Surveying social workers

***Don Smith** and **Pete Ellis** discuss the Towards Wellbeing suicide prevention programme from social workers' perspective*

Introduction

The Towards Wellbeing (TWB) programme began with the publication of the best practice guidelines *Towards Wellbeing: Responding to the needs of young people Te Kahu o Te Aorangi* in 2000. These followed the structure of earlier guidelines for schools. Early integration into Child, Youth and Family social work systems (including training, practice and the operational electronic case record system, CYRAS) followed the same year. However, the 15-fold higher rate of death by suicide among youth in contact with Child, Youth and Family than in the wider community (Smith and Beautrais, 1999; Beautrais, Ellis and Smith, 2001) indicated the need for additional assistance in implementing these guidelines with this particular at-risk population. This led to implementation of the TWB suicide monitoring programme in 2002.

This consult/liaison service included:

- a rapid referral system (by email) which invoked a text message to two mobile phones to notify a clinical adviser to ring back within an hour (usually in the next 10 minutes)
- direct referral to a clinical adviser assigned to support each Child, Youth and Family office and residence
- a review of CYRAS records and other information to identify the young person's background, and current and possible future factors that might contribute to suicidal and other risk behaviour
- support for the social worker to complete a risk assessment and develop a risk management plan
- assignment of risk level (High critical, High, Moderate, Low) and frequency for the clinical adviser to review the status of the young person with the social worker (weekly, fortnightly and monthly).

Once young people are stable and at low risk, monitoring may be only by review of the social worker's notes and a three-monthly contact with the social worker. These three monthly follow-ups may alternatively be to another primary caseworker, such as a school counsellor. Later developments included the weekly review of social workers' electronic case records to identify events or risks requiring the TWB team to contact the social worker. There was also a daily review of all screening tool (CKS) assessments completed the previous day and of those young people with suicide ideation, severe psychological stress or other indicators of risk.

The Wellington School of Medicine operated the programme from 1 September 2001 until 30 June 2005. This survey describes social workers' views of the service during the final year of that period.

The survey

We developed a custom-designed survey in collaboration with national office Child, Youth and Family staff and Colmar Brunton market researchers. This was delivered to staff through their intranet site and took generally 10 to 12 minutes to complete.

The results must be interpreted cautiously, given the relatively low overall response rate of 37 per cent, rising to 45 per cent when the 'total population' was restricted to those who had used the TWB screening measures or had a client on the TWB programme. Unfortunately the questionnaire was distributed to some social workers not involved with this age group and to some social workers who had left the service. This contributed to the apparently low response rate. We encountered some technical difficulties delivering the questionnaire. Other recent internet surveys, both in general and of health professionals, have reported similar response rates of 30 to 50 per cent (Tourangeau, 2004; Leece, Bhaandari and Sprague, 2004; Van Den Kerkhof, Parlow, Goldstein and Milne, 2004).

Knowledge of the programme and access to the guidelines

Two-thirds of the social workers were aware of the TWB programme and had access to the guidelines (68 per cent of social workers primarily involved in care and protection [C&P] and 62 per cent of those in youth justice [YJ]) and 52 per cent overall could correctly name a clinical adviser who served their service delivery location (SDL). Conversely, one-third of the social workers were aware neither of the guidelines nor the programme, and half did not know the name of the clinical adviser serving their SDL.

Senior management (supervisors, practice and site managers) were more likely to be aware of the programme (90 per cent) and 71 per cent were aware of the guidelines (56 per cent had a personal copy and 20 per cent had access to an office copy).

Overall, just under half of the social workers had taken part in a briefing or induction on TWB (45 per cent of social workers primarily involved in C&P and 42 per cent of those in YJ). Fifty-six per cent of senior management had had a briefing or training on the TWB programme. As might be expected, 83 per cent of social workers and senior practitioners who had no briefing or training had neither a personal copy of the guidelines nor access to an office copy. The regional rates of training (at induction or on site) were: Southern 41 per cent; Central 48 per cent; Midland 53 per cent and Northern 47 per cent.

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Use and satisfaction with the TWB tools

Social workers used three TWB tools as part of their practice for identifying and assessing young people who are at risk of suicide.

