

**FOCUS GROUPS WITH
FIELD WORKERS AND FRONTLINE STAFF
OF GOVERNMENT SOCIAL SERVICE AGENCIES IN
CHRISTCHURCH**

1. INTRODUCTION

This report presents the findings of a series of focus groups held with field workers and frontline workers of government agencies in Christchurch.

The purpose of the focus groups was to gain a wider understanding of:

- Trends affecting the people and communities they work with
- Activities and processes that achieve positive outcomes for clients or target groups
- Critical factors of success
- Barriers to achieving positive outcomes
- Collaboration within and between organisations and sectors

Five focus groups were held covering each of the following sectors i)employment ii)health, iii)kaupapa Maori, iv)education and v)safety and social connection.

2. ISSUES AND TRENDS IDENTIFIED IN FRONTLINE WORK WITH CLIENTS AND THE WIDER COMMUNITY

a). Overview

The issues and trends identified by each focus group do not lend themselves easily to making generalisations across sectors, given the different environments within which they operate. It is difficult even to summarise the responses given by individual focus groups. The following overview draws attention only to the most obvious themes in a deliberate attempt to avoid loss of detail. A more accurate appreciation of the trends, issues and causes identified within each group can be gained by reviewing the detailed comments provided by each focus group. Many of the issues and trends discussed relate to barriers and critical factors of success. It is therefore important to read the discussion in those sections thoroughly in order to gain a full understanding of the perceived issues and trends.

Across all sectors there was recognition of trends that exacerbate negative outcomes within each sector, for example, the low qualification levels of early school leavers, and difficulties of access within the health sector. Low levels of literacy and numeracy was a core issue identified by the focus groups. Some focus groups also identified demographic trends, such as the ageing of the population and the cohort of young people.

Focus groups identified that early recognition of trends may facilitate better outcomes for clients. They indicated that this could also be expected to reduce case loads over the long term, thereby ameliorating resourcing issues.

b). Employment

The employment focus group identified the following key trends:

- With lower unemployment rates, agencies are now working with people with multiple issues and high needs
- Longer term unemployed people are presenting with mental health issues. These people need a lot of post placement support for which frontline staff are not always trained;
- Low motivation and unrealistic expectations among youth;
- High levels of early school leavers. The focus groups stated that there were 160 13 ½ to 15 year olds and 406 15 year olds granted early school leaving exemption in the last year;
- Literacy and numeracy issues of many unemployed are acting as a barrier to employment ;
- Social cohesion appears to be diminishing so some people with high needs have little support.
- Refugees finding it difficult to find work, even when they have the

qualifications and skills.

c). Health

The health focus group identified the following key trends

- A lack of understanding of the 'Community Development'
- A group of families with preschoolers who are not being reached by Plunket and other community health providers and not accessing the services of general practitioners.
- Growing number of older people with a range of health needs

d). Maori

The Maori focus group identified the following key trends:

- Lack of Maori represented in decision making positions in local government and statutory boards;
- Many organisations providing services for Maori are competing for limited funds
- Some organisations are duplicating existing services;

e). Education

The Education focus group identified the following key trends:

- Problems of access - unacceptable waiting times for specialist referrals
- Programmes that work from a deficit model tend to pathologise Maori students;
- Expectation of RTLB's that children with learning and behavioural problems can be "fixed";
- Exclusionary attitudes of some principals toward children over the age of five who enter school ;
- Community organisations struggle to get adequate funding;
- Literacy continues to be a major issue.

f). Safety and Social Connectedness

The Safety and Social Cohesion focus group identified the following key trends:

- New Christchurch residents can become very isolated;
- Development of ghettos of ethnic groups;
- The cost of living is increasing, especially heating, insurance premiums, cost of health care for older people; this situation is exacerbated by inadequate wages offered by many employers;
- People with gambling problems are placing financial pressure on families;

- Fragmentation of community services with many offering the same services – there is a need for a mechanism to allow greater sharing of information about common clients;
- Many children do not have any positive engagement with adults

3. DEPARTMENTAL ACTIVITIES/PROCESSES ACHIEVING POSITIVE OUTCOMES FOR CLIENTS/TARGET GROUPS

a). Overview

The specific activities and processes cited as achieving results for target groups and clients varied. However, it is possible to make some generalisations about the characteristics of these projects as general guides for future planning processes.

