The Use of Solution Focused Practice by a Family Support Team

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Abstract

This is a case study of the use of the solution-focused approach by a family support social work team. The aim was to find out how the social workers are able to make use of the approach, and in what ways it is useful to them. The majority of the team do make significant use of the approach, favouring some techniques over others, and find it useful in their role of preventing family breakdown.

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List of abbreviations

EBTA European Brief Therapy Association

FST Family Support Team

LA Local Authority

NCH National Children's Home

PQ Post (social work) qualification

SSD Social Services Department

SF Solution-Focused

SFA Solution-Focused Approach

SFBT Solution Focused Brief Therapy

Solution-focused techniques

PFT Problem-free talk

CT Competency talk

GS Goal-setting

MQ Miracle Question

FF Future-focused questions

EXC Exceptions, exception-seeking

COP Coping questions

SC Scaling questions

PROG Progress questions

BR (Taking a) Break

IS Identifying strengths

CF Constructive feedback

COMP Compliments

Chapter 1

Introduction

1. Focus

2. Literature review

3. Research question

1. Focus

One of the claims made for solution-focused brief therapy (SFBT) is that its underpinning thinking and its constituent skills and techniques can be usefully applied in many contexts outside of the therapy room. This claim has been of interest to the author since first being trained in SFBT, when he was not a therapist but a statutory children and families social worker employed within a Social Services Department (SSD). When presented with new ideas and methods of working, social workers, like other pragmatic professionals, will want to look beyond the attractiveness of these ideas to questions about their utility and usefulness. They will want to know if a therapeutic approach can be used in the various specific contexts in which they work. They will want to have evidence that good outcomes for clients in the world of therapy can be replicated by good outcomes for their service users, with whom they often have more complex relationships than a straightforward therapist-client one.

The study described here is a small attempt to address these questions in the case of one particular social work team, situated in the SSD of a shire county in the East Midlands. The main function of the Family Support Team (FST), which at the time of the research was made up of a team manager, five social workers and a child care support worker, is to work with families at risk of breakdown, in particular to prevent the need for young people to be received into local authority accommodation.

The author had had contact with the FST in a variety of ways prior to the research, which had included providing various levels of input about solution-focused practice.

Given their relevance to this study, more details about the author's contacts and relationship with the team will be given in Chapter 2. Suffice to say for the moment that one outcome of these contacts was that the FST members had all been exposed to the solution-focused approach (SFA), to differing degrees, and in retrospect there was probably always some curiosity on the author's part about whether and how the approach was being implemented. The actual, conscious idea of undertaking a research study with the FST had its beginnings in a conversation at a solution-focused interest group, facilitated by the author, which met monthly and was attended at different times by one or more FST members. One of the social workers from the team was querying the use of "what's better?" as the opening question of a follow-up family visit, stating that it often felt an inappropriate question in the context of his work with families, and that he often felt unable to ask it.

Initially some consideration was given to researching the use and the usefulness of this specific technique – beginning follow-up visits with "what's better?" – as plainly it was a salient issue to at least one member of the team, and it would provide a very clear and limited focus for a small-scale study. There appeared to be a number of possibilities regarding how to pursue this, including a comparison study in which some visits began with "what's better?" and others with a different question, with attempts then made to isolate the effects and differences in outcome following the alternative openings.

As the idea of conducting some research with the FST concerning their use of the SFA developed, it appeared sensible not to limit it to one technique that may be of interest

to only one social worker in particular. This social worker was describing a difficulty in using a part of the SFA. More interesting and generalisable findings would be likely to emerge from an enquiry into the experiences of each of the team's workers, about their use of all aspects of the approach. Here was an opportunity to test the claim of applicability outside of therapy.

The research questions that therefore took shape involved the use of the solution-focused approach by a Family Support Team and its usefulness in the role that they have to play. The views of the team members would be sought regarding the extent to which they used the approach, which aspects of it they used and which they had difficulty with, how useful the approach was to them in their role and which aspects of it were useful in particular. It was hoped that the findings would be helpful in the development of the SFA in family support social work, and in developing relevant training to social workers in this area.

1.2 Literature review

Introduction

The first aim of the review will be to provide a context for the team being studied, by filling in some historical background, before looking at recent developments in family support services. One of these developments is the establishment of social work teams to prevent the need for children and young people to be accommodated by the local authority. The use of a particular practice method by workers in such a team is the

central focus of this study, and we will consider how practitioners decide which methods to employ. This will be followed by accounts of methods which *are* being used, by social workers with children and families in general, and by workers in the type of team under study here in particular. Finally, we will review the use of solution-focused practice, and the evidence of its effectiveness, with children and families.

Family support and 'prevention'

The forerunners of the subject of this study, the Family Support Team (FST), came into being following the Children Act of 1948, a landmark piece of legislation in the development of statutory family support services (Packman, 1975). This act set up Children's Departments in each local authority area in England and Wales, whose duties included the prevention of the need for children and young people to enter local authority care. The concept of 'prevention' has been a central one for child welfare policy and practice throughout the post-war period (Stevenson, 1999), though the meanings ascribed to the term and practices arising from it have shifted over the years. In the 1970's and 1980's, the focus moved to the prevention of child abuse and neglect (Parton, 1985), and the perceived inability of the state to protect children contributed in turn to a retreat from prevention towards a child rescue ideology (Frost and Stein, 1989). James (1998) saw this as a challenge to the preventative ethos which the 1948 Children Act had attempted to foster, and described how the Children Act of 1989 sought to remedy this state of affairs. This included placing a duty on local authorities to support the families of children in need, thus heralding a transition in

the concept of prevention from a narrow focus on preventing admission into care to a wider understanding of family support.

This shift towards a broader vision of family support was not easy to translate into practice. A major series of research studies sponsored by the Department of Health (Dartington Social Research Unit, 1995) made clear that, in the years immediately following the implementation of the 1989 act, a defensive and reactive style of child protection practice still prevailed at the expense of the desired developments in proactive family support work. These studies triggered off the 'refocusing debate' which took place in the second half of the 1990's, with many commentators advocating more supportive work to replace the focus on investigative child protection work (Parton, 1997). Tunstill (1996), concluding her overview of the evolution of child care policy from 1948, from prevention to family support, stated that further work was needed to develop a range of services to families who are nearing the point of breakdown.

Recent family support initiatives

Recent years have seen the development of new services, though Walker (2001) is probably overstating it in describing a 'renaissance' of family support. Many of these services lie outside the mainstream statutory sector, either being run by voluntary agencies or being part of the 'joined-up' New Labour initiatives such as Sure Start, Connexions and Children's Fund projects (Morris, 2005). As Window and colleagues (2004) suggest, it is essential that these emerging family support services are

evaluated in order to inform therapeutic practice. Their own study, of a multi-agency behaviour support service utilising both parenting skills education and solution-focused practice, drew primarily on the service user perspective. Family views were also the means by which judgements were made about new family support services set up by the Family Welfare Association in Tower Hamlets (Gray, 2003), and by the Family Service Unit in Leicester (Shennan, 2003a). These services were positively evaluated by their users, yet although it was reported that the Leicester service followed a particular approach, solution-focused practice, these studies throw little light on the usefulness of the methods used by the workers. Allard (2003) interviewed both families and workers in her evaluation of a number of NCH family support projects, and some details about practice methods do emerge. The staff in four of the eight projects utilised a mixture of methods, while the other four were described as using the Families First model, mediation, youth counselling and solution-focused brief therapy (SFBT) respectively. Workers in this last project reported finding the miracle question and exception-seeking helpful, though otherwise views on usefulness of the methods were thin on the ground. The manager of the project using mediation stated that they were going to switch to using a solution-focused approach, without giving the reasons for doing so. To summarise, there are indications of a growth in family support services and that in some, the workers are utilising particular practice methods, but less information about how useful these methods are proving to be.

Family support and preventing adolescents being accommodated away from home

Notwithstanding its broad title, the Family Support Team has in practice the very specific function of preventing adolescents from entering local authority care. Teams with this function, based in or funded by Social Services Departments, have also increasingly begun to appear in recent years, often being introduced alongside a strategy to reduce residential provision (Brown, 1998). As it happens, the team being studied here was one of the earliest such teams to be established (Bunyan, 1987)[1]. The need to have teams of social workers specialising in this role is borne out by research studies into groups vulnerable to admission into care. Firstly it has been established that young teenagers are, along with under one-year-olds, the age group most at risk of being received into care (Bebbington and Miles, 1989). Secondly, this age group has been the least likely to receive social work attention and support prior to admission (Sinclair et al, 1995). While the number of teams being created in response to this need is increasing rapidly, there has been little information available about the ways in which they carry out their work (Biehal et al, 2000).

Social work and the use of practice models

How should social workers decide which methods to use? Firstly, it should be noted that there has always been an uneasy relationship in social work between theory and practice (Sheldon, 1978), and researchers looking at this relationship have consistently found that social workers do not typically make use of formal theory in their practice (Corby, 1982; Sheppard, 1995; Osmond and O'Connor, 2004). A number of writers have addressed this issue by looking at the pluralistic and messy

[1] It was then known as a Divisional Based Intervention Team

nature of the social work role, which perhaps does not lend itself easily to the application of theory and structured methods. For example, Jordan (1987) contrasts social work with the more formal and orderly professions such as medicine and law, and characterises it as 'informal negotiation' between individuals, groups and institutions, often taking place on the clients' own territory. Similarly, Bein and Allen (1999), writing in the American context, see much writing about social work as being outdated, concentrating as it does on social work as carried out in private practice where it tends to imitate therapy and counselling. As Hudson and Roberts (1998) point out, utilising psychological theories to help people to change is only one aspect of social work intervention. Since the influential Barclay report (1982), it has been widely accepted that the social worker's tasks include care planning, advocacy and negotiation, as well as a counselling role.