The CKS was the most often used. Ninety per cent of workers in the two southern regions and 80 per cent in the two northern regions had used the CKS. Some of the young people most at risk are located in residences, and it was used by 86 per cent of their social workers. YJ workers

were more likely to have used the CKS (YJ 93 per cent; C&P 75 per cent) and to have used it more frequently (60 per cent of YJ and 5 per cent of C&P used the CKS more than once a month).

The risk assessment tool was used to evaluate and quantify the level of risk of suicide, following a 'positive' CKS screen or when this was otherwise suspected. It was used by about 10 per cent fewer social workers than the CKS, again more frequently in the southern than the northern regions. YJ and C&P workers used the risk assessment measure with similar frequency (18 per cent more than monthly; 18 per cent monthly; 40 per cent less than monthly). It is worth noting that these figures are not in a context of need and some staff may only need the tool less than once a month.

As expected, the risk management plan was used the least – by 45 per cent of respondents, but relatively more often by YJ than C&P social workers (YJ 54 per cent; C&P 40 per cent). Ten per cent of YJ social workers reported using it more than monthly, 14 per cent monthly and 30 per cent of both groups reported use less than monthly.

Those who used a tool were asked to comment on their satisfaction with it. The use of, and satisfaction with, the CKS and the risk assessment measure were high. While the use of the risk management plan was lower, satisfaction with this tool was similarly high. The Northern region had the lowest reported use of the assessment and risk management tools but the highest proportion of satisfied users. Although social workers in residences used the assessment and risk management tools least, they were more satisfied with the tools than field social workers.

Satisfaction with aspects of the TWB service

Each of the respondents who had used TWB was asked to rate their satisfaction of seven key aspects of the programme.

There was a high degree of satisfaction with the speed of the response to the 'help' email (mean = 96 per cent: range 91-100 per cent) and the overall response to referrals (mean = 96 per cent; range 94-97 per cent), which was consistent with the importance placed on these aspects of the service. Satisfaction with the assessment (mean = 78 per cent: range 68-84 per cent) and management of risk (mean = 73 per cent: range 69-83 per cent) processes were slightly lower.

Figure 1: Use and satisfaction with the three TWB tools

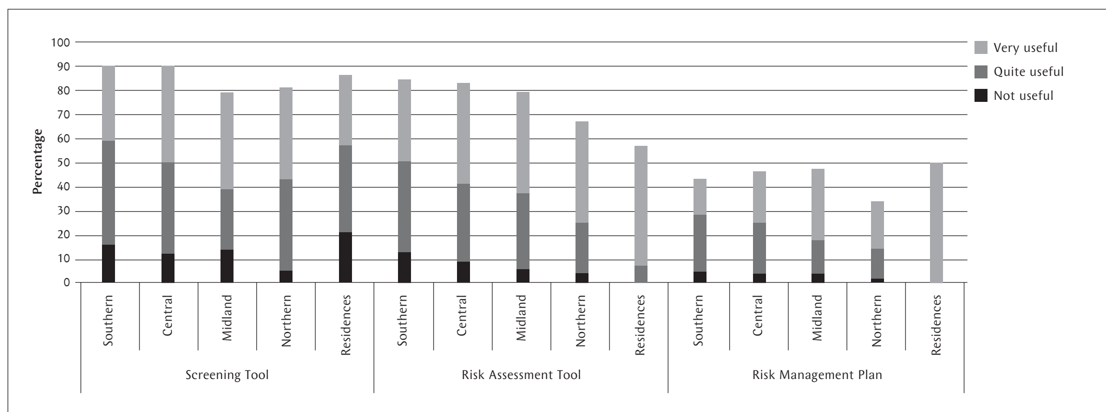

Figure 1 outlines the use (total for each bar) by region (and residences) for each of these tools. There was little difference between the satisfaction ratings of the screening or the risk assessment tools by YJ and C&P social workers.

This may reflect the value the social worker places on gaining quick access to a clinical adviser but ambivalence that TWB, as a consult/liaison service, works with social workers rather than taking over assessment and management.

However, this should not detract from the high levels of satisfaction with the risk assessment, management planning and anticipation of problems. These systems were developed to screen for risk using a template of risks found among Child, Youth and Family clients, and especially to identify 'trigger' risk factors that are likely to increase risk and, potentially, precipitate an attempt at suicide. The management plan is then developed to cover each of the risks identified for the young person. Satisfaction ratings of 78 per cent (assessment), 73 per cent (risk management) and 69 per cent (anticipation of problems) were very high.

