the research. To all interviewees, thank you. Your reflections and insights enabled us to have a deeper understanding and appreciation for the quality and highly specialised work that Family Help Trust achieves, and what opportunities there are for the future. The research team would also like to acknowledge the support of MBIE through the contract: Making Services Reachable (C03X1301)

Manager



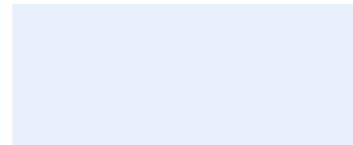
Rob Lake

Peer reviewer



Maria Hepi

Author



Virginia Baker

DISCLAIMER

The Institute of Environmental Science and Research Limited (ESR) has used all reasonable endeavours to ensure that the information contained in this client report is accurate. However ESR does not give any express or implied warranty as to the completeness of the information contained in this client report or that it will be suitable for any purposes other than those specifically contemplated during the Project or agreed by ESR and the Client.

CONTENTS

EXECUTIVE SUMMARY	2
1. INTRODUCTION.....	7
1.1 FAMILY HELP TRUST	7
2. METHODOLOGY	11
2.1 SERVICE SCIENCE METHODOLOGY AND ANALYSIS	11
2.2 RESEARCH DATA COLLECTION.....	12
3. FAMILY HELP TRUST CASE STUDY FINDINGS.....	14
3.1 INTERVIEW FINDINGS	14
3.2 CLIENT INTERVIEWS	14
3.2.1 How do FHT clients describe good engagement? What enables this?	14
3.2.2 What do clients think are barriers to engaging with services?	16
3.2.3 How do FHT staff describe good engagement? What enables this?.....	18
3.2.4 What do FHT staff think are barriers to clients engaging with services?	25
3.2.5 How do FHT stakeholders describe good engagement? What enables this?	27
3.2.6 What do FHT stakeholders think are barriers to clients engaging with services?28	
3.2.7 Section conclusion	30
3.3 WORKSHOP FINDINGS.....	31
4. A MODEL OF FAMILY HELP TRUST SERVICE ECOLOGY	34
5. LIMITATIONS.....	ERROR! BOOKMARK NOT DEFINED.
6. RECOMMENDATIONS/ WHAT NEXT?	43
APPENDIX A: PROJECT INFORMATION AND CONSENT SHEET	45
REFERENCES	54

LIST OF FIGURES

FIGURE 1: EXPLORING ENGAGEMENT	34
FIGURE 2: FAMILY HELP TRUST SERVICE ECOLOGY MODEL	36



EXECUTIVE SUMMARY

Background

The Family Help Trust (FHT) Case Study Report is part of the Making Services Reachable (MSR) research project. The project aims to gain an in-depth understanding of the barriers and enablers to social services engaging with 'hard to reach' populations. The purpose of the research is to develop practical models, knowledge and tools to improve the way services are designed and delivered to better facilitate engagement. The Ministry of Business, Innovation and Employment (MBIE) has funded the project which is led by the Institute of Environmental Science and Research (ESR), in partnership with the University of Canterbury, Indigemo Ltd and Pasifika researcher Tua Tauetia-Su'a.

There is a lack of clarity in the literature about what 'hard to reach' means; but the broad consensus is that clients deemed 'hard to reach' are 'difficult' and 'costly' to governments and the community. The term 'hard to reach' is recognised as problematic, as it can label and stigmatise, as well as placing the onus and attributes of being 'hard to reach' solely upon the populations themselves. The project team renamed the research as 'Making Services Reachable', to refocus on how services can better engage with clients.

A case study approach was employed to understand 'how and why' three selected social service providers are successful in engaging the "hard to reach". Established in 1990, the Family Help Trust (FHT) is a highly focused and effective child protection agency, providing a long term (5 year) home visiting service for children aged 0-5 years in Christchurch. FHT was selected because they target the highest risk cases where parents often have multiple complex problems and could be regarded as some of the most difficult families for services to engage with. This organisation has a high rate of successfully engaging with clients over a long period. This research focused specifically on FHT's New Start, Safer Families and New Start Plus (Mothers and Babies in Prison) programmes.

Case studies were also conducted with He Waka Tapu (a Christchurch based kaupapa Māori social service), and Pact Wellington (formerly Q-nique - a Pacific social service provider providing community support for Pacific people with mental illness and/or addiction problems in the Hutt Valley).

Between March and September 2014, the project team conducted 31 in-depth qualitative interviews for the FHT case study. These included interviews with 9 members of Family Help Trust staff, 7 stakeholders (funders and sector agencies), and 15 clients.

Several key research questions were pursued in the analysis and development of a working model of the FHT service:

- (1) Who are the key actors that make up the case study 'service system' or 'service ecosystem'?
- (2) What resources, motivations and networks do the key actors bring to the service relationship?
- (3) What does engagement mean including what form/process (when and where)?
- (4) Why does engagement matter in terms of outcomes for key actors including the service, staff and clients (for whom, when and where)?

- (5) What supports meaningful engagement at various individual, organisational, ecosystem (wider sector and societal) levels?
- (6) How are resources, motivations and networks 'combined' and integrated to bring about engagement and positive outcomes?

These questions were explored firstly in interviews, and secondly insights from the interview data were discussed in two workshops with FHT staff. The feedback with staff helped shape a conceptual model showing the critical activities and interactions that support client service engagement.

Key Findings:

The findings are presented from the different viewpoints of clients, FHT managers and staff, and stakeholders.

FHT Clients

From the clients' perspective, good engagement was enabled by a social worker being someone who was helpful, a friend and on their side, someone who 'won't give up' and was reliable, someone 'non-judgemental' who believed in them. Authenticity and life experience were also highly valued as clients felt the relationship was genuine and that the social worker could relate to their situation. The continuity of having the same social worker over a number of years facilitated the development of the relationship. A common theme was that their social worker went 'above and beyond' their job to the extent they became 'part of the family'. All clients felt that the social worker genuinely cared about them and their children, and many clients described a sense of loss at the end of the five years. Clients described their social worker as someone who would help solve problems and help build 'strategies', and many described a progression or transition where they 'didn't need her as much now' and were better able to meet their own and their family's needs. They attributed many of the positive outcomes they were achieving in their lives to the work they were doing with the FHT social worker.

Clients mentioned a number of barriers, including that it can sometimes be difficult to recognise or accept in themselves that they need help. 'People don't think they need help', or think they 'can do it themselves'. Some mentioned being embarrassed or ashamed to use services. Motivation, energy, and emotional capacity were aspects of the struggle to get to services. Sometimes this was a result of the client's energy being used to respond to chaos and dysfunction in their immediate family circumstances. Poverty underpinned many of the challenges clients faced, with lack of money and consequent inability to access transport frequent reasons why clients did not turn up to appointments or seek services. All but one of the interviewees was on a benefit, many carried 'old debt', and all had experienced lack of money as a daily struggle in being able to meet the needs of their child.

FHT Management and Staff

Management and social worker staff shared a core belief in their clients having the potential to change. Social workers emphasised the level of commitment, practical help and advocacy support as significant aspects that underpinned their successful engagement with the client. FHT management and staff felt that continuity of the staff client relationship was a very significant aspect of developing their relationship and engagement with the client. The five year period of contact with the same social worker allowed time to build trust, deep connection, familiarity and supportive values identified by the client, and was vital in facilitating change. A good 'fit' between client and social worker was important to get right at the start and there was careful attention to 'matching' the client and social

worker. Additionally, to provide this level of continuity, FHT needs to attract and retain high calibre staff.

There was recognition of the importance of the social worker being committed, authentic, real and believable; qualities core to the client's value and experience of the engagement. Staff described a range of techniques to support the client: 'sharing wisdom' and drawing on 'life experience', 'role modelling' (where the social worker shows by example how the client can use different skills to negotiate a situation), and 'advocacy' were commonly mentioned. Contacts, networks and strategies were also shared by the social worker with the client to support them to build better relationships with other services. This increased the probability that the other services would meet the needs of the client, child and their family. Providing emotional support, using strength building approaches, having empathy and the ability to 'put yourself in the shoes' of the client were central attributes of the relationship valued by clients. Good interpersonal engagement was also supported by 'going at clients pace' and using the same language. The social worker having good connection with the child was also mentioned.

There are a number of factors in FHT service delivery that promote the connection, long term commitment and trust required for achieving good engagement and building positive outcomes with the client. Good management and a workplace culture that emphasised continuous learning, flexible models, and a balance of good supervision and autonomy of practice were identified as important elements supporting FHT staff.

FHT is not a kaupapa Māori service, but it does have two Māori staff. Nearly half of FHT clients identify as having Māori ethnicity, but typically FHT clients tend not to be well connected to their culture. Our Māori researcher observed that the way FHT works with clients related well to the way that Māori work with whānau and develop relationships through whakawhānaungatanga. All staff made use of Māori influenced models, frameworks and perspectives in their practice, although they may not always refer to these strength based holistic approaches explicitly as kaupapa Māori or whānau ora frameworks.

The social worker standpoint of defending and protecting the client and ensuring the needs of the children were met were key functions of the intervention. FHT's advocacy function was invaluable for the clients to access social services for immediate support. Staff described the interactions with Child, Youth, and Family (CYF) and Work and Income as key client interfaces - important to the client's wellbeing and progress, but also at times a source of tension. Described as a 'dance', there are complex boundaries to be negotiated with CYF and other agencies. Whilst FHT staff sometimes expressed frustration with their interactions with other agencies, they acknowledged that more often than not they worked collaboratively together. It was suggested that agencies such as CYF and Police could share data more readily, particularly in regards to risks that could compromise the safety of families and FHT staff.

Barriers to good engagement identified by staff included depression, drug taking, and negative influences from partners, peers, family and whānau. To overcome these barriers the organisation endeavoured to appropriately match social workers with clients and maintain consistency of the specific worker over the period of contact with the family. This provided stability in the client/social worker relationship. During the initial engagement phase social workers would persist in establishing a connection and when there were issues along the way, they were adept at re-establishing the relationship. Social workers attributes, professionalism and experience with the client's world are crucial to the engagement, as are their advocacy and role modelling skills.

Stakeholders

Stakeholders identified similar attributes of the FHT service as those described by clients, management and staff. These included building trust and ability to be 'in' with the client in order to recognise the opportunities to offer advice and skills to support change. Important aspects of FHT's engagement with clients were described as the social worker's level of commitment, 'not giving up', sticking with the client, practical help, role modelling, sharing skills, and doing the work alongside the client. Stakeholders were positive about their relationships with FHT and the general view was that good management and sound 'relationships at all levels' were important to FHT's model of successful intervention. This included the relationships between FHT social workers and other agency staff, as well as policy, governance and management connections with key stakeholder agencies and other services.

A fundamental barrier to good engagement identified by stakeholders was the lack of data sharing between agencies. A number of stakeholders felt that improved data sharing with FHT would provide FHT social workers with a fuller picture of the client's history and circumstances, and therefore assist them in building more effective interventions to fulfil the primary purpose of protecting the child.

Overall, the client, management, staff, and stakeholder interviews revealed a number of shared insights and identified very similar attributes underpinning successful engagement and retention of clients by FHT.

A 'service ecology' model

The findings show there are a number of different factors within the FHT service design that align to support and enable good engagement with clients. To illustrate what these factors are and how they interact, a 'service ecology' model was developed. 'Service ecology' looks closely at how the world of the client intersects with a service (people, processes and resources) and incorporates the idea that an 'exchange' is taking place. The value of that exchange to each party, client and service, determines ongoing engagement and there is a premise that ongoing meaningful engagement is facilitated by mutual appreciation. Unsurprisingly, what is fundamental is the strength of the relationship that is developed between staff and clients, and how the service can support this. The challenges faced by families in accessing services have been labelled 'hard to reachness' which is a negative and 'co-destructive' cycle (Smith, 2013). FHT's intervention combines at least four reinforcing interdependent 'virtuous' cycles that bring together different purposeful activities and relationships to protect the child and support whanau healing and growth. These cycles are described below.

Vicious cycle of 'Hard to reachness'

The idea of 'hard to reachness' describes the challenges and barriers clients face in accessing and engaging with services. This includes the client's personal, social and economic challenges as well as any previous negative experiences of services that reinforce their frustration and alienation. 'Hard to reachness' can be regarded as a 'vicious cycle' where there are repeated reinforcing negative cycles that result in the client (parent and child) continuing to be vulnerable.

Virtuous cycles of FHT service design

Cycle 1: Engagement – entry point: FHT matches social worker to client and social worker makes initial contact with client to engage them in service. Professionalism and positive attributes of the social worker facilitate engagement process.

Cycle 2: Transformation: social worker transitions client to greater independence through skill sharing, advocacy, and role modelling to enable client to access support, build relationships, and access other services to improve the outcomes and outlooks for the family.

Cycle 3: Support for staff: FHT's organisational policies, processes, and internal culture, support the social work staff in their work. These include good supervision, clear processes, trusting staff to work autonomously with clients, and tailoring practice to client needs. FHT management demonstrate that they value staff, and provide tools (cars, phones with GPS etc.), resources, and data management processes assist them in doing their work.

Cycle 4: Governance/management: FHT's management and governance securing reputation, legitimacy and long term funding in the external environment to enable the intervention with the client. Building an evidence base and culture of continuous learning via research, monitoring, and evaluation.

All four virtuous cycles provide interlocking alignments that support engagement between the social worker and client, to help the client navigate wider services to meet their child's and family's needs. Additionally transformations occur within the clients' family relationships that enable the client to build strategies in being a parent, navigating wider family and community support, and access to other social services.

Improvements: Continued service development

This study confirms previous evaluation research on FHT (Turner 2009, Research First 2015) that their model of intervention is highly effective. FHT has a high rate of good engagement with clients and achieves good outcomes with families. The suggestions for continued service development that were identified by management and staff at two workshops were:

- *Continuing to develop knowledge about effective ways to engage and retain resistant clients*
- *Workforce development: continuing to grow strengths as a team, connections with each other and professional development.*
- *Enhance interagency collaboration and coordination; develop closer working agreements, relationships and data sharing with Police and CYF etc.*
- *Continue to develop collaboration and coordination in the wider sector.*

The first two suggestions show the strength of FHT's culture of continuous learning and improvement. Staff emphasised the importance of better connection, earlier involvement and data sharing, especially with Police and CYF, to better identify risks (for clients and workers) and develop interventions.

In the wider social service sector, FHT wanted to be better connected and recognised for the specialised service that it provides to enhance collaboration with other community service providers. FHT are part of a multi-agency co-location initiative that will provide further opportunities for this.