So in terms of choosing how to work, the social worker cannot simply look at the outcome studies of the various methods, which in the main are measuring effectiveness in helping people to change or otherwise to achieve their goals. Such evidence cannot be enough to change clinical behaviour, as legal, ethical and practical factors also need to be taken into account (Randall, 2002). Weick (2000), in her plea for the social worker's voice to be heard, echoes this in her contention that theory must be judged according to the standards of both values and utility. Regarding ethics and values, social workers are bound by professional codes of conduct and Powell and Lovelock (1992) argue that the three P's of partnership, pluralism and process should be as important to them as the three E's of efficiency, effectiveness and economy are to their managers.

For ‘practical factors’ and ‘utility’ let us use the term ‘usability’. Here is where we find one of the central notions underpinning this study and its choice of research strategy. Randall (2002) talks about the ‘formidable issues of implementation’ and indeed, however useful a method might be in theory or in the relatively straightforward context of one person seeking help from another, it will only be useful to the social worker if it is ‘usable’ in practice. There can be difficulties in applying the sorts of communication skills taught on professional training courses in practice (Dunn, 1991), an example from nursing being that while nondirective ‘Rogerian’ counselling techniques are still the mainstay of communication training programmes, they may have little utility at the bedside (Bowles et al, 2001). The changing nature of the social work task can also leave behind models that once seemed of practical value. Doel and Marsh (1992), for example, acknowledge that the requirements for authoritative interventions such as child abuse investigation do not permit the adoption of a task-centred approach.

Let us consider three other factors relevant to whether models are actually used in practice. The first is ‘trainability’ (Bowles et al, 2001) and whether or not the skills can be readily taught, with Bowles and colleagues finding in favour of ‘brief, focused approaches’. Secondly, although psychotherapy outcome research indicates that the particular model used is less relevant to the effectiveness of therapy than the so-called ‘common factors’, it does appear to be the case that worker ‘allegiance’ to a model helps to achieve good outcomes (Miller et al, 1997). Not all approaches will suit all workers and so it is important that the worker is comfortable with a particular model. Thirdly, job satisfaction is an important factor, and an approach is more likely to be

used if it is seen to lead to a greater enjoyment of the work. Sundman (1997), researching the impact of solution-focused practice on social work in Helsinki, found that while client outcomes were only slightly better for the solution-focused social workers compared to a control group, the solution-focused workers had significantly increased morale.

Social work with children, young people and families - methods being used

Payne (2001) suggests that, as social work is a practical activity, knowledge must not just be potentially usable, but actually *in use* to be counted as part of its knowledge base. In this section we will look at evidence of models being used by social workers with children and families. Solution-focused practice will be considered separately later.

In searching for articles relating to the actual practice of social work in recent years, what is immediately apparent is the preoccupation with *assessment* at the expense of models for effecting change. This has been particularly marked since the implementation of the 'Assessment Framework' (Department of Health, 2000), which seems to have 'refocused' the refocusing initiative referred to earlier, so that a shift from investigation to assessment is positively reported (Platt, 2006), where previously the intention had been a shift from reactive child protection practice to proactive family support practice. The emphasis on assessment and the check-list and tick-box forms of it engendered by the Framework are decried by Garrett (2003) in a vigorous polemic, while a sizeable empirical study found that practitioners were concerned

about the bureaucratic nature of the assessment required, which they felt hampered their involvement with families (Cleaver and Walker, 2004). A preoccupation with assessment may have a bearing on the utilisation of a solution-focused approach, given that this does not include an assessment component (Shennan, 2003b).

As we start to look for evidence of models being used to support and facilitate change and not just to assess, the search becomes harder. Walker (2002) sets himself the task of examining a range of methods of social work support yet only mentions one, parenting education via groupwork, for which he cites some ambivalent research findings, with high drop-out rates and half the parents experiencing continued difficulties. Parenting skills training for parents with teenagers is becoming increasingly popular (Neville et al, 1998; Ghate and Ramella, 2002), and the FST run groups of this type, but no other specific descriptions of social workers using this approach were found.

Task-centred practice, a time-limited, goal-focused approach which has some similarities with solution-focused therapy (Bucknell, 2000), was developed entirely within social work (Reid and Epstein, 1972), and has been one of its dominant models over the last 20 years or so (Goldberg et al, 1985; Doel and Marsh, 2005). There are differences in view regarding how closely practitioners adhere to the model when putting it into practice. Peter Marsh, one of the leading advocates of the model in the UK, was involved in a research study of the experiences of social workers in their first post-qualification year, and task-centred practice is the approach reported as being most commonly used (Marsh and Triseliotis, 1996). However, Jordan (1982) argues

that as actually practised by most workers, task-centred work is only a skeletal version of the practice theory. Similarly, Payne (1997) sees only a limited application on the ground, though is strangely critical of this adoption of 'useful practicalities' as opposed to a 'principled' use of the whole model, where he seems to be contradicting his own views on knowledge bases and usability (Payne, 2001). Parenting training and task-centred practice belong loosely to the cognitive-behavioural family of approaches, and a recent article concludes that cognitive-behavioural therapies show much promise with children and adolescents (Graham, 2005).

Many adolescents seen by social workers have difficulties associated with substance use, and a crisis intervention model used by social workers with this client group, in conjunction with strengths-based, solution-focused approaches, is described by Roberts and Yeager (2005). They report that the young people involved found the model challenging and worth engaging with. Another approach that an Internet search suggests is gaining in popularity, especially in the youth justice and substance misuse fields, is motivational interviewing. The clearest account in the social work literature of the use of this model has been provided by Wahab (2005), who claims that it is an appropriate intervention for social workers across a range of settings due to its fit with social work values and evidence-based practice. However, almost all the uses instanced are with substance abuse or other addictions, and the only child welfare reference is to practitioners working with substance abusers.

Finally, in this broad review of methods used by social workers with families, we should look at uses made of systemic theory and family therapy. Social workers were

influential in the development of family therapy in the UK in the 1970's and 1980's, and a number of articles record how the approach was being utilised within Social Services departments (Iveson et al, 1979; Bowman and Jeffcoat, 1983; Dimmock and Dungworth, 1985). However, articles of this type now appear less often, an exception being a description of single-session systemic work within a local authority family centre setting (Curtis et al, 2003). It would appear that something may have happened to restrict the 'usability' of systemic work by statutory social workers.

Preventing accommodation teams – methods being used

Teams set up specifically to prevent young people being accommodated by the local authority are relatively new, and that little is known about how they go about their work (Biehal et al, 2000) is one of the motivating factors behind this study. The team studied by Biehal used short-term, task-centred interventions and these were found to be effective with families whose problems were not so severe or chronic, though less effective otherwise. Bunyan (1987) described the successful use of a behavioural approach, though the illustrative example was of work with a four-year-old child. More recently, a thoughtful account has appeared of attempts to use a cognitive-behavioural approach, written by the practitioners themselves (Matthews et al, 2003). They convey their excitement in learning and trying to apply a structured therapeutic model, but ultimately they appear pessimistic about its value in their role, given the difficulties in exercising control over the work, with family crises hindering the use of a structured approach. Finally, there is evidence that some of these teams are taking on a solution-focused approach. Bond (1998) describes the Prevention and

Intervention training offered by Eileen Murphy, which draws on the language of SFBT and has been provided to a number of teams (Murphy, http://www.brief-therapy-uk.com/prevention.php), while teams from two London boroughs have presented their work at a conference on solution-focused practice with children and adolescents (Stancer et al, 2004; Trlin et al, 2004). Finally, 'Option 2' is an innovative service to prevent family breakdown which is combining motivational interviewing and SFBT (Hamer, 2004).

Solution-focused practice with children and families

It has been suggested that solution-focused therapy matches the traditional social work values of viewing vulnerable families from a strengths perspective (Corcoran, 1998), while Wheeler (2003) outlines its fit with social work values and legislation in the UK. Washburn (1994) goes as far as to claim that solution-focused therapy is 'uniquely suited' to 'family preservation'[2] work, due to its congruence with the aim of empowerment, its ability to constructively use other parts of the system, its concrete as opposed to abstract focus, its usability with mandated clients, and its usefulness in self-evaluation. One of the primary developers of SFBT has produced a useful manual (Berg, 1991), one of the earliest solution-focused texts addressing its use with families, and more recently has co-authored a work adapting solution-focused techniques for use with children (Berg and Steiner, 2003). Other sources of ideas for how to modify the approach for use with children also provide evidence of its usefulness and usability in this area, if only from the authors' own experiences

[2] 'Family Preservation' is the term used in the US for work preventing children from entering public care.

(Durrant, 1993; Rhodes and Ajmal, 1995; Ajmal and Rees, 2001; Selekman, 1993; Sharry, 2004).

Corcoran (1998) believes that the concrete nature of the model fits with the cognitive abilities of children and adolescents. In an earlier work (Corcoran, 1997) she lists the features of solution-focused therapy which, she argues, make it a useful approach with young offenders, which include its concreteness, being positive and strengths-based, giving credit for change to the young person, and its present and future focus. An evaluation of the use of SFBT with young offenders in South Africa (Greeff and Stander, 2003) supports these ideas, as it was shown to be an effective intervention with this group. Scaling questions in particular proved to be useful in rendering complexities in the youngsters' lives concrete and accessible both to themselves and to their therapists.

As has been noted, it is not easy to import practice methods into the messy world of social work, especially in a statutory context. It appears that solution-focused practice may be of use in this area, as shown for example in a collection of accounts of statutory child care work in Dublin (Walsh, 1997). There are hints of its possibilities for job satisfaction in the comments of a UK statutory child care worker regarding his colleagues' enjoyment of the enthusiasm generated by the approach (McCarthy, 1998). The author's own experiences of the positive impact that a solution-focused approach can bring to the investigation of child abuse (Shennan, 1999) and to responses to parental requests for help to a duty team (Masters, 1999), were drawn on by the Gateshead duty team which claims to be the first to incorporate the approach

fully into its everyday practice (Hogg and Wheeler, 2004). The team members were asked to say what they valued about the approach, and given the similar intention of the present study, a number of their responses are listed here. The perceived benefits included that: it only required a short period of training; it was a flexible approach which could be used in crises, one-off contacts and ongoing work; it provided a clear picture of what was going on in their clients' lives; and the identification of small steps for change could result in immediate progress. The workers also identified ways in which the approach helped them to work in partnership with service users, including by the generation of goals 'owned' by the clients and by their clients' resources being brought to the fore.

