Views on Inter-agency Collaboration and the *Strengthening Families* Collaborative Case Management Initiative: A Report on the Results of a Survey

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*Strengthening Families* is a government strategy for improving the delivery of health, education, welfare, and related services to families with children most at risk of poor outcomes. And, more specifically, *Strengthening Families* ‘collaborative case management’ is a process for inter-agency collaboration when two or more agencies are involved with one family.

A postal questionnaire survey of health, education and welfare sector employees, who had received some *Strengthening Families* training, was undertaken to obtain their views on inter-agency collaboration, and to gauge their level of involvement with, and opinions of, the collaborative case management process. A response rate of 73 percent was achieved. Around half of the respondents were from the education sector, while the remaining half were in equal proportions from the health and welfare sectors. Two-thirds were frontline workers (including teachers) or caseworkers, with most remaining respondents holding supervisory- or managerial-type positions.

- Although some limitations should be borne in mind when interpreting the results of the survey, it appeared that almost all respondents were, in principle, supportive of inter-agency collaboration. The great majority agreed that as agencies work together more closely, the outcomes for children in families at risk will improve. Employees from each of the health, education and welfare sectors held very similar views regarding the concept of inter-agency collaboration.

- Most respondents also felt that the *Strengthening Families* collaborative case management process is a good one.

- Just under half of all the people who responded to the survey had personally been involved in *Strengthening Families* cases, although there was some variation between sectors (59% of welfare respondents, 49% of health respondents, 35% of education employees). On average, they had each been involved in two such cases during the first nine months of 1999.

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1 *Strengthening Families* cases are those where collaborative case management meetings are held in order to develop and implement a shared or combined case plan.
• Of the 45 percent of respondents who had personally been involved in at least one Strengthening Families case, most had used the case management protocols and most indicated that successful case plans had usually been put in place as a result of inter-agency meetings.

• Welfare employees were more likely than other respondents to indicate that their agency took on both the interim lead agency and/or lead agency roles for handling cases and was therefore more likely to have been the main point of contact for families.

• Networking with employees from other agencies, the honest and open sharing of information and resources, and organisational commitment were identified by respondents as the main elements that facilitated inter-agency collaboration. In addition, clear roles and responsibilities, a specific time and venue in which to meet, a good facilitator and set procedures were identified as key elements of successful inter-agency meetings.

• ‘Not enough time’ and ‘too heavy a workload’ were frequently mentioned when respondents were asked to list barriers to inter-agency collaboration. Lack of resources, and a lack of commitment on the part of some agencies/individuals were also mentioned as concerns.

• Approximately a quarter of all respondents felt that the amount of contact they had had with other agencies concerning cases in 1999 had increased from previous years. Most attributed the increased contact to the introduction of Strengthening Families.

• Over half of respondents, however, considered that the Strengthening Families concept was not new, and more than three-quarters reported that they had always worked closely with people from other agencies.

• Although close to half did not give an opinion (selecting instead the ‘don’t know/not applicable’ response category), almost all of the remaining respondents agreed that the Strengthening Families case management process is an effective one, and that, from their experience, better outcomes for families are achieved as a result.

INTRODUCTION

Strengthening Families is a government strategy aimed at improving the well-being of families whose children are at risk of poor outcomes. In order to achieve more effective, coordinated delivery of education, health, welfare and related services to these families, the focus of the Strengthening Families strategy has been on assisting social service agencies to develop and implement cooperative and collaborative ways of working together to assist families. Although, initially, Strengthening Families involved only government health, welfare, and education departments, elements of the strategy were soon adopted by a large number of other government departments and non-government organisations involved in working with families in need.

There are a number of initiatives which fall under the Strengthening Families umbrella, including ‘Collaborative Case Management’ and the ‘Social Workers in Schools’ and ‘Family Start’ initiatives. The focus of the present research, however, was to survey workers in the health, education, and social welfare sectors for their experiences of and views:

• firstly, in broad terms, on improved collaboration amongst staff in the various social service agencies; and

• secondly, and more specifically, on collaborative case management.

Collaborative Case Management

Collaborative case management is a process that is expected to occur when more than one agency is, or should be, involved with a child or young person and their family. While some frontline workers and

Caseworkers have always worked together with staff from other agencies, collaborative case management formalises a process through which agencies can work together to provide a more coordinated service. It involves the identification of an interim lead agency to initiate combined inter-agency meetings, and to encourage appointment of a lead agency to take on a coordinating role for the case, and become the main contact point for the family.

Collaborative case management is also known by other names, such as ‘Strengthening Families case management and effective practice’. Joint agency meetings held as part of the collaborative case management process are also variously known as ‘case management meetings’, ‘case conferences’ and ‘effective practice meetings’.

The Establishment of Local Management Groups to Oversee the Collaborative Case Management Process

Collaborative case management is, on the whole, promoted and supported by ‘local management groups’. These groups have been established around New Zealand as part of the overall Strengthening Families strategy. Location of the different management groups has been based on New Zealand’s 70 territorial local authorities, although, in some areas, groups from different territorial authorities have combined to form one local management group. At the time of the survey, in September 1999, just over 54 such groups were identified.

Each local management group comprises representatives from various agencies (with local variations). Welfare, health and education representatives are core to each of the management groups. There are five stages involved in getting a management group up and running. The stages, which occur over an approximate twelve-month period, are:

- introduction;
- establishing a local management group;
- developing protocols for (inter-agency) operation;
- a series of training sessions; and
- collaborative case management test cases (ie, trialing and assessment of the process).

Management groups around New Zealand were, at the time of the survey (and still are), at different stages of the implementation process. As discussed in a later section of this report (‘Selection of the Sample of Employees to be Surveyed’), potential respondents were selected from attendance records for training sessions. This meant that all respondents were working in a geographical area in which the local management group had reached at least the early stages of implementing the collaborative case management process (the last of the five stages referred to above). This also meant that participants in the survey had taken part in the Strengthening Families training sessions and were familiar with the concept of collaborative case management as a means of inter-agency collaboration.

A National Profile of Collaborative Case Management

A national summary report, compiled by the Ministry of Social Policy, reported that 660 initial meetings for Strengthening Families cases had been held during the 1999 calendar year. Based on those 660 initial meetings, the Department of Child, Youth and Family Services (formerly CYPFA) were much more likely than any other agency to have taken on the interim lead agency (for just under one-third of cases) and/or lead agency roles (just over one-quarter of cases). They were also most likely to have attended case meetings (nearly two-thirds of all reported initial meetings). Employees from primary schools, the Specialist Education Services, and Child Adolescent and Family Services were next most likely to have attended initial case meetings during 1999, followed by secondary schools, public health nurses and Resource Teachers: Learning and Behaviour.

The Survey

The present survey was initiated by the Strengthening Families National Coordinator (Education), on behalf of the Health, Education and Welfare Strategic Overview Group (HEWSOG). At that time (late 1998/early 1999), it was felt that while structural changes, such as establishing local management groups, were
underway, a shift in employee attitudes towards inter-agency collaboration might also be needed. For inter-agency collaboration to work effectively, it was considered essential that case workers had positive attitudes to, and were motivated towards, working together with employees from other agencies.

The purpose of the survey, therefore, was to gauge the attitudes of employees towards working together more collaboratively and, more specifically, to ask whether, in fact, they felt they were working more collaboratively since the introduction of the Strengthening Families initiatives.

Method

A postal questionnaire survey of health, education and welfare sector employees, who had received some Strengthening Families training, was undertaken in September 1999 to elicit employee views on inter-agency collaboration, and to gauge their level of involvement with the collaborative case management process.

Aim of the Study

The aim of the study was to gauge whether there had been a shift in attitudes towards inter-agency collaboration amongst those working with families since the introduction of Strengthening Families initiatives (in particular, the Strengthening Families collaborative case management process) and/or to see whether there had been any change in collaborative working practices.

Objectives

• To establish the extent to which caseworkers and their managers in the health, education and welfare sectors are more likely to act in a cooperative and collaborative way when another agency is also involved with the family;
• To gauge change in attitudes to, and practices concerning, inter-agency collaboration by carrying out an initial survey and repeating it one year later⁴; and
• To gain an insight into what works well, and what does not work particularly well in respect of the Strengthening Families initiatives, by establishing what facilitates inter-agency collaboration, as well as possible barriers to effective collaboration

Selection of the Sample of Employees to be Surveyed

The way in which the sample of employees was selected was determined to some extent by the availability of employee information. Although the option of surveying a random sample of all health, education and welfare employees throughout the country was considered, the feasibility of such a large-scale project was ruled out, due to cost, time, and other practical considerations. Thought was then given to focusing only on a number of pre-selected local coordination project areas.

However, the most practicable solution for this relatively small-scale project was found with those people who provided the Strengthening Families training. Three of the trainers held complete and comprehensive attendance records from training sessions they had facilitated in areas around New Zealand, largely between April 1998 and April 1999. It was from these attendance records that all health, education and welfare sector employees to take part in the survey were selected.

Broadly speaking, the definition of health, education and welfare employees included all those people, in any of these three sectors, who worked with families in some capacity. The employees represented a range of occupation groups, for example, district nurses, public health nurses, social workers, teachers, specialist teachers (such as Resource Teachers: Learning and Behaviour), and other employees of each of the Department of Child, Youth, and Family Services (formerly CYPFA), the Specialist Education Services (SES), the Plunket Society, schools, health centres, Child Adolescent and Family Services (CAFS), public health services, mental health services, and so on.

Health, education, or welfare employees who had either not received Strengthening Families training at all or

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⁴ The original intention was to repeat the September 1999 survey one year later, to see whether there had been a (further) shift in attitudes or practices. It is yet to be confirmed whether this will in fact take place.
who had been trained by trainers other than the three identified above, and employees from geographical areas where local coordination projects had not yet been (fully) established, were therefore not included in the sample.

One thousand-and-twenty people formed the final sample, 240 of whom worked in the health sector (24% of the total), 480 in the education sector (47%), and 300 in the welfare sector (29%).

In numbers ranging from two to 159 (median 16), employees were working in the following geographical areas at the time of the survey: Dannevirke, Dargaville, Dunedin, Gisborne, Hastings, Hawkes Bay, Horowhenua, Invercargill, Kaikohe, Kaitaia, Kapiti Coast, Kawakawa, Kerikeri, Mangere, Manurewa, Manuwera, Masterton, Moerewa, Napier, North Shore, Oamaru, Paeroa, Palmerston North, Papakura, Porirua, Southland, Thames, Tokoroa, Waipukurau, Wairoa, Waitakere, Wellsford, and Whangarei.

The Survey Instrument

A questionnaire was deemed the most appropriate instrument for surveying such a large number of people. As well, it was also considered that the proposed line of questioning was able to be validly accommodated in the written format of a questionnaire.