1. INTRODUCTION

In October 2013 the Institute of Environmental Science and Research (ESR) was successful along with their partners, the University of Canterbury, the Social Policy Evaluation and Research Unit and Mokowhiti consultancy in obtaining 3 years of research funding from the Ministry of Business, Innovation and Employment (MBIE). This project aims to develop an in-depth understanding of the barriers and enablers to social services engaging with 'hard to reach' populations. The purpose of the research is to develop practical models, knowledge and tools to improve the way services are designed and delivered to facilitate engagement. A case study approach was employed to understand 'how and why' three selected social service providers are successful in engaging clients deemed 'hard to reach'.

There is a lack of clarity in the literature about what 'hard to reach' means; but the broad consensus is that clients deemed 'hard to reach' are 'problematic' and 'costly' to governments and the community (Ministry of Justice, 2012; Ministry of Social Development, 2012). In the sector and in the literatures, the term 'hard to reach' is recognised as problematic, as it can label and stigmatise, as well as placing the onus and attributes of being 'hard to reach' solely upon the populations themselves (Abbey et.al. 2011; Barret, 2008; Boag-Monroe & Evangelou, 2012; Brackertz 2007; Cortis 2012). The project team renamed the research as 'Making Services Reachable', recognising that 'hard to reach' is a value that is 'co-constructed' and resulting from the interactions between services and clients. Overwhelmingly, FHT clients described and experienced the services, rather than themselves, as difficult to engage with. The client viewpoints were at the fore, and the focus is on service ecology and improvements. For these reasons, where possible, the term 'hard to reachness', rather than 'hard to reach', is used throughout the report.

Family Help Trust (FHT), a Christchurch based early intervention home visiting service for children aged 0-5 years, was one of the social service providers selected as a case study. FHT was selected because they target the highest risk cases where parents often have multiple complex problems and could be regarded as some of the most difficult families for services to engage with. Over time, FHT has collected data showing a high rate of successfully engaging with clients over a long period. Case studies were also conducted with He Waka Tapu (a Christchurch based kaupapa Māori social service), and Pact Wellington (formerly Q-nique - a Pacific social service provider providing community support for Pacific people with mental illness and/or addiction problems in the Hutt Valley).

The model(s) resulting from the case studies will be tested and refined with two Auckland services and by inviting critical scrutiny from sector stakeholders. The model(s) will be disseminated through a national symposium, hui, fono, conference presentations and peer-reviewed publications

This report is an overview of the case study research conducted with the Family Help Trust.

1.1 FAMILY HELP TRUST

Established in 1990, the Family Help Trust (FHT) is a Christchurch based registered charity that provides a home visiting service to families of high need. This service is based on an early intervention model that aims 'to break the cycle of severe social deprivation of children born into high risk environments' (FHT Strategic Plan 2012-2015).

FHT provides intensive family support to high risk families to ensure that their children achieve better outcomes. FHT's primary clients are children, aged from pre-birth to pre-school age (0 to 5 years). For the first five years of a child's life a member of the FHT's team of experienced, tertiary-qualified social workers will visit their home, providing comprehensive and practical support to assist parents and caregivers to become more effective in their childcare. The child's needs are paramount, but the intervention practice involves the social workers building a solid relationship with the parent(s) or primary caregiver to support, enable and upskill. Initially the visits are frequent as the social worker and family proceed with the intensive business of working with lives that can be chaotic and disordered. Over time, as the family becomes more confident and self-reliant, the visits become less frequent. The contract funding agreements specify that the FHT intervention will typically stop when the child is 5 years old. However the contact with the family can continue beyond this, for example if the family has more children.

FHT has a well defined set of referral criteria to determine that children and their families or whānau meet their high risk threshold. Many of the clients are referred from Child, Youth and Family (CYF) as a result of the care and protection Family Group Conference (FGC) process. Midwives are also a frequent source of referrals to FHT, identifying families at greatest need, preferably prior to the birth of the child, if not soon after¹. FHT has relationships with others in the social services sector, referrals from government agencies, and the 'Mothers and Babies in Prison' programme to identify those families that will most benefit from early intervention and assist them to turn around the lives of their children. Self-referral is typically not encouraged².

FHT has strong sector relationships with key stakeholders in the justice and social service sectors. The Ministry of Social Development (MSD) and the Department of Corrections are key funders for a range of tailored programmes that include;

- New Start, and New Start Plus (Mothers and Babies in Prison) programmes for repeat offenders parenting a child under the age of 6 months, or pregnant.
- Safer Families, a programme for high-risk pregnant women³ with multiple-risk histories, often referred from CYF; and
- HIPPY (Home Interaction Programme for Parents and Youngsters) supporting and upskilling parents of young children in low-decile areas how to engage with their pre-school children on a daily basis so that they get a head-start at school

¹ From 2011 to 2016 FHT had 200 referrals. Of these 51% were from CYF's, 24% from independent midwives, mental health and hospital midwives, 10% from corrections and prisons, the remaining 15% from well child providers and other pathways.

² Although there would be benefits for the client, FHT is mindful that contracting and reporting arrangements may create unintended implications (such as 'labelling' and increased scrutiny) for those not already deemed 'high risk' within the system.

³ The criteria has been broadened to include parents/caregivers of an infant.

In the past FHT was more reliant on charity, fundraising, sponsorship and donations to deliver services. FHT has continued to develop strong sector relationships, resulting in a progression to more sustainable long term funding in the form of 'high trust' contracts with the Ministry of Social Development (MSD).

The FHT service model has been examined intensively in previous evaluations of FHT (Turner, 2009; Research First 2015). The efficacy of early childhood home visitation models is well supported in the literature (Ferguson *et al.*, 2005; Macmillan *et al.*, 2009) and with USA longitudinal studies (Olds, 2002; 2006) showing that intensive home visiting in the first two years of an infant's life 'improved both short, and longer term child, parent and family wellbeing' (Turner 2009, p.19). Yet in spite of an evidence base supporting the efficacy and cost effectiveness of this model of intervention for both social and economic outcomes, 'home visitation services that target those under the most extreme risk of child abuse and neglect are extremely rare' (Turner, 2009, p.1).

The FHT focus on high risk is a defining feature of the service, and was contested in the early conception of FHT with critics thinking that there was no point in focusing on the top high risk families as they were too damaged and difficult to change. FHT has since amassed a sound and comprehensive internal evidence base as well as drawing on international literature to show the effectiveness of the service (Turner 2009). While other services concentrate on the most at-risk ten or 15 per cent of families, FHT has been steadfast in maintaining a focused and specialist service for the most at-risk two to five per cent to ensure that the most vulnerable families and their more complex challenges do not remain in the 'too hard basket' or 'fall through the cracks'.

FHT is highly regarded by those who know them, their clients, and the wider social services sector. Building an evidence base for their intervention work has been a core focus for FHT and the subject of a number of internal and external reviews and evaluations on the service. The previous evaluations have confirmed FHT's excellent success rate in working with their client base, with quantitative data gained from FHT's 'EASI' internal reporting data showing high client satisfaction with the service, based on low exit rates and high 'graduation' rates from the programme. Research First's (2015) most recent qualitative evaluation report identified several factors as underpinning FHT success including 'self-determination', quality 'leadership', 'clear purpose', a positive and inclusive 'work culture', and robust 'case management systems'.

Employing highly skilled social workers is a key component of FHT's success. FHT is a small organisation with 13 staff⁴ including the director, clinical practice manager, and part time supervisor. There are two core support staff and eight social work staff, two of whom are part time. All the social work staff are women. Internal data shows that over 90% of FHT clients are female parents or care givers, and many of the FHT services are targeted to mothers. Of the children involved in the service, approximately 50% have at least one parent who is Māori. There are approximately 45% Pakeha, and 5% Pasifika or other ethnic groups in the service⁵.

⁴ This does not include staff in the HIPPY service.

⁵ These figures from conversation with Clinical Manager, November 2015.

FHT is clear about its core purpose. Their focus is primarily on home visiting, providing a targeted range of services, and working with the highest risk clients. FHT also manages its case loading carefully to ensure that their workers can be responsive to both new and existing clients. There is an average case loading of 16 per social worker FTE, with FHT having an average of 95 clients a year, including old and new.

All FHT social workers are tertiary trained. FHT promotional literature locates worker professionalism and experience as a core value of the service, it states; “The more experienced boast up to 20 years as social workers, as well as plenty of life experience, including as mothers and in some cases grandmothers. For a number of the social workers a background similar to those of the families they work with is an asset, giving empathy, extra insight into the plight these families face, and understanding of the ways they might attempt to avoid responsibility. Such qualities are essential to engender respect and build trust, which is the foundation of the relationships that vulnerable families need with someone prepared to battle on their behalf” (Family Help Trust).

FHT has consistently invested in staff, tools and models to support and build an evidence base in evaluation. Most recently a 2014 evaluation of FHT for MSD undertook to look at how repeatable and transferable a FHT service model would be (Research First , 2015). The evaluation found that the Trust’s success cannot be attributed to just one single feature. Major factors highlighted as contributing to it’s success are (i) a culture of learning within the Trust, and (ii) the flexibility of staff to adapt their interaction with FHT families. Other important success factors include: commitment to effective, informed clinical practice; passionate and dedicated leadership; highly effective fund-raising; and commitment to a core population and a particular purpose. These factors are also evident in the Making Services Reachable study.

It is also worth noting that during the period of the Making Services Reachable research, FHT has engaged in a co-location of child and family health and wellbeing services in in response to government (MSD) wanting better coordination and integrated services in the sector⁶. FHT’s experiences being part of the MSD initiated ‘Alliance’ has not been part of the scope of this study.

⁶ The services planning to co-locate under the ‘Alliance’ includes He Waka Tapu, Aviva (formerly known as Christchurch Women’s Refuge), Barnardos, Family Help Trust, and START, and primary health services., All offer specialist services to individuals and families who are at risk of, or already affected by, violence. Funded by MSD, this new model of co-location of services furthers MSD’s high level goals of ‘supporting innovative ways of working together’ and ‘improving cross sector co-ordination, rather than isolated interventions from individual organisations’. (MSD, un-dated, Investing in Services for Outcomes).

2. METHODOLOGY

2.1 SERVICE SCIENCE METHODOLOGY AND ANALYSIS

The purpose of the case study research is to learn about the experiences of those involved in the service system, and to use this knowledge to begin building a service ecology analysis that can make visible and discussable the different dynamics that support a service design of successful engagement.

The project draws upon service science literatures to better understand the key components of the current FHT service model in context of how the service relates to the client and the wider 'service ecology', and to look at ways to improve service uptake and outcomes for clients and families/whānau in 'hard-to-reach' populations. The insights from the case studies help identify critical success factors relating to meaningful engagement with high needs clients.

The underlying hypothesis is informed by service science literatures (Maglio *et al.*, 2009; Vargo *et al.*, 2008; Vargo and Lusch, 2008) and can be spelled out as follows:

The uptake of service by a client (individual, family or whānau) is a process of collaboration between the client-system and the 'provider-system' to create service-value.

- The 'client-system' is the set of relationships that sufficiently describe client resources and needs in relation to the service sought;
- The 'provider-system' is the set of relationships that sufficiently describe the mandate, resources and context of the service provider in relation to the service offered;
- 'Service-value' is an improvement in the situation of the service user, and is ultimately determined by the intended beneficiary of the service (Vargo and Lusch, 2008).

In this research the client's perspectives are key in determining value and measuring success and improvement.

Research questions:

Several key research questions were pursued in the analysis and development of a working model of the FHT service.

- (1) Who are the key actors that make up the case study service system?
- (2) What resources, motivations and networks do each of the key actors bring to the service relationship?
- (3) What does engagement mean including what form/process does it takes (when and where)?
- (4) Why does engagement matter in terms of outcomes for key actors including the service, staff and clients (for whom, when and where)?
- (5) What supports and what gets in the way of meaningful engagement at various individual, organisational, ecosystem levels?
- (6) How are resources, motivations and networks 'combined'/'knitted' together/integrated to bring about engagement/outcomes?

These questions were explored in interviews and workshops. The feedback with FHT staff helped shape a conceptual model showing the critical activities and interactions that support client service engagement.

2.2 RESEARCH DATA COLLECTION

This research project has focused specifically on the New Start, Safer Families and New Start Plus (Mothers and Babies in Prison) programmes⁷.

Between March and September 2014, the project team conducted 31 in-depth qualitative interviews. Ethical approval was granted by the University of Canterbury Human Ethics Committee. All participants were taken through an informed consent process. The interview guides for each group were developed using a synthesis enquiry framework based on service science (Maglio, Vargo, Caswell, & Spohrer, 2009; Spohrer & Maglio 2008), cultural-historical activity theory (CHAT) (Engeström, 1987; 2001; 2004) and the co-creation of value (Vargo, Maglio, & Akaka, 2008).

Nine interviews were conducted with Family Help Trust staff, including the director, clinical service manager, five social work staff and two administration support staff.

Fifteen clients were interviewed by members of the team with experience in engaging with vulnerable families and whānau. Staff were asked to identify clients that they assessed to be at different levels of engagement that could provide a range of insights into the engagement process. These included clients who are considered to be well engaged and 'making good use of the service', 'clients who are compliant but seemed not overly engaged', 'clients who have successfully graduated from the service', and clients who are disengaged, 'who have either not wanted to initially engage with service, or have fallen away'. Once a list had been compiled, staff invited clients to be part of the research and sought their permission for the evaluators to contact them. We were unable to access FHT clients in the final category, but had representation across the other three categories, of 'well engaged', 'compliant' and 'graduated'. We also asked FHT to provide us with a number of whānau as approximately 50% of their client base is Māori. The research team's kaupapa Māori researcher interviewed Māori participants. At the end of the interview, clients were given a \$50 grocery voucher to acknowledge their time and input.

Seven stakeholders from the wider service ecology of governance, funding and referrer networks were interviewed. These included MSD, CYF, other social service providers, and Prison Services. The small sample of stakeholders made it challenging to protect anonymity, and for this reason we have given the general position as 'stakeholder', rather than give specific attributes of role or relationship with the service.

An iterative approach was used whereby the findings from the in-depth interviews with FHT staff, clients and stakeholders were explored in two workshops to further develop our understanding of effective practice. FHT staff considered service improvements and innovations, and this process supported the wider project aims of developing improved practical models of 'engagement'. Not all FHT staff participated in the interviews but all participated in the workshops. Stakeholders also were invited to the workshops, one attended the first workshop and none attended the second workshop.

⁷ While all these services have different names, essentially the service being provided is the same.