Critiques have been directed at the use of SFBT in social work from a pluralist position (Cullen, 1997; Stalker et al, 1999). In both articles, concern is voiced about what is seen as an indiscriminate or fashionable acceptance of the model by social workers. The authors are suspicious about the claim that SFBT can be effective across the whole range of client problems, and argue that practitioners need to be competent in more than one model.

Solution-focused practice with children and families – outcome studies

We have argued above that outcome studies alone cannot determine the social worker's choice of practice model, but they clearly are an important factor. Five of the published studies in the summary of controlled SFBT studies by Gingerich and Eisengart (2000) are relevant here. Two concerned the use of groups: parents

receiving solution-focused parenting skills groupwork made significant improvements compared to those in a (waiting list) control group (Zimmerman et al, 1996); while children receiving eight weekly solution-focused group sessions had higher self-esteem and more appropriate ways of coping with emotions than a no treatment control group (LaFountain and Garner, 1996). A study of single-session SFBT showed that it led to statistically significant improvements in personal and academic issues in a group of US high school students (Littrell et al, 1995). The study by Triantafillou (1997) found that solution-focused training for staff in a residential treatment setting could be helpful in managing the behaviour of young adolescents with mental health difficulties. One of the 'weakly-controlled' studies (Franklin et al, 1997), showed positive behaviour change following SFBT with families, though is more interesting for its suggestion that specific client-determined scales in a first session can become valid measures of change.

Six other studies focus on work with children with their families, the usual context of the FST's work. Corcoran and Stephenson (2000) offer some support for the use of SFBT with child behavioural problems, but there was a high level of drop-out, and no follow-up. A more robust study, using validated measures and a three-month follow-up, demonstrated the effectiveness of SFBT for families dealing with 'oppositional' children (Conoley et al, 2003). A comparison study also using three-month follow-up found that 68% of families who had received solution-focused therapy were satisfied, compared to 44% who had received a routine service (Wheeler, 1995). Following up after six months, Lee (1997) found that 65% of families met or partly met their goals in an average of 5.5 sessions. In a one-year follow-up, 82% of families, who had

received an average of 4.7 sessions each, were satisfied with the outcome (Beyebach et al, 2000). Finally, after between one year to eighteen months follow-up, of a sample of 415 families who had received a service over a three-year period (average - 2.7 sessions), 63% reported improvement in the original problems, and 75% in their coping ability (Shennan, 2003a).

1.3 Research question

This study aims to fill in some of the gaps in knowledge about the methods used by social work teams whose primary role is to prevent young people being accommodated by a local authority. Its specific focus is the use, usability and usefulness of the solution-focused approach in the work of such a team. These issues will be examined from the practitioner perspective, and therefore the following research questions are questions to be directed in the main towards the workers in the Family Support Team:

- To what extent and in what ways is a solution-focused approach used by a Family Support Team?
- How useful is a solution-focused approach to the work of a Family Support Team?
- In what ways is a solution-focused approach useful to the work of a Family Support Team?
- What aspects of a solution-focused approach are useful in particular?

The study utilised a flexible research design which will be described in Chapter 2. Its findings will be reported and discussed in Chapter 3. One of the motivations behind the study was to contribute to practice development in social work and to make training in the solution-focused approach relevant to social work practice, and implications in these areas arising from the study will be discussed in Chapter 4.

Chapter 2

Method

2. Method

Research strategies in the social sciences are usually seen as either quantitative or qualitative. However, many research studies draw on both quantitative and qualitative data (Denzin and Lincoln, 2000) and Robson (2002) favours an alternative division into fixed or flexible research designs. Experiments and surveys are examples of fixed designs. They are 'fixed' in that they involve substantial 'pre-specification' about what is to be done and how this is going to be done, whereas flexible designs can evolve more as the research proceeds. Flexible designs tend to utilise mainly qualitative methods, but often also include some quantitative data collection. The present study falls into the flexible category, and is primarily but not solely qualitative, as will be seen in what follows.

These two broad categories include a variety of approaches, the main ones used in flexible designs being case study, ethnographic study and grounded theory (Robson, 2002). This research is a case study, which has been defined as:

> "a strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real life context using multiple sources of evidence" (Robson, 2002, p178; following Yin, 1994).

It has been argued that this can be a soft option compared to hard-nosed 'scientific' methods, but Robson (2002, p180) argues that this is not to compare like with like, case studies not being flawed experimental designs, but "fundamentally different" research strategies. Case studies *can* be scientific, as long as they are undertaken in a systematic and rigorous fashion.

The following is therefore an account of how the design of this case study evolved. Even with flexible designs, decisions need to be made at the beginning of the study, to be taken in a certain order, often starting with the research question, followed by decisions on the research site, the participants to be involved, the duration of the research, and finally the data collection strategies to be used (Janesick, 1994). In this case, as indicated at the beginning of the previous chapter, apart from the very general focus determined by the requirements of a Masters course in SFBT, the site – the Family Support Team (FST) – came first. In this section I will more fully introduce the FST and explain my relationship with it, which predated my role as researcher. Here I am shifting into the first person, as to write about myself in the third person, as 'the author' or 'researcher', might appear to deny my relationships with the team in an effort to achieve a de-personalised quasi-scientific effect. In describing my role thoroughly, I am following the advice of Janesick (1994):

> "…because qualitative work recognises early…the perspective of the researcher as it evolves through the study, the description of the role of the researcher is a critical component in the writing of the report of the study" (p214).

The FST consists of a team manager and six social workers. There are two 'sub-teams' of three workers each, to cover the northern and southern halves of the county, which are based in different towns in the county. I first had contact with the team manager about four years before the research proposal, when I was 'networking' after taking up a post to set up and run a therapeutic family service for a voluntary agency in the county. This service would offer families a solution-focused approach (SFA),

which at the time was new to the area, and my networking often included an explanation of the model. The FST manager was immediately enthusiastic about it and invited me to talk to his team at one of their team meetings. He also helped to facilitate the provision of a series of one-day training courses in the SFA for employees of the Social Services department, which some of the workers then in his team attended. Shortly after this time I began to run occasional four-day solution-focused courses, and four FST social workers attended one two years before the research proposal, only one of whom was still in post in the FST when the research started.

I was also invited to facilitate a local supervision group for practitioners who had been trained in solution-focused practice, and a small number of FST workers were sporadic attendees. I offered specific solution-focused consultation to certain teams, including the FST, though there was a limited take-up of this service by FST workers. A far more influential factor in the growth of interest in solution-focused practice in the FST before the research period was the employment in the team of a recently qualified social worker, who had been briefly employed in my family service having previously undertaken a training placement with me. During this time he had developed a considerable level of skill and experience in the SFA and he took this, together with his enthusiasm, into the FST. He worked in the southern team for two years, leaving shortly before the research started.

So, two factors were in place that contributed to the early development of the research questions and design. Firstly, I had various connections to the FST prior to the research. A researcher needs to build respectful relationships with the research participants (Peled and Leichtentritt, 2002) and I already had a strong base on which to do so. Secondly, knowledge and experience in using solution-focused practice already existed within the team. That a number of the workers attended the supervision group was evidence of interest in the approach and a desire to develop skills in its use. There appeared to be a site for some research into SFBT. The next step was to develop the specific research questions.

As stated in Chapter 1, an FST social worker queried the use of "what's better?" to begin follow-up visits. This in itself could have led to a range of research questions, about the *outcomes* of asking this or other questions, or about the *process* of asking it (Orlinsky and Howard, 1986) and in the case of the latter, service user, worker or other stakeholder perspectives could be elicited. Studies based on the service user perspective have been increasingly common in social work since the work of Mayer and Timms in 1970 (Fisher, 1983; Sainsbury, 1987), and more recently have also become influential in psychotherapy research (Gordon, http://www.nova.edu/ssss/QR/QR4-3/gordon.html). Researching client views is congruent with the principles of SFBT and other collaborative approaches to therapy, and naturalistic studies based on the client's subjective view on outcome have dominated the first wave of solution-focused research (George et al, 1999).

Reflecting on their recent study of a family support service based on the families' perspectives, the researchers felt that it would "have been useful to elicit and triangulate these views with those of the professionals", particularly on the different interventions used, which included cognitive-behavioural parenting training and solution-focused skills (Window et al, 2004, p130). In explaining their reasons for canvassing the views of child and adolescent mental health practitioners working with complex cases, Worrall-Davies and her colleagues (2004) point out that only recently have "service providers' views…been included in service evaluation research" (p180). Yet these views can provide a bridge from 'substantive' knowledge, the 'what' of theory, to 'procedural' knowledge, the 'how' of practice (Fook, 2002). Practitioners are often ahead of researchers in their knowledge of what works (Roth and Fonagy, 1996), and so I decided to draw from the pool of practice wisdom in the FST, to inquire "into the midst of action (and) everyday experience" (Reason and Bradbury, 2001, p17). I would be concentrating on the worker perspective.

The choice of research question was also influenced by my own experiences as a social worker. I had trained in the late 1980's on a course which advocated the use of practice methods in social work (Doel and Shardlow, 1996) and I had been eager to put the methods learned – largely behavioural and task-centred – into practice. However, I had a rude awakening when trying to do so, as, confronted with the realities of a statutory child care caseload, I came face-to-face with the challenge of 'usability'. My later experience of SFBT suggested to me that this was more usable in a statutory child care context. In one sense, my research idea was to test out the generalisability of my own experience to a whole team of social workers.