The questions were written with the assistance of people involved in the national coordination of Strengthening Families, as well as the personnel who provided the Strengthening Families training. The questionnaire was trialed by some of these people, as well as by a small number of their colleagues.

The questionnaire was produced in an eight-page booklet format. The first page provided instructions for completing the questionnaire, followed by a page of questions which asked for some background information about the respondents (eg, the type of position they held and the sector in which they worked). Two pages were dedicated to a series of rating scales designed to obtain respondents’ attitudes towards elements of Strengthening Families ‘in general’, ‘in practice’, and in relation to ‘outcomes’ of cases using the Strengthening Families case management approach. Remaining sections in the questionnaire focused on collaborative case management (eg, the extent to which respondents had been personally involved in Strengthening Families cases using this approach), what worked well in inter-agency collaboration and what did not, and general networking practices (the extent to which respondents had had contact with other agencies about cases before and after the advent of Strengthening Families.

The Data Collection Process

The questionnaire was mailed to all 1,020 employees in the final sample in mid-September 1999. For ease of reply, a Freepost reply envelope was enclosed.

Although the name of their place of employment was stated, address details for employees’ organisations were not included in the Strengthening Families attendance records used to select the sample, and some difficulty was encountered in finalising address details for about half of the sample. In most cases, the addresses were obtained from regional telephone books or from address lists for regional offices acquired from the head offices in Wellington of the relevant government department or other organisation in which the employee worked.

A reminder letter was sent to non-respondents on October 12, 1999, by which time just under half of the sample had replied. A second reminder, including another copy of the questionnaire, was sent on December 10, 1999, but only to employees in the health and welfare sectors who had not yet responded. By this time, at nearly 70 percent, the response rate

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5 Health, education, and welfare employees who had received Strengthening Families training from a trainer other than the three described in the main text were not included in the potential sample pool. However, as a rough estimate, almost three-quarters of the total number of employees who received training between April 1998 and April 1999 were found to be ‘eligible’ (in terms of the criterion of having been trained by one of the three specified trainers) to take part in the present study.

6 The agency names given by employees on the training attendance record sheets were used by the researcher to determine which sector each employee worked in.

7 As indicated earlier, employees simply stated the name of the agency or organisation in which they were working; this information was used to establish the sector that the employee worked in and, together with knowing the location of the employee’s Strengthening Families training programme, to establish the likely geographical location of their place of work.
for education sector employees was considered sufficient.

Response Rates
Of the 1,020 envelopes containing questionnaires despatched, 143 came back marked ‘return to sender’. The great majority of these (132) had not reached the intended recipient. While it was established that 61 of these addressees no longer worked at the agency, 42 envelopes were returned unopened with no indication as to why they had been returned, and 29 were returned stamped ‘Not known at this address’. This situation presumably arose because a large number of addresses had had, to some extent, to be ‘guessed at’ (see previous section) since contact addresses had not specifically been supplied by those selected to take part in the study.8

In 11 instances, however, the survey questionnaire was returned by the intended recipient with a note declining the request for assistance with the survey. Of these 11 people, eight indicated that they ‘now’ had minimal involvement in Strengthening Families or that their work was not related to it all, and three preferred not to complete the survey. Table 1 provides further details.

TABLE 1: Prospective survey participants who could not be contacted or chose not to take part

<table>
<thead>
<tr>
<th>Reason for non-participation in survey</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Envelope returned unopened but no indication why</td>
<td>42</td>
</tr>
<tr>
<td>Envelope returned marked ‘not known at this address’</td>
<td>29</td>
</tr>
<tr>
<td>Envelope returned because addressee no longer worked for the agency</td>
<td>61</td>
</tr>
<tr>
<td>Addressee returned uncompleted questionnaire because they were no longer involved with Strengthening Families work</td>
<td>8</td>
</tr>
<tr>
<td>Addressee returned uncompleted questionnaire because they preferred not to participate (eg, due to lack of time)</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>143</td>
</tr>
</tbody>
</table>

The great majority of welfare respondents were employees of the Department of Child, Youth and Family Services (formerly CYPFA).9 Health sector respondents worked for a variety of agencies. Most commonly they indicated that they were public health nurses, worked for Plunket or indicated that they were employed by their local area health agency (for example, Capital Coast Health, Waitemata Health and so on). Child Adolescent and Family Services Health, mental health and Māori health services, as well as hospitals, were also listed. With regard to the education agencies, the largest proportion of respondents (a third) worked in primary schools. The Specialist Education Services (SES) and high schools were the agencies next most commonly represented, followed by Resource Teachers: Learning and Behaviour, early childhood education

The total sample was thus reduced to 877 possible respondents. Of this number, 643 employees responded, resulting in a response rate of 73 percent. The highest response rate was achieved for health sector employees, 78 percent of whom returned a completed questionnaire, while for education and welfare employees, the response rate was 69 percent in each case (Table 2).

TABLE 2: Response rates by the sectors/areas in which respondents worked

<table>
<thead>
<tr>
<th>Sector/area</th>
<th>Original sample N</th>
<th>Employees from original sample able to be contacted a</th>
<th>Those who returned completed questionnaires N</th>
<th>Proportion of those able to be contacted who responded %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>240</td>
<td>195</td>
<td>153</td>
<td>78</td>
</tr>
<tr>
<td>Education</td>
<td>480</td>
<td>444</td>
<td>307</td>
<td>69</td>
</tr>
<tr>
<td>Welfare</td>
<td>300</td>
<td>238</td>
<td>164</td>
<td>69</td>
</tr>
<tr>
<td>Other b</td>
<td></td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,020</td>
<td>877</td>
<td>643</td>
<td>73</td>
</tr>
</tbody>
</table>

a These were the employees remaining in each sector after the 143 ‘return to sender’ envelopes (see Table 1) had been subtracted from the totals.

b These were employees who worked across two or more sectors. They are included in the overall response rate of 73 percent.

8 When envelopes marked ‘return to sender; not known at this address’ were received before the second reminder letter was sent out, attempts were made to find correct addresses so that another copy of the questionnaire could be sent to the intended recipient. Envelopes successfully despatched on the second attempt are not included in the ‘return to sender’ figures.

9 Employees were not asked to state in the questionnaire for which agency they worked. This information has come from the attendance records which were used to select the sample.
representatives, and intermediate school employees. For all three sectors, there were a number of other agencies from which only a few employees were included in the survey.

Limitations of the Research
A number of limitations of the research need to be kept in mind in any attempt to interpret the results of this survey. These limitations are as follows.

1. Little is known about the way in which employees were selected for Strengthening Families training. But, presumably, they were selected because they were, or were going to be, involved with cases where more than one agency needed to be involved. There could possibly therefore have been a bias in the sample selection process towards employees who were already positively disposed towards inter-agency collaboration.

2. Strengthening Families training varied between half a day and a day in duration, although a small number of respondents may also have received follow-up training. As well, the nature (depth) of training varied considerably, from sessions designed simply to increase employee awareness of Strengthening Families to more involved training sessions, including exercises around specific scenarios, discussions of privacy issues, and so on. The kind of training received, and when it occurred, may have impacted differently on respondents’ attitudes towards the Strengthening Families concept. For example, an attitudinal shift about inter-agency collaboration may already have occurred prior to training or, if the training had been undertaken some time before, initial enthusiasm may have waned by the time of the survey.

3. Information collected on changes in respondents’ practices since Strengthening Families was through self-reporting. This method has some limitations in that it relies on respondents’ memories and recollections.

Layout of the Report
The results of the study are presented below under the same section headings used in the questionnaire: that is, (1) background information about the respondents’ is presented first, followed by data relating to (2) respondents’ ‘attitudes towards Strengthening Families’ (‘in general’, ‘in practice’ and in terms of ‘outcomes’), and (3) respondents’ experience of ‘collaborative case management’. Two further sections present, in turn, an analysis of respondents’ views of what works well in inter-agency collaboration and what does not (section 4), and data relating to aspects of ‘general networking’ between agencies concerning cases (section 5).

Each results section begins with a ‘summary box’, which provides a brief overview of the main findings of the section.

The report ends with some ‘concluding comments’, comprising a brief summary of the main themes and issues apparent from the results of the study.

A Note about the Analyses of Data Discussed in the Report
Because the largest group of respondents to the survey were education sector employees, analyses presented throughout this report were undertaken by individual sector in order to eliminate the ‘education dominance, or bias’ which was evident in some instances when the data for all three groups of respondents were combined. Throughout the report, notable differences in results across the sectors are highlighted.
RESULTS SECTION 1: Background Information about the Respondents

Around half (48%) of all respondents to the survey were from the education sector, while the remaining half were, in equal proportions, from the health and welfare sectors. Two-thirds were frontline workers (including teachers) or case workers, and around one in six was also a member of their local area’s (Strengthening Families) management group. Almost two-thirds of respondents had taken up the positions they held at the time of the survey prior to 1997.

Whether Respondents had Undertaken Strengthening Families Training

Although the sample for the survey had been drawn on the basis of lists of people who had participated in Strengthening Families training, it could not necessarily be assumed that all respondents had undertaken the training — for example, while they may have enrolled they may not have been able to attend on the day. The question ‘Have you undertaken training, or attended a seminar on Strengthening Families’ was therefore included in the questionnaire in order to confirm that respondents had indeed undertaken training, or had attended a seminar on Strengthening Families.

The great majority (91%) of respondents had participated in Strengthening Families training. Of all respondents, those from the education sector recorded the lowest level of participation in training (88%).

The Sectors in which Respondents Worked

To the question ‘Broadly speaking, in which of the following sectors do you work?’, close to half (48%) of all respondents indicated that they were education sector employees. At 24 percent and 26 percent respectively, health and welfare sector respondents were relatively evenly represented. (Table 3.)

A further 19 respondents indicated that they came under the ‘other’ category. These were respondents who worked in more than one of the three sectors (e.g., a small number of respondents with positions in Truancy Services or Youth Services said their positions involved working across sectors and some respondents simply indicated that they worked in, for example, “both health and education”).

Table 3: The sectors/areas in which respondents worked

<table>
<thead>
<tr>
<th>Sector/area</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>153</td>
<td>24</td>
</tr>
<tr>
<td>Education</td>
<td>307</td>
<td>48</td>
</tr>
<tr>
<td>Welfare</td>
<td>164</td>
<td>26</td>
</tr>
<tr>
<td>Othera</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>643</td>
<td>100</td>
</tr>
</tbody>
</table>

a These respondents indicated that they worked across sectors.