Feedback sessions at the FHT staff meetings have also deepened the interpretation and analysis.

2.2.1 Limitations

Whilst a range of levels of engagement were sought, the clients included in the study all described themselves as well engaged. FHT staff and stakeholders observed that paradoxically ‘the more the client needs us, the less likely they are to engage’, and that ‘the really ‘hard to reach’ clients don’t want to know’. Therefore a limitation is the extent to which we reached those who either did not engage or were not very well engaged in the service. While the clients interviewed were able to reflect on the barriers they and their family and friends experienced engaging with services, there are limits to the study on fully understanding the views of those who did not engage.

We have developed a service ecology model of ‘what works’ to engage and retain clients, however we acknowledge there are always limitations in simplistic modelling of highly complex systems.

3. FAMILY HELP TRUST CASE STUDY FINDINGS

3.1 INTERVIEW FINDINGS

The following section explores how the study participants described good engagement, what supports this engagement, and the barriers to good engagement. Across all the staff, client, and stakeholder interviews there was considerable agreement in the accounts of what the FHT offers, and what makes the FHT model successful.

The project aim is to explore and better locate the voices of the service users in the design of effective service. We look firstly at the data from the clients that are deemed 'hard to reach' by government and policy agencies, followed by interview data from staff and stakeholders.

3.2 CLIENT INTERVIEWS

3.2.1 How do FHT clients describe good engagement? What enables this?

The researchers approached a range of clients that ranged from graduated, well engaged, and compliant. Most however described themselves as 'engaged' and making good use of the service.

All the clients valued and spoke highly of their assigned social worker. As clients described their experience of good engagement, a common theme was that their social worker went 'above and beyond' their job to the extent they became 'part of the family'. This showed the clients that the social worker genuinely cared about them and their children.

More than just a social worker

My son loves, loves her to bits. ... you know it's just sort of, she's was more of a friend rather than a social worker even though she's labelled a social worker, she was just more, come around for a coffee and we'd just talk about whatever's happened in that week and get through it that way.

Family Help Trust was kind of not so much just your social worker that would be – I don't even really know the term of social worker because the social worker I had, she was kind of like a counselor, she was like a guidance person. She was a nutritionist, she was everything I needed. So she was a whole bunch of things packed up into one package.

My family's become more involved over the last couple of years, because I've realised that I can actually parent. And [she] was the one that made me see that. But nah, [she] is awesome, the kids love her, it's really good because she's bubbly at times and she doesn't bring her own problems in and that's important because she's there to help me, not someone else, so yeah, it's really good.

Absolutely, they become part of the family basically, I mean they're here on a regular basis, you know they're all for the care and safety of not only the children, but the family itself, you know as a whole, and it's just great.

For some the sense of having a relationship similar to family was strong. In the following quote a client solo parenting likens the loss of the social worker as harder than breaking up with a partner.

I would say it was hard, it was almost like – I would have said it was actually harder, sort of those next few weeks, than it was getting rid of my partner. You know, like, we'd come to rely on [her] being there and we'd come to look forward to her being there each week and just her laugh and

her smile and all the rest of it. I mean, it must sound like I'm bloody in love with her, but it's not like that at all.

But despite the feelings of closeness and friendship, the boundaries are clearly communicated.

She was bubbly, down to earth, honest, and basically told me that if I did anything that wasn't acceptable, she would report me. Well, I look at [her] more as a friend now, not really as a support worker ... If it wasn't for her I'd still have CYF on my back.

A number of clients mentioned that the FHT social worker helped manage their relationship with CYF, acting as a kind of 'buffer' and keeping CYF 'off your back' and that this was an important attribute of the help and support offered by the service.

Practical help - Going the extra mile

The services provided by the FHT social worker highlighted by clients included: practical help with transport; connection with essential services such as food and heating, electricity, bedding, warm curtains. Additional services included advocacy with organisations such as Work and Income, CYF, and schools; referrals to other social services; parenting advice; financial advice to reduce debt; and providing emotional support and friendship. A common theme was practical help and enabling the client to connect with other services. As the relationship progressed over time, clients became more empowered to solve issues and connect with other services themselves, but in the early days of the relationship the practical focus was significant, along with tenacity and not giving up.

Yeah, home visits helps, and [she] has run us about when we haven't had a car. You know, just the little things that a lot of people take for granted is what helps.

The attribute of knowing things that others take for granted is enhanced when the social worker can draw on experiences of previously being in a similar situation and also knowing what questions to ask to ascertain and ensure important information is gained about the situation. Clients also valued highly that the social worker will fix problems, find solutions and not give up.

Yeah, they find solutions to pretty much any issue you've got, they will find a solution whether they're, you know, up all night or whatever, they find ways of getting around it, it might take a couple of days or a week or so, they find solutions and they don't stop until they've found a solution to fix the actual issue.

Transitions

Many of the client experiences describe insights gained, growth and transitions over time as the social worker helped them shift to being more confident and secure in their own abilities to negotiate and change their situation.

No, she did pretty well with me, I'm probably, well from, yeah, from my aspect of it, I think I'm quite a hard client. ... The more you get downed and pressured with government agencies and stuff, the more you just want to shrink up in that hole and not let anybody in and that's pretty much where I got. It was just me and the world, me and my son against the world. Confidence. Encouragement to keep on going, you know, like I know I'm doing. I've done a good a job with my son anyway, ... but, it's more the security of knowing that there is someone watching over me and I'm not going to lose my son and I'm not doing anything wrong ...

A number of clients described a process of gaining confidence and better independence in not needing the same support from social services.

The days of her support really are not needed in the same degree as that they have been up to now, do you know what I mean? And even realistically with how much she's sort of needed, she's still there like and the presence is more needed than the support that - like we don't need food banks anymore and we don't – do you get what I'm trying to say? We've got enough material things now to bring the kids up with and stuff with me not working and realistically, you know, the support she still gives [my child] ... sort of really is a blessing for me, eh, it really is and I can't stress it enough.

I don't have so much drama going on in my life like she does with you know, probably with heaps of other clients. So I don't really need to see her all the time, but she still does, she still comes and sees me though. But we don't really have much to talk about because I don't, it's the same stuff every day going on for me, you know. I don't have all that drama in my life because I have hardly any people come to my house you know. My friends used to be people that I don't associate with now so now, you know, all my family doesn't live here so now I've only got friends from NA (Narcotics Anonymous).

This last also quote also demonstrates transformative change and outcomes in the client shifting significant patterns, rebuilding and making new support relationships.

3.2.2 What do clients think are barriers to engaging with services?

Clients mentioned a number of barriers, including that it can sometimes be difficult to recognise or accept in themselves that they need help. 'People don't think they need help', or think they 'can do it themselves'. Some mentioned being embarrassed or ashamed to use services.

Probably being embarrassed to ask for, like say if I need food, or something like that, being embarrassed to ask for help. ... Stubbornness, a lot of my family are quite stubborn and un-open to getting help, like my mum, my brother, my brother's just gone back to jail and it's all due to them having alcohol problems, they're alcoholics.

Yeah, I find a lot of people don't want to use services because they don't want to admit, like they don't want other people to see that they need help. Like they think that it's only for the sick or the poor or, do you understand what I'm trying to say?

Yes, definitely, embarrassed, yeah, to go and get help or use a service, but I have found since the earthquake a lot more people aren't, yeah, are accepting help.

Some clients said that a barrier to accessing services was not knowing where to go to get support, or not having heard of services, and some suggested that various services, including FHT, 'should advertise more'.

Many of the clients interviewed were suspicious of services due to previous bad experiences of services where they felt they were being judged by workers. For example, a number referred to the Work and Income service as challenging and intimidating. Several clients at first thought that the FHT social workers were like 'spies' for CYF, but realised over time workers were there to help them. Equally they knew that if something significant happened to the child they would report it to CYF.

A barrier to engagement for some clients was when many different services become involved with their family. Simultaneously interacting with multiple agencies became confusing and frustrating as they had to repeatedly tell their story and justify their situation. Additionally it was difficult for the client to develop sound relationships with workers when the worker kept changing.

There was so many like services that wanted to kind of become involved with me at one point then yeah it would be a barrier 'cos I wouldn't want that many people. I ended up having about 12

different people involved with me at some stage and I ended up forgetting names. I forgot what they did. Yeah they'd come over and I'd say "Who the heck are you?"

This quote reveals the damage from too many different interventions, and the value of FHT service model in providing navigation and mediating a complex environment. The home visiting service provided by FHT was valued by clients as they could work with the same social worker over a number of years. This long term consistency enabled the development of a meaningful relationship.

In other services, clients mentioned unreliable workers were a major barrier to engaging, as well as a lack of follow through on promised actions, workers not turning up to appointments, or only letting clients know at the last minute. This seemed to reinforce a feeling of lack of power, frustration at things stacked against them, and internalising experiences such as a lack of worth, lack of confidence and low self-esteem. All of these experiences were reported as barriers to access a service.

Chaotic and complex lives

Motivation, energy, and emotional capacity were aspects of the struggle to get to services. Sometimes this was a result of the client's energy being used to respond to chaos, dysfunction or drama in their immediate family circumstances.

Yeah, I'm about 50-50. Just because, I mean my life is still a little bit like all over the place, it's not, I always struggled with the routine. So, you know, getting the kids to school and all the rest of it, that's one thing that I'm working on at the moment.

Well it started with Facebook, is what it all leaked over this morning, with me getting threats saying that all my children are going to get taken off me because all I am doing is accusations and the next time I'm seen on the street, I'm going to get my face stomped in, whether I'm with the kids or not. So after all this bullshit, why should I have to fear my safety walking down the street? Leading the lifestyle I live anyway is fearful enough because I'm sticking up for the children and nobody's listening to what they have to say.

Poverty

Poverty underpinned many of the challenges clients faced, with lack of money and consequent ability to access transport frequent reasons why clients did not turn up to appointments or seek services. All but one of the interviewees was on a benefit, and all had experienced lack of money as a daily struggle in being able to meet the needs of their child.

Last year ... [my child] come down with the Chickenpox and I didn't have the money or anything to take him to the doctors and [the social worker] paid for him to go to the doctors and paid for his prescription.

Paying for child care was also a common barrier mentioned by clients. The interactions with Work and Income were generally described as stressful to access additional money for food or clothes. Repayment of old debt was a frequently mentioned problem, and the high cost of electricity for home heating especially, was mentioned by clients and staff. The 'old debt' aspect especially shows 'hard to reachness' as cumulative and historical, located in a cycle of effects or repercussions from past actions.

The FHT service offered clients an opportunity to overcome some of these barriers by providing a social worker who was helpful, 'a friend' and 'on their side', and someone who is 'non-judgemental' and believes in them. Clients also described the social worker as someone who will help solve problems, build confidence and skills to enable clients to better meet their own needs over time.

3.2.3 How do FHT staff describe good engagement? What enables this?

FHT staff echoed many of the client views about what they offered in the service engagement. For example being a stable influence and someone that was absolutely there for their clients was a cornerstone of the engagement and professional ethos.

We are there for the long haul when generally they've been pushed around from pillar to post.

Building trust and a fundamental belief in the client's strengths, abilities and potential were aspects that underpinned good engagement.

I think they believe that we believe that they can succeed.

What it means is recognising the innate potential in everybody and having an optimistic view of change that there is a possibility of change for everyone. So I think we go into families with that framework. And try and go in with a fairly – with an open, kind of an open mind and be open to possibilities.

Strength-based approaches were fundamental with management and social worker staff sharing a belief and commitment to the client having potential to change. Similar to what was highlighted in the client interviews, staff also emphasised the level of commitment, practical help and advocacy support as significant aspects of their engagement with the client.

Initiating contact

FHT support staff highlighted the toughness of the work of engagement and the huge effort and tenacity required to make an initial contact with the client. A common practice and policy in other social service agencies is to try three times and then give up. The FHT service doesn't give up, and this kind of persistence is often needed to reach this high risk group.

They normally do try for way longer than I would have thought. So, no would-be client could say they didn't try hard enough. Because they really do. And once they do gain a toe hold, sometimes a toenail hold, it's trust, it's building up a measure of trust. And social workers, when they do have finally made contact with a particularly difficult client, they are very defensive of that client. Everything has to be done their way ... and they resist anything that they think will make the client run away again. They are very client focussed. And they'll go out of their way and out of their hours to build up – it's trust. Because once the client trusts them, things can start to change. But if the client doesn't trust them, nothing's going to happen.

The sheer tenuousness of the entry into the client's world and the initial engagement in making contact is described as not just a toe hold, but a 'toenail hold'. This quote also reveals the fundamental importance of trust, as well as the social worker standpoint of defending and protecting the client.

Matching clients with staff

FHT management, staff and clients felt that continuity of the staff client relationship is a very significant aspect of the client's relationship and engagement with the service. A good fit between client and social worker is important to get right at the start, and 'matching' clients and workers was recognised as a key support for meaningful engagement.

... it might be that they just don't like the cut of the jib of the person who turns up at the door. But we certainly try and match them as best we can to avoid that. You know, so a lot of matching goes

on. We seldom will change a worker. It would be very extenuating circumstances to change a worker.

[The clinical service manager] really gives it a bit of thought, and whether he's doing it on an intuitive level, I don't know, because he – somehow he ... hands out the people that are gonna fit. He really – I think he puts more thought in it rather than going "Well, you can have that" you know, and it just being all random.

Described as a 'forté' and something 'intangible' that may not be 'exportable', the ability to know the workers so well and 'match' with clients were important critical success factors of FHT service.

All FHT's social workers are women and it was questioned whether gender was important in ensuring an appropriate match. Certainly gender was not seen to be a barrier to engagement due to FHT having an average of 90 % female parents/caregivers as clients. Ethnicity is also a factor in the 'fit'. FHT has two Māori staff, and where possible they are assigned if ethnicity is deemed key to engaging a client. Additionally kaupapa Māori models are utilised in FHT practice models along with flexible practice and a culture of continuous learning. FHT staff and management also utilise connections with He Waka Tapu and other service providers to support getting a good fit in client engagement.

Staff recognised the importance of the social worker being authentic, real and believable to achieve high value in the client's experience of engagement.

When I've done client surveys with the prison group, they've told me that one of the things they like is that the work is real, reliable, believable. Yeah things like that appear to be pretty important to them.

Consistency, reliability and continuity are key to good engagement and in establishing and building a trusted connection. FHT's long term, five year focus with clients is supported by a movement to 'high trust' contracts with MSD allowing three year renewable contracts that enable contact with the same social worker; vital in building the client's trust and confidence in order to facilitate change. The ability to provide consistent and stable connection with the client helps underpin the value that FHT offers in helping 'clients to facilitate the changes they need to make to be good parents and to give their kids the best possible start to that first five years'.