I wanted to make the research a collaborative venture between the team and myself. I met first with the team manager, and then with the team, to talk about the ideas behind the research, the proposed questions, and suggested data collection methods. The social workers were supportive of the research taking place, but did not play a very active role in shaping the research design. The team manager, who had an interest in research, became more involved. At this time – May 2002 – of the six social workers in the team, two were new and had not received any input into solution-focused practice, other than via everyday contact with their colleagues, who themselves had various degrees of solution-focused experience. There appeared to be an issue about gauging the usefulness of a method to workers who had not been trained in it. An idea formed, which in hindsight I believe was influenced by the team manager's positivist position on research, of setting up a comparative 'before and after' design. This would involve one set of interviews with the workers about how they did their work and how effective they perceived this to be; followed by a series of training days in solution-focused practice; then a second set of interviews to enable a comparison of the usefulness of solution-focused practice. This begged the question: comparison with what? A problem with this design was that some of the workers were already using solution-focused ideas in their work, so a comparison with their experience prior to being exposed to these ideas would be hard, if not impossible, to obtain. Considering these questions helped me to become clearer in my own mind about what I was researching. I was *not* looking to compare solution-focused practice with any other approach. I was simply interested in how useful it was to the work of the team, and which aspects of it were useful in particular.

The design now took shape, some of it being influenced by the earlier comparative idea. I did carry out some 'preliminary interviews' with the six social workers in the team in late summer 2002. Only a couple of the questions asked produced information of use to the 'research proper'. As I was interested in the perspectives of the FST workers on the *usefulness* of solution-focused ideas to the *role and tasks* of the FST, I asked them to define their role and tasks; and to describe *how* they judged the usefulness of a particular way of working. Shortly after these interviews, one of the south social workers left, to be replaced by an unqualified 'child care support worker'. The team was now made up of the people who would be taking part in the research, and certain of their characteristics will be detailed below. Two separate training days were provided in autumn 2002, in an attempt to ensure that all team members had received some formal input in the SFA. The first day was a basic introduction, for the two newest FST workers and workers from elsewhere in the department. The second day was for the FST only, and focused on using the approach in their role. Unfortunately, the new north social worker was off sick for the first day, though the other workers attended as planned.

On reflection, I believe that the varying levels of exposure to the SFA among the FST workers did not detract from the validity of the study. On the contrary, it is arguable that these differences were helpful with regard to generalisability. It is unusual for a team of this type to be specially created to work solely in a solution-focused way, and so for its members to receive a uniform amount of intensive training (Bond, 1998). More typically, qualified social workers will have more autonomy to follow practice

models of their own choosing, and any one team will contain a variety of interests. Turnover of staff is relatively frequent in social work teams, and accessing training is relatively hit-and-miss. Driving this study was a desire to test the applicability of the SFA in an *ordinary* social work team, and so the FST, typical in all of the ways listed above, seemed to fit the bill.

The interviews in summer 2002 and the training days in the autumn were originally thought of as being part of the research design, but they ended up more as part of the planning period. As the research questions had become clearer to me, choices about the means of data collection could be made. As I wanted to give a voice to the FST practitioners, semi-structured interviews were chosen as the most suitable vehicle to help them to *narrate* their experiences (Nunkoosing, 2005). The interviews had to somehow get close to the workers' practice, which, often "unpredictable and uncontrollable, changing and contextually based" can be "hard to access" (Fook, 2002, p86). I decided to create a three-month research period, covering April, May and June 2003, during which the FST workers' use of the approach would be studied. Each worker would be interviewed, on Monday 30 June or Tuesday 1 July, about their use of the approach during this period. To help the workers to recall and reflect on their practice during these 'final interviews', they were asked to complete a form immediately after each of their visits or sessions with a family or family member in these three months. This 'post-visit form' (see Appendix 5) asked the worker to rate how solution-focused the visit had been, on a five-point-scale from 'not at all' to 'completely'; what aspects of solution-focused practice had been used; and how using

it had been helpful. The form included a checklist of the different solution-focused techniques as an aide-memoire. It had not originally been intended that the information from these forms would be used as part of the research data, but it did prove to be useful in supporting the study's findings.

The schedule for the final interview can be found in Appendix 7. Most of the questions led to qualitative data, though a few were quantitative, for example where the workers were asked to specify how much they used solution-focused practice in their work. One of the moves towards specificity was made in the question about a 'stand-out' visit regarding the use of solution-focused practice. To enable greater specificity, another interview was devised to ask about a particular visit in detail – see Appendix 6 for the interview schedule. This 'post-visit interview' was arranged at a mutually convenient time with each worker at some point during the three-month research period, the worker being interviewed about their most recent visit. In all cases workers were interviewed less than 24 hours after the visit. This interview was piloted with one of the south social workers, leading to an amendment of the schedule, so that at the beginning the worker was encouraged to describe the process of the visit in as much detail as possible. This, together with the timing of the interview, was intended to maximise the chance of obtaining a rich description most closely resembling the practice as it actually happened.

To summarise, data was obtained in the following ways:

- over a three month period the six FST workers completed forms after each visit to record their use of solution-focused practice and its perceived usefulness
- each worker was interviewed in detail about one visit during the three-month period
- each worker was interviewed at the end of the three months about their use of solution-focused practice and its perceived usefulness during the whole period

The interviews were audiotaped and fully transcribed. There are therefore twelve transcripts in all, two for each worker. The workers have been identified as S1, S2, S3, N1, N2 and N3 (Table 1). They were all qualified social workers, other than the south-based child care support worker, the northern half of the team having significantly more post-qualification (PQ) experience, and two-thirds of them more FST experience. The solution-focused input the workers had received is indicated in terms of attendance on training courses and at the monthly supervision group, though input would also have been received in other, less formal ways such as day-to-day interaction with colleagues.

	Gender	**Qualified**	**Experience PQ**	**Experience FST**	**Working hours**	**Attendance on SFBT courses**
S1	M	Yes	5 years	2.8	Half-time	3 days
S2	M	Yes	<3 years	2.7	4 days	3 days; regular attender at sup gp
S3	F	No	n/a	1.2	Full-time (5 days)	2 days

N1	F	Yes	>20 years	8	Full-time	4 days; occasional attender at sup gp
N2	F	Yes	10 years	7	Half-time	8 day; occasional attender at sup gp
N3	M	Yes	15 years	0.7	Full-time	1 day

Table 1 – The FST workers

The team manager who had helped in the planning of the research left his post a week before the research period started, his replacement starting a month later. I interviewed the old and new managers, at the beginning and end of the research period respectively, though these interviews provided little information directly relevant to the research questions.

Another development that took place shortly before the research period started, and clearly had a bearing on the research, was that I took up a temporary part-time social work post in the southern part of the team. This was a completely coincidental development, separate to the research. However, any impact that this might have had on the research and its validity had to be considered. If I had known in advance that I was going to be working in the team, it might have been possible to utilise this in creating an ethnographic research design using participant observation. As it was, the plans were already far advanced, and I decided that my presence in the team and experiences in using a SFA in this work were not really relevant. I had become a specialist in solution-focused practice and my use of it would be atypical. I therefore

decided that I should proceed as planned, keeping my roles of researcher and team member separate. If anything I think my presence in the team had the advantages of maintaining awareness of the research, and of consolidating the good relationships with the workers required for it.

In analysing the data from the interviews, I was influenced by Robson (2002) who believes that the approach of Miles and Huberman (1994) provides an:

> "invaluable general framework for conceptualising qualitative data analysis…(which) is particularly useful in case studies" (p473).

Of particular use in this study, given the length of the transcripts, were their sub-processes of 'data reduction' and 'data display'. The data reduction was achieved by coding the transcripts according to the use of different solution-focused techniques; and the workers' thoughts on their usefulness. These thoughts were also matched with the workers' criteria for usefulness coming from the preliminary interviews.

The quantitative data was illuminating but simple, and no statistical analysis was used. It will be presented in tabular form in the following chapter.

Chapter 3

Results and discussion

3.0 Introduction

A ‘snapshot’ of the FST’s work

3.1 How much is a solution-focused approach used?

Differential use of techniques

3.2 The use of solution-focused techniques

Problem-free talk
Goal-setting
The miracle question
Other future focused questions
Exceptions
Coping questions
Scaling
Progress questions
- what’s been better?
Taking a break
Constructive feedback

3.3 How useful is a solution-focused approach?

Effectiveness
Client factors
Worker factors

3.0 Results and discussion - introduction

There are no fixed formats for the reporting of qualitative studies, and it has been argued that no "normative agreement" could, or perhaps even should, be reached about the presentation of qualitative findings (Miles and Huberman, 1994, p299). The same authors suggest that the researcher needs to make clear and deliberate *choices* about the report's structure and format. The choices about how the results of this study are to be reported and discussed have emerged from the types of data collected and the ways in which these have been analysed, reflecting the evolving and emerging research design as described in Chapter 2.

The main data in this study came from three sources, in the following chronological order:

- the six post-visit interviews, which took place during the three-month research period
- the six final interviews, which took place at the end of the research period
- the sets of post-visit forms, handed to me by the FST workers at some point after the end of the research period

These sources all contain a mixture of quantitative and qualitative data, about the workers' use of the approach and its usefulness to them. Another way of dividing the data is into *description*, answering the research questions about how the approach is used, and *evaluation*, answering the questions about how useful it is. Much of the description relates to the use of the different aspects of the approach. The tendency to view the solution-focused approach simply as a set of techniques is often seen as

something to be avoided (Lipchik**,** 2002), but was followed to an extent here, by including the checklist on the post-visit forms (Appendix 5), and asking about use of the techniques in the final interviews. This reflected the finding that non-therapists often use "bits" of the approach rather than "the whole lot" (Hogg and Wheeler, 2004, p307), and breaking down the approach into its discrete components will be utilised in the presentation here for the clarity it can provide.