When Respondents Took Up the Positions they Held at the Time of the Survey

To a question which asked when they had begun working in their current position, two-thirds of respondents (65%) indicated that they had started in their position before 1997. Table 4 shows that slightly more welfare sector respondents took up their positions before 1997 (74%, compared to 62% for each of health and education employees). On the other hand, education sector respondents were most likely to say

Table 4: When respondents began work in the positions they held at the time of the survey in September 1999

<table>
<thead>
<tr>
<th>When position was taken up</th>
<th>Health</th>
<th>Education</th>
<th>Welfare</th>
<th>Proportion of all respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>I started this year, in 1999</td>
<td>8</td>
<td>17</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>I started last year, in 1998</td>
<td>18</td>
<td>11</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>I started in 1997</td>
<td>11</td>
<td>9</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>I started before 1997</td>
<td>62</td>
<td>62</td>
<td>74</td>
<td>65</td>
</tr>
<tr>
<td>Missing data/no answer given</td>
<td>1</td>
<td>1</td>
<td>—</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: The 19 respondents who mostly worked across the three sectors (see Table 3) are not included in the separate sector categories in this table, but are included in the ‘All respondents’ column.
they were new to their positions, with 17 percent having started in 1999 [compared to 8% and 5% for health and welfare respondents respectively]. The high relative proportion of education employees new to the job may have been influenced by the employees working as a Resource Teacher: Learning and Behaviour (RTLB), which was a newly established position type as at the beginning of 1999.

The Types of Positions Respondents Held

Using the same options listed in Table 5, respondents were asked to indicate the type of position they held. Nearly two-thirds of all respondents (63%) were caseworkers/frontline workers (which included teachers).

Analysed by sector, health respondents included a greater proportion of frontline workers (82%) than the other two sectors. Education on the other hand, had the largest proportion (26%) of respondents who said they held a ‘manager/principal’ position (26%).

<table>
<thead>
<tr>
<th>Type of position</th>
<th>Health</th>
<th>Education</th>
<th>Welfare</th>
<th>Proportion of all respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseworker/frontline worker</td>
<td>82</td>
<td>54</td>
<td>62</td>
<td>63</td>
</tr>
<tr>
<td>Supervisor, deputy or assistant principal</td>
<td>5</td>
<td>11</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>Manager/principal</td>
<td>8</td>
<td>26</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>14</td>
<td>19</td>
<td>14</td>
</tr>
</tbody>
</table>

* In the questionnaire, this category included an explanatory comment. Thus, in full, the category was: ‘Case worker/frontline worker (with frequent contact with children, young people, and/or their families; this includes teachers and public health nurses).’

**Note (1):** Respondents could tick more than one option. In most cases where this occurred the respondent ticked one of the three main categories, as well as ‘other’. Examples of ‘other’ positions included specialist teachers such as Resource Teachers: Learning and Behaviour (RTLBs), and guidance counsellors.

**Note (2):** The 19 respondents who mostly worked across the three sectors (see Table 3) are not included in the separate sector categories in this table, but are included in the ‘All respondents’ column.

Whether Respondents were Members of their Local Area’s Management Group

It was hypothesised that any health, education or welfare employee who was a member of their local area’s management group for coordinating the implementation of Strengthening Families would be likely to have had more experience with Strengthening Families than others. The last question in the background information section therefore asked respondents if they were a member of their local management group. Overall, 103 respondents (16%) said that they were members of such a group at the time of the survey. Health sector respondents (20%) were most likely to be members of their local management group, followed by welfare sector employees (17%) and education employees (13%).
RESULTS SECTION 2: Attitudes towards Strengthening Families

On the basis of the data resulting from the survey, there can be little doubt that respondents (who felt they had sufficient knowledge, understanding or experience to offer an opinion) supported the benefits of inter-agency collaboration. Nearly all respondents agreed that, in general, ‘the idea of working together with other agencies is a good one’ and that ‘as agencies work together more closely, the outcomes for children in families at risk will improve’. Little difference was found in the responses of employees from the three different sectors (health, education and welfare).

Most respondents agreed with the statement that ‘I find the collaborative case management procedure is a really good process’. Family involvement in the process was regarded as a must, and (despite this involving more work for the lead agency) most felt that a lead agency taking responsibility for being the point of contact for families is of real benefit for the families.

Most respondents who gave an opinion were also positive about inter-agency meetings and said that they did have time to work with people from other agencies. The great majority also indicated that they felt their manager and their colleagues were supportive of Strengthening Families.

Over half of respondents nevertheless felt that the concept of Strengthening Families was not new, and more than three-quarters indicated that they had always worked closely with people from other agencies.

As the questions became more focused on collaborative case management in practice, and on the outcomes of the process, fewer respondents, especially those in education, offered an opinion. However, although close to half of all respondents did not give an opinion (choosing instead the ‘not applicable/don’t know’ response category), almost all of the remaining respondents agreed that Strengthening Families case management is an effective process, and that, from their experience, better outcomes are achieved through that process.

Notes about the data presented in this results section:

1. Most percentages reported in this section have been calculated on the basis of all [643] respondents, despite varying number of respondents who answered ‘not applicable/don’t know’ to the different attitudinal statements or who omitted to answer at all. The exception is where results are reported by separate sector, and percentages relate to the total number of respondents within that particular sector.

2. Although analysis of results for each attitudinal statement was undertaken by sector (health, education and welfare), comparisons of responses by individual sector are reported only when a discernible difference between the sectors is evident.

3. For ease of reading, the percentages of respondents who chose the ‘strongly agree’ and ‘agree’ response categories have been combined, as have percentages for those who chose ‘disagree’ and ‘strongly disagree’.

4. For detailed results on responses to each attitudinal statement, please refer to the table in Appendix 1.

The Attitudinal Statements in the Questionnaire

In order to gauge respondents’ attitudes towards Strengthening Families in general, and the collaborative case management procedures in particular, the questionnaire presented a list of 43 statements which were written in such a way as to evoke a response from the respondents in terms of the extent of their agreement or disagreement. The statements were presented under three headings:

- In general;
- In practice; and
- The outcomes.

Respondents were provided with ‘tick box’ options allowing them to indicate their response to each attitudinal statement by choosing one of the categories: ‘strongly agree’, ‘agree’, ‘disagree’, ‘strongly disagree’, or ‘not applicable/don’t know’. If respondents did not understand the statement, or had no experience on which to base their judgement, then they were advised to tick the ‘not applicable/don’t know’ option.
On the whole, responses to the attitudinal statements on Strengthening Families and inter-agency collaboration were positive. However, although few respondents omitted to answer (missing data for each statement was around 4% of respondents), for some of the statements, instead of providing an opinion (i.e., whether they agreed or disagreed), relatively large — and at times, very large — numbers answered that they ‘did not know’ or felt the question was ‘not applicable’. (The 69% who responded in this way to the statement ‘Strengthening Families case management works well for Pacific Islands peoples’ was the worst case in question.) The results for some of the attitudinal statements should therefore be interpreted with caution.

The proportion of respondents using the category ‘don’t know/not applicable’ appeared to increase as the statements became more specifically focused on Strengthening Families case management, particularly personal experience with case management, and on the outcomes of the case management process. Education respondents were significantly more likely than others to use the option ‘not applicable/don’t know’.

For the discussion of results, the attitudinal statements have been grouped according to themes which link various statements.

Attitudes towards Strengthening Families … In general
This first set of 10 attitudinal statements was intended as a ‘lead in’ to the remaining two sets of more specifically focused attitudinal statements, as well as to elicit employees’ general perceptions of and personal philosophies towards inter-agency collaboration. The extent to which respondents agreed or disagreed with each of the ‘in general’ attitudes are discussed as follows under four heading or ‘themes’.

Children and young people at risk
To the statement ‘There are too many children, young people and their families slipping through the gaps’, almost all respondents agreed or strongly agreed (91%).

Response to the statement, ‘At present, services to families at risk are well coordinated in our area’, was somewhat more divided however, with just over half of respondents disagreeing or strongly disagreeing (52%) and around a third (34%) of respondents agreeing or strongly agreeing.

In order to obtain an indication of whether respondents, personally, felt empowered to help families at risk, the statement ‘I think I can make a difference for families in my work’ was included in the questionnaire. The great majority — 85 percent — indicated that they agreed or strongly agreed with this statement.

Working together with other agencies
A key element of the Strengthening Families strategy and the collaborative case management process is the notion that agencies need to work together more closely (more cooperatively and collaboratively) in order to improve service delivery to families at risk. Without linking that notion specifically to either Strengthening Families or collaborative case management, respondents were presented with a small number of statements about working with other agencies.

Judging from the responses, it appears that almost all respondents believed that working together with other agencies on cases was beneficial. Ninety-nine percent of respondents, in fact, agreed or strongly agreed that the ‘idea of working together more closely with other agencies is a good one’ and over 90 percent agreed or strongly agreed that ‘as agencies work together more closely, the outcomes for children in families at risk will improve’.

Confirmation that respondents supported the concept of inter-agency collaboration comes from the finding that close to 90 percent of respondents disagreed or strongly disagreed that ‘families at risk receive better help when each agency works with them separately’.

Support for employees
Based on the premise that a supportive working environment is essential for employees to implement Strengthening Families initiatives, two general attitudinal statements, designed to assess whether employees felt supported in their endeavours to work on Strengthening Families and with other agencies, were included.
Of the 643 respondents, the great majority indicated that their agencies were supportive of Strengthening Families. Ninety-one percent agreed or strongly agreed that 'My manager is supportive of Strengthening Families' and 83 percent agreed or strongly agreed that 'My work colleagues are supportive of Strengthening Families'.

With regard to their manager being supportive, education employees were less likely to strongly agree, and proportionately more likely to indicate that they did not know or that the statement was not applicable (the latter may have been the case for any school principals responding).

**Whether employees were already working collaboratively**

Anecdotally, employees have been heard to say that 'Strengthening Families isn't new, we were working this way already'. When this statement was used in the questionnaire, over half (61%) of respondents indicated that they agreed or strongly agreed with it, while just over a quarter (28%) disagreed or strongly disagreed.

Respondents were divided over the statement 'Although we say we work in this way (with other agencies), in reality we often don’t', with 47 percent saying they agreed or strongly agreed and 43 percent saying they disagreed or strongly disagreed.

**Attitudes towards Strengthening Families ... In practice**

The set of 24 attitudinal statements focusing on Strengthening Families ‘in practice’ invited expression of views on working together with people from other agencies, and views on the collaborative case management process, inter-agency meetings, use of the Privacy Act, and agencies’ commitment to Strengthening Families. As before, responses to the statements are grouped for discussion according to different themes.

**Working collaboratively with other agencies**

Some of the attitudinal statements included in this ‘theme group’ concerned inter-agency collaboration generally, and were not specific to either Strengthening Families or individual cases.

Almost all respondents were positive about the benefits of inter-agency collaboration. For example, 93 percent agreed or strongly agreed that 'I enjoy discussions with my contacts in other agencies' and a similarly high proportion (95%) agreed or strongly agreed that 'Making an effort to work with other agencies pays off in the end'. As well, the statement, 'I think I do a better job by handling the case myself and not being involved with other agencies', worded to suggest a negative attitude toward inter-agency collaboration, attracted a high level of opposition, with the large majority (83%) of respondents saying they disagreed or strongly disagreed.