The social worker described a range of techniques to support the client. Sharing wisdom and drawing on life experience, role modelling, and advocacy were commonly mentioned techniques that support engagement. A variety of tools, techniques and networks are shared by the social worker in the client engagement to facilitate changes and supporting the client building relationships with other services. This could be described as an exchange of 'social capital' describing connections, social networks and the 'norms of reciprocity and trustworthiness that arise from them' (Putnam, 2001).

Being able to be creative about how you work with clients, those that need more support for a start, being able to go to meetings with them, (a) transporting them and also (b) being able to advocate for them, just being there sitting by their side so that they have the strength to be able to do negotiation with government departments and whoever else.

As well as practical help to overcome barriers, emotional support and strength building are important offers of value in activities in the services offered in the client social worker relationship. Empathy, life experience, and the 'ability to put yourself in the shoes' of the client were central attributes. Also 'going at clients pace', talking to their understanding, and using the same language were significant interpersonal techniques that supported good engagement with the client.

There are a number of different ways of describing what good engagement looks like, as well as the indicators, outcomes and evidence of the transitions and progress in the clients' lives. For example evidence of the client keeping appointments, 'getting up in the morning. And 'giving them a decent breakfast'. Other FHT staff observe detectable shifts in client's attitude, from being self-absorbed to showing more empathy.

I pick up with the clients when they're changing, because they're very self-absorbed, most of them, with no thought, no empathy, no anything. It's just their needs, their wants, their everything has to be met. When they start to make changes in their lives, in their lifestyles, and they start to recognise that they're just kind of ordinary, just like everyone else, they'll, if someone's off sick, you know, it might – just say [a staff member] has been off sick from us for the last couple of days. Client A that is still on the huge learning curve, I'd say, 'look I'm sorry [she is] sick today, can somebody else help you?' I'm inclined to get, 'No they fucking can't, neh, neh, neh, neh'. You know. And I go, that's fine, she might be back tomorrow, perhaps you'd like to call back then. Someone that has reached a level of understanding and is everybody's very happy with will say, 'Oh, poor [name], How is she, what's wrong?'

Advocacy

The advocacy function is strongly valued by the client. Advocacy supports transitions in the client experience i.e. getting unmet needs finally met by support services.

I think, because we, as a group of stroppy women, we're all knowledgeable about their field, so we are able to make things happen and to help them make things happen. For example, I had a client that I picked up recently who was at her parent's place, it was a violent situation, they were sleeping in the van for quite a bit of the time. They'd had trouble with Housing New Zealand. We've got contacts here, so I was able to ring the contact that we have. She's got six kids and one on the way. We got her into a four bedroom Housing New Zealand house the next week.

The advocacy and transitional work is not straightforward. MSD is an important actor for FHT as a key funder of the contracts. Staff describe the interactions with MSD service lines CYF and Work and Income as key client interfaces. The interactions with CYF and Work and Income staff are especially important to the client's wellbeing and progress, and can also be a source of tension and frustration. Some of the negotiating of complex boundaries with CYF and others was described as a 'dance'. This involves the careful negotiation and tensions in balancing interests of the clients and interests of authorities. Whilst FHT staff often expressed frustration with CYF and Work and Income, they also acknowledged that it was by no means all bad and that they worked collaboratively with CYF workers. One FHT worker said she often provided advice to young graduates working for CYF and they would ring her and ask about a case of hers that they had just taken over from CYF side.

Building trust is challenging. There is often an element of coercion with the clients being 'mandated' with the contact with FHT directed by CYF Family Group Conference process, or in prison programmes.

And I know that there's clients that go, yeah all right. But they've been told by Child Youth and Family, you make this work or we're taking your kids.

We have to convince them that we are not CYF folk, but also we have to give them our bottom lines as well. You know, like what we will do, what we won't do.

The ability to negotiate complex boundaries and balance conflicting motivations are just some of a wide range of factors that enable and underpin the service and the social worker ability to achieve good engagement with 'tricky' and complex clients.

What FHT offers is valuable for the client with the social worker being there for the client through chaotic and volatile situations, and in the strength-based work to build belief and self-worth. A core focus of the work is to role model and build transitions to independence that orient the client's own skills, abilities and confidence to negotiate more effectively with other services and begin better meeting their own and their children's needs.

Transitions from dependence to independence occur over time. The social worker is always ready to help and identify if there are immediate needs for food, shelter, healthy environment (Maslow, 1943). For example helping a client replace all her pans and kitchenware which had been stolen, or addressing being unable to keep warm and cook food because of unpaid electricity payments were examples.

Thus far we've looked at attributes of good engagement and building of value in the key relationship between the client and social worker, and the transformative outcomes that occur from this relationship. Staff also revealed a number of aspects of FHT service design that offer internal support and enhance their ability to engage well.

Recruitment and retention – need good 'resilient' staff

FHT management, staff and clients felt that continuity of the staff client relationship was very important. Not only is losing staff 'expensive', but 'clients don't like losing their worker'. Various working conditions were identified as important for FHT staff and management. These include generous annual leave and sick leave, birthdays off, registration and competency fees paid, and flexible working hours, although being on the roads at night or weekend work is discouraged.

The importance of 'fit' is crucial, the social worker fit with the FHT culture, and their fit within the client group, and having the 'mix of experience' to 'front up' to 'tricky situations' with a 'very intimidating client group'. High calibre staff are absolutely essential, and the 'matching' of clients and social workers is also important.

Autonomy of practice and flexibility – mixing models

Having flexibility and autonomy of practice was extremely important to staff. But this was balanced in recognition of that good management and supervision was also important in staff adapting their practice to best engage with and support their clients. This meant having flexible models, 'being creative' and the freedom to mix methods and models, including cultural approaches and frameworks. Autonomy of practice included the ability to build value for the clients, ensure the service responds to their needs, support progress with the client, and adapt to their strategies for particular situations.

When people ask what we do, I say it's very flexible, we have the autonomy to be able to do a lot of things that you wouldn't be able to do in a government organisation. I worked, probably 15, 16 years in statutory organisations as a social worker, so this, for me coming here four years ago, was like, wow. It was a bit hard not having the same sort of boundaries, but I've finally got through that.

I don't know that we use any particular model, I mean like workers have their own styles, their own models that they use, like, you know, a couple of them use very much sort of a narrative style and that tends to fit with the Māori workers, which is about, really, getting the clients to tell their story and engaging in that way. And, yeah, for the worker to kind of immerse themselves in that story

and come to understand what that is and where this person's come from and what that story, you know, means to them and then just sort of start to unpack that a little bit and understand what's going on now in terms of that story. So that's one way.

Autonomy of practice is very important in allowing the social worker to apply the best approaches in any situation. This allows them to strengthen the clients' independence and belief in themselves, their skills and abilities, to ultimately make good decisions for the welfare of their child and family.

It's a really fine line as to how much, you know, well, I'll take them here, I'll take them there. And to remind yourself that sometimes you're stepping over that. But I – my general rule is that "I'll find out about stuff and give you the phone number or do all the research and you take it from here". But, yeah, so say if there's in – if one of the children have a serious health issue. I will pick them up and make sure that they get to the paediatrician and things like that.

The flexibility to tailor and use mixed models allows FHT social workers to design their services to help the client better respond to the circumstances.

Cultural models and approaches

Cultural models also support the FHT service design, although these are embedded in normal practice and not necessarily spoken of as specifically kaupapa Māori based. FHT is not a kaupapa Māori service, but it does have two Māori staff. Nearly half of FHT clients identify as having Māori ethnicity, but typically FHT clients tend not to be well connected to their culture. Our Māori researcher observed that the way FHT works with clients relates well to the way that Māori work with whānau and develop relationships through whakawhānaungatanga. All staff make use of Māori influenced models, frameworks and perspectives in their practice, although they may not always refer to them as explicitly kaupapa Māori or whānau ora approaches. Additionally staff noted that even though FHT are a Pākehā organisation doing 'whānau ora' style of work, it is difficult to promote this aspect of the service as they are not a Māori organisation.

I think I work in a very whānau ora type way, which is encompassing and work holistically, you know where – and I always try to make sure that my Māori clients – if they want a pathway – that pertains to their culture, I will provide that, but not always do they want that. And a lot ... have no knowledge about their culture either.

I hate that question, because I can sit here and I can give the right answer of, yes we use Te Whare Tapa Whā and we use the whakawhānaungatanga and we use the Pōwhiri model. But actually what I tend to do is I tend to alter my model of practice to where the client is at. I could go into a Māori whānau and find that they have been quite isolated from their own iwi or their own hapū, or their own whānau. So I always do whakawhānaungatanga that to me is really important.

I've discovered that if you go too over the top, then you can see things shut down, because it's unfamiliar and they're feeling like they have a deficit. And I know myself that sometimes happens with me, too, when I go into a situation and I'm feeling quite at a disadvantage because I feel like I don't have the same knowledge or background that I should have, or because I don't speak te reo fluently. So I'm really aware of that with my clients and I'm also really aware of keeping things simple and I find that with some of the kaupapa Māori models is that sometimes it can become a bit complicated and some of the terminology that you end up using doesn't fit. ... And that's probably from my own experience as well, is that I will alter things to suit the occasion. I like to think of a framework. I'm all for frameworks where you can bring in bits of everything and hang it on that framework and that's what suits that whānau.

Workplace culture

Most staff mentioned the importance of feeling valued, as well as sharing ideas, having flexibility and being well supervised and supported by management. Also having flexible work hours and autonomy of practice were good reasons for staff to stay at FHT.

We can talk to each other about our caseloads and we do have quite a supportive team in regard to that.

A variety of tools and technical procedures support the work of engagement. These include different social work theories, frameworks, methods and approaches as well as internal forms and procedures.

Paperwork and record keeping

There are important record keeping and procedural tools such as the formal 'intake interview' and 'progress reports', but there is also some flexibility. There is something of a division of labour between the formal processes and requirements, and the informal practice whereby the timing and completion of the formal documentation is negotiated within the client and social worker relationship.

[We have] manuals for Africa. People call this 'cruel and unusual treatment'. ... Well yes, we have a, this is the Clinical Practice Manual and so what you do and how you do it is all in that. We have a Child Protection Manual which is currently with [clinical manager] because he's got to update it. We have a Breastfeeding Manual which gets given out to the clients. The prison one had their own workbook. We also have a Child Health and Development Manual.

Ecomaps and genograms are tools that help staff document client progress, and internal audits are done of the filing systems.

FHT have 'implemented total uniformity of files. Every single file has to look exactly the same and everything has to be in the same place. ... so all of the referral stuff goes there, so that's where I'll find all my consent forms, ... correspondence and those sort of witnesses, you know Police go there. Here [are] all the immunisations. Here is the social work plan.

Our paperwork is very precise and very clear and very pedantic, but the way in which people practise is entirely individual.

This shows the importance of autonomy of practice and could be viewed as balancing a contradiction or tension in the service design. Underpinning this is trust between staff and management, and an agreed or shared valuing of the importance of good record keeping. Staff appreciate flexibility, but still know that the paperwork is important in maintaining the good reputation of the service. Paperwork is sometimes done on different terms and at opportune times. Some staff noted that it also helps that much of the paper work is integral, rather than peripheral, in supporting and tracking the goals, progress and agreements between the client and social worker.

As well as paperwork, other tools and resources were also important in enabling engagement. These included staff having cars, mobile phones and GPS to enable them to offer the home visitation services safely and effectively. Staff also innovate and share useful tools and resources amongst themselves. For example a staff member shared a 'Crisis Contact List' that they had developed for clients. This was a list of different social support agencies and services for clients to put on their fridge so that they could easily contact and get help and support from other services if things happened outside of the social worker contact hours.

Staff highly valued their autonomy and ability to respond to client need. This includes all staff members having a discretionary fund to assist clients. Staff also noted the importance of having good supervision sitting alongside and supporting the autonomy of practice.

A further feature of this aspect of autonomy of practice, seems to be that the model of trust and empowerment between management and staff is transferred into the work of building outcomes and reconfiguration with the clients.

We are trusted and empowered to do our work well. We model that to our [client] families.

The culture of the organisation enables the interpersonal to happen. For example re-parenting, you can only improve decision making if you're exposed to the possibilities. You need to understand the dynamics to be able to raise the curtains.

We have the luxury to mirimiri [soothe/massage] our families, and to deconstruct their world in a subtle way ... we model how management treat us, then we model that to whanau

There is mutual reinforcement of FHT internal workplace culture and practice values, and the external practice of providing social support.

Staff were mindful that FHT's attention on evaluation and demonstrating the worth and success of the service and the continuous improvement focus was important in securing respect, trust and confidence from external stakeholders. As discussed there is a meticulous focus on paper work, record keeping, data storage and analysis in order to build FHT's evidence base. But capturing success can be difficult. Staff can see great immediate outcomes. However, it is not always easy to convey the whole picture of long term success. For example, it is difficult to measure statistics for prison entry avoided, family violence prevented, or intergenerational welfare reduction. Some staff and stakeholders mentioned that it can be challenging, measuring what has not eventuated. One stated 'you don't measure a young woman who doesn't go to jail or has gained good, rather than low self esteem. Clients just become 'normal'.

There was also some sentiment from some staff that there is too much emphasis on evidence.

I sort of think that what will make us sustainable is actually providing a service that is meeting the needs of the people and is adaptable to those changing needs. Yeah, rather than maybe trying to always prove that we've got good outcomes. I think it's always hard to, I mean if you're not using the gold standard of a randomised control trial, it's actually really hard to prove it anyway or to get real sort of validity around those outcomes. So ... we need to kind of relax about that a bit more and let the – sort of evidence speak for itself in a way.

Some staff and stakeholders also mentioned the difficulty in positioning the value of the service to potential non-government or charitable funders with it being difficult to 'sell' or 'market' FHT clients. Some noted that the message was sometimes given as 'less people to burgle your house' or 'less people in prisons' which seemed to invoke sometimes uncomfortable value judgements and notions of middle class, otherness and difference in some stakeholders interviewed. Nonetheless the specialised value of the service is clearly articulated by FHT.

You know, there were early conversations from ... who said "These people are beyond hope". You know, "Don't bother with them, don't waste your time with them. They are beyond hope." I hold a very different view. Like holding that view was tantamount to just opening the prison gates and just letting these children get entry, really, because they would end up, without an appropriate and effective intervention, they would end up in a prison cell at \$80,000 plus a year. So ignore this group

at your peril. ... My view was if we can save one of these kids from going into the prison system we've done a good job.