So, the findings from the data will be reported and discussed in three sections. First, mainly quantitative data will be drawn upon, from the final interviews and post-visit forms, regarding the extent to which the approach and its techniques are used. This will be almost entirely descriptive. Secondly, the use of each main solution-focused technique will be considered in turn. General descriptions of the use of the techniques, from the final interviews in particular, will be illuminated by more specific examples from the post-visit interviews. There will also be some evaluation here, in the workers' thoughts on the usefulness of the techniques, including reasons for not using them. The third section will be almost entirely evaluative, as it will concentrate on the workers' perceptions of the *usefulness* of the approach overall.

To ensure that the presentation "stays close to the data" (Janesick, 1994), and in keeping with the aim of hearing the voices of the workers (Peled and Leichtentritt, 2002), quotes from the interview transcripts will be regularly interspersed in the text.

A 'snapshot' of the FST's work

To provide some context for the results to be presented, a summary of the nature of each visit which was followed by a post-visit interview is presented in Table 2.

	Nature of session	Present	Reason for FST involvement	Aim of session - worker perspective
S1	Second family session. Home visit.	Mother, father, son, 12	Parents difficulty managing S's behaviour; Long history of SSD involvement	Build on first visit; elicit differences; ascertain house rules and regulations
S2	First session with D, boy, 13, in care. Venue – residential school.	Boy, care worker	Mother unable to cope – D into foster care; Aim – to return D home w/e & school holidays	Introduce self & FST; Find out what D wants from FST involvement
S3	Outing with girl, R, 15, near end of 7 month involvement.	Girl	R's trauma; sexual abuse & previous heroin addiction; Aim – to raise her self-esteem	To have enjoyable outing without negative behaviour - for R to experience this can be done
N1	Session with M, mother of A, girl, 14, part of ongoing work. Home visit.	Mother	A. running away; Mother asking for local authority (LA) accommodation	To encourage M to be more positive with daughter; to continue maintaining daughter at home with M
N2	First individual session with M, girl, 13. Home visit.	Girl	Parents having difficulty managing M's behaviour; requested accommodation. Aim – to support M at father's	To begin work with M; to find out where she is at and what she wants
N3	Session with mother & stepfather of S, girl, 15, part of ongoing work. Home visit.	Mother, s/father	Conflict between S and stepfather; Aim – to keep S out of LA accommodation	Provide support to mother as part of regular visiting pattern

Table 2 – Context of 'sessions' which were the subject of the 'post-visit interviews'

As the visits were chosen more or less at random, the only criterion being that they were followed by space in the diaries of both worker and researcher, they provide a reasonably typical 'snapshot' of the FST's work. The details provided in Table 2 can also be referred to in the discussion of these visits to follow.

3.1 How much is a solution-focused approach used?

Worker	Amount used	Worker	Amount used
S1 part-time (1/2)	4	**N1** full-time	3-4
S2 part-time (4/5)	5	**N2** part-time (1/2)	4
S3 full-time	2-3	**N3** full-time	1-2

Table 3 – Amount of use of solution-focused approach according to final interviews

In the final interview the FST workers were asked to judge how much they had used the approach in the preceding three months on a five-point scale, where 1 meant 'not at all' and 5 'all the time' or their most used method. Their answers are set out in Table 3.

Worker	Number of post-visit forms	% of visits where SF used	Amount used - mean	Amount used - mode	No. of 'overall SF' sessions
S1	12	100%	4.2	4	3 (27%)

S2	15	100%	4.5	5	11 (73%)
S3	15	73%	1.9	2	0 (0%)
Overall	**42**	**90%**	**3.4**		**14 (34%)**

Table 4 – Use of solution-focused approach by post-visit forms – southern team

Worker	Number of post-visit forms	% of visits where SF used	Amount used - mean	Amount used - mode	No. of 'overall SF' sessions
N1	38	82%	2.9	4	0 (0%)
N2	19	95%	3.2	4	0 (0%)
N3	37	37%	1.4	1	0 (0%)
Overall	**94**	**69%**	**2.5**		**0 (0%)**

Table 5 – Use of solution-focused approach by post-visit forms – northern team

	Number of post-visit forms	% of visits where SF used	Amount used - mean	No. of 'overall SF' sessions
Overall figures	136	76%	2.8	14 (10%)
Overall less N3	99	88%	3.2	14 (14%)

Table 6 – Use of solution-focused approach by post-visit forms – overall

On each of the post-visit forms the workers had been asked to rate how much solution-focused practice had been used in that session on a similar five-point scale, with 5 here standing for it being 'overall' a solution-focused session (Tables 4-6).

Several features of these figures are worth commenting on. Firstly, there is a reasonable level of correlation between the two sources of data, which is useful triangulation for the findings regarding how much SFA is used by the FST. Secondly,

the figures show that the SFA is frequently used by most team members, all apart from one of whom used at least some of it in all or the great majority of their visits. Thirdly, there are clearly some differences in how much the approach is used between the team members. There is greater use by the southern team, two of whom (S1 and S2) brought at least some SFA into all their visits and were the only two who saw any of their visits as being solution-focused overall. However, the differences between north and south are mainly due to the fact that one of the northern workers (N3) seldom used the approach. The second lowest rating on this scale was given by S3, although she spoke enthusiastically during the interviews about the approach, which she found 'inspiring'. Her estimation of the amount she used SFA actually increased as she talked about it:

> *...if I was actually to think about how much I use, how much I encourage young people or families to think about how they want things to be different, and what's happening already that they see as good and positive, I think that I do that quite a lot, and, I think that I use it more than I put down on paper... (S3)*

This may be an example of social constructionism at work – the more the worker *talks* about her use of the approach, the more she *uses* it. This should influence how we treat subjective data, and we will return to this issue in the conclusion**.** N3 and S3 were the two newest team members, and had received the least training in SFBT, though had markedly different levels of social work experience, N3 having been a social worker for many years while S3 was unqualified and inexperienced. Experience as a possible factor in take-up of the approach will also be discussed further in the concluding chapter.

Differential use of techniques

(See p4 for a list of abbreviations of solution-focused techniques).

Worker	Aspects *not* used	Most used	Most liked	Most difficult
S1	Have used ALL	COMP; SC; COP	ALL Depends on context and client	BR MQ
S2	Have used ALL; no longer use MQ or start with WBB	1st – GS; FF Subs – PROG SC	EXC Exceptions, esp. via externalising	MQ
S3	GS; MQ; BR	SC; PROG CF/COMP	CT Competency talk	Becoming fluent generally
N1	Have used ALL	SC IS At start - GS	SC Scaling	MQ
N2	BR	COP; WBB/PROG; SC	SC Scaling	MQ BR
N3	GS; BR; WBB; COP	EXC	EXC Exception-seeking	MQ & general fluency

Table 7 - Use of different solution-focused techniques

In the final interviews, the workers were asked to reflect on their use of the different techniques (see Table 7). As most of the approach had been used by all of the workers at some point, aspects said *not* to be used have been listed. Taken together with aspects which had been experienced as the most difficult, the miracle question and taking a break clearly stand out as causing concern. In contrast, scaling questions were mentioned by five of the six workers as being among their most used aspects of the approach, and for two, their most liked. These three techniques will therefore be paid particularly careful attention in the next section. Also of note is that the most

difficult aspect for both S3 and N3 was being *fluent* in general, rather than using a particular technique, which may reflect their relatively recent introduction to the approach.

3.2 The use of solution-focused techniques

There is inevitably some arbitrariness in breaking down the SFA into a collection of techniques. The intention in the check-list on the post-visit forms was to be quite exhaustive, to alert the worker to any solution-focused practice in the session, in order to capture as much as was done as possible. Some practice is elusive however. There is a solution-focused way of listening (Lipchik, 1988) but how could that be caught and recorded? 'Identifying strengths' was partly an attempt to do so, and was often recorded by some, but proved too flimsy in the interviews to provide tangible information on what the worker had actually done. 'Helping clients find and use their own ideas to change' was included at the end of the list as a sort of catch-all, in case the techniques listed did not cover some aspect of solution-focused practice. This was not often recorded, and was too vague to provide any useful information in the interviews.

Table 8 gives a rough and ready indication of how often the different techniques were used by listing the numbers of times they were mentioned on post-visit forms.

	Numbers of times technique recorded used on post-visit forms						
	S1	**S2**	**S3**	**N1**	**N2**	**N3**	**Total**
Problem-free talk	1	1	2	7	5	4	20
Competency talk	3	3	5	4	9	2	26
Goal-setting	1	6	0	2	6	4	19
Miracle question	0	1	0	1	1	0	3
Other FF questions	1	8	3	4	0	2	18
Exception-seeking	3	2	1	2	5	2	15
Coping questions	11	1	2	15	7	0	36
Scaling questions	11	8	5	17	2	0	43
Progress questions	5	10	1	5	8	0	29
Taking a Break	1	9	0	0	0	0	10
Constructive feedback	8	9	2	11	5	1	36

Table 8 – Amount of use of techniques, according to post-visit forms

Problem-free talk

'Problem-free talk' and 'competency talk', which were listed separately on the post-visit forms, have been seen as similar, competency talk being simply a more positive version of the rather neutral problem-free talk (Shennan, 2003c). All workers said that they 'do' problem-free talk, but did not pay much attention to it when describing their practice. This lack of attention may arise from problem-free talk not being seen as 'belonging' to the SFA but rather as something that "occurs naturally" (N3). In one post-visit interview, the worker recounted how he went from explaining FST's role to asking his client his 'best hopes', and only after a prompt added that in between:

> *I think there was a bit of small talk…he talked for a little bit about the fact that his worker had got a new car and things like that but other than those bits of sort of small talk, well they weren't necessarily small talk to him, it was probably more important to him! (S2)*

The worker is perhaps recognising that while he has brushed past this problem-free talk part of the interview as being insignificant, it is perhaps less so for the young person.