Many of the successful projects cited involve collaboration and information sharing across different agencies and departments. Many projects also actively endeavour to make connections between the community and service providers and professionals, as well as focussing on the generation of local solutions to local problems.

Focus groups also identified that a further element of successful projects is that they recognise and respond to the specific characteristics of their target groups. Maori, employment and education representatives also identified the use of culturally specific expertise as a key factor in project success.

Most groups identified Strengthening Families as a successful project in that it facilitates collaboration among the different sectors.

b). Employment

The employment focus group identified that the following activities/processes led to positive outcomes for clients/target groups:

- ACE: a successful stepping stone to further employment;
- Actionworks: database for tracking school leavers is working well; partnership with WINZ has generated a service preferred by young people through being focussed upon their needs;
- The Alternative Education Early Leaver project has been well received;
- Career Transition: a personal service to over 25 year olds;
- Refugee and Migrant employment advocates;
- Research into why some ethnic communities traditionally have such low unemployment figures.

c). Health

The health focus group identified that the following activities/processes led to positive outcomes for clients/target groups:

- Aranui Renewal Project: involved collaboration with the community, Housing New Zealand, government and local government;
- Strengthening Families: successfully made people in different departments/agencies talk together;
- The Community Nutrition Project: based on community decision making and local priorities;
- 0800 Health Line: Widely publicised and gives consumers direct contact with a health professional;

d). Maori

The Maori focus group identified that the following activities/processes led to positive outcomes for clients/target groups:

- Hauora Matauraka, the Maori arm of Community and Public Health: a successful model of Maori staff working in and supported by the Maori community
- Kohanga Reo movement provides excellent early learning support to children as well as needing ongoing support itself;

e). Education

The education focus group identified that the following activities/processes led to positive outcomes for clients/target groups:

- “Wrap around models” where schools and other social service agencies provide integrated support for the student and their families;
- East side primary and secondary school initiatives to reduce suspensions and exclusions that involve collaboration with principals, Boards of Trustees and Group Special Education;
- Just Us Youth: a community project that is effectively working with children and youth otherwise disconnected from schools and parents;
- Shirley Primary School: partnership with Presbyterian Support Services who provide counselling for members of the school community;
- Project Family: early intervention in families;
- Home/School partnership with Pacific peoples, Maori and some refugee groups;
- Strengthening Families: a collaborative project that worked well most of the time;
- Pacific People’s Advisor at the College of Education and Pacific Island Reference group;
- School initiatives: implementing the health curriculum in schools; Public Health nurses working in the sexual health area; Supporting schools and

promoting good leadership;

- Early Childhood education staff to participate in identifying needs for professional development.

f). Safety and Social Connectedness

- Housing New Zealand case workers;
- Strengthening Families: a good model of one agency taking on the lead agency responsibilities.

4. CRITICAL FACTORS TO ACHIEVING POSITIVE OUTCOMES

a). Overview

Collaborative procedures emerged as a major factor leading to the achievement of positive outcomes. The health focus group considered it crucial that the two leading government bodies, the District Health Board and the Ministry of Health, collaborate. The employment focus group believed that information sharing across agencies was critical. Both the health and employment focus groups identified that there could be advantages in moving to shared registers. While collaboration was considered important, the safety and social connection focus group raised the issue of time and resources.

Incorporating community resources and expertise was also identified as an important factor in achieving positive outcomes. Involving target groups in planning and decision-making was considered critical. Focus group participants believed that valuing the knowledge of service users led to better outcomes for all. The Maori focus group suggested that there was a need to actively recruit Maori staff and committee members to help ensure that the voice of this group was included .

Focus groups perceive that community organisations play a central role in the achievement of positive outcomes. However, some participants raised concerns that these services were not properly utilised due to professionals' and other providers' lack of knowledge of the services offered. Both the health and safety and social connection focus groups suggested that a more effective referral system would develop if personal connections among professionals and community groups were enhanced.

The education and employment focus groups identified that the ability to develop and apply regional strategies informed by up to date research and evaluation is critical. Similarly the development of locally generated projects that reflect the unique characteristics of clients was a significant issue for the health focus group. The safety and social connection focus group also identified the value of learning lessons from existing successful projects.

Ensuring that programmes were long term, well resourced and responsive to the reality of the lives of those they seek to improve was also identified as

critical to achieving positive outcomes. In addition, each focus group identified that early intervention and taking a holistic approach tend to lead to the achievement of better outcomes.