It is not possible to deduce, on the basis of present results, whether or not the positive attitudes expressed towards inter-agency collaboration can be attributed to Strengthening Families. The difficulty in establishing this is illustrated by the finding that although 78 percent of respondents agreed or strongly agreed that 'In practice, I have always worked closely with people from other agencies' (only 9% disagreed), 51 percent agreed or strongly agreed that 'Strengthening Families has made it easier for me to work with people from other agencies' (17% disagreed or strongly disagreed).

**The collaborative case management process**

To the first of a small number of statements focusing specifically on the collaborative case management process, most respondents (80%) agreed or strongly agreed that they found ‘the collaborative case management procedure a really good process’ and, to a second statement, ‘Having one point of contact (the lead agency) is a real benefit for young people and their families’, three-quarters (77%) agreed or strongly agreed.

Most (62%) agreed or strongly agreed that 'Being the lead agency means extra work', with just 11 percent disagreeing with that statement. Perhaps because of such issues as extra workload, only 10 percent of respondents expressed their agreement or strong agreement with the statement 'I prefer taking the lead agency role' (61% disagreed or strongly disagreed). Welfare employees were slightly more likely than other
employees to express a preference for taking the lead agency role, and slightly less likely to agree that ‘Being the lead agency means extra work’. (This result is interesting in light of other data from the survey which showed that welfare respondents were more likely than those in education or health to say their agencies took on the lead agency role.)

Welfare employees were also slightly more likely to agree that ‘I am being asked to get involved in cases which I (or my agency) normally wouldn’t deal with’ (23% agreed or strongly agreed, compared to 14% of health employees and 17% of education employees). Overall, however, most respondents (55%) disagreed or strongly disagreed with this statement.

The inter-agency meetings

It appears that, of those who expressed an opinion, most respondents were positive about the benefits of inter-agency meetings. For example, whereas three-quarters of respondents (76%) denied that ‘meetings with other agencies are usually a waste of time’ (of the remaining respondents, 17% answered ‘not applicable/don’t know’) in respect of the more positively worded statement, that ‘Roles and responsibilities for each agency are usually clearly defined after the first inter-agency meeting’, 57 percent agreed or strongly agreed (13% disagreed or strongly disagreed and 26% answered ‘not applicable/don’t know’). In addition, 72 percent agreed or strongly agreed that ‘Everyone can express their opinion at an inter-agency meeting’ and 62 percent answered similarly in respect of the statement ‘Possible solutions are usually explored at the inter-agency meetings’.

There was considerable diversity of opinion expressed about the statement ‘Agreeing to a shared work plan (between agencies) is difficult’, with 31 percent agreeing or strongly agreeing and 42 percent disagreeing or strongly disagreeing. (The table in Appendix 1 gives details about the proportion of respondents who answered ‘not applicable/don’t know’.)

Family involvement and The Privacy Act

Although a little less than two-thirds (62%) of respondents did not feel that ‘The Privacy Act prevents me from sharing information with other case workers’ (18% felt that it did), only just over half (53%) of respondents said they found ‘the Privacy Act easy to understand and use’, leaving a significant proportion (30%) who indicated that they did not find this to be the case.

Almost all respondents (92%) agreed or strongly agreed that ‘Family/whanau involvement is a must’. But asked for their opinion on whether ‘Consent for the Strengthening Families process is usually forthcoming from the family and/or young person’, although almost half of respondents (47%) felt that this happened, almost as many (43%) indicated that either they did not know or that the question was not applicable, or they did not provide any response. The large proportion of respondents who neither agreed nor disagreed with this statement may either not have had any experience with Strengthening Families cases or have had difficulty generalising their response if they had experienced both families who gave consent and those who did not.

Commitment to and resourcing of the Strengthening Families process

New initiatives and strategies can place a burden on those expected to implement them. However, responses to the statements designed to obtain views on this issue suggested that many respondents did not feel unduly (additionally) burdened by the Strengthening Families initiatives. For example, it was found that a large majority (82%) of respondents disagreed or strongly disagreed with the statement ‘I haven’t got time to work with other agencies’, and, compared to the 17 percent who expressed agreement, most (47%) also disagreed or strongly disagreed with the statement ‘I find that my agency usually ends up agreeing to do most of the work’. (In contrast, however, some of the comments in response to the question asking about ‘barriers to inter-agency collaboration’, discussed later in this report, contradict this finding and suggest that, for some respondents, the Strengthening Families process does present an additional burden.)

In response to the statement ‘Agencies generally try not to commit resources’, opinion was somewhat more divided, with 40 percent agreeing or strongly agreeing with this statement and 27 percent indicating that they did not agree. In this instance, although education and health sector employees were relatively evenly divided
in their opinion, welfare employees were not. Most (66%) welfare respondents agreed or strongly agreed with this statement.

It also appeared that there was a considerable level of commitment to inter-agency collaboration within agencies, with almost all respondents (90%) agreeing or strongly agreeing with the statement that ‘When appropriate, my agency generally encourages me to make contact with other agencies’. As well, 44 percent of respondents agreed or strongly agreed that ‘All agencies are usually willing participants’ (although it should be noted that there were also 33 percent who did not consider this to be the case, with welfare sector respondents slightly more likely to say this than other respondents).

### Attitudes towards Strengthening Families … The Outcomes

The final set of nine attitudinal statements in the questionnaire focused on the outcomes of inter-agency collaboration and the outcomes of the Strengthening Families case management process. Particularly in respect of outcomes of the latter process, there were some statements to which large proportions of respondents either did not know how to answer, felt the statement was not applicable to them, or did not answer at all (see the table in Appendix 1 for details). Many of these respondents are likely to have been people who had not had any practical experience of Strengthening Families (see the data presented in the following section on ‘Collaborative Case Management’). Education respondents were more likely than either health or welfare respondents to select the ‘not applicable/don’t know’ category for every statement in the group of statements on ‘outcomes’.

### Interagency collaboration

Generally speaking, there appeared to be considerable support for inter-agency collaboration in terms of its impact on case outcomes, with the great majority of respondents (82%) agreeing or strongly agreeing that ‘It’s easier to make good progress when agencies get together’, and a majority (61%) discounting the idea that ‘It’s all very well in theory, but working with other agencies just takes too much time and energy’. (There were, however, 17 percent of respondents who agreed or strongly agreed with this last statement).

With regard to agencies’ commitment to inter-agency collaboration and the Strengthening Families case management process, 50 percent of respondents concurred that ‘Usually, all agencies (who need to) commit some resources’. However, while just 12 percent disagreed, 39 percent did not express an opinion about this.

### Strengthening Families case management outcomes

Although 35 percent of all respondents did not give an opinion (answering instead ‘not applicable/don’t know) and a further five percent did not respond at all, nearly all of the remaining respondents (56% of all respondents) agreed or strongly agreed with the broad statement that ‘Strengthening Families case management practice is effective in helping seriously at risk young people and their families’. To a related statement, ‘From my experience, better outcomes are achieved through Strengthening Families case management’, but which this time emphasised that respondents were to answer on the basis of their own experience, a similarly positive, albeit less definite, response pattern was evident, with 40 percent answering ‘not applicable/don’t know, five percent omitting to answer at all, and nearly all of the remaining respondents (48% overall) indicating that they agreed or strongly agreed with the statement.

To the statement, ‘Collaborative case management works better for some families than for others’, the first of four statements designed to obtain feedback on whether the Strengthening Families case management process was working well for all families, nearly three-quarters (72%) of respondents indicated that they believed this to be the case.

Two of the three remaining statements focused in turn on whether Strengthening Families case management worked for Māori families, and Pacific families, while the third statement focused on the effect on families of all ethnic backgrounds. Between two-thirds and three-quarters of respondents did not give an opinion on these statements and the results must therefore be interpreted with considerable caution. In each case,
however, significantly more respondents agreed, than disagreed, that *Strengthening Families* case management ‘works well for families of all ethnic backgrounds’, and that it works well ‘for Māori’ and ‘for Pacific Islands peoples’.

**Respondents’ Comments on the Attitude Statements and on their Attitudes towards *Strengthening Families* in General**

At the end of the section in the questionnaire on attitudes to *Strengthening Families* ‘in general’, ‘in practice’ and in relation to ‘outcomes’, respondents were provided with the opportunity to comment on the attitude statements with which they had been asked to agree or disagree. Of the 643 respondents, 315 took the opportunity to comment, some making more than one comment. The most frequent comment was that made by the 95 respondents who said that they had had no, or very little, involvement with *Strengthening Families*. For example:

“I have limited experience with *Strengthening Families* so some of my opinions are based on theory rather than practice.”

Thirty-five of those who said that they had had little involvement with *Strengthening Families* added that despite not (yet) having been involved, they did believe in the concept. One such respondent stated:

“I believe this is a crucial process, [but] we are yet to experience the full benefit of the inter-agency approach, hence I am unable to give feedback. I am strongly in support of this initiative and am convinced that it is a means of ensuring best care/support/accountability for/of parents and families.”

The next most frequent type of comment (made by 56 respondents) was that inter-agency collaboration occurred anyway, that *Strengthening Families* was not a new concept, and that, as a health, education, or welfare employee, they had been working in that way for years. Some noted, too, that *Strengthening Families* simply formalised what they had already been doing and that their responses to the attitudinal statements had been on the basis of the inter-agency work that they ‘[had] always done’. Two representative comments follow.

“Always have and always will work closely with other agencies.”

“As we have been working this way for many years we found that *Strengthening Families* was just another duplication of services we already had. Our school has regular special needs committee meetings involving personnel from our school, the local Māori Trust, local Māori health providers, CYPFA [now known as the Department of Child, Youth and Family Services], public health nurses, board of trustee members, [personnel from] Health Promoting Schools, RTLB [Resource Teachers: Learning and Behaviour] personnel and SES [Specialist Education Services] members.”

Forty-five respondents made generally positive comments in support of *Strengthening Families*, reinforcing their positive responses to the attitude statements. The following are two of the comments made.

“This is a very simple and effective way of working which is supportive of families and workers, improves accountability and provides best results for clients.”

“The process I have found effective and supportive and it’s providing help with children at risk. The opportunity to share, discuss, and support each other I have found effective.”

Eight respondents, however, commented on the answers they had given to the attitudinal statements by stating that they had found the questions difficult to answer, either because they felt the wording was biased or that they had found their experiences difficult to generalise.

Sixteen respondents felt that *Strengthening Families* was excellent in theory, but not in practice. Similarly, 27 respondents mentioned that they had encountered some resistance from other agencies, or found them unhelpful. In contrast, however, nine respondents indicated that “working with other agencies is great, it produces results”.