In another post-visit interview, problem-free talk is used to lead to more personal questions:

> *I guess I broke it in a little bit with sort of 'are you having a nice day? What do you think of the Zoo? It's nice and clean isn't it?' and a bit of a general conversation maybe, and I just asked her, I just said, 'so out of, you know, out of 7 months ago, you know, how do you think you feel, you know, how happy do you feel now…? (S3)*

In their playing down of its significance, it may be that FST workers are following one recent trend in solution-focused practice of decreasing problem-free talk in favour of more quickly getting on with the job in hand (BRIEF, 2003).

Competency talk, arrived at by asking about strengths and skills, came across less as an alternative to the rapport-building problem-free talk but as altogether more purposeful:

> *It's really good to be able to talk about all the skills and the strengths that the young person has got, or the family, and help them look at how they can use those strengths as a family, or young people on their own, to help improve family situations (S3).*

Goal-setting

'Goal-setting' here means determining what is wanted from the involvement of the FST, especially at the outset of the work. Hogg and Wheeler (2004) noted that the

statutory social workers in their study did not refer to goal-setting, and wonder whether "this was such a routine that it no longer stood out as a tool" (p308). The responses of the FST workers suggest that in statutory work something a little more problematic is going on. In solution-focused *therapy*, where the therapist has no agenda, what is wanted from the work is determined entirely by the client. The FST, however, has a very clear agenda. In the preliminary interviews, when asked about their role, every worker answered in terms of the aim of preventing young people being accommodated by the local authority, or of returning them home. The centrality and impact of this team agenda was made plain in the departing manager's summary of the FST worker's role - to prevent 'accommodation'; and tasks - to do anything which helps to achieve this. So the following response, though from the worker who had had the least solution-focused input, appears to be a reasonable one.

> *I don't ask 'goal-setting' questions. Normally this doesn't seem relevant as the work is governed by the agency goal of keeping young person out of accommodation (N3)*

Nonetheless, four of the other five workers said that they did do goal-setting, the fifth (S3) perhaps not finding it relevant as she took on no new clients during the research period. Two workers actually said that this was something they used the most in first sessions or at the beginning, one of whom (S2) was the worker with 73% overall solution-focused sessions and so who perhaps most resembled a solution-focused therapist. Goal-setting was not always seen as a separate activity at the beginning of a piece of work, but rather as happening via the miracle question and scaling.

Conflict between agency and client goals was often mentioned, one example arising in a first session with D, a 13-year-old boy in foster care, where the worker (S2) was

'thrown' when D responded to his 'best hopes?' question with "I think I'm better off in care". The worker was quite self-critical about not 'going with' this 'goal', yet his response to the boy closely followed the 'common project' ideas of Harry Korman (www.sikt.nu/Articl_and_book/Creating a common project.PDF). This involved reiterating the FST role – which in effect *limited* goals for this work to those which could take place within a context of the boy being with his family – and then:

> *sort of prompting, saying, well if things were better in your family, would that be useful, if we tried to work on that? (S2)*

to which the boy's response of *"we have to start getting on"* suggested that work towards a common project was on its way. A different response to goal conflict was beautifully direct:

> *Sometimes their goals are not my goals…* (How do you handle that?) *I just ignore it (N1)*

The miracle question

The miracle question (de Shazer, 1988), an integral technique of solution-focused brief therapy for many years, is conspicuous by its absence in FST work, again in contrast to the social workers in Hogg and Wheeler's study (2004), who appeared to use it extensively. Reasons for it not being used can be placed into three groups, starting with 'worker factors':

> *I've always found that difficult…I think it's a bit silly. I have used it, but I get, I dry up half way… I don't really believe in it, I suppose…I don't seem to ever get it off the ground properly… it fizzles out…maybe because I'm not sort of specific enough (N1)*

> *I still find the miracle question quite difficult. I think the timing of that, that's difficult, but sometimes that seems to come in alright but I'll find it hard to keep it going. (N2)*

I found it difficult personally…I suppose what's sort of compounded that, in one sense, was…my clumsy way of asking it… (S1)

I suppose I felt a bit foolish asking it really, so that's probably why I haven't done it very much. (N3)

One south-based worker was scared off the miracle question by a tale told by his solution-focused mentor about an adolescent who had bizarrely answered by saying there would be a white horse at his front door:

It's possible that things get introduced and the example that keeps coming back to me is this thing to do with a white horse that H talked about. And I don't think that I could stay with the complexities of that, I think I'd get very confused, and try to work out how to integrate the white horse and so on… (S2).

Client factors were the second reason for reluctance in using the technique:

I think some people aren't as imaginative in terms of their creative thinking as others might be so it could be considered quite an abstract concept, and so therefore I think for some people such an abstract concept just throws them; they're not able to imagine or visualise that. (S1)

I sometimes think, "how does this feel for families?" being asked the miracle question, and teenagers, you know, it's a bit daft to talk about a miracle, that's one of the things. (S2)

Thirdly, whether or not the worker could use the technique or the clients could answer it, the question remained – was it useful or not?

It leads to idealised family pictures and so doesn't seem helpful (N3)

I'm not sure how useful it is to explore the detail of a miracle. I think it's more useful to explore the details of what things would look like if the family feels things were going the way they'd like them to go. (S2)

I just feel it's like a big thing to bring in, so it feels a little bit out there somewhere… (N2)

This last thought mirrors developments made at the Brief Therapy Practice, in simplifying the process of helping clients describe their preferred futures (BRIEF, 2003). Using the principle of Ockham's razor (de Shazer, 1985), they have largely dropped the miracle question, as, being 'a big thing', it makes the worker very visible. There was, though, at least one occasion where the miracle question had been helpful, where it was used with the mother of a girl in care, who was depressed and very negative:

> *I found it useful to help her imagine a better future using the miracle question… it was quite good actually… it wasn't a miracle it was a fairly ordinary achievable sort of day and, well, they are back together at the moment …and she can have good days. (N2)*

Other future focused questions

While the team may not be using the miracle question, alternative ways had been found to help clients talk about their preferred futures

> *…it did mean that I'd have to sort of go back to the drawing board really, to try and find other ways, to getting the same end to it, and after trying a few future focused questions instead of the miracle question, I felt more comfortable with it and some of the responses I got were much better for me and for the client (S1)*

One worker described an innovative use of a scale to facilitate preferred future descriptions:

> *I would say to them: if 0 is things as difficult as they've even been and 10 is this impossibly perfect family, this Flanders family on the Simpsons … how high up would things have to be so that they felt like family life was OK, that they were pleased with how family life was going, and then I'd just go with whatever they tell me, so yesterday, I was with a family and they said 5, in fact they all said 5, and then I explored with them, if you began at the beginning of the day, how they'd know it was a 5 day…(S2)*

In his difficult first session with D, 13, the same worker described his patient attempts to ask future-focused questions, about D getting on better with his family in general and about a forthcoming 'contact' visit with his mother in particular, which he thought had a useful effect:

> *I thought it was really useful that he was talking about specific things… because it's what <u>he</u> thinks; it's not what I think…that is what's important to him, that's how he'll know things are OK, that's how he'll feel better, he's bound to be a much better judge of that than I am …and there is something about him cueing himself up for it to go well (S2)*

Another worker (N2) described using a 'magic wand' question as an alternative to the miracle question because of the client's age – this was in a first individual session with a 13-year-old girl. Although this became difficult - the girl had said she would be more 'trustworthy' and not knowing about *how* this could happen had led to an impasse - the worker found the future focus via the magic wand the most useful intervention in the session. She had been concerned that the girl might have had enough at an early stage, as difficulties had been aired, and the shift into a better future had helped to maintain her involvement.

Notwithstanding these examples, it appeared that in general a future focus is utilised only sporadically and perhaps weakly by the FST workers. Training implications arising from this will be explored in the final chapter.

Exceptions

In a sense, this section could be grouped together with the one on 'progress questions', as in effect the techniques are similar, if times when the solution is

happening can be seen as equivalent to times when the problem is not happening. The differences between them were nicely encapsulated by the least experienced worker in the team:

> *…occasionally used exception-seeking questions, only more how do they achieve stuff, rather than what happens when the problem doesn't happen… (S3)*

In general, exceptions received little mention, though for two workers this was the technique they liked the most (see Table 7): the worker who uses the SFA the least (N3) - *just occasionally though, but can lift client out of feeling solely negative* – and the most solution-focused worker in the team (S2). According to the post-visit forms, the latter does not use exception-seeking frequently, so maybe their *difference* appeals to him, particularly in the way he uses them in a more narrative fashion (White, 1989):

> *I quite like the opportunity to say "can I ask you a bit about the times when mardiness doesn't get in your way?" And finding out the details about that, which I think is an exception… (S2)*

This worker also presented the only exception during the post-visit interviews, though by asking D about one that his mother had previously mentioned, rather than actively seeking exceptions himself.

Coping questions

Other than scaling, coping questions are the solution-focused intervention most commonly recorded on the post-visit forms. Almost all the workers indicate that they use them, two including them among their most used techniques (S1 and N2). The reasons for this included that their use was relatively straightforward:

> *It's a very easy one to get into because, particularly if there's a crisis, sort of acknowledging that things are difficult, and looking at managing very difficult situations… 'how are you coping, how are you managing?' sort of…(N2)*

and their impact powerful, though the account here makes it sound more like feedback to a client that she is coping rather than the use of coping *questions*:

> *…by just sort of letting people know they've managed to cope in what they see as a situation where they've not coped… (S1)*

There is then a danger of being "solution-forced" (Nylund and Corsiglia, 1994) if the client experiences being told that she is coping when she feels the opposite. However, the value of coping questions was apparent in the following chaotic situation:

> *…where Mum was asking for accommodation, and the boy's upset. It all feels like it's going terribly as you walk in - and just listening and getting alongside the people and asking how have you managed and how are you managing and just seeing it slowly calm down really. And, the coping questions really lift the situation… (N2)*

Scaling

Scaling proved to be the most popular and most frequently used technique in the team. The only worker who did not use scaling used very little solution-focused practice generally, ascribing his particular dislike of scaling to 'not getting along too well with numbers' (N3). Otherwise, the only critical comment came from a worker for whom scaling was actually her most liked and one of her most used techniques, but who worried that it could be, like the miracle question, a little "*techniquey"* (N2).