Recognising and supporting the role of key staff in the service provision process was another central theme. In particular, the critical role of front line staff was identified by the employment and safety and social connection focus groups.

b). Employment

The employment focus group identified the following critical factors for successful outcomes:

- Collaboration, including common goals and shared understandings; relationships of trust between agencies and organisations; excellent information sharing networks;
- Development of a regional strategy with planning based on analysis of current research to establish need followed by rapid evaluation;
- Good leadership;
- Lower case loads for intensive support work.
- The ability of community groups to be well organised in terms of infrastructure and management, and for some, the burden of chasing funding has affected their original goals;
- Appropriate definition and measurement/evaluation of outcomes and alignment of funding to desired outcomes;

c). Health

The health focus group identified the following critical factors for success:

- Departments recognising and resourcing the ongoing role of projects and community organisations;
- Involving consumers in decisions around services and priorities with results achieved quickly to keep people involved;
- Preventative projects that encourage people to take care of their own health;
- Formal and informal networks - central to the success of the integrated care model;
- The DHB and Ministry of Health working together;
- Access: to services without waiting lists; to accurate up-to-date information;
- Continuity and stability within the system.

d). Maori

The Maori focus group identified the following critical factors for success:

- Valuing the contributions of families and whanau in Family Group Conferences would maintain their involvement;
- Departments and Ministries need to actively recruit Maori staff and provide ongoing training and support;
- Programmes for Maori and the wider community need to have Maori input at the planning level and to focus upon realistic outcomes.

e). Education

The education focus group identified the following critical factors for success:

- Collaboration and information sharing with other agencies;
- Projects must be school initiated; evidence based; responsive to the reality of children's lives; find local solutions to local issues; be well resourced; long term; involve families; continuously evaluated;
- Utilisation of good community networks with commitment from key people.
- Focus on integrating and reintegrating otherwise alienated groups into the education system

f). Safety and Social Connectedness

The safety and social cohesion focus group identified the following critical factors for success:

- Time and resources to do inter-agency planning;
- Shared values and common goals;
- Adequate resourcing for front line service workers;
- Taking lessons from existing successful projects.

5. BARRIERS TO ACHIEVING POSITIVE OUTCOMES

a). Overview

One of the most common barriers identified was the fragmentation and lack of coordination among service providers. This reportedly led to wasted resources through different organisations providing the same services and creating unnecessary competition for funds. The lack of integration of services within and across sectors was identified as a key barrier. Both health and employment focus groups also mentioned the problems created by silo funding. They believed that this limits flexibility and inhibits holistic solutions to client's problems. Administrative and legal constraints were also recognised as impediments.

While all focus group participants recognised the benefits of collaborative relationships, it was recognised that working in this way takes time and resources that are not always available.

The work overload experienced by frontline staff was a key focus of participants in the safety and social cohesion focus group. They identified that, owing to this situation, the expertise of these workers is not being fully utilised. This negative perception was exacerbated by the belief that many workers felt that they were having to spend disproportionate amounts of time behind a desk in light of the recent funding changes.

Participants in the safety and social connectedness focus group also voiced dissatisfaction with the ongoing use of resources for research and consultation procedures that they considered unnecessary. They believed that the knowledge of front line staff was seldom listened to in these consultation and research processes. The general view was that these workers have valuable expertise, and that greater resourcing was necessary to enable them to put it into action, rather than to package it into unnecessary research documents. In some respects this contradicted the view of other focus groups which identified that rigorous re-analysis and research was critical and that frontline workers should be involved in and consulted on policy development and research projects.

Resource issues were raised by focus groups, in particular a lack of money, people and time to devote to the achievement of more positive outcomes. Some participants stated that many agencies were unable to offer pay levels that attracted the best staff. This is a significant revelation as high quality services can be expected to achieve better results and the quality of staff makes a significant contribution to the standard of service provided.