The focus by FHT on 'high risk clients' meant that resources needed to be carefully managed. 'Sticking to your knitting' was identified as important to the success of FHT, and affected the capacity to respond to new clients.

I see no point in spreading ourselves so thin and not being able to do a good job on those that we work with, right? So that kind of, sort of that's the ethos that sits beneath it, really. ... I want to do an effective job on those that we targeted and I don't like a long waiting list because that can be dangerous ... if you can't see the client within three months there is not a lot of point being on our waiting list.

Some tensions in FHT shifting to increased government funding also featured in some staff and stakeholder reflections. On one hand you get a 'big tick' and are more 'credible' if you have government funding, but also 'you don't want to lose autonomy and be controlled by government'.

3.2.4 What do FHT staff think are barriers to clients engaging with services?

FHT staff mentioned a range of barriers to good engagement, many of which were opposite to the attributes, conditions or outcomes of good engagement. Some staff noted the belief systems and self-esteem of the clients as a barrier to good engagement

Absolutely, they do not think like the middle-class people, they don't. Their life isn't like theirs [middle-class people] and it never was and according to them it never will be if they – even if they were to give it that thought "Well, could it be different?" And I'm not saying that for all of them, but often – yeah, they have – they do have ambition. They know that having a good job is a good thing and they know that, yeah, having this and that is a good thing. But they're either a bit too depressed or their belief system won't let them go there. So there's all these things all the time holding them back.

Drug taking by the clients was also noted as a barrier to good engagement.

I find methadone clients difficult to work with, because I find the level of honesty, and this is a generalisation, but I do find the level of honesty tends to be down here and I don't manage that as well.

Depression and mental health were also mentioned as difficult by staff, some of whom felt that a home visiting service for counselling would be a good idea for FHT to expand its services.

Connection and fit

Staff also mentioned the importance of connection and cultural fit (not just ethnicity) in matching staff with clients, and that a lack of cultural fit or ability to work across different cultures, experiences or social outlooks could get in the way of good engagement.

I think what human beings tend to do is just stick to people who are like them. And if their family and their extended family are very much like them, someone like a social worker would seem like a little bit of an alien. And the, here's this alien coming into my home and expecting me to be nice to them and understand them and then we talk the same language.

One of them in particular was Pākehā and was associated with White Power and her partner just thought I was a piece of dirt. So that impacted on her because she didn't feel comfortable with me coming into the home. So I found that's been a bit of a difficulty sometimes and the majority of my

cases are Māori for that reason, because we tend to have either Māori or White Power, there doesn't seem to be much in between.

That's a really funny one, because the ones that are – have been brought up with some values and manners, they sometimes appear to engage quicker, because they're, they have social skills. And the ones that don't have a lot of social skills, usually in general they're harder to engage, because, you know, I might be quite, so really foreign to the type of women that they are used to. I really, I'm sure that most of the time I don't fit the mould. So, yeah, I always find they really have to get to know me a little bit. Like it's very rare that I'll meet someone and we instantly kinda hit it off. It is a process.

These quotes show how the notion of the social worker being 'alien' or 'foreign' is something that can get in the way of good engagement. The dynamic of 'culture' and 'fit' is also expressed as a need for the agency to have competent and resilient staff.

Yes, well, fit both within the culture and fit both within the client group, you know, like Mrs Clinton, twinset and pearls would struggle with the client group, because she'd get to the door and actually they would just tell her to fuck off, you know. So it's a difficult mix of experience out there. The, being able to front up to those tricky situations without, you know, being intimidated. You know, this is a very intimidating client group ... These are like complex, tricky, street-wise clients.

Relationships, partners and peers

Staff noted also the difficulties of having negative influences from partners, whānau and peers.

I think their partners. If, say if one of them, especially the male doesn't value that you're there, the woman often isn't – is quite hard to get on board. And often when he leaves or ends up prison or wherever he's going, quite often the dynamic can change. And sometimes it's even influenced by their friends' opinion. If their friends say "Oh, what do you need them for, well, that's just bullshit" ... so I find that one quite tricky.

A mainstay of the social work approach, both mainstream and especially core to the whānau ora and Pasifika service models is to strengthen family, peer and community networks. These approaches typically develop ways to emphasise the client's connectedness and deriving support from their relationships with whānau, family and community. For FHT this raises some interesting tensions and dynamics in applying certain social worker models and approaches. For FHT dealing with high risk and complex clients, the whānau, partner and peer relationships can often be harmful and likely to present detrimental and destructive forces, rather than supportive and functional patterns.

This dilemma is evident in FHT's consideration of group programs and models to strengthen peer to peer support, an approach that can typically help overcome client feelings of isolation, disconnection, poor social networks, lack of confidence and social skills.

The possibility of group programs. That's been put on the backburner in the past because there's been earlier attempts at that, and it didn't work very well. It was before my time but apparently it became just places where people hook up and score drugs and things.

Whilst some staff and stakeholders felt that this could be a good service innovation for FHT, staff also alluded to concerns that for this client group, group networking could be used for illicit purposes. The social worker must be skilful in helping the clients to build their own power and decision making skills to determine what family and social connections will help support positive changes the clients may wish to make in their lives; including if necessary, ceasing contact with partners and peers.

In summary, there are a number of barriers to good engagement, as well as challenges in offering a service that can appropriately and effectively match the people and models of care that best suit the client's specific circumstances and characteristics.

Autonomy of practice is an underpinning attribute of the FHT service in enabling the social worker to respond to the chaos, uncertainty and complex situations that are attributes of the clients' life and world. This flexibility of practice and therapeutic approaches enables a tailoring approach to meet client needs and support a process of transformation or empowerment for the client. FHT emphasises a culture of learning and continuous improvement in encouraging flexible models and reflective practice with staff, and in data management, evaluation, and willingness to participate in research.

Belief in the client and the social worker gaining their trust is also fundamental in FHT's engagement being successful in supporting the client to better navigate and change through these circumstances and environment. Good management and supervision including the skilful matching of clients with social work staff underpins the success of FHT model, as does the long term relationship and continuity of service. Staff attributes, professionalism and experience with the client's world are crucial to the engagement, as is their advocacy and role modelling skills. These factors are also confirmed in the stakeholder views of how FHT does engagement.

3.2.5 How do FHT stakeholders describe good engagement? What enables this?

Overall the stakeholder interviews revealed very similar attributes of the FHT service to those described by clients and staff.

They're really non-judgemental. They work alongside the client. ... They don't give up, you know, they stick with them. They really have made that hard commitment that they will – they will keep going back, they will keep ringing up, they'll keep going around, they'll do all they can if they're losing contact to chase them up. They'll even do cold calling. ... And they do go above and beyond to make sure that that child and the family have the things they need, those basic needs are met.

It is also really important for the women in the unit, for the prisoners. That they have one person that they have engaged with and who continues to visit them because change is quite difficult. And trust is a huge issue for a lot of our women.

If you've got someone there who's been there on the same path and had the abusive husband or partner, that, you know, is going to say, "Get rid of him. Pack in the pot, pull yourself together". Give you some skills on how to talk to your child or, you know, all that sort of thing. It's having that, "in", that time frame to actually get in and hopefully that's going to be just that chink in the armour.

Building trust and the ability to be 'in' with the client to recognise the opportunities to offer advice and skills are essential to support change. The importance of sharing skills and giving practical help by role modelling and doing the work with the client was also mentioned.

And, you know, they do things like they will actually be with the family and they will help clean up a house and teach them those basic skills. They will take nappies, they will, you know.

I think it's a really tough game and they're dealing, that's the other thing, I mean it's tough for them to get funding [through charitable fundraising], and they're working with our toughest people in the communities. They're a pretty resilient bunch and amazingly positive and professional.

And that's their thing is that they're going for that ultra-high risk group which a lot of other services have written-off, and said, you know, that's in the literature. ... Can we replicate that? Because

you've got to have the best staff. You know, because these women will run rings round a standard newbie social worker who is straight out of college.

Toughness, resilience, positivity, high levels of professionalism and having the 'best staff' were also identified as key attributes of good engagement and FHT's value as a service provider.

Excellent management

An attribute important to FHT in upholding its reputation and continuation of funding was strong management, especially the relationship between the director and practice manager, with respect for each other's roles, open communication, a really good practice manager, external supervision. Humour was also used across all the staff relationships. 'No surprises relationships' are important internally as well as in relationships with external stakeholders.

Management being entirely open to what may not be working well, and the culture of continuous improvement and workforce development is also critical to the success and reputation of the service.

I think FHT are one of my best providers in that they have, you know, because of that constant service improvement and that data collection they are and their eagerness and dedication to be, to provide the best service they can. And that sort of that continual learning thing ... They do, they do an enormous amount. And I do know that they do tweak some things. You know, [they] ... are very on the leading edge of making sure that their service is effective and that they can measure that success or failure. They're ... are very conscious, you know, they have always got so much data that they can show you. They're very finger-on-the-pulse of their measurements, what they're measuring ...

Good governance

Management also regard having good governance as an important factor for FHT's reputation and success. FHT has high calibre board members, mostly from human services backgrounds. The board is stable, there is no micromanagement, no conflict, and new appointments are by consensus.

In some staff and stakeholder interviews opportunities for growing the service were raised.

I really believe in what they're doing, and I like the people. I mean, I like what the staff do, I like what [the director] is trying to achieve. I like the way she, you know, punches above her weight, and gets out there and talks to Ministers and politicians and funders and, yeah, you know she's really always looking at stuff and thinking about stuff and you know, I like that.

Working with clients deemed at less risk was mentioned as an area of improvement but it was also appreciated that the focus of FHT was important. Whilst growth and expansion of the service was mentioned, some staff and stakeholders saw that FHT was valuable in having a specific and specialised service offering.

3.2.6 What do FHT stakeholders think are barriers to clients engaging with services?

When asked about barriers the stakeholders tended to talk about services generally in the wider service ecology, rather than just FHT. Some stakeholders mentioned the challenge of engaging with people who did not invite contact and involvement. They recognised FHT's specialty in engaging high risk clients who have significant and complex issues such as addiction, mental health problems, gang involvement, and family violence.

There is often domestic situations, drugs and alcohol, gang affiliation, all those other things that mean that inviting what would be seen as middle class mainstream people into their lives would be frowned upon often by partners and by associates.

I just mean that their lives are being lived in such an anti-social way that they don't draw attention to themselves, they're used to the only community organisations they deal with are the Police and the Justice system, so they don't seek out people, they don't invite people into their lives, I suppose is what I am saying because their lives are dubious.

Client's depression was also noted by stakeholders as a barrier to services generally in engaging well with clients.

Depression is coming through as something that, we are not very good at dealing with this as a society anyway, and I think I'm seeing that coming through as there's a hesitancy when it's disclosed as to how serious it is and then how you work out how serious it is, and then what you actually do about it because the client is still in control there and you don't want to undermine that.

Time

Stakeholders also commented on time being a significant barrier to service delivery and engagement. A social worker in an NGO referring agency mentioned the significance of 'not having enough time', and that the huge amount of time needed just to make contact with "hard to reach" clients, and the missed appointments because of chaos in client lives were not so easily factored into most service funding models. It was observed that in other NGO services, social work staff frequently took their work into home hours, were stressed, and faced high levels of burnout.

Like, anybody that is working in, sort of, like, the helping profession, whether it be social work or health, they are all working more hours than what they are paid for. Because I think that the needs have gone up and it hasn't been reflected in any funding or capacity building. Like you can't really build capacity if you don't have enough funding. You know?

Lack of data sharing

Other barriers stated by stakeholders that related to engagement included the lack of data sharing between agencies. Improved data sharing would help FHT staff to have a full picture of the client's history and circumstances, and therefore build more effective interventions to fulfil the primary purpose of protecting the child.

And it's that, yeah, I think that one of the biggest thing is that information sharing, I think there is, as you say there is that reluctance to give out information and I think what is holding us back for not sharing that information?

You know and they say "Oh we don't want, we have to, we don't want them knowing everything". Why don't we want them knowing everything? Because if we trust them enough to work with this child or young person in the family, they're professionals, what is that risk, that they hold that same information as us? And I think those hard questions need to be asked. If we trust them enough to contract with them, what is that risk of information sharing?

One stakeholder gave an example where an NGO refuge provider recently had a woman in the safe house with a child, and then they left and were in her new partner's flat. But the new partner was a sexual offender and the refuge couldn't share that information with her because of privacy.

And for me that was wrong ... I cannot see how we can allow an already vulnerable woman and child go into a situation that we know has potential for harm.

Funding

Stakeholders talked about the challenge of making a service such as FHT appealing to funders from the predominantly middle class charitable sector. People with hard and complex lives and struggle are difficult to 'sell' and not 'sexy' in the competitive charitable funding environment.

I think the hard thing with the hard to reach clients is the funding again because, as I said at the beginning, and I use the word 'sexy', I can't think of another one, it's not in the nice stuff for middle class New Zealanders, so you know, out of sight, out of mind.

Overall the stakeholder data emphasised similar attributes and barriers to good engagement as those identified by the clients and staff. All the stakeholders interviewed thought incredibly highly of the FHT service and expressed praise, admiration and respect for the hard work and special abilities of the FHT social workers to engage with extremely challenging clients.

3.2.7 Section conclusion

Across the client, staff and stakeholder data the key aspects of successful engagement are the social workers ability to persist in connecting with the client and build trust. Having 'belief in the client' was identified as a fundamental for the FHT service being successful in engaging and supporting the client to better navigate and change often chaotic circumstances. Whilst being 'hard to reach' may have some attributes of resilience and choice, the clients mostly described circumstances and experiences of not being in control, frustration, chaos, poor health, violence and poverty.

Good engagement involved the worker providing practical help, brokering and networking for the client with other services, and sharing information, skills and resources so the client knows who to approach and how to connect with other services in future. Staff identified that role modelling, upskilling and advocacy were important functions of this relationship, but the advocacy role, as might be expected, can be difficult in practice.

Good management and supervision is important, including the skilful matching of clients with social work staff. This underpins the success of FHT model, as does the long term relationship and continuity of service. Staff attributes, professionalism and experience with the client's world are crucial to the engagement, as is their advocacy and role modelling skills. Autonomy of practice is identified as an underpinning attribute of the FHT service in enabling the social worker to respond to the chaos, uncertainty and complex situations that are attributes of the clients' life and world.