Other respondents offered more general or mixed commentary on *Strengthening Families*, 14 suggesting that there needed to be willingness and commitment for the process to work, and 13 noting, along with
providing examples of cases which had not been accepted by other agencies, that different thresholds had caused difficulties. As well, seven respondents suggested that the Strengthening Families process did not work in crisis situations, but was appropriate for long-term cases, and a further seven felt that, after initial enthusiasm, implementation of the concept had not progressed.

Twenty-four respondents indicated a need for more resources — with a further 17 respondents specifically mentioning a need for more time and seven respondents a need for more money. Eight respondents also felt that their caseloads were already too high, 11 felt that coordinators were needed, and five suggested that trained facilitators be made available.

“Increasing pressure of high demand, ‘At Risk Families’ places all agencies under stress. Workloads currently across agencies do not allow for time needed in attending the meetings and liaising effectively with the lead agency. If this initiative is to succeed, more time and money [needs to come] from central government to agencies for this purpose to develop it properly (eg. coordinators in areas).”

A further 13 respondents emphasised their belief that family involvement is a must, and five other respondents noted that for change to occur, it must come from within the family. In addition, four explained that family involvement was at times difficult as, in their experience, families can often feel overwhelmed and disempowered. Seven respondents expressed concern too that the process was not culturally sensitive to the needs of Māori.

Finally, a small number of respondents (6) mentioned that they would like more information, or would like to see more publicity, either about Strengthening Families generally or about collaborative case management in particular.
RESULTS SECTION 3: Collaborative Case Management

Just under half of the people who responded to this survey said that they had personally been involved in at least one Strengthening Families case. On average, these respondents had been involved in two Strengthening Families cases (ie, cases that had involved at least one collaborative case management meeting in order to develop a shared or combined case plan) during the first nine months of 1999, each of which, again on average, had thus far involved two or three inter-agency meetings. Many of the respondents who had been involved in cases were using the Strengthening Families case management protocols and most indicated that successful plans had usually been put in place. Welfare respondents were more likely than other respondents to indicate that their agency took on the interim lead agency and lead agency roles.

In addition to obtaining information on respondents’ attitudes towards Strengthening Families, the survey questionnaire contained a section specifically on collaborative case management, including the extent to which respondents had themselves had experience of the process.

As discussed in the introduction to this report, slightly different terminology was being used for the collaborative case management process, and for aspects of it, in various parts of New Zealand. In order to clarify for respondents what the questions in this section were asking about, the following explanatory statement was provided in the questionnaire:

‘One of the key elements of Strengthening Families at the local level is for frontline workers involved with the child or young person and their family/whānau to get together and collaborate with people in the other agencies, so that a shared or combined case plan (solution) can be developed and implemented.’

Whether Respondents had Personally Worked on Cases which Formally Involved Collaboration with Employees from Other Agencies

The first question in this section, ‘Have you personally, in your work, been involved in any cases in 1999 where you have worked on an organised or ‘formal’ basis with employees from another agency?’, was designed to gain an indication of whether respondents were working on cases with employees from other agencies, regardless of whether they were specifically using the Strengthening Families collaborative case management process.

The data presented in Table 6 show that two-thirds of all respondents had personally been involved in one or more cases in 1999 where they had worked on an organised or ‘formal’ basis with employees from another agency. Welfare sector employees were most likely to have done so (73%), followed by health workers (69%) and education sector employees (60%).

<table>
<thead>
<tr>
<th></th>
<th>Health</th>
<th>Education</th>
<th>Welfare</th>
<th>Proportion of all respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>... had worked on a ‘formal’ basis with employees from other agencies (in 1999)</td>
<td>69%</td>
<td>60%</td>
<td>73%</td>
<td>66%</td>
</tr>
<tr>
<td>... had personally been involved in Strengthening Families cases</td>
<td>49%</td>
<td>35%</td>
<td>59%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Note: The 19 respondents who mostly worked across the three sectors (see Table 3) are not included in the separate sector categories in this table, but are included in the ‘All respondents’ column.

Whether Respondents had Been Personally Involved in Any Strengthening Families Cases

When asked more specifically whether they had been involved in any Strengthening Families cases, somewhat fewer (45%) said they had been involved in such cases than said they had worked on cases with
other agencies on a formal basis (66%). However, as found for the previous question, welfare respondents were again most likely (59%) to say they had been involved in Strengthening Families cases, compared to either health (49%) or education (35%) employees (Table 6).

As could be expected, caseworkers and frontline staff were more likely than those in management positions to be directly involved in inter-agency cases generally, and in Strengthening Families cases specifically (Table 7).

<table>
<thead>
<tr>
<th>TABLE 7: The extent to which respondents in different positions had been involved on a ‘formal’ basis with other agencies, and had been personally involved in Strengthening Families cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those who answered that ‘Yes’, they …</td>
</tr>
<tr>
<td>… had worked on a ‘formal’ basis with employees from other agencies (in 1999)</td>
</tr>
<tr>
<td>… had personally been involved in Strengthening Families cases</td>
</tr>
</tbody>
</table>

* See footnote to Table 5 for a full description of the ‘caseworker/frontline worker’ category.

A number of further questions in this section were asked only of those respondents who indicated that they had personally been involved in Strengthening Families cases (N=287, or 45% of all survey respondents). These questions asked about the number of cases these respondent had been involved in, whether they had used the case management protocols (also known as guidelines or procedures), whether their agency had taken on the lead agency role for the case(s), and whether a shared case plan had been successfully put in place.

**The number of Strengthening Families cases the respondents had been involved in during 1999**

When the 287 respondents who had personally worked on Strengthening Families cases were asked to state how many cases they had been involved in in 1999, they gave answers ranging from one to 20 cases (33 respondents did not indicate how many cases they had been involved in). Of the 254 respondents who indicated the number of cases they had been involved in, most (N=98) specified just one case, while the median number of cases was two. Twelve people had been involved in 10 or more Strengthening Families cases in the first nine or so months of 1999.

When analysed by sector, there were no differences in the average (median) number of Strengthening Families cases that employees in each of health, education, and welfare had been involved in from the beginning of 1999 until the time of the survey — the median number of cases for each group of employees was two.

<table>
<thead>
<tr>
<th>TABLE 8: The extent to which Strengthening Families case management protocols had been used for the cases in which respondents had personally been involved in 1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of cases in which protocols were used</td>
</tr>
<tr>
<td>%</td>
</tr>
<tr>
<td>All cases</td>
</tr>
<tr>
<td>For some cases</td>
</tr>
<tr>
<td>No cases</td>
</tr>
<tr>
<td>Not sure</td>
</tr>
<tr>
<td>Missing data/no answer given</td>
</tr>
</tbody>
</table>

Note (1): The percentages in this table are a proportion of 287, the number of respondents who had personally been involved in Strengthening Families cases.

Note (2): The 19 respondents who mostly worked across the three sectors (see Table 3) are not included in the separate sector categories in this table, but are included in the ‘All respondents’ column.

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12 A note was made alongside the question to indicate that it was appreciated that any one case could involve a lot more work than another.

13 Means, medians and modes are different methods by which an ‘average number’ may be calculated. The median gives the ‘middle number’ in a numerically ordered list of responses, whereas the mode is the most frequently provided response. In this section of the report, medians and modes were considered the most appropriate way to report ‘averages’, so as to avoid giving more extreme — or outlying — responses (eg, the few respondents who specified that they had been involved in a large number of cases) undue weight.
Over half (54%) of the 287 respondents indicated that the Strengthening Families case management protocols had been used for ‘all’ of the cases in which they personally had been involved [Table 8]. A further 28 percent stated that the protocols had been used for ‘some’ of the cases, while remaining respondents were either ‘not sure’ (8%), did not answer the question (5%) or indicated that the protocols were not used (5%).

The data showed that respondents who had been involved in more than two Strengthening Families cases (N=96) were less likely to say that the protocols had been used for ‘all’ cases than were respondents (N=158) who had been involved in one or two cases (40%, compared to 70%). The former respondents were instead more likely to indicate that the protocols had been used for ‘some’ of the cases (49%). [Only 6% indicated that the protocols had not been used in any of the cases in which they had been involved.]

The number of inter-agency meetings respondents participated in for each of the cases in which they were personally involved

The 287 respondents who had been personally involved in Strengthening Families cases were further asked to state how many inter-agency meetings they had been involved in, on average, for each case [ie, from the initial meeting through to the time of the survey, or to when the case was completed]. The average number of meetings held for each case ranged one to 25, with a median of three (the mode was two). Forty-four (15%) respondents, however, did not provide an answer to this question.

Results showed that the 96 respondents who had been involved in more than two Strengthening Families cases, and who could probably therefore be expected to be more familiar with the process, indicated the same modal number of inter-agency meetings for each case as respondents who had been involved in fewer cases — the mode for each ‘group’ of respondents was two. However, they did indicate a slightly higher median number of meetings for each case (three, compared to two).

The extent to which respondents’ agencies became the interim lead and/or lead agencies in the cases in which they (the respondents) had personally been involved

Two further questions for the 287 respondents who had personally been involved in Strengthening Families cases concerned coordination of the case management process. The questions asked ‘In the Strengthening Families cases you were involved in, was your agency generally the interim lead agency?’ and ‘In the cases you were involved in, did your agency generally become the lead agency?’. Tables 9 and 10 below present the results. Overall, there was a strong correlation between the data resulting from the two questions. That is, most of those who said that their agency was ‘always/mostly’ the interim lead agency, also then indicated that their agency ‘always/mostly’ became the lead agency. The same pattern was true for the other response categories, with those who indicated that their agency was ‘sometimes’ the interim lead agency also saying that it ‘sometimes’ took the lead role, and so on.

Welfare respondents were most likely to indicate that their agency was generally the interim lead agency (45% of welfare respondents) and, also most likely (45%) to indicate that their agency generally became the lead agency. Over a third of each of health and education employees (37% and 38% respectively) indicated that their agencies were ‘rarely or never’ the interim lead agency, and even higher proportions said that their agencies had ‘rarely or never’ become the lead agency in the cases with which they were familiar (45% of health employees and 40% of education employees).

Respondents who had been involved in more than two cases were just as likely as respondents who had been involved in one or two cases to indicate that their agency ‘always or mostly’ took on the interim lead role.
TABLE 9: The extent to which respondents’ agencies took the interim lead agency role in the Strengthening Families cases in which they (the respondents) had been involved

<table>
<thead>
<tr>
<th>Extent to which respondent’s agency took interim lead role</th>
<th>Health</th>
<th>Education</th>
<th>Welfare</th>
<th>Proportion of all respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always/mostly</td>
<td>21</td>
<td>26</td>
<td>45</td>
<td>31</td>
</tr>
<tr>
<td>Sometimes</td>
<td>33</td>
<td>26</td>
<td>37</td>
<td>32</td>
</tr>
<tr>
<td>Rarely/never</td>
<td>37</td>
<td>38</td>
<td>10</td>
<td>29</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Missing data/ no answer given</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>

Note (1): The percentages in this table are a proportion of 287, the number of respondents who had personally been involved in Strengthening Families cases.