All other mentions of scaling were positive. It was among the most used aspect of the SFA for five workers, two of whom rated it as the aspect they most liked using (see

Table 6). As well as being most commonly recorded on the post-visit forms, several illustrations of the use of scaling arose in the final interviews and in four of the six post-visit interviews.

We have seen how a scale is used to facilitate a preferred future description early in a first session (S2). The same worker disliked the idea of asking "what's better?" at the start of subsequent visits and, developing an idea of Harry Korman's (personal communication), had used a scale instead:

> *I ask each of the family members, again using the same scale of 0 to 10, where they'd say things had been at the lowest part of the week and when they'd been at the highest part of the week, and then I explore with them the higher scales that they've given. (S2)*

Scaling was also used in response to situations becoming worse:

> *Let's say they're on a 6…and then if in another week they're down to a 3, just looking backwards to see how they were on 6 the last time, so not letting it slide (N1)*

A variety of scales could be used in the same visit. In a second session, where the goals were largely about the relationship between a 12-year-old boy and his father who had learning difficulties, three scales were constructed, one each for the boy and his father about how happy they were feeling, and one about how well they were getting on (S1). And in an outing to mark a lengthy involvement coming to an end, scales were used to review progress:

> *I asked her, 'how happy would you say you felt about 7 months ago?' … and R* (a 15-year old girl, who had run away from home, been sexually abused and using drugs) *said, at that point at 7 months ago, she was at 0, 0-1 on the scale… and, how she feels she is now…and she said she's at 8, and I asked her, how did she think she's done that…(S3)*

The worker was ‘astounded’ at the lengthy list of achievements that ensued. The way that scaling helped clients to talk, young people in particular, was often remarked upon. This was often ascribed to their concrete nature, that they were “sort of more tangible” (N2).

Most frequently, scaling was considered useful because it helped to identify and to measure progress:

> *I find with the scaling questions first of all, what has been quite useful is that, I suppose one is, **in terms of this job**, is quite a measurable kind of thing (S1)*

As has been noted, ‘this job’ is a very clear-cut one of keeping young people out of care, and so it is not surprising that tools which offer clear ways of measuring progress towards this aim are welcomed. Scales could also be useful for self-assessment by clients, and were generally seen as client-friendly. They were easy to answer and clients liked them. And they could use them themselves:

> *Mum said she’d used scaling with the girls: 'I said to them, come on let’s have a 7 day' (S2)*

Progress questions

> *I put down scaling questions number one, but I think they are just a starting point for more looking at progress. I wouldn't say they dominated the whole of my visits. Scaling, they're triggers… (N2)*

Of the two main planks of solution-focused practice, eliciting preferred futures and focusing on the progress being made towards those futures, the second clearly dominated the work of the FST. They might utilise scaling to get to the progress, but appreciated the importance, and the usefulness, of the follow-up questions:

> *I think the way it's asked and the way solution-focused encourages us to think how they have done it, how they've achieved it, what's been better, and how they've managed to get there - I think the whole way it's sort of done is just very useful…(S3)*

What's been better?

A query about the use of this question to begin sessions after the first sowed the seeds of this study, so let us consider it specifically. In his last book, Steve de Shazer (1994) carefully explained the rationale behind this idea, and in the protocol for the EBTA multi-centre research study, asking 'what's better?' within the first two minutes of a follow-up session is among the prerequisites for work to be considered solution-focused (EBTA, www.ebta.nu/page2/page30/page30.html). The evidence from this study is that the FST workers, visiting families in their homes, often in crisis, are reluctant to use it, from the least to the most solution-focused team members:

> *I don't ask "What's better?" as it seems that it is normal for some weeks to be better and some to be worse (N3)*

> *I think that it can be a bit dismissive, of what their experience over the last week has been like, or since I last saw them (S2)*

From the detailed accounts of three follow-up visits it was clear that the initial questions were along the neutral lines of – 'how's it been going since the last visit?' (S1), and unsurprisingly, on two of the three visits, neutral questions elicited negative answers:

> *I started off with how are you, how are things, and M started off with some difficulties (N2)*

However, "*I sometimes do say 'how's it been?' and then 'what's better?'"* (N2), and one has to wonder how crucial the opening question is, compared to the main body of the session:

Although I don't start with the 'what is better', once I've got started in second and subsequent sessions I do ask for a lot of detail about what they've been pleased about (S2)

Taking a break

The custom of taking a break in SFBT arises from its historical connection with family therapy and the use of a team, with one therapist working directly with the family and the others observing through a one-way screen or via a monitor. It has not been adopted by solution-focused practitioners everywhere, and is not a requirement in the EBTA multi-centre research protocol. It may not be surprising that it is little used by the FST, given that most of their work takes place in the family home, although there is a precedent for statutory social workers using breaks during home visits (Masson and Erooga, 1991; also by the present author)**.**

Although taking a break is most uncommon in the FST, and the majority of its workers do not or have only very rarely used the practice, a couple of exceptions are worth highlighting. The first is the practice of the team's most solution-focused worker, who had also had difficulties with the technique:

I'm certainly taking more breaks…I couldn't say I do it every single time, and that really is a big move for me, and pretty much always I find the break very useful and even when I'd thought to myself "oh God, you know, can I take a break?" when I have taken it, it's made sense to me to have taken it after the event. (S2)

What he found useful about the break included the way it *punctuated* the session (a term also used by Steve de Shazer in a presentation in 2000), and enabled time for the careful formulation of evidence-based feedback. His comments on the break that he took in his session with D illustrate this well:

> *I was thinking 'God I'm struggling here' and then I thought 'right, I have a number of minutes to think about this…so then it was about trawling through what I remembered him saying and about these sort of strengths, and positive things that I could identify from our conversation…it provided an opportunity for me to change the pace…it allowed me to get out of that panic and to use the time a bit more constructively. It literally provided me with a break. (S2)*

The other example shows how practice developments can happen accidentally. It occurred in the visit with M, whose relationship with A, her 14-year-old daughter, was extremely strained (N1). M spent a lot of the visit complaining about A's behaviour: not going to school, arguing with her the night before and telling lies, ending up saying that if things did not improve she would have her in care. Fortuitously, M then had to go to see to her younger child who was messing about in another room, and was away for about ten minutes:

> *…and I thought, well I'll just do this taking a break business…I've never done that before. (N1)*

Having the chance to think and to read through her notes, the worker noted that there had been a number of positive aspects to the visit, particularly in some of the ways M was coping and trying different approaches with A.

> *It was useful to draw a line under the rest of it and then just feedback in positives, and end on a good note, not leave when she was talking about this care business. That was probably the most useful bit that happened today. (N1)*

Constructive feedback

Two of the six workers included compliments, or constructive feedback, in their most used parts of the approach, one adding 'of course' (N1). This comment reflects a sort of taken-for-granted response to constructive feedback shared by the team members:

that they give it, it is a good thing to do, and that there are no particular problems attached to it. Many of their comments attested to the powerful and beneficial impact their compliments could have on people who were "so overrun with negatives that they're not able to see the positives" (S1).

A number of times though, workers' reflections suggested that they saw questions as more useful than direct feedback, as there was a value in clients being "able to think themselves about their own strengths, not just people telling them what their strengths were*"* (N1). This experienced social worker found it useful to emphasise M's constructive actions,

> *…but not pile the positives about what A's doing, try and let her work them out for herself in a roundabout way. She doesn't like to be told anything, she likes the control. (N1)*

Compliments were given during sessions as well as in a structured way at the end. The influence that workers could have with carefully timed feedback is apparent in the following comment, which also refers to the importance of being selective in what is acknowledged:

> *I suppose it's people do start coming up with ideas, you're very positive about it and, unless they're saying they want the child in care which has cropped up – so it's just encouraging ideas and being very positive when they…(N2).*

3.3 How useful is a solution-focused approach?

Before we concentrate more fully on the *evaluation* of usefulness, let us consider criteria by which this might be informed. To follow the spirit of this study, of honouring the worker's perspective, would be to accept that if a worker says something is useful then it is useful. This would be to *define* 'useful' as useful to the worker. Similarly, the simple fact of a worker using an approach, or part of an approach, can be seen as evidence for its usefulness, at least in that worker's view. As was said by the worker wrestling with the question of how he knew it was worthwhile continuing to use a particular technique:

> *Well, I know I wouldn't do it if I didn't think it was useful, that's the starter… (S2)*

In this sense, all the descriptions of the use of SFA given above can also be seen as statements of usefulness. When pressed though, this worker looked for usefulness by trying to recall an example of a client telling him that this technique was useful. He felt sure that this would be the best evidence, though clients, when they benefit from solution-focused practice, do not always notice what the practitioner has been doing (George et al, 1999, p35). That both clients *and* workers have valid perspectives informed the responses in the 'preliminary interviews' (see Chapter 2) regarding criteria for usefulness. All the workers felt that the over-riding criterion was that an approach should be *effective* in helping to reach objectives; otherwise the answers could be divided into client and worker factors (Table 9).