Key insights were that FHT staff and services are highly regarded by clients and stakeholders and that tenacity, effort and skills are required to initiate engagement with the client. There are also various tensions in the practice including the advocacy role and supporting negotiations between the client and other services, especially Work and Income and CYF. High professionalism and autonomy of practice help to some extent manage these tensions. Good management and sound stakeholder relationships at all levels, especially policy and management connections also are important.

Both the clients and stakeholders put forward a fairly central value of the social worker being 'non-judgemental' as a key attribute of the engagement. For clients this meant experiencing the social worker as a friend and someone who did not look down on them. FHT staff qualified that whilst they were careful not to act in a judgemental way with clients as this would negate their ability to engage in a positive relationship. Despite this, they were certainly making judgements about the situation all the time and in 'continuous assessment' of the situation. We elaborate and explore the concept of judgement in the discussion that follows, but next will briefly overview the findings from the workshops and areas identified for improvement.

Figure 1 also identifies some of the barriers and areas for improvement, whereby the issue of information sharing and the relationships with other key parties or actors in the wider service ecology impacted upon the ability to engage. These dynamics were explored further in the second workshop.

The participants also developed a 'whole system' understanding in the first workshop, and examined what might be done to strengthen existing good practice around client engagement including addressing some of the institutional/wider system barriers that limit the effectiveness of good practice.

Workshop 2

Both the workshops built on the 'whole system' understanding developed in the first workshop. The workshop data helped locate dynamics of engagement in models, and to explore the service ecology and begin to design system improvements. The aim was to provide FHT a clearer strategy to explore and socialise these changes with others in the wider sector.

From both workshops the suggestions for change and improvements to the wider system were as follows;

- *Reaching and retaining resistant clients or groups*
- *Workforce development; continuing to grow strengths as a team, workplace culture, connection and learning*
- *Interagency collaboration and coordination; closer working agreements, relationships and data sharing with Police and CYF etc.*
- *Collaboration and coordination in the wider sector*

The following text describes discussion in groups addressing these potential improvements.

Reaching and retaining resistant clients (and Māori engagement)

This group focused on Māori engagement in the service ecology and talked about the relationship with Ngāi Tahu. This conversation started on the basis that over 50% of clients are Māori, and many are Ngāi Tahu. FHT is continuing to seek and strengthen relationships with He Waka Tapu (HWT), Ngai Tahu and the newly forming 'Alliance' collaboration, which was mentioned as an opportunity to extend this relationship. Informal relationships with HWT staff exist and various high level meetings have occurred in the past. There was also agreement on the need to revisit the intended discussion topic of reaching and retaining resistant clients and to gather and deepen insights from FHT data, reflection on practice, and the wider service environment.

Workforce development

This group looked at staff connection and workplace culture, and explored ways that the regular Monday morning staff meetings, already key to FHT's culture of continuous learning, could be extended to further strengthen staff and team development. Ideas ranged from the internal team meeting processes drawing more from te ao Māori practice and support, taking time to celebrate and value each other, and designing engagements with external stakeholders to raise the FHT profile.

Interagency collaboration and coordination

Much of the conversation in this group concerned data sharing. This affected health and safety to better protect the social worker, and having better knowledge to build interventions and pathways. There was also potential improvement in involving the social worker earlier in interventions, especially in the Family Group Conference processes. The FHT also wanted to be better recognised for the

specialised service that it provides, so other services realise the speciality and can build their services to support the FHT intervention.

Collaboration and coordination in the wider sector

Innovations and improvements mentioned in the workshop and interview data include coordinating an outreach service to bring financial advisers, counsellors, and other service providers to the clients' homes as required.

The possibility of service expansion to less high risk client groups was also mentioned, but overall 'sticking to the knitting' in maintaining a core focus on high risk clients was emphasised as an important value in FHT holding a clear purpose and focus.

4. A MODEL OF FAMILY HELP TRUST SERVICE ECOLOGY

The following diagram is a simple model of some of the key attributes, dynamics and relationships that underpin the FHT service design and success, including features of the wider sector and 'service ecology'. Based on the qualitative data, a number of different combinations of activities that come together and reinforce each other to support FHT's success in the sector, it's alignment with sector outcomes, and attain good engagement with clients.

In the middle of the diagram is the central relationship between the key actors. The child and parent's connection with the social worker is crucial. Although the primary focus of engagement is between the social worker and the client (parent), the client, in terms of beneficiary and 'paramount' focus, is actually the child. The parent (usually the mother of the child) is the focus of the work service arrangements to initiate contact and offer support. Upskilling the parent is the focus of activity and the means to achieve FHT's primary aim of protecting the child.

The primary relationship between the social worker and parent is part of a wider service ecology. This includes the clients' history, lifestyle and experiences as well as their past interactions with other services, described as 'hard to reachness'. Depicted in red this is a central attribute of the service ecology; a pivotal 'vicious cycle' anchored in the wider service social sector. Engaging with the destructive consequences of 'hard to reachness' is the crux of FHT's intervention focus.

The client data shows 'hard to reachness' includes experiences of being disconnected, anguish, frustration, and sometimes hostility, anger, and avoidance of authority. The sense of alienation is something co-constructed and built over time in the client's previous relationships. These exchanges, actions and repeated experiences are identity shaping (Abby et.al 2011; Becker 1963; Goffman 1963). They inform individual, and indeed familial attitudes, patterns and behaviours. The FHT service helps circuit break the feelings of alienation and disconnect, and works to ensure the families basic immediate needs for food, shelter and warmth are met, as well as up-skilling parents to better meet these basic needs themselves. Additionally, FHT offers ongoing transformative work with clients to connect, reconfigure and reactivate services (Lusch *et.al* 2010), and to mitigate the consequences that can be passed on to future generations.

The diagram depicts several intervening cycles of response that support the FHT service to engage and build viable transformations with clients that experience 'hard to reachness'.

Cycle 1: Engagement – entry point. The work of the engagement with the client. The work includes tenacity in gaining entry and making an initial contact point, and then social workers using various approaches, authenticity, experience, advocacy role and role modelling to build trust, belief, confidence and parenting skills to better provide for their child. In this way FHT achieves the primary goal of protecting the child.

Cycle 2: Transformation. The process and outcomes of the engagement. Transformations, the journey and the work, the activities and outcome focus where social workers help to transition the client from dependence to independence. Social workers share skills, role model and use other techniques to enable the client to better access support for themselves and their family.

Cycle 3: Support for staff. The aspects of FHT's internal culture that provide material resources, tools and processes as well as support for staff, including workplace culture that values autonomy of practice, mixed models, continuous learning and good supervision.

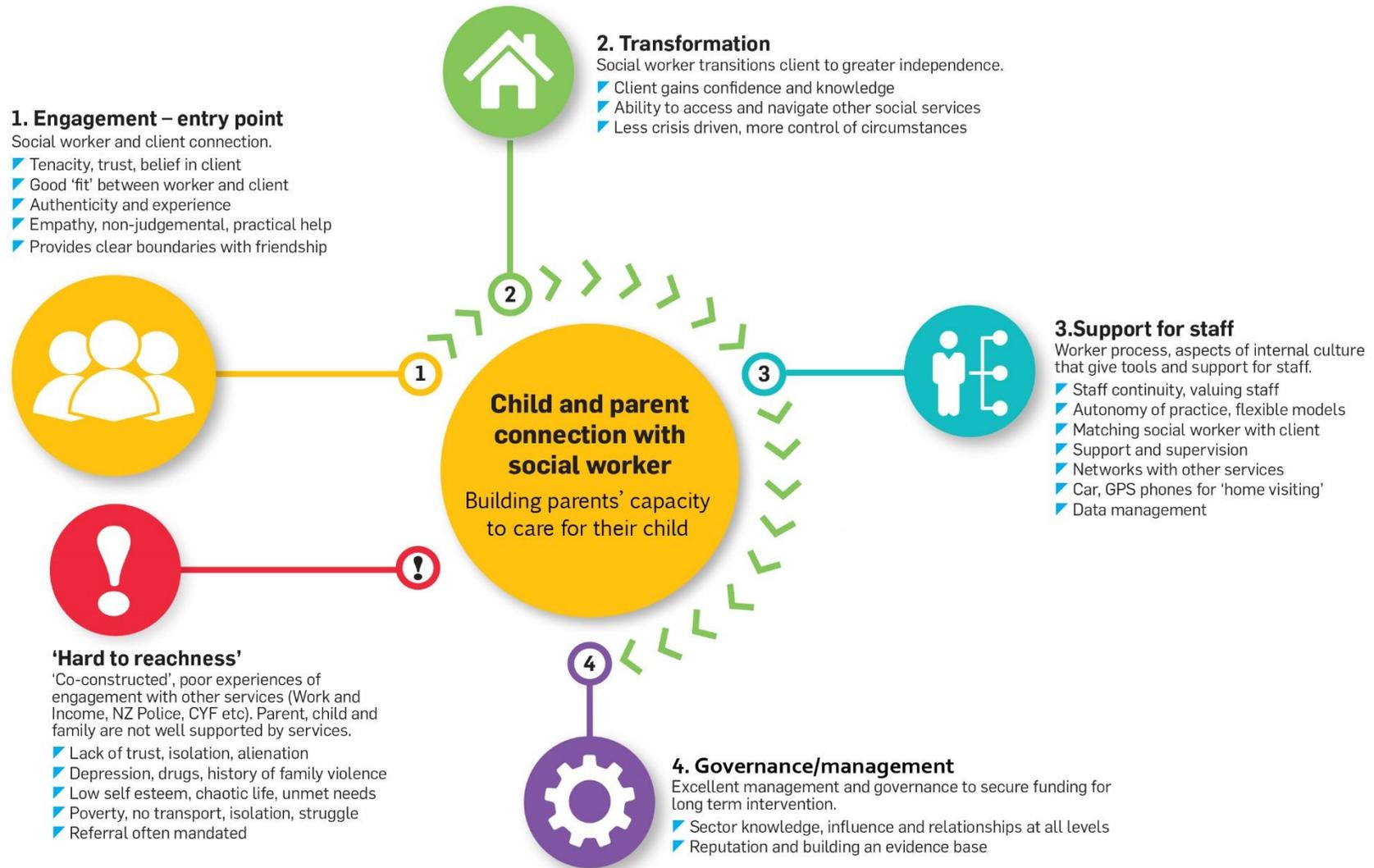
Cycle 4: Governance/management. The governance and management functions that help maintain FHT's reputation and legitimacy. This cycle also strengthens currency, effectiveness and sector intelligence. The management and governance aspects of the service help with evidence building, demonstrate effectiveness and value to the sector and secure 'high trust' funding contracts that can better support long term interventions with clients.

Together, all four virtuous cycles align different resources that support good engagement between the client and FHT, and generate improved outcomes and outlooks for children and families.

Each of the four positive cycles reinforce the other, and are interdependent and interlocking aspects of the design, rationale and success of the FHT service. FHT's service design gives a good example of 'resource integration' where combinations of purposeful activities and resources coordinate to achieve a shared purpose (Lusch *et al.*, 2010, Maglio *et al.*, 2009; Vargo *et al.*, 2008; Vargo and Lusch, 2008). These activities also strengthen FHT reputation, legitimacy and effectiveness in the sector.

We look at the diagram and then discuss each component cycle of the model in turn;

Family Help Trust – service ecology model



'Hard to reachness' - a vicious cycle

Most central and important to the model, the key actors, their work and activities is 'hard to reachness' (in red). 'Hard to reachness' is the central attribute of the service system within which FHT operates. It is a condition that is pivotal and unfortunately a 'vicious cycle' that is anchored and 'co-created' in the wider service social sector. Alleviating the consequences of this condition is the crux of FHT's intervention focus and reason for their existence.

An attribute of the client's world that includes chaotic lifestyle, complex needs, and previous history, 'hard to reachness' is a negative or 'co-destructive' cycle (Smith, 2013) where complex needs are not being met by services.

An important finding of the research is that clients tend not to see themselves as 'hard to reach', but rather saw many services as 'hard to reach' as they couldn't get through barriers of frontline workers, couldn't understand and navigate the 'system', had no money or transport to get to a service appointment, or weren't aware of who could help them. 'Hard to reachness' encapsulates the clients experience located in a sense of alienation, disconnect, and where clients identify low self-esteem and self-belief, and difficulty coping with a lifestyle and events (relationship and health issues including addictions and mental health) that are often chaotic and beyond their control. Importantly, 'hard to reachness' is 'co-constructed', a sense of disengagement, disconnection, low self-esteem, distrust and 'alienation' (Merton, 1957) that is formed by cumulative experiences of being labelled, judged, made to feel shamed, and denied help. For the client 'hard to reachness' is a feature of current and past experiences, resulting from the clients interactions with others, including various social services such as Police, Justice, Work and Income and CYF. It results in the client being defensive and survivalist, feeling they were 'in a shrinking hole' and 'not letting anybody in', that nothing in their life ever works out, and 'nothing good ever comes of anything'.

Aspects of a 'hard to reach' identity can be viewed as something of a choice, resulting in joining a counter- or sub-culture such as a club or gang, or dropping out in rejection of the mainstream. But for most clients interviewed, being 'hard to reach' was not so much a conscious choice or decision point, but rather is built over time, as a slowly evolving way of hardening and coping to manage unfavourable circumstances. In the client accounts, the descriptions of 'hard to reachness' predominantly seemed anchored in feelings of embarrassment, shame, reluctance or weighing the risks of asking and not getting help or needs met. Poverty was always a factor, as are unequal power relationships with social services.

In the wider sector it is the client that bears the everyday and cumulative burden of repeated experiences and lingering repercussions of past poor decisions where the 'repercussions' of one action can last for years. As well is the trauma of 'repeating a story ... and not being believed'. The impacts for current and future decisions are borne by the child and family, as well as the client. This is an existence where the client, their child and family are at risk and 'vulnerable' because they are not easily able to access the services, as much as the services are not easily able to engage them. More importantly though, the impacts of the exchange where services are denied and needs unmet result in poor outcomes (for example hunger and illness) that are absorbed in the clients family.

Cycle 1: Engagement – entry point

FHT staff must make contact and from initial contact, build connection with and show value to the client. Tenacity and persistence in making the initial contact is important for successful engagement. Most social agencies have a ‘three calls’ and out approach, but FHT does not give up and will do what ever it takes to make contact with the client.

Once the initial contact is made, the social worker will work to position themselves as a trusted friend that is on the client’s level, dependable, and can be relied upon to support and help the client. Underpinning good engagement is the social workers trust and belief in the client; ‘they believe that we believe that they can succeed’. The client trusts the social worker to look out for their interests, and the continuity of contact with the social worker helps maintain a high level of trust. Clients frequently described their social workers as ‘more of a friend’ and ‘everything I needed’. Additionally the social worker having authenticity, building empathy, and an ability to draw on shared experiences to better understand and help navigate a crisis or complex set of circumstances were attributes that were highly valued in the client’s experience of good engagement.