Some participants identified that in spite of the availability of many services the limited communication among providers can act as a barrier.

b). Employment

The employment focus group identified the following barriers to achieving positive outcomes:

- Collaboration takes time and effort;
- Meetings without clearly defined purposes.
- Duplication of systems and lack of sharing of information - better client outcomes were expected to be achieved if a common client register was established that allowed collaboration among different groups working with the same client.
- Service gaps for refugees with low literacy levels, qualifications and skills;
- Silo funding inhibits groups that work with clients in a holistic way;
- Lack of co-ordination in the employment area - with identification of who is delivering what, and service gaps;

c). Health

The health focus group identified the following barriers to achieving positive outcomes

- Nationally imposed rather than regionally generated projects;
- Heavy workloads impinging upon time needed to develop collaborative relationships;
- Silo funding inhibiting the ability to work across different sectors;
- Internal budget setting that can mean that no funds are available for new areas of need later in the year;
- Lack of integration of health system with regard to older people's health;
- No central medical register to facilitate care for mobile individuals;
- GPs without adequate information regarding available services within the community.
- Lack of integration of hospital services into older people's care;
- Gap in service provision to under fives year olds given the recent cessation of funding to public health nurses for this work. This is a particular issue for unconnected families;

d). Maori

The Maori focus group identified the following barriers to achieving positive outcomes

- Departmental barriers that inhibit an holistic approach to problem solving;
- Lack of recognition of the need to work over and above the bounds of the 40 hour week;
- Consultation with the Maori community needs to begin at a much earlier stage to allow proper consultation *within* these communities.

- Limited alternative school and training courses for 7-13 year olds experiencing difficulties

e). Education

The education focus group identified the following barriers to achieving positive outcomes

- Resourcing: Money, people and time; pay levels not attracting the best staff;
- Bureaucratic rigidity;
- Lack of recognition given to Early Childhood education; Lack of support for communities to run early childhood services and reduced parental involvement in early childhood services;
- Lack of support for front line educators;
- Inaccurate definition and measurement of outcomes: lack of appreciation of the fact that not all outcomes can be measured and that more than one cultural view of achievement exists.
- Problems of access: unacceptable waiting times for specialist referrals; need for immediate access to youth mental health services; lack of responsiveness of CYF social workers to referrals from educators; prioritise the need for low cost or free services for students and their families;
- Hidden curriculum: Programmes that work from a deficit model pathologise Maori students; Expectation of RTLB's that children with learning and behavioural problems can be "fixed"; Exclusionary attitudes of some principals toward children who enter the school passed the age of five;
- Suspension and exclusion - need to reduce prevalence of student detachment from school and improve pastoral care of students following suspension in order to improve outcomes;
- Communication between schools and parents should occur more frequently than only when there are difficulties with children;
- Community organisations struggle to get adequate funding;

f). Safety and Social Connectedness

The Safety and Social Connectedness focus group identified the following barriers to achieving positive outcomes

- Statutory agencies working within their own legal frameworks making collaboration difficult;
- The barriers created between departments by silo funding;
- Population based funding systems that fail to recognise the special needs of departments working in low SES communities;
- Lack of support and funding for front line staff; Disproportionate levels of front line staff time is spent in the office meeting bureaucratic

requirements; case loads of front line staff are too high;

- Misuse of funding on irrelevant research; Failure to actually incorporate the expertise of frontline staff at the conclusion of consultation rounds.
- Lack of provision of child and youth mental health services and support for families with mental health issues e.g. is only limited respite care for children and adults with mental health issues;
- No assistance with housing and lack of emergency housing;
- Gaps in children's services: free counselling; supervised placements for mothers/fathers and children; long term care givers for children; alternative education systems for suspended children; adult mentors; increasing incidences of youth drug and alcohol abuse and unsupervised 6-16 year olds on the streets
- A lack of evaluation of projects and planning.

6. POSSIBILITIES FOR INCREASED COLLABORATION WITH OTHER DEPARTMENTS, COMMUNITY ORGANISATIONS, AND PRIVATE ENTERPRISE

a). Overview

There was an acknowledgement amongst all of the focus groups that greater collaboration would be beneficial. The major reasons for this were that it would enable the identification of gaps and overlaps in service provision.

However, as discussed earlier, lower priority is given to collaboration by some safety and social cohesion participants given their already high workloads and a desire “to get on with the task at hand”. These participants considered that it was unrealistic to develop new collaborations given existing high workloads within departments. A similar concern was noted by the education sector.