In contrast, social workers were not as satisfied with TWB assistance in gaining access to mental health services. Overall, social workers were split equally as to whether they were satisfied with TWB assistance with accessing mental health services (35 per cent), considered it 'quite helpful' (34 per cent) or were dissatisfied with it (31 per cent). These responses were similar across all regions and did not appear to reflect the differences in local mental health service provision (which meet Mental Health Commission provision targets in the southern regions but are about half this level in the north). Twenty-three per cent of social workers rated this aspect as 'not that helpful' and a further seven per cent as 'not at all helpful', indicating that there is an expectation of social workers that is not being met.

Social workers' satisfaction with assistance on follow-up of young people who have been on the TWB programme was high. Follow-up is important in reducing the death rate among those who have been at risk (Motto and Bostrom, 2001).

Finally, social workers reported increased confidence in identifying, assessing and managing risk of suicide for young people on their caseloads during the course of the TWB programme. The Midland region reported the highest level of increased confidence (85 per cent satisfaction) with the Northern and Central regions reporting the least satisfaction (68 per cent and 66 per cent respectively).

Figure 2: Satisfaction with aspects of TWB by region

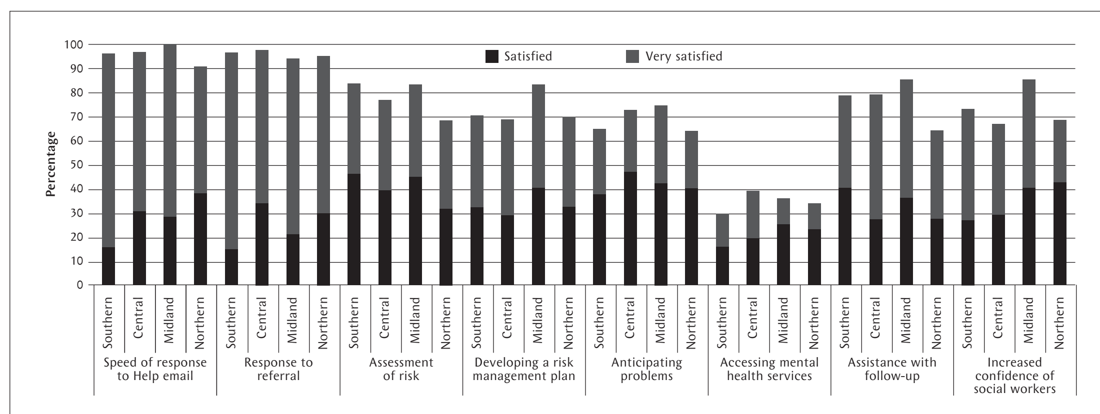

Figure 2 outlines the satisfaction (total for each bar) with aspects of the programme by region.

The best aspects of the programme and those 'in need of improvement'

In the final section of the survey respondents listed the best aspects of the programme and those that might be improved. Colmar Brunton researchers grouped these into mutually exclusive themes that were reviewed by the authors at the beginning and end of this process. This produced 19 categories of best aspects and 22 aspects that could be improved. Because respondents could list as many or as few (including none) as they wanted, each percentage indicates the proportion of respondents identifying a given theme and the percentages do not add up to 100 per cent.

The key overarching 'best aspects' themes were 'support for the social worker' and 'useful systems'. Generally, social workers expressed more satisfaction for the programme's support for them than for the systems and tools.

Aspects that might be improved

Fifty-four per cent of respondents either had no suggestions for improvement or responded 'don't know'.

The most common suggestions for the other 46 per cent were for more training or 'refresher' presentations. This matched the earlier finding of 22 per cent of social workers and 12 per cent of management indicating they had neither training nor access to a copy of the guidelines. Other concerns indicated that the programme did not match the expectations of some social workers and that clinical advisers did not understand their needs.

Some concerns were expressed about the relevance of the TWB tools and guidelines.