The social worker being ‘non-judgemental’ was also strongly valued by clients and stakeholders. Staff however emphasised that whilst they did not behave in an overtly judgemental way in their interactions with the client, they were always appraising and evaluating the situation, and were in a state of ‘continuous assessment’ looking for openings and potential opportunities, as well as being vigilant and assessing possibilities of harm to the welfare of the child, the primary client. The social workers have enormous skill in negotiating complex boundaries between the bottom line of maintaining engagement with the client, statutory obligations, their own professionalism, and the care and protection of the child. This involves making a lot of judgements about the client, the client’s social and physical environment, their health and wellbeing, the safety of the child and the involvement of other services. Engagement with the client is a high stakes, complex balancing act. FHT is protector of the child, as well as seen as a buffer to get CYF ‘off their backs’ by some clients. There are also various ‘dances’ with CYF and other agencies as the social worker helps the clients navigate and better access community support.

Initially though, the basis of successful engagement model is tenacity and persistence of the social worker in making initial contact, and their ability to be authentic and develop a strong connection and build trust with the client.

Cycle 2: Transformation

Cycle 2 is about the outcomes and work that underpins important transformations and transitions within the client, as the social worker helps build belief and self-esteem, drawing on client resilience and strength to develop different skills, goals and changes with the parent, child, family and whanau. This cycle is about transitions and outcomes using the resources of the social worker and the agency to reconfigure the services and use empowering approaches with the client so that they engage successfully with other services. It is also about the client and social worker undoing multiple factors, causes and impacts from the vicious cycle of 'hard to reachness' shaped in previous service encounters and exchange.

Cycle 2 captures some key outcomes that occur at different scales of individual and organisational transformation, both in client views of themselves and others, and in the reconfiguring of relationships and connections with other service agencies. The five year, long term engagement with FHT supports the client on a journey from vulnerability and dependence, to becoming more independent. This includes being better able to access support from services themselves, and, in time, reducing their use of state welfare and social services. These are not just policy words or aspirations, but outcomes gained through careful encouragement, up-skilling and role modelling to help the client access support, build relationships and activate services. This range of practical, tactical and navigation strategies and skill building are also features of Pasifika and kaupapa Māori frameworks. The service science literature see this as a two-stage process. The first mode of service is 'relieving' where one actor performs the tasks for another party. Clients experience this as the social worker offering practical help and 'going the extra mile' to help 'find solutions to pretty much any issue you've got'. These initial 'relieving' functions of providing service and/or accessing support ensure that the children are warm, not hungry and getting to school (Lusch *et al.*, 2010, 26).

As the relationship matures, it progresses to 'enabling' whereby the social worker makes it possible for the client to do tasks more efficiently and effectively for themselves (Lusch *et al.*, 2010, 26). Staff identified role modelling as an important aspect of practice and described 'walking beside', maintaining a 'balance in helping, letting them do and finishing it off'; and offering a 'hand up, not a hand out'. FHT staff measures of the clients progress and transformation included being able to see 'confidence improving', 'ability to work within that social structure in the community', 'make their own appointments and their own way to appointments', and able to 'work with schools' and 'mental health'.

Through role modelling and empowering the client, the social worker builds social capital, resilience and successful navigation pathways by sharing networks, service contacts, and information, as well as transferring knowledge and skills to the client along this journey.

Cycle 3: Support for staff

The FHT service brings together various processes and material resources that support the social worker to engage effectively with their clients. In the FHT home visiting model, tools and material resources that enable engagement include staff being provided with cars, and mobile phones with GPS. This is a good example of one of many 'resource alignments' or 'configurations', (Lusch *et al* 2010), that the service design provides to overcome client barriers to service uptake and engagement, such as lack of transport and money.

There are a number of aspects that align well in FHT service design and make it successful in the meeting the attributes that the client values in the experience. These include retaining highly skilled and experienced social work staff, the design as a long-term home visiting service, the matching of workers with clients, social workers having autonomy of practice, and a culture of continuous learning.

FHT management, staff and clients identified that continuity of the staff client relationship is very important. For FHT, losing staff is 'expensive', and 'clients don't like losing their worker'. FHT needs high calibre 'resilient' staff to stay with the service to provide to continuity and maintain trust with the client. Recruitment and retention is important, and to offer the clients something viable and valued, FHT must also offer its staff the material and process support needed to optimise and strengthen their ability to engage well with clients. FHT has a high rate of staff retention which is somewhat unusual in the sector. There are different factors valued by staff who stay at FHT including a good fit between the social worker and the service values, giving staff a 'balance' of 'good supervision' as well as 'autonomy of practice', as well as a good workplace culture that emphasises continuous learning. Having 'autonomy of practice' to enable a mixed-methods approach where different social work theories, cultural frameworks and methods and approaches can be adapted to fit with the client was highly valued by staff. Staff also noted the importance of having good supervision sitting alongside and supporting good learning and reflection from using different methods and practice.

The importance of 'fit' is crucial to FHT service design and support for staff to engage effectively. This includes the social worker fitting with the FHT culture, and their fit within the client group in having the 'mix of experience' to 'front up' to 'tricky situations' with a 'very intimidating client group'. High calibre staff are absolutely essential, and the 'matching' of clients and social workers was identified as an important activity. This feature of FHT service was described as a 'forté' whereby the clinical manager is attuned to the strengths/attributes of the social workers and has the experience to understand who the client might respond well to. Some noted that this was an 'intangible' aspect of the service that may not be easily 'exportable'.

Various working conditions were identified as important for FHT staff and management. These include generous annual leave and sick leave, birthdays off, registration and competency fees paid, and flexible working hours. However, being on the roads at night or weekend work is discouraged.

Most staff mentioned the importance of feeling valued, as well as sharing ideas, having a 'supportive team', 'flexibility' and being well supervised and supported by management. A further feature of FHT support for staff is the evolution of a model of high trust and empowerment between management and staff that is transferred into the work of building better outcomes. There is mutual reinforcement of FHT internal workplace culture and practice values, and the external practice of providing social support to the clients.

Cycle 4: Governance/management

Maintaining FHT's hard earned reputation, credibility and viability is an ongoing focus of activity for the organisation. FHT is held in high regard and has a number of key client relationships in the wider sector that influence and enable their primary engagement work with the client. Having 'long term' stable funding and building an evidence base to demonstrate the case for FHT's continued funding is important to FHT survival. FHT has increasingly gained a higher proportion of government contracts with reduced reliance on contestable charitable funding. Most important is the close relationship with CYF, of which MSD is the umbrella government agency and contractual funder. FHT's strong reputation and delivery makes these 'high trust contracts' likely to be renewed, but the funding environment is constantly evolving and funding remains an uncertainty that FHT must constantly negotiate.

Related to securing this level of respect, trust and confidence is FHT's attention on evaluation and demonstrating the worth and success of the service, as well as a continuous improvement focus. As discussed there is a meticulous focus on paper work, record keeping, data storage and analysis in order to build FHT's evidence base. There is some feeling in staff that there is too much emphasis on evidence. Furthermore, capturing success can be difficult, 'it's actually really hard to prove it anyway or to get real sort of validity around those outcomes'. Staff can see great immediate outcomes. However, it is not always easy to convey the whole picture of long term success. For example, it is difficult to measure statistics for prison entry avoided, family violence prevented, or intergenerational welfare reduction. One person spoken to commented 'you don't measure a young woman who doesn't go to jail or has good, rather than low self esteem. Clients just become 'normal''.

Some staff and stakeholders also mentioned the difficulty they had experienced in positioning the value of the service to potential non-government or charitable funders, with it being difficult to 'sell' or 'market' FHT clients. Some noted that the message was sometimes given as 'less people to burgle your house' or 'less people in prisons' which seemed to invoke sometimes uncomfortable value judgements and notions of middle class, otherness and difference in some stakeholders interviewed. Nonetheless the specialised value of the service is clearly articulated by FHT.

Other attributes important to FHT upholding its reputation and continued funding was strong management, especially the relationship between the director and practice manager, with respect for each other's roles, open communication, a really good practice manager, external supervision. Management also regard having good governance as an important factor for FHT in sustaining its success and reputation in the sector. FHT has high calibre board members, mostly from human services backgrounds. The board membership is stable, there is no micromanagement, no conflict, and new appointments are by consensus.

Management being entirely open to what may not be working well, and the culture of continuous improvement and workforce development is also critical to the success and reputation of the service. The key funder stakeholders value FHT commitment to 'constant service improvement', 'data collection', 'dedication' to 'provide the best service they can'. Stakeholders viewed the service as being on the 'leading edge of making sure that their service is effective', and having a 'finger-on-the-pulse' in being able to 'measure that success or failure'.

Section conclusion

We started the discussion of the service ecology model by locating 'hard to reachness' as a vicious cycle. The narratives and experience of clients showed this phenomenon as actively 'co-constructed' and importantly a 'co-destructive' pattern; a condition built by interactions and repeated experiences of unmet need, resulting in an erosion of the client's confidence over time, and a decreased willingness to engage, or engage constructively with services.

We also identified a series of interlinked virtuous cycles of intervention that support good engagement between the social worker and their client. These cycles combine various motivations, purposeful activities and overlapping resources that support the primary aim of the FHT service achieving meaningful engagement with the parent in order to gain better outcomes for the child.

Service science would describe the FHT service as a 'network of exchange relationships that allow or build the integration of resources that are mutually beneficial' and deliver positive outcomes (Vargo *et al.*, 2008). Each of the virtuous cycles strengthen FHT's ability to build good engagement with their clients, and reinforce their reputation for achieving good outcomes for the clients and the wider sector. Social capital is also utilised in each intervention cycle, and accrues in the service relationships that FHT social workers and management broker within other agencies, and in the role modelling that enables FHT clients to successfully navigate other social services and build better outcomes for themselves and their families.

5. RECOMMENDATIONS/ WHAT NEXT?

This study confirms previous evaluation research (Turner, 2009; Research First, 2015) that the FHT model of intervention is highly effective in achieving good engagement with their clients. The recommendations are mostly based on the staff workshops to design system improvements. These include;

- *Reaching and retaining resistant clients or groups*
- *Workforce development; continuing to grow strengths as a team, workplace culture, connection and learning*
- *Interagency collaboration and coordination; closer working agreements, relationships and data sharing with Police and CYF etc.*
- *Collaboration and coordination in the wider sector*

Reach and retention of resistant clients or groups

FHT could possibly do some deeper reflection on designing reach. A number of factors for making contact with clients such as persistence and tenacity were mentioned in the interviews, but more insights could be gathered in the *reaching and retaining clients*.

Workforce development; continuing to grow strengths as a team, workplace culture, connection and learning

This group looked at staff culture and explored ways that the regular Monday morning staff meeting could be extended to further strengthen staff and team development. Ideas ranged from drawing more upon the cultural practices from te ao Māori to support internal team meeting processes, and designing engagements with external stakeholders to raise the FHT profile.

Interagency collaboration and coordination; closer working agreements, relationships and data sharing with Police and CYF etc.

Much of these conversations emphasised the importance of data sharing especially with the Police and CYF. This was about health and safety to better protect the social worker, and also having better knowledge in the mix to build interventions and pathways. There was also the improvement of involving the social worker earlier in the interventions, especially in the Family Group Conference processes.

Collaboration and coordination in the wider sector

In the wider social service sector, FHT also wanted to be better recognised for the specialised service that it provides, so that other services realise the speciality and can build their services around to support the FHT intervention. FHT could seek more opportunities to articulate and tell others what they do, and ask for relationships and support for their clients from other services in the wider sector.

Other improvements

Other improvements mentioned were to extend FHT's existing specialties to include mobile service providers, bringing financial advisers, counsellors, and other services to the clients' homes as required.

This could also be attained by improved coordination in the wider sector so that FHT staff could more easily draw upon other referring agencies for these services, and perhaps is accessed through the 'Alliance'.

The possibility of service expansion to less high risk client groups was also questioned, but overall 'sticking to the knitting' in maintaining a core focus on high risk clients was emphasised as an important value in FHT keeping a clear purpose and focus.

Next steps for the project include the cross case study analysis and further testing of this and other models from the project with Auckland workshops.

APPENDIX A: PROJECT INFORMATION AND CONSENT SHEET



'Making Services Reachable' Project

Information sheet for clients

Nei rā te mihi i runga i ngā āhuatanga katoa o te wā

Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part, there will be no disadvantage to you and we thank you for considering our request.

We are a collaborative research group from Institute of Environmental Science and Research Ltd (ESR), University of Canterbury, He Oranga Pounamu, and the SuPERU/Families Commission. This research is funded by the government - Ministry of Business, Innovation and Employment (MBIE).

Purpose of the research

We aim to understand why people get involved and stay involved with social services, like the Family Help Trust, and the challenges they may face in using services. From this research we will develop a practical model that will help social services understand the best ways to work with clients and their families/whānau so they want to stay involved with the service and can be assisted to reach good outcomes.

What the research involves

The research involves looking closely at the practices of three service providers - the Family Help Trust (ChCh), He Waka Tapu (ChCh), and Q-nique (Lower Hutt). These services work with people such as parents with young families, Pasifika youth with mental health needs, and people with problems such as family violence, alcohol and drug use, and anger management issues.

We will gather information from clients and staff from the three services to find what helps with meaningful involvement between a client and a service.

Invitation to take part

You may be randomly chosen from a list of clients provided by FHT and invited to take part in an interview. We think it is very important to get your feedback about using services, what encourages you to use them and what are the challenges. The interview will be conducted by one of our researchers and take about one hour. We have four researchers, two of whom are Māori so you have a choice of interviewer. If you agree to take part and are randomly chosen then a researcher will call you to arrange an interview time and place that suits you.

Those who are interviewed will be given a koha of a \$50 PaK'n'Save voucher.

Your choice

It is your choice whether you take part in an interview and you can also choose not to answer certain questions or stop the interview at any time. If you wish to withdraw your information you can do so up until it is being written into the draft report. Withdrawing from the research will in no way impact on your relationship with the Family Help Trust.

Confidential

The interview is confidential. Family Help Trust will not know which clients have been interviewed. No information you personally give will be passed on to the Family Help Trust or any other agency, unless anything you say indicates that you or someone else is at risk of serious harm.

Hard copies will be kept in a secure building and the data collected will be securely stored in such a way that only those in the research team will be able to gain access to it. All electronic information will be password protected. We may use quotes from your interview in our report, but we will not use your name and we will ask you if you would like to check your quotes before they are put into the report.