Note (2): The 19 respondents who mostly worked across the three sectors (see Table 3) are not included in the separate sector categories in this table, but are included in the ‘All respondents’ column.

Respondents who had been involved in more than two cases were, however, slightly more likely than those who had been involved in one or two cases to more likely to indicate that their agency ‘rarely or never’ became the lead agency (41% compared to 13%).

TABLE 10: The extent to which respondents’ agencies became the lead agency in the Strengthening Families cases in which they (the respondents) had been involved

<table>
<thead>
<tr>
<th>Extent to which respondent’s agency took lead role</th>
<th>Health</th>
<th>Education</th>
<th>Welfare</th>
<th>Proportion of all respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always/mostly</td>
<td>15</td>
<td>19</td>
<td>45</td>
<td>26</td>
</tr>
<tr>
<td>Sometimes</td>
<td>31</td>
<td>28</td>
<td>38</td>
<td>32</td>
</tr>
<tr>
<td>Rarely/never</td>
<td>45</td>
<td>40</td>
<td>8</td>
<td>31</td>
</tr>
<tr>
<td>Don’t know</td>
<td>–</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Missing data/ no answer given</td>
<td>9</td>
<td>11</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

Note (1): The percentages in this table are a proportion of 287, the number of respondents who had personally been involved in Strengthening Families cases.

Note (2): The 19 respondents who mostly worked across the three sectors (see Table 3) are not included in the separate sector categories in this table, but are included in the ‘All respondents’ column.

agency job [33% compared to 34%]. But whereas those who had been involved in more than two cases were more likely to indicate that their agency ‘sometimes’ became the lead agency (52% compared to 20%), those involved in one or two cases were more likely to indicate that their agency ‘rarely or never’ became the interim lead agency (41% compared to 13%).

**Strengthening Families cases where respondents felt that a shared or combined plan had successfully put in place**

In order to get some overall indication of the success of the collaborative case management process, the final question in this section asked respondents ‘Generally, in what proportion of cases [that you were involved in] was a shared or combined plan successfully put in place?’ Although development of a shared plan is only one step in a process which is hoped will lead to successful outcomes for the child, young person and their family, it was felt that it was probably too early in some case situations to ask respondents whether successful outcomes had occurred; it was also feared that answers would be too subjective to allow for valid analyses and conclusions to be drawn.

**TABLE 11: The proportion of Strengthening Families cases in which respondents had been involved in which a shared or combined plan was successfully put in place**

<table>
<thead>
<tr>
<th>Proportion of cases</th>
<th>Health</th>
<th>Education</th>
<th>Welfare</th>
<th>Proportion of all respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>All/most</td>
<td>51</td>
<td>48</td>
<td>52</td>
<td>50</td>
</tr>
<tr>
<td>Some, about half</td>
<td>25</td>
<td>25</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>A few/none</td>
<td>12</td>
<td>4</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Missing data/ no answer given</td>
<td>8</td>
<td>19</td>
<td>7</td>
<td>12</td>
</tr>
</tbody>
</table>

Note (1): The percentages in this table are a proportion of 287, the number of respondents who had personally been involved in Strengthening Families cases.

Note (2): The 19 respondents who mostly worked across the three sectors (see Table 3) are not included in the separate sector categories in this table, but are included in the ‘All respondents’ column.
Half of the 287 respondents who had been involved in *Strengthening Families* cases felt that a successful shared plan had been put in place in ‘all or most’ of the cases they had been involved in. Another quarter of respondents indicated that a successful case plan had been established in ‘some or about half’ of cases (Table 11).

Similar proportions of health, education and welfare employees indicated that a shared or combined plan had successfully been put in place in either ‘all or most’ of the cases with which they were personally familiar (around 50% for each of the three sectors), or had been successfully put in place for ‘some or about half’ of cases (around a quarter of respondents in each sector).
RESULTS SECTION 4: Strengthening Families: What Works Well and What Doesn’t?

Networking, as in meeting and getting to know people in other agencies, was most frequently listed by respondents as one of the main elements which facilitated inter-agency collaboration. The sharing of both information and resources were also key elements in facilitating collaboration, as was organisational commitment and cooperation. With regard to the collaborative case management process, establishing clear roles and responsibilities, having a time and venue in which to meet, a good facilitator, and set procedures were deemed key to successful inter-agency collaboration.

The most frequently listed barrier to inter-agency collaboration was ‘time’. Some respondents found it difficult to find the time to meet, some had difficulties in contacting other people, while others felt burdened by too much work or too heavy a caseload. Lack of resources was also said to hamper inter-agency collaboration, as was a lack of commitment on the part of some agencies. Possibly because of different philosophical stances, or different ways of working, some respondents mentioned too that the ‘egos’ or attitudes of some employees in other agencies were problematic.

Respondents’ Views on the Elements that Facilitated Ability to Work Collaboratively with Other Agencies

Everyone responding to the questionnaire was asked to ‘identify three main elements which help facilitate, or make it easy for you, to work collaboratively with other agencies’.

Of the total number of respondents (643), 157 stated that having contacts — meeting and getting to know people in other agencies — was a vital factor in facilitating the process of working with other agencies. A further 70 respondents gave a closely related response, emphasising that good communication is essential to the process (a small number singling out the telephone as a particularly effective communication tool).

“Networking — I’ve worked in this position for 11 years and I know many of the workers in other agencies by first name. Familiarity with personalities and roles helps to dispel distrust and suspicion between agencies.”

‘Sharing’ was considered another key factor in successful inter-agency collaboration. Sharing included the sharing of information honestly and openly (mentioned by 98 respondents), sharing work and cooperating with one another (54), as well as sharing resources and funding (43). The sharing of good ideas, creativity, and expertise were also valued (20). And nine respondents added that a sharing approach saved time by avoiding duplication of effort.

“Each agency approaches the problem from a different point of view and this helps to get a global picture of what is really going on.”

Commitment to Strengthening Families, including a commitment to participation and resourcing, management support, and accepting the accompanying responsibility and accountability, was considered to be vital for facilitating inter-agency collaboration by 95 respondents. All relevant agencies agreeing to attend case meetings (22), maintaining continuity of those who attend meetings (7), ensuring that those who attend meetings know beforehand how they can help and have the seniority to make decisions (12), committing professional and experienced staff (6), and agencies actually doing what they say they will do (6) were all given as illustrations of organisational commitment.

“Commitment of resources, [and] time and work allocation to networking, and building relationships of trust in each other’s roles [are vital].”

A common goal or a shared vision for the family was deemed essential by 79 respondents. Ensuring family involvement and approval, as well as gaining the confidence of the child or young person, were also listed with some frequency (by 40 respondents) as key to successful collaboration.

One-hundred-and-four respondents believed that it is essential when working together with people from other agencies to ensure that everyone involved has a clear understanding of what is happening, likewise, they variously stated that having no hidden agendas, and
establishing clear roles and responsibilities, as well as clear expectations, were also vital.

For 87 respondents, a (regular) time to meet and having a suitable, known venue in which to meet were key elements in making the process of collaboration easier, as was (in the view of 54 respondents) appointing a good coordinator and/or facilitator.

Set procedures, guidelines or protocols were further identified as an important ingredient in inter-agency collaboration by a sizeable number (65) of respondents.

Having one lead agency facilitate, using a more planned and focused approach, and having efficient reporting back and follow up procedures in place were other factors mentioned by a few respondents in each case as essential for inter-agency collaboration.

On an individual employee, rather than agency, level, a positive attitude, a willingness to participate and cooperate, professionalism and friendliness were all considered key elements in achieving worthwhile inter-agency collaboration (52 respondents). As well, trust and respect for others were considered important elements (33), as were flexibility and adaptability (5).

“The attitudes and skills of the personnel in other agencies [are important]. Having a positive mind set that the families they are working for are the key players in bringing about change.”

Being familiar with the case, being able to work out key issues, having appropriate administrative support, and recognising Māori and whānau needs were mentioned by a very small number of respondents in each case. And finally, one person suggested providing chocolate biscuits to help facilitate working together!

Respondents’ Views on the Barriers which Made it Difficult to Work Collaboratively with Other Agencies

Respondents were asked to ‘identify three main barriers which prevent, or make it difficult for you, to work together collaboratively with other agencies’.

Lack of time appeared to be the greatest barrier to inter-agency collaboration. Of the total of 643 respondents, 126 mentioned that the difficulty in finding the time to work with employees from other agencies was a barrier to inter-agency work. Seventy-nine respondents said they had had difficulties in finding time to meet, while 38 had experienced difficulties in contacting and establishing a time to meet with other people, a few adding that this was particularly difficult in the case of specialists.

“Time needed to attend coordination meetings when often not much happens, as opposed to caseloads of kids and families needing support.”

“Unavailability of personnel from other agencies due to lack of resources/staff shortages, pressures of work, etc.”

A barrier closely related to lack of time was that of too much work, or too heavy a caseload [mentioned by 53 respondents], which made it difficult to find time for inter-agency collaboration. Workload issues may also be the reason that 23 respondents mentioned that, in their experience, no-one wanted to take on interim lead agency or lead agency responsibilities.

Another factor, high on the list of barriers to inter-agency collaboration was a lack of resources and/or money. The 106 employees who mentioned this as a barrier did not, however, indicate the specific purpose(s) for which they felt additional resourcing was necessary.

A lack of commitment on the part of some agencies, or perhaps some individuals, was cited as a significant issue. Seventy-two people said that some agencies were not taking responsibility, were not committed, or were “passing the buck”. Other factors mentioned, which also seem to illustrate a lack of commitment, included that some agencies were not attending or participating in meetings and so on (mentioned by 30 respondents), that there was lack of input from some people or a failure to consult (17), that some people did not keep to plan or did not deliver on promises (44), and that there was problem of continuity, with personnel changes and different people attending meetings (19).

As might be expected from the previous section which highlighted the importance of ‘good communication’ for facilitating inter-agency collaboration, poor communication, specifically mentioned by 43 respondents, came up as a barrier to inter-agency collaboration.
Coordination, facilitation and meeting procedures also surfaced as issues. The lack of a coordinator, or leader, or someone with good facilitation skills was seen as a barrier by 28 respondents, as was failure to use set procedures, protocols or guidelines (23 respondents). A few respondents mentioned that a lack of understanding of the Strengthening Families procedures (12) and a lack of recording and reporting back procedures (15) also created difficulties. A key issue for quite a number of respondents (38) was the lack of clarity about roles.