Effectiveness	Client factors	Worker Factors
Does it work? Does it help to achieve objectives? Does it effect change?	Clients report positive change	Easy to use; feel confident/comfortable in using
	Clients can engage; answer questions	Provides a clear framework
		Helps to engage with clients
	Clients can understand the process	Helps in gaining necessary information and understanding

Table 9 – Usefulness criteria (source: 'Preliminary interviews')

Effectiveness

While this was not intended to be a large-scale effectiveness study, the 'snapshot' developed in the six post-visit interviews brings some limited answers to the question of "whether it works" (N3) into view. The workers were asked to rate how useful SFA was to the session, and how much it helped in achieving their aims (see Table 2 on p39 for a summary of the session aims). To determine how representative the snapshots were, workers were also asked to rate how typical was the amount of SFA used in the session (see post-visit interview schedule in Appendix 6). It can be seen from Table 10 that solution-focused practice generally *was* found to be useful in these sessions, and effective in achieving their aims, especially so for the northern-based workers, one of whom felt unable to give a number for usefulness, but commented:

> *I can only understand that as, is it more or less useful than some other way of working? Well I can't think what would have worked better (S2)*

	Usefulness of SF to the session	How typical was this amount of SF in one of your sessions	Achievement of aim of session	Contribution of SF to achievement of aim

S1	8	'If my average was 6 it would have been 8'	7	8 or 9
S2	Couldn't give number 'I can't think what would have worked better'	'Upper end'	6	Reluctant to give number 'What else could I do?'
S3	10	Average'	10	9 going on 10
N1	6	4	7	7
N2	7	7	7	7
N3	N/A	'Typical, as not using SF'	Insufficiently tangible aim to rate achievement numerically	N/A

Table 10 – Usefulness of SFA in specific sessions, from post-visit interviews

For client and worker factors, the interview transcripts (final and post-visit) were searched for indicators of usefulness according to the criteria in Table 9.

Client factors

There were frequent references to positive changes being reported by clients, the extent of which was sometimes unexpected:

> *The way the positive changes have happened within this family have been really quite overwhelming, I have to say, because this family has been one that have had a lot of social services involvement (S1)*

> *Mum talking about daughter being accommodated to considering having her back to live which was quite surprising (N2)*

The least experienced worker in the team spoke about her appreciation for the style of solution-focused questions. She was comparing them to more directive questions,

which she felt put young people in particular on the spot and contributed to what appeared to be 'resistance'. In contrast, she felt that in the SFA:

> *...it's the kind of question where they can answer it however they feel is right (S3)*

with the result that

> *in a lot of cases I've experienced they* **do** *tell you more information (S3)*

This was clearly illustrated in her account of her outing with R, when she facilitated a solution-focused conversation which she rated 10 for its usefulness. As well as finding the approach easy to use on this occasion herself, the worker found it so useful because R, 15,

> *was able to answer my question. She understood it clearly, it was easy for her to understand (S3)*

Her southern-based colleague also described how his clients could engage with this approach and its questions:

> *They're ready and able to and willing to work – responding very well in terms of the questions being asked (S1)*

Worker factors

The idea of *usability* of an approach was introduced in Chapter 1, and we saw how this can be a stumbling block in attempting to use a practice method in statutory social work. There is evidence that solution-focused practice is more usable than some, though this tends to be where it has been used in structured sessions arranged to take place in the office setting (Shennan, 1999), and "it was harder to stay focused when making home visits" (Hogg and Wheeler, 2004, p308). Staying with an approach

when a crisis erupts is often the most difficult challenge, and this was sometimes the case for FST workers, although this could be more a question of timing:

> *If they're all yelling and screaming, then it's very difficult to be having any sort of conversation with people, anyway (N1)*

in which case, the worker would:

> *...wait for it to calm down…you've just got to judge your time (N1)*

As already noted, some found that coping questions could easily be introduced into crisis situations (N2). The approach also appeared more able to withstand setbacks than the behavioural methods that had previously been favoured:

> *...if they fall down on their star charts it's difficult to pick it up, whereas with solution focus, you can usually find a way round it, and pick out different strengths and even if one session's been dreadful, you can still go back and pick it up, whereas with the star chart, once its failed it's 'oh we don't want to do another star chart' (N1)*

It was therefore seen as a more flexible approach, and also more *portable* as solution-focused questions could be dropped in and conversations developed in any physical setting:

> *The fact that you didn't need to take any papers with you…it was simple enough to remember the questions you wanted to ask, and the prompts you wanted to use. And you didn't need to go along with a load of resources or anything to use it, so therefore it was easy to use, wherever you go (S3)*

And worker factors could influence client factors, as a worker's confidence in the approach develops:

> *Because it felt easy for me, I suppose it came across easier as well for clients, and they were much more able to visualise and respond (S1)*

Another of the worker factors was that an approach could provide a clear framework, and that it usefully did so was remarked upon by two workers in particular (N2, S2). In the case of S2, who was recently qualified when he joined the FST, it may have been that he was a 'worker in search of a model', in the words of his then manager (interviewed at the beginning of the research period). This would make it unsurprising that he appreciated the structure that this practice model gave him. However, N2 was a far more experienced social worker, and she too found that the SFA gave a "framework for you to sort of fall back on". She described how the structure could help to achieve the delicate balance between "acknowledgement and possibility" (O'Hanlon and Beadle, 1996):

> *...it felt that she talked quite a lot about difficult issues but it was in a very structured way so you could move on but still acknowledge that some of these difficulties had happened, you know, they are still there but you could move with it... (N2)*

And finally, structure could be connected to gaining information, where a SFA was also found to be useful:

> *...where information flowed, and more structured, in a more structured way...*
>
> *...I didn't really know the young girl and very quickly you could get to know quite a bit about her using solution focused (N2)*

Chapter 4

Conclusion

4. Conclusion

A clear finding from this study is that a solution-focused approach (SFA) is used to a significant extent in the Family Support Team (FST). There are variations in the extent of its use and a couple of observations are of interest in connection with this. Firstly, the most obvious difference in the amount of use is between the two workers who had received the least training in the SFA (S3 and N3) and the other four workers. While the numbers are small and these are certainly not statistically significant findings, this does support the notion that the SFA is a 'trainable' model (see p14) and that training is likely to lead to its use.

Secondly, and in some ways connected to the first point, experience is a factor to take into consideration in introducing the SFA as a new model into a team. Although new to the FST, N3 was an experienced social worker, who found that solution-focused ideas did not 'come naturally', especially given his 'traditional, comfortable and established way of working'. Added to this, the research itself had caused him some difficulty:

> *(It) felt as though it's something that was being made virtually compulsory…and it's like, well, what if I don't feel actually very comfortable about doing this?(N3)*

On the other hand, the other two north-based workers were also very experienced and both frequently used the approach. An implication of this is that the SFA could have much to offer workers, however experienced, but that care should be taken to introduce it in non-impositional ways.

As well as being used by a majority of the workers in a large part of their work, it is also clear that the approach is proving to be *useful* to them, though the point has been made that this is virtually a tautologous statement. Nonetheless, while its continuing use itself indicates usefulness, specific ways in which the SFA is useful have been identified, including

- the clear structure it offers
- its help in engaging and maintaining the involvement of young people in particular
- questions which clients can answer and which can obtain useful information
- being able to get alongside clients who are in crisis while at the same time 'lifting' them
- its flexibility and 'portability'
- identifying and measuring progress, via scaling in particular

Added to these factors, the workers using the approach believed that it was instrumental in helping the families they were working with make positive changes in their lives.

Some of the most interesting findings were about the differential use of the various solution-focused techniques. Goal-setting is used by some but questions about its necessity or relevance in this team's work are raised in the light of its clear-cut agenda. The miracle question is shunned by most, and although some had found alternative ways of eliciting preferred futures, future-focused questions were among the more weakly used. This should give pause for thought for future training and

practice development, given that a future focus is central to the SFA (O'Connell, 2005), with alternative future-focused questions perhaps substituting for the miracle question. Scaling, on the other hand is greatly valued and found to be extremely useful, and its use could easily be further developed and emphasised on training courses. In contrast, taking a break was seldom used and all workers expressed a difficulty with this. However, those who had done so found taking a break one of the most useful aspects of the SFA. It would be sensible to consider how greater use of breaks could be encouraged.

Caution should be exercised, however, in calling for wholesale changes based on a small-scale study. Another feature of the study's design which could be seen as a limitation is its reliance for making judgements about the usefulness of an approach based on the retrospective self-reporting of its use (van Heugten, 2004). This raises issues about the validity of the findings, in that there was no external check on whether the workers had actually used the SFA as they described. One response to address this could have been for selected visits to be taped, which would have been asking a lot of the workers and their clients. As an alternative, I could have accompanied workers on perhaps one visit each, which may have become more feasible as I began to work in the team. However, this would have had a number of drawbacks. It would have put a lot of pressure on the workers; it would have been time-consuming; and, crucially, it would have altered the nature of the study. This would have shifted towards a participant-observation approach, which would have been less appropriate given the aims of the research. The purpose was to listen to the workers' views on their use on solution-focused practice, and I was less concerned

that they did it ‘right’ than I was to hear about how they had done it. Checking ‘treatment integrity’ might have served to prevent idiosyncratic and potentially useful ways of doing SFBT from coming to light.

I believe that the study was generally enhanced by the way its design slowly evolved. However, in hindsight there was a discontinuity between the late summer and autumn 2002 ‘planning period’ and the actual research in spring 2003. In particular, more use could have been made of the preliminary interviews done in August 2002. The workers’ thoughts on how they judged the ‘usefulness’ of a method were helpful in the data analysis (see p60-63). It would probably have been even more helpful to have integrated these ‘usefulness criteria’ into the interview schedules. For example, as workers had said that ‘helping to engage with clients’ was a useful aspect of an approach, they could have been asked to rate explicitly how much the approach was helping them to do this.

Some implications for the development and training of solution-focused practice in social work arising from this study have been advanced above, and I will end by mentioning future research possibilities. This was a case study and as Robson (2002, p185) says, ‘every enquiry is a kind of case study’. On the same page he explains the use of pilot studies. I would combine the two and suggest that all case studies could be pilots. The most obvious suggestion is that this study would be simple to replicate in other teams, whose specific circumstances would produce their own specific results. Another possibility would be to focus on the use of specific techniques, this study suggesting that a magnifying glass could usefully be applied to goal-setting,

future-focused questions and taking breaks. As our solution-focused assumptions tell us, it is by focusing on specific uses of this approach and its techniques that we will move towards the preferred future of its optimal usefulness to family support social work.

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