Survey limitations

The low response, and consequent small sample, place some limits on the interpretation of the

Table 1: Social workers' views of the best aspects of TWB

	Percentage
Support for the social worker	
Support/assistance from TWB staff/adviser	21.8
Regular monitoring/follow-up/consistent contact from adviser/good communication	20.9
Being able to consult/share concerns/talk to someone experienced/knowledgeable in the field	18.4
Knowing it was there/know you have specialist advice when needed/when making decisions	5.6
Useful systems	
Provides useful framework/tools/guidelines/resources for risk assessment, such as suicidal behaviour	11.5
Thorough planning/preparation of safety plans/assistance with developing risk management plans	9.8
Really helpful/great resource for social worker/good practical tool	8.3
Focus on safety/identifying level of risk for child/young person/focus on suicide risk	6.6
Quick/speedy response	6.4

The categories reported are limited to those identified by at least five per cent of the respondents. The percentage is of the total (562) who gave a response in each group.

Table 2: Respondents' suggestions of aspects of TWB that might be improved

	Percentage
More training/opportunity for training/access to specific training for staff/for new staff	9
More contact/more visits on site/with social workers by advisors/TWB staff/regular contact	8.1
More information about TWB/the services it provides/knowing more about the programme for existing clients	6
Nature of the TWB involvement	
Take into account high caseloads/more realistic expectations of social workers/that instant responses to advisers aren't always possible	3.8
More better resources/community services/necessary resources/agencies	3.4
More practical advice and ideas/more realistic direction of the cases	3.2
Mental health services	
Liaison/interaction with access to mental health services, put more pressure on mental health services to pick up clients	4.7
Concerns about the 'tools'	
Problem with the tools/not relevant to most cases/vague/need to re-frame to fit clients' understanding	2.3

Only categories with more than two per cent of respondents are reported.

survey findings, especially when items have been endorsed by only a few social workers.

Generally, social workers are very satisfied with the services provided by TWB, especially those services about the time of the referral and the support for staff working with challenging clients. However, there are some areas that could benefit from further consideration, possibly as part of a review of guidelines that are now seven years old. Generally, there should be a five-year cycle for review of guidelines (Shekelle and Ortiz, 2001) and a review of the TWB guidelines and screening tools is due.

Superficially, it appears only just over a third of staff participated: 52 per cent of social workers and site management did not respond and 11 per cent started the survey but did not complete it. However, it is unclear exactly how many of the group of 1,425 social workers invited to complete the survey were in fact those working with young people, for whom the survey was relevant. Certainly, 63 staff that completed the survey identified themselves as other than social workers or site management (supervisors, practice or site managers). Finally, some staff had left between being identified as among those to receive the survey and its distribution. This leaves the denominator of 1,425 inflated and the response rate of 37 per cent unduly pessimistic.

Two-thirds of those surveyed were aware of the programme and had access to the guidelines. About half had attended a briefing or induction training on the TWB programme. It was encouraging that 52 per cent could correctly name the clinical adviser who served their SDL, indicating more than just a casual awareness of the programme. However, 22 per cent of the social workers responding and 12 per cent of the management staff had had neither a briefing nor training on nor access to a copy of the guidelines.

There were no differences in these rates between social workers working primarily in C&P or in YJ. There was a consistent trend to more use of, and satisfaction with, TWB in the south than in the north.

Conclusions

Although we acknowledge the limitations of a relatively low response rate, we are encouraged by the consistency of the results between the numerical and the free text responses. There appears to have been a high degree of satisfaction with the TWB programme during the period of the survey, although aspects requiring some further development have been identified. These include:

- improving training of frontline staff and ensuring access to the TWB guidelines
- exploring the reasons for regional differences in TWB utilisation
- integrating the 'suicide flag' and the programme databases and coordinating the related social work processes
- clarifying the role of the programme as a consultation service, not a referral service
- reviewing how the programme can best facilitate access to mental health services when indicated
- reviewing and updating the guidelines and the continuing appropriateness of the screening tools
- exploring how best to support appropriate use of the screening and further evaluation tools in an effective and efficient manner.

Overall, it appears there is a high level of satisfaction with the TWB programme. This matches the very encouraging achievement of the programme in reducing serious suicide attempts and deaths of young people who are Child, Youth and Family clients.

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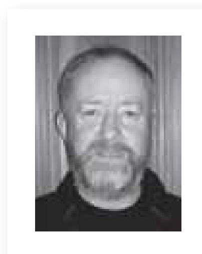

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