The employment focus group identified that there were opportunities for greater collaboration between private enterprise, community organisations and government agencies. This presents an interesting acknowledgement of the importance of the ideals of community organisations reflecting the reality within which they operate. It also reveals the reliance of the employment sector on the support of private sector groups. The health focus groups identified that joint action with private sector groups involves both risks and opportunities.

b). Employment

- Scope for combined unit meetings so that staff increase their knowledge and referral base
- Involving private enterprise in the development of employment and enterprise projects;
- Departments and community organisations need to offer something to private enterprise;
- Corporate staff volunteering to work with community organisations;
- A need for greater understanding of social factors when redesigning resources.

c). Health

- Development of personal connections between community organisations and health professionals;
- Improved knowledge among GPs and GP practise nurses of community support networks and social and family services;

- Collaborative projects with private enterprise need to be recognised as providing both risks and opportunities.
- A need for greater integration among older peoples' health

d). Education

- The Special Education Service has been restructured and is now Group Special Education of the Ministry of Education. There is huge potential for the three teams in the Ministry of Education to work more closely together.
- The Early Childhood Development Unit covers the entire South Island and is one of four national regions . There are good networks and collaboration between all four regions.
- Guidelines for contract funding need to be more in line with CYF standards to minimise compliance costs;
- Achieving combined funding across sectors is significantly more difficult than its achievement at an operational level;
- All Early Childhood agencies produce a 10 year plan that has components of participation and collaboration;
- Greater and more consistent relationships between RTLBs and different schools, particularly those with a less well defined geographic locality.

e). Safety and Social Connectedness

- Some members of front-line services stated that they would like to be able to use the strengths of various staff members.
- Some front-line staff are frustrated at the lack of real consultation within their departments. They suggested that there needed to be some sort of mechanism for “trickle up”, so that their voices were heard.
- In reality joint funding of projects is not really an option: departments will not support their staff working to achieve the outcomes of other departments;
- Collaboration is an objective that is sidelined by the immediate tasks at hand;
- A common client register would enable staff from different departments to work together;
- Development of personal relationships with community organisations to facilitate referrals.

7. CONCLUSION

To a large degree the main themes that have emerged from the focus groups reflect the unique concerns of each sector. However, it is also possible to identify some perceptions that were consistent across all focus groups.

Across all sectors there was recognition of trends that exacerbate negative outcomes, for example, the low qualification levels of early school leavers, and poor literacy and numeracy. Some focus groups also identified demographic trends, such as the ageing of the population and the cohort of young people.

Most focus groups also identified that many of the trends and issues identified were interdependent and there were links between issues such as mental health and unemployment, and income and health.

Focus groups believed that collaboration and integration both within and between sectors improves referral systems, minimises competition for resources, reduces gaps and overlaps in services and achieves better results. Focus groups also identified that greater collaboration and information sharing leads to more accurate and realistic identification of outcomes.

Focus groups identified the potential for greater collaboration but felt it would require an increase in resourcing (time and money). Many also believed that collaborations rely on high levels of trust between people and therefore workers need greater opportunities to develop personal connections with people from other agencies.

Some participants also stated that, while collaborative practices were desirable, in practice they were difficult to achieve due to “silo” funding and statutory frameworks. Some also raised concerns about the (mis)use of resources in attempts to create collaborative procedures between groups because they were “fashionable”. This was a particular concern for participants in the safety and social connectedness focus group.

Focus group participants believed that successful projects tended to be those that recognise and respond to the specific characteristics of the groups that they aim to serve both at the community and individual level.

Another key theme was the importance of involving of stakeholders in projects and policy development. Participants identified that stakeholder involvement should ensue from project design, planning and implementation stages. This included the involvement of all types of services providers, community groups and professionals. It also included the involvement of people from different cultural groups, particularly Maori, Pacific peoples and refugee communities. A key theme from the Maori focus group was the need for greater and more guaranteed representation of Maori among staff and decision-making teams across sectors. This was considered crucial to better outcomes for both workers and clients.

Many of the successful projects identified by focus group participants actively endeavour to connect the community with service providers and professionals and to facilitate the generation of local solutions to local problems.

Projects that focussed upon early intervention, or provide both early and ongoing support to clients were also identified as having positive results. Participants also believed that taking a holistic approach tends to lead to the achievement of better outcomes.

Adequate resourcing was a recurring theme for most focus groups. Participants in the safety and social connectedness, health, education and employment focus groups argued that lack of money, people and time was a major impediment to their ability to do their job properly and achieve more positive outcomes. For example, unmanageably large case loads for front line workers was a central issue for both the safety and social connection and health sectors.

Ensuring that programmes were long term, well resourced and responsive to the reality of the lives of those they seek to improve was also identified as critical to achieving positive outcomes.

Some identified that agencies were unable to offer pay levels that attracted the best staff. This is a significant revelation as high quality services can be expected to achieve better results and the quality of staff makes a significant contribution to the standard of service provided.