What will be done with the research information?

The information from the project will be written up into a main report and some other publications will also be produced in discussion with the co-research organisations.



Contact information

If you have any questions at any time please text or phone:

[Researcher contact phone numbers provided]

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).



1 'Making Services Reachable' Project

Consent form for clients

1. I have read and I understand the information sheet dated June 2014 for participants involved in the 'Making Services Reachable' Project. I have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.
2. I understand that my taking part in this interview is voluntary and that I may withdraw from the study at any time and this will in no way affect my future involvement with Family Help Trust.
3. I understand that any information I provide during the interview will be treated as confidential unless I tell the interviewer that I or someone I know is at risk of seriously being hurt.

4. I understand that all data collected for the study will be kept in locked and secure facilities and in password protected electronic form and will be destroyed after five years.
5. I understand that quotes taken from my interview may be used in reports but that my name will not be used.
6. I understand that I will be given an opportunity to check my quotes.
7. I have had time to consider whether or not to take part.
8. I know who to contact if I have any questions about the study.

Please tick if you consent to the interview being voice recorded

Please tick if you would like to check your quotes before the report is finished

Please tick if you would like a summary of findings

I _____ (full name) hereby consent to take part in an interview for the 'Making Services Reachable' Project.

Signature _____

Date _____

Contact details _____

Making Services Reachable Research Project – FHT Client Interview Guide June 2014

[ADAPT FOR OTHER CASE STUDY SERVICES]

Instructions for interviewers

- Introductions appropriate for participants
- Pass out information sheet and informed consent form to explain the kaupapa of the research, their rights, and answer any questions they may have. It is important to create a safe atmosphere and ensure they understand why you want to interview them and what will be done with that information.
- Ask participants if they consent to the interview being voice recorded and assure them that this will be kept confidential. If the interview is not recorded take detailed notes.
- If they agree to take part in the interview ask them to sign the informed consent form.
- This is a semi-structured interview guide with open questions that allow the participants to express their perspectives and share their experiences of engaging with case study service. Please adapt the language if necessary to engage with participants and ensure they clearly understand the questions.
- Ask each question separately, give them time to answer and then start probing.
- Be open to exploring their answers by using prompts such as 'can you tell me a bit more about that' and allowing them time to respond. In interviews with more than one person ensure that others also get an opportunity to respond. Some prompts are included as a guide to exploring certain topics.
- The services have provided us with a sample of graduates (FHT not HWT) and who they perceive as well-engaged, compliant and non-engaged. However the clients do not know which category they are perceived as being and it will be very important to get their views on how engaged they feel without influencing their perception.
- **BE VERY SENSITIVE TO ANY SIGNS THAT PARTICIPANTS ARE BECOMING DISTRESSED. MANAGE THE SITUATION E.G. STOP OR DIVERT THE LINE OF QUESTIONING, TAKE A BREAK, OR STOP THE INTERVIEW IF APPROPRIATE. FOLLOW-UP SUPPORT CAN BE OBTAINED FROM CASE STUDY SERVICES AT EACH SITE WITH THE PARTICIPANTS PERMISSION. OR REFER TO LIST OF SUPPORT AGENCIES – create for each site.**
- If participant or someone else is at risk of serious harm discuss what they would like to do about this. If the risk of serious harm is imminent call the police.
- If unsure call case study lead to discuss. Inform participant/s what your course of action will be.

Interview Questions

[Referral pathway and initial engagement - establishing the client's motivation or readiness to change using Transtheoretical stages of change model]

1. How did you first come into contact with Family Help Trust?

- **(mandated clients)** Were you told you had to go to the Family Help Trust? If mandated to attend service probe to find out who sent them and their readiness for change:
 - Did you feel at that time that you needed to make changes? (pre-contemplation)
 - Did you believe change was possible? (Contemplation)
 - Had you started to make any plans or do anything differently before going to FHT? (Preparation-action]
 - Did you think FHT would be able to help you make those changes?
 - Was there anyone else in your life that was supporting you to make changes?
- **(voluntary clients)** Find out if they were referred (by whom) or self-referral.
 - **Prior to going to FHT** (probe to find out readiness for change - transactional model):
 - Did you feel at that time that you needed to make changes? (pre-contemplation)
 - Did you believe change was possible? (Contemplation)
 - Had you started to make any plans or do anything differently before going to FHT? (Preparation-action]
 - **(referred)** What made you decide to take up the referral to FHT?
 - **(self-referred)** How did you find out about Family Help Trust? What had you heard about them? What made you decide to go to them?

(both referrals and self-referrals)

- What did they hope to get out of working with FHT?
- Was there anyone else in your life that was supporting you to make changes?

2. What services have you used at [case study site]? How long have/did you use these services for? *(establish if they have used multiple services at a case study site which is particularly relevant for HWT)*

- Probe to find out if they would have accessed these other types of services if they had not already been going to case study service?
- Apart from your children have other members of your family/whānau also been to services offered by Family Help Trust?

[Developmental relationships between client and service workers (proposed as ‘active ingredient’ of effective interventions (Li & Julian 2014) characterized by reciprocal interactions that embody enduring emotional attachment; progressively more complex patterns of joint activity; and a balance of power that gradually shifts from the worker to the client.]

3. What was your first meeting with the Family Help Trust worker like?

- Probe to find out their initial impressions of the Family Help Trust and the workers they came into contact with, what they liked; what made them what to come back; what they didn’t like and put them off from initial meeting.

4. Tell me more about your relationship with your Family Help Trust worker?

- What do you find really positive in the way they work with you and your children?
- In what ways do you think they have helped you? *[looking for meeting needs but also development of skills, competency and confidence so the balance of power shifting from worker to client]*
- Has your relationship changed at all over time? [positive and negative developments]
- Was there any time that you did not feel like working with Family Help Trust? Why was this?; Did the worker try and rebuild your relationship and trust?
- Is there anything you think the worker could do differently?
- Has the FHT worker been with you at meetings with government agencies like Work and Income, CYF, housing NZ and spoken on your behalf? Did you find this helpful? How? *[note as social workers they also play a brokerage/advocacy role and this question is exploring this aspect.]*

For clients who no longer attend case study site service (with exception of graduates)

5. Can you tell me why you no longer go to Family Help Trust? *[Do not ask graduates]*

- Probe to find out if there was pragmatic barriers such as time, money, transport, other commitments; and/or perception/attitudinal barriers about the Family Help Trust itself [heard bad things; didn’t like the Family Help Trust or workers for some reason]; or
- personal reasons such as did not feel they needed it; mandated clients may have not liked being told to go etc

Engagement with services

6. Have Family Help Trust referred you to other services outside of their service?



- Probe to find out if they have used the service they were referred to?
- Did they value that referral e.g. did it help them to access services they would not have had access to or known about; was trust an issue e.g. their case study site Family Help Trust worker said this other service was good and they trusted their judgement; did they find the service they were referred to helpful.

7. **Thinking generally about going to different services (government or community) can you describe your worst experience?** (*probe to find out why the service experience was so bad for them*)

8. **What has been your best experience of a service?** (*probe to find out why the service experience was so good for them*)

9. **How would you describe your recent/current experience of Family Help Trust?**

10. **So what would it take to have the best experience of a service you can think of?**

11. **How important is it for you that a service works with you and your whanau in a way that respects your cultural background?**

12. **Can you tell me about the qualities within yourself that help you make the most of a service like Family Help Trust?** [*this is a good question but takes some explaining to some people – many seem to understand Q13 better so could try that first*]

13. **Are there any qualities within yourself, or the things around you, that might make it difficult for you to engage with a service?**

14. **Which one describes your level of engagement with Family Help Trust during the time you have been there?** [*show while reading out*]

Extremely Engaged	Very Engaged	Engaged	Sometimes engaged and sometimes not	mostly not engaged	not engaged at all
-------------------	--------------	---------	-------------------------------------	--------------------	--------------------

15. **Thinking about other people you know, what things do you think services do that makes people want to be involved with them?**

- What do you think puts people off using services? What are the barriers for them going to services?

Value

16. What do/did you really value about being involved with Family Help Trust?

17. Overall what do you think Family Help Trust does really well?

18. What do you think the Family Help Trust could be doing better?

19. What difference has being involved in the Family Help Trust made in your life? For your family/whānau?

20. Would you recommend Family Help Trust to your family/whānau and friends?

21. Would you like to say anything else?

Demographic questions – [I have not been asking this consistently as sometimes not appropriate]

Age and children's ages

Education: up to what year at school and any tertiary qualifications

employment status – unemployed, part-time or casual employment, full time employment

household income – estimate of combined income of the household.

Thank participant and give them gift voucher. If they became distressed in any way indicate that you will ring them in a few days to check they feel ok about interview and/or follow-up with case study site with their permission to provide support. [note this would indicate to case study site who was interviewed]

REFERENCES

- Abbey, S., Charbonneau, M., & Tranulis, C. (2011). Stigma and discrimination. *Canadian Journal of Psychology, Vol 56* (10), pp1-9.
- Boag-Munroe, G. & Evangelou, M. (2012). From 'hard to reach' to 'how to reach': A systematic review of the literature on hard to reach families. *Research Papers in Education, 27*, (2), 209-239.
- Becker, H. (1963). *Outsiders: Studies in the Sociology of Deviance*. New York: The Free Press.
- Brackertz, N. (2007). *Who is hard to reach and why? ISR Working Paper*. Available: www.sisr.net/publications/0701brackertz.pdf
- Cortis, N. (2012). Overlooked and under-served? Promoting service use and engagement among 'hard to reach' populations. *International Journal of Social Welfare, 21*, pp351-360.
- Engeström, Y. (1987). *Learning by Expanding: an activity-theoretical approach to developmental research*. Helsinki: Orienta-Konsultit.
- Engeström, Y. (2001). Expansive Learning at Work: toward an activity theoretical reconceptualization. *Journal of Education and Work, 14*(1), 133-156.
- Engeström, Y. (2004). New forms of learning in co-configuration work. *Journal of Workplace Learning, 16*(1/2), 11-21.
- Family Help Trust - The too hard basket? (undated publication).
- Family Help Trust Strategic Plan 2012-2015
http://www.familyhelptrust.org.nz/images/stories/staff/FamHlpTst_StratPlan1_2012_-_2015_final_21_feb_12.pdf
- Featherstone, B., Broadhurst, K., & Holt, K. (2012). Thinking systemically – Thinking politically: Building strong partnerships with children and families in the context of rising inequalities. *British Journal of Social Work, 42*, 618-633.
- Ferguson D.M, Horwood, L.J., & Ridder, E.M. (2005). *Early Start Evaluation Report*. Christchurch. Early Start Project.
- Goffman, E. (1963) *Stigma: Notes on the Management of Spoiled Identity*. Prentice-Hall. ISBN 0-671-62244-7.
- Lusch, R. F., Vargo, S.L, Tanniru, M. (2010) Service, value networks and learning. *Journal of the Academy of Marketing Science, 38*, 19-31.
- Maglio, P. P., & Spohrer, J. (2008). Fundamentals of service science. *Journal of the Academy of Marketing Science, 36*(1), 18-20.

- Maglio, P. P., Vargo, S. L., Caswell, N., & Spohrer, J. (2009). The Service System is the Basic Abstraction of Service Science. *Information Systems and E-Business Management*, 7, 395-406.
- Maslow, A. H. (1943). A Theory of Human Motivation, *Psychological Review*, 50, 370-396.
- Merton, R.K. (1957). *Social Theory and Social Structure*, rev. ed. New York: Free Press.
- Ministry of Justice. (2012). *Delivering Better Public Services: Reducing Crime and Re-offending - Result Action Plan*. Wellington: Ministry of Justice.
- Ministry of Social Development. (2012). *The White Paper for Vulnerable Children*. Wellington: Ministry of Social Development.
- Ministry of Social Development. (un-dated). *Investing in Services for Outcomes*. Wellington: Ministry of Social Development.
- Olds, D.L. (2002) prenatal and infancy home visiting by nurses: from randomized trials to community replication. *Prevention Science*, 3(3), 153-172.
- Olds, D.L. (2006) The nurse-family partnership: An evidence based preventative intervention. *Infant Mental Health Journal*, 27(1), 5-25.
- Portes, A. (1998). Social Capital: Its Origins and Applications in Modern Sociology. *Annual Review of Sociology*, 24, 1-24.
- Putnam, R. D. (2001). *Bowling Alone: The Collapse and Revival of American Community*. Simon and Schuster. p. 19. ISBN 978-0-7432-0304-3.
- Turner, M. (2009). *Monitoring Vulnerable Families: A two year outcome study*. Family Help Trust, Christchurch.
- Research First (2015) *What makes the Family Help Trust's home-visiting service a success?* Research First Ltd, Christchurch.
- Smith, A. (2013) The value co-destruction process: a customer resource perspective. *European Journal of Marketing*. Vol 47, 11/12. pp1889-1909.
- Spohrer, J., & Maglio, P. P. (2008). The emergence of service science: Toward systematic service innovations to accelerate co-creation of value. *Production and Operations Management*, 17(3), 238-246.
- Vargo, S. L., & Lusch, R. F. (2008). Service-dominant logic: continuing the evolution. *Journal of the Academy of Marketing Science*, 36, 1-10.
- Vargo, S. L., Maglio, P. P., & Akaka, M. A. (2008). On value and value co-creation: A service systems and service logic perspective. *European Management Journal*, 26(3), 145-152.



THE SCIENCE
BEHIND THE
TRUTH

**INSTITUTE OF ENVIRONMENTAL
SCIENCE AND RESEARCH LIMITED**

▀ **Kenepuru Science Centre**
34 Kenepuru Drive, Kenepuru, Porirua 5022
PO Box 50348, Porirua 5240
New Zealand
T: +64 4 914 0700 F: +64 4 914 0770

▀ **Mt Albert Science Centre**
120 Mt Albert Road, Sandringham, Auckland 1025
Private Bag 92021, Auckland 1142
New Zealand
T: +64 9 815 3670 F: +64 9 849 6046

▀ **NCBID – Wallaceville**
66 Ward Street, Wallaceville, Upper Hutt 5018
PO Box 40158, Upper Hutt 5140
New Zealand
T: +64 4 529 0600 F: +64 4 529 0601

▀ **Christchurch Science Centre**
27 Creyke Road, Ilam, Christchurch 8041
PO Box 29181, Christchurch 8540
New Zealand
T: +64 3 351 6019 F: +64 3 351 0010

www.esr.cri.nz