Seventy-eight respondents mentioned that real difficulties in working collaboratively with employees from other agencies sometimes arose due to the attitudes and ‘egos’ of others, people pursuing their own agendas, and some individuals having pre-determined ideas. Perhaps some of the difficulty alluded to here may stem from the different philosophical views held by agencies (and mentioned by 19 respondents), the expectations placed on other agencies (6), or simply from a lack of knowledge of the different systems under which other agencies operate (20).

“Different agencies working from a different philosophical basis can cause problems (eg, medical interventions vs. educational, as in the case of the dispersing of the drug Ritalin).”

Other barriers to effective collaboration were said to be lack of trust (20 respondents), or lack of confidence in staff from another agency (22), for example, because staff were inexperienced. While simply not knowing the people in other agencies was specifically mentioned as a barrier by only a few (14) respondents, this factor may well have contributed to some of the other interpersonal difficulties (referred to above) that respondents had encountered in endeavouring to work collaboratively with other agencies.

Fifty respondents variously stated that secrecy, not sharing information, or inaccurate information, were barriers that sometimes prevented people from collaborating effectively. However, 36 respondents also felt that the Privacy Act, or privacy issues, prevented the sharing of information. Some respondents (45) indicated that families themselves could also put up a barrier. Some of these families were reluctant to participate, or were uncooperative, or not willing to give consent. A small number (7) explained that families can feel overwhelmed and disempowered by the process of inter-agency collaboration.

Other barriers, or difficulties, mentioned by small numbers of respondents included the belief that the process does not work well for Māori, that collaboration is more difficult when agencies are not locally based (particularly in some rural communities), and that urgent cases and waiting lists cause difficulties, as do a lack of flexibility, creativity, and ability to agree.
RESULTS SECTION 5: General Networking

In their own view, about a quarter of respondents had increased the amount of contact they had had with employees in other agencies regarding cases. Most of them attributed this increase to Strengthening Families.

The purpose of the section in the questionnaire on ‘general networking’ was to ask respondents for their perceptions of how Strengthening Families had changed the extent to which they personally collaborated with other agencies.

The Extent to which Respondents had had Contact with Other Agencies Concerning Cases Prior to the Introduction of Strengthening Families

The first question in the section asked respondents just how much contact they had had with employees from other agencies prior to Strengthening Families. Table 12 shows that a little over a third (37%) of all respondents indicated that they had had contact with other agencies ‘for all or most cases’ before the introduction of Strengthening Families, while 43 percent said that they were in contact with other agencies for ‘some or a few cases’. Around one employee in seven was either ‘rarely’ in contact with other agencies concerning cases, or had ‘no contact at all’.

TABLE 12: The amount of contact respondents had had with other agencies concerning cases prior to Strengthening Families

<table>
<thead>
<tr>
<th>Extent of contact</th>
<th>Health</th>
<th>Education</th>
<th>Welfare</th>
<th>Proportion of all respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>For all or most cases</td>
<td>39</td>
<td>24</td>
<td>57</td>
<td>37</td>
</tr>
<tr>
<td>For some or a few cases</td>
<td>48</td>
<td>48</td>
<td>29</td>
<td>43</td>
</tr>
<tr>
<td>Rarely</td>
<td>8</td>
<td>18</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>No contact at all</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Missing data/ no answer given</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

Note: The 19 respondents who mostly worked across the three sectors (see Table 3) are not included in the separate sector categories in this table, but are included in the ‘All respondents’ column.

Welfare sector employees were the most likely to say that, before Strengthening Families, they had had contact with other agencies ‘for all or most cases’. Education employees, on the other hand, were the least likely to say this, and the most likely to indicate that they had only ‘rarely’ had contact, or that they had not had any contact at all.

The Extent to which Respondents felt that their Amount of Contact with Other Agencies in 1999 had Changed from Previous Years

To the question ‘Since the start of this year (1999), has the amount of contact on cases you have with other agencies changed from previous years?’, over half (56%) of all respondents replied that there had been no change, while just over a quarter (27%) felt that the amount of contact had increased. Education employees were slightly more likely than others to indicate that the amount of contact had changed, with this trend holding true regardless of whether the change was an increase or a decrease (Table 13).

TABLE 13: Whether respondents felt that the amount of contact they had with other agencies concerning cases in 1999 had changed from previous years

<table>
<thead>
<tr>
<th>Whether change in contact had occurred</th>
<th>Health</th>
<th>Education</th>
<th>Welfare</th>
<th>Proportion of all respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – it has increased</td>
<td>24</td>
<td>30</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>Yes – it has decreased</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>No change</td>
<td>62</td>
<td>50</td>
<td>59</td>
<td>56</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Missing data/ no answer given</td>
<td>7</td>
<td>7</td>
<td>10</td>
<td>8</td>
</tr>
</tbody>
</table>

* As explained in the text, respondents who gave this answer said that they were not involved in individual cases or could not compare 1999 with previous years as they were new to their position.

Note: The 19 respondents who mostly worked across the three sectors (see Table 3) are not included in the separate sector categories in this table, but are included in the ‘All respondents’ column.
Most of the five percent of respondents who ticked the ‘other’ option (Table 13), commented either that they were not involved (directly) with individual cases [N=14] or that they were new to their role or position and could therefore not compare their current or recent practice with that prior to 1999 [N=9].

Respondents’ Views on Whether Strengthening Families had had an Impact on the Extent to which they Worked with Other Agencies

The previous question asked respondents about the extent to which they felt their work with other agencies had changed within a specified time frame. However, the present question ‘What has been the impact of Strengthening Families on the extent to which you work with other agencies concerning cases?’ does not include the time frame restriction but, unlike in the previous question, asks the respondent to focus specifically on the impact of Strengthening Families on their work practices.

Forty-six percent of all respondents felt that Strengthening Families had made ‘no difference’ to the extent to which they worked with other agencies, this also being the most common response for all three sectors. The next most common response, made by just under 20 percent of all respondents, was that ‘I am now working with other agencies more often’ (Table 14).

Most [25] of those who selected the ‘other’ category in Table 14 were, again (refer Table 13) respondents who were not directly involved with cases. However, there were almost as many [21] who commented that although there had been no change in the amount of contact they had had with other agencies, Strengthening Families had had an impact on the nature of their relationships with other agencies. Between two and seven of these 21 respondents variously indicated that their knowledge of other agencies had improved, that relationships had improved, that they now knew more people, and that the process for working with other agencies had been formalised (including more organised and planned). Four also commented that the extent of contact with others was dependent on the type of case.

The comments discussed in the previous paragraph may explain why the results presented in Tables 13 and 14 show some discrepancies. It appears that, for a number of respondents, while the extent to which they worked with other agencies had not changed, the quality or nature of their interactions may well have improved.

For example, to the second of the two questions just discussed, fewer respondents indicated that Strengthening Families had made no difference (46%) in the extent to which they worked with other agencies, compared to those who said in response to the first of the two questions that there had been no change in the amount of contact they had had with other agencies in 1999 (56%). By contrast, fewer indicated that Strengthening Families had resulted in them working with other agencies more often (18%) compared to those who felt that the amount of contact with other agencies had increased during 1999 (27%).
At least part of the reduction in the amount of ‘increased contact’ from Table 13 to Table 14 was due to a number of people indicating that while there had been an initial increase in the extent to which they worked with other agencies, by the time of the survey, their level of contact had reverted back to what it had been in pre-Strengthening Families days. There were a few respondents who indicated that the extent to which they worked with other agencies had either increased or decreased since the start of 1999 (first question), but who did not, in the second question, attribute this change to Strengthening Families.

**Whether Respondents had been Involved in Any Other Strengthening Families Initiatives**

Stemming from a more general interest, respondents were asked whether they had been involved with any of the other Strengthening Families initiatives — that is, ‘Family Start’, ‘Social Workers in Schools’ or some ‘other’ initiative. Nine percent of all respondents had been involved in Family Start and 12 percent had had some involvement with the Social Workers in Schools initiative. (Of all 643 respondents, four percent (N=25) had been involved in both Family Start and Social Workers in Schools.)

Analysed by sector, employees from the welfare (14%) and health sectors (12%) were a little more likely than education employees (4%) to have been involved with Family Start. The numbers from each sector involved with Social Workers in Schools were relatively similar however, with 14 percent of welfare respondents, 12 percent of health respondents, and 10 percent of education respondents indicating some involvement in this initiative.

**Final Comments from Respondents**

On the last page of the questionnaire, respondents were provided with the opportunity to make any further comments. As before, one of the most common responses was to express support for Strengthening Families (56 respondents). Over half of the comments in this category were in support of the Strengthening Families philosophy, or concept, while the remaining positive comments were based on more practical experiences with case management procedures.

“There is a recognition (growing) of the value of decisions made in Strengthening Families meetings. This means that the decisions are having increasing credibility amongst agencies and institutions.”

“Strengthening Families is an excellent concept of giving families consistent and efficient assistance where it will have the most effect. Schools and all aspects of community services need to be made aware of it.”

Ten further respondents made comments about the value of ‘networking’. They suggested that inter-agency cooperation is critically important and that they, personally, enjoyed contact with employees of other agencies.

Nine respondents made particularly positive comments about Social Workers in Schools, one of the other Strengthening Families initiatives.

As raised in response to earlier questions, 33 respondents pointed out that they had not (yet) been involved in Strengthening Families case management.

“There is a recognition (growing) of the value of decisions made in Strengthening Families meetings. This means that the decisions are having increasing credibility amongst agencies and institutions.”

“Strengthening Families is an excellent concept of giving families consistent and efficient assistance where it will have the most effect. Schools and all aspects of community services need to be made aware of it.”

Ten further respondents made comments about the value of ‘networking’. They suggested that inter-agency cooperation is critically important and that they, personally, enjoyed contact with employees of other agencies.

Nine respondents made particularly positive comments about Social Workers in Schools, one of the other Strengthening Families initiatives.

As raised in response to earlier questions, 33 respondents pointed out that they had not (yet) been involved in Strengthening Families case management.

“Still waiting to link up with someone in Strengthening Families.”

Nine respondents made generally negative comments, while a further 20 reiterated that Strengthening Families is not new, and that it merely formalises an existing system.

As found in earlier parts of the questionnaire, a call was again made for more support and funding (21), for (local) coordinators (8), and for more information and publicity (5). Five respondents made a request for more Strengthening Families training.

Some respondents took the opportunity to comment specifically on the case management process. For example, six felt that some agencies were not committed to the process, and were not participating in meetings, seven commented that they had not been invited to meetings, or that communication between agencies needed to improve, five commented on the different thresholds exercised by agencies, in a couple of instances giving examples of cases that were not accepted by other agencies, and a further five were concerned that no set procedures were used in the
case[s] they had been involved in, or that the procedures were only loosely adhered to.

Finally, four respondents commented on cultural issues and the need to improve responsiveness to Māori and to people of other ethnic origins, and five mentioned the importance of family involvement in the collaborative case management process.

“It came home to us that the client family really has to be aware, and agree, that there is a problem, or problems, that need working on together, before anything can be discussed or begun. The Strengthening Families group can go too fast for the client family, unless they really want to work out the concerns.”

CONCLUDING COMMENTS

Almost all respondents were, in principle, supportive of inter-agency collaboration. The great majority agreed that as agencies work together more closely, the outcomes for children in families at risk will improve. Employees from the three different sectors, health, education and welfare, held similarly positive views towards inter-agency collaboration.

Just under half of all the people who responded to this survey had personally been involved in Strengthening Families cases. Respondents from the welfare sector were most likely to have been involved — 59 percent, compared to 49 percent of all health and 35 percent of all education sector respondents. On average, those involved had taken part in two such cases during the first nine months of 1999.

Just over half of respondents felt that the Strengthening Families concept is not new, and more than three-quarters indicated that they had always worked closely with people from other agencies. Some respondents commented that Strengthening Families had just formalised what they were already doing.

In practice, most agreed that collaborative case management is a good process. Of the 45 percent of respondents who had personally been involved in Strengthening Families case[s], most had used the Strengthening Families case management protocols and most felt that successful plans had usually been put in place as a result of inter-agency meetings. Welfare respondents were more likely than others to indicate that their agency took on both interim lead agency and lead agency roles.

Networking with employees from other agencies, the honest and open sharing of information and resources, and organisational commitment were identified by respondents as the main elements which facilitated inter-agency collaboration. Having clearly established roles and responsibilities, an agreed time and venue in which to meet, a good facilitator, and set procedures were regarded as key elements of successful inter-agency meetings. ‘Not enough time’ and ‘too heavy a work load’ were frequently mentioned when respondents were asked to list barriers to inter-agency collaboration. A lack of resources, and the lack of commitment on the part of some agencies were also mentioned as concerns.

From their own perspective, about a quarter of respondents had increased the amount of contact they had had with employees in other agencies in 1999, compared to previous years. Most of these respondents attributed the increase to Strengthening Families.

Of those who gave an opinion (close to half chose the ‘not applicable/don’t know’ answer option), almost all agreed that Strengthening Families case management is effective, and that, in their experience, better outcomes for families are achieved through that process.

Finally, although employees agreed that better outcomes for children in families at risk are likely to be achieved as a result of the Strengthening Families case management process, comments made by a few respondents suggested that there may also be a need for a family perspective on the process. For example, a small number of respondents commented that some families found the process overwhelming, and that some were either reluctant to participate or were uncooperative. The findings that nearly three-quarters of respondents felt that Strengthening Families collaborative case management worked better for some families than others, and that relatively few respondents were able to provide an opinion on whether Strengthening Families worked well for Māori or for Pacific peoples, may also be worthy of further consideration.
## APPENDIX 1: Respondents’ answers to a series of attitude statements on Strengthening Families

<table>
<thead>
<tr>
<th>Attitudes toward Strengthening Families ... In general</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable/ don’t know</th>
<th>Missing/ not answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think the idea of working together more closely with other agencies is a good one</td>
<td>68%</td>
<td>31%</td>
<td></td>
<td></td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>There are too many children, young people and their families slipping through the gaps</td>
<td>47%</td>
<td>44%</td>
<td>3%</td>
<td>0%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>My manager is supportive of <em>Strengthening Families</em></td>
<td>40%</td>
<td>42%</td>
<td>2%</td>
<td>0%</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>As agencies work together more closely, the outcomes for children in families at risk will improve</td>
<td>38%</td>
<td>53%</td>
<td>3%</td>
<td>0%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>I think I can make a real difference for families in my work</td>
<td>19%</td>
<td>66%</td>
<td>4%</td>
<td>1%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>My work colleagues are supportive of <em>Strengthening Families</em></td>
<td>19%</td>
<td>64%</td>
<td>4%</td>
<td>0%</td>
<td>10%</td>
<td>2%</td>
</tr>
<tr>
<td><em>Strengthening Families</em> isn’t new, we were working this way already</td>
<td>16%</td>
<td>45%</td>
<td>26%</td>
<td>2%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Although we say we work this way (with other agencies), in reality we often don’t</td>
<td>5%</td>
<td>42%</td>
<td>35%</td>
<td>8%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>At present, services to families at risk are well coordinated in our area</td>
<td>2%</td>
<td>32%</td>
<td>43%</td>
<td>9%</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>I think families at risk receive better help when each agency works with them separately</td>
<td>2%</td>
<td>5%</td>
<td>38%</td>
<td>49%</td>
<td>4%</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Note:** A ‘0’ (zero) in the table indicates that less than one percent of respondents gave this answer while a ‘—’ indicates that no respondents answered.
### APPENDIX 1: continued

<table>
<thead>
<tr>
<th>Attitudes toward Strengthening Families ... in practice</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable/don’t know</th>
<th>Missing/not answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/Whānau involvement is a must</td>
<td>57</td>
<td>35</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Making an effort to work with other agencies pays off in the end</td>
<td>35</td>
<td>60</td>
<td>1</td>
<td>—</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>I enjoy discussions with my contacts in other agencies</td>
<td>31</td>
<td>62</td>
<td>1</td>
<td>—</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>When appropriate, my agency generally encourages me to make contact with other agencies</td>
<td>32</td>
<td>58</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>I find the collaborative case management procedure a really good process</td>
<td>26</td>
<td>54</td>
<td>2</td>
<td>—</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>In practice, I have always worked closely with people from other agencies</td>
<td>25</td>
<td>53</td>
<td>9</td>
<td>0</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Having one point of contact (the lead agency) is a real benefit for young people and their families</td>
<td>23</td>
<td>54</td>
<td>4</td>
<td>0</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>Being the lead agency means extra work</td>
<td>19</td>
<td>43</td>
<td>11</td>
<td>0</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Everyone can express their opinion at an inter-agency meeting</td>
<td>9</td>
<td>63</td>
<td>6</td>
<td>0</td>
<td>19</td>
<td>4</td>
</tr>
<tr>
<td>Strengthening Families has made it easier for me to work with people from other agencies</td>
<td>11</td>
<td>40</td>
<td>16</td>
<td>1</td>
<td>28</td>
<td>4</td>
</tr>
<tr>
<td>Roles and responsibilities for each agency are usually clearly defined after the first inter-agency meeting</td>
<td>9</td>
<td>48</td>
<td>12</td>
<td>1</td>
<td>26</td>
<td>3</td>
</tr>
<tr>
<td>Agencies generally try not to commit resources</td>
<td>8</td>
<td>32</td>
<td>25</td>
<td>2</td>
<td>28</td>
<td>4</td>
</tr>
<tr>
<td>Possible solutions are usually explored at the inter-agency meetings</td>
<td>6</td>
<td>56</td>
<td>5</td>
<td>0</td>
<td>30</td>
<td>3</td>
</tr>
<tr>
<td>I find the Privacy Act easy to understand and use</td>
<td>4</td>
<td>49</td>
<td>26</td>
<td>4</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Consent for the Strengthening Families process is usually forthcoming from the family and/or young person</td>
<td>4</td>
<td>43</td>
<td>10</td>
<td>1</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td>All agencies are usually willing participants</td>
<td>4</td>
<td>38</td>
<td>29</td>
<td>4</td>
<td>22</td>
<td>3</td>
</tr>
<tr>
<td>Agreeing to a shared work plan (between agencies) is difficult</td>
<td>3</td>
<td>28</td>
<td>39</td>
<td>3</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>The Privacy Act prevents me from sharing information with other case workers</td>
<td>4</td>
<td>14</td>
<td>52</td>
<td>10</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>I am being asked to get involved with cases I (or my agency) normally wouldn’t deal with</td>
<td>3</td>
<td>14</td>
<td>49</td>
<td>6</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>I find that my agency ends up agreeing to do most of the work</td>
<td>2</td>
<td>15</td>
<td>44</td>
<td>3</td>
<td>33</td>
<td>4</td>
</tr>
</tbody>
</table>
### APPENDIX 1: continued

#### Attitudes toward Strengthening Families …
**In practice (continued)**

<table>
<thead>
<tr>
<th>Attitudes</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable/ don't know</th>
<th>Missing/ not answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>I haven’t got time to work with other agencies</td>
<td>1</td>
<td>10</td>
<td>59</td>
<td>23</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>I prefer my agency to take the lead agency role</td>
<td>2</td>
<td>8</td>
<td>54</td>
<td>7</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>I think I do a better job by handling a case myself, and not being involved with other agencies</td>
<td>1</td>
<td>2</td>
<td>53</td>
<td>30</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>The meetings with other agencies are a waste of time</td>
<td>—</td>
<td>2</td>
<td>53</td>
<td>23</td>
<td>17</td>
<td>2</td>
</tr>
</tbody>
</table>

#### Attitudes toward Strengthening Families …
**In relation to ‘Outcomes’**

<table>
<thead>
<tr>
<th>Attitudes</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable/ don't know</th>
<th>Missing/ not answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is easier to make good progress when agencies get together</td>
<td>19</td>
<td>63</td>
<td>2</td>
<td>—</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Collaborative case management works better for some families than others</td>
<td>10</td>
<td>62</td>
<td>5</td>
<td>0</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>Strengthening Families case management practice is effective in helping seriously at risk young people and their families</td>
<td>12</td>
<td>44</td>
<td>5</td>
<td>0</td>
<td>35</td>
<td>5</td>
</tr>
<tr>
<td>From my experience, better outcomes are achieved through Strengthening Families case management</td>
<td>11</td>
<td>37</td>
<td>6</td>
<td>0</td>
<td>40</td>
<td>5</td>
</tr>
<tr>
<td>Usually, all agencies (who need to) commit some resources</td>
<td>2</td>
<td>48</td>
<td>10</td>
<td>2</td>
<td>34</td>
<td>5</td>
</tr>
<tr>
<td>Strengthening Families case management works well for families from all ethnic backgrounds</td>
<td>3</td>
<td>29</td>
<td>3</td>
<td>1</td>
<td>59</td>
<td>6</td>
</tr>
<tr>
<td>Strengthening Families case management works well for Māori</td>
<td>2</td>
<td>25</td>
<td>4</td>
<td>0</td>
<td>63</td>
<td>6</td>
</tr>
<tr>
<td>Strengthening Families case management works well for Pacific Islands peoples</td>
<td>2</td>
<td>19</td>
<td>3</td>
<td>1</td>
<td>69</td>
<td>7</td>
</tr>
<tr>
<td>It’s all very well in theory, but working with other agencies just takes too much time and energy</td>
<td>1</td>
<td>16</td>
<td>52</td>
<td>9</td>
<td>17</td>
<td>5</td>
</tr>
</tbody>
</table>