

Miracles can happen: Promoting change-oriented social work in the public sector – a case study.

Authors - Guy Shennan and Steve Moore - March 2016

Guy Shennan trained in solution-focused brief therapy while a social worker in the 1990s and pioneered its use in statutory social work with children and families. He now works as a solution-focused therapist, trainer and consultant.

Steve Moore is a retired social worker with postgraduate qualifications in practice education and research methods. More than 30 years frontline practice included community social work and family-focused approaches in working with a wide cross section of client groups.

Abstract

Social workers typically enter the profession to help people to effect change in their lives, then often find this to be a difficult task especially when working in the state sector. It has become increasingly difficult to practise change-oriented social work as assessment has become the dominant activity in many social work contexts. This paper tells the story of one change-oriented project in which the solution-focused approach was used by social workers in a local authority children and families duty team in England. The account of how the project was developed, positioned, operationalised and evaluated shows how a context can be created to enable change-oriented social work to take place. Three questions are then posed: What lessons does this project hold for change-oriented social workers? What might it tell us about the use of strengths-based approaches in public sector social work? What does its implementation process tell us about top-down vs. bottom-up innovations? It is proposed that the story of this project's journey from enthusiasm in the seminar room to full implementation in the field could benefit not only tomorrow's potential clients, but also the social work profession as a whole.

Keywords

Social work, solution-focused, families, change

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Introduction

Sally Paul, one of the inspirational contributors to *Becoming a social worker* (Cree, 2013) says that her best career hopes are 'to contribute to enhancing and informing practice that will ultimately change lives' (p164). This paper is similarly intended. It starts with a brief introduction to one such change-oriented approach - solution-focused practice (SFP). This approach is then itself used to help the first author describe how he was able to practise change-oriented social work in the public sector children and families team where he was employed. Now, SFP starts in the future, so the twist here is that the second author takes the first author back into the past, to the time when he had first been trained in SFP. From this vantage point, the second author, acting like a Greek chorus, can ask the first author (first seen as a 'Seeker' then later as an 'Innovator') some powerful solution-focused questions: first a contracting question ('what are your best hopes..?') and then the miracle question, which elicits a detailed description of the first author's 'preferred future' of translating SFP ideas into practice. The innovator goes on to present the data collected as this 'preferred future' becomes 'REFIT', an evaluated pilot project within the social work team.

The second author will then interrogate this project's aims, objectives and results with three questions: What lessons does it hold for change-oriented social workers? What does this experiment tell us about the use of strengths-based approaches in public sector social work? What does the REFIT implementation process tell us about top-down vs. bottom-up innovations? The authors together will end by concluding that the story of this project's journey from enthusiasm in the seminar room to full implementation in the field could benefit not only tomorrow's potential clients, but also the social work profession as a whole.

This paper is not intended as a guide to practising in a solution-focused way or to asking solution-focused questions, for which other resources are available (De Jong and Berg, 2013; Shennan, 2014). Nor is it an argument for SFP as an evidenced-based intervention in

the helping professions, for that try, for example, Franklin, Trepper, Gingerich and McCollum (2011), or Gingerich and Peterson (2013).

Rather, it is intended to evoke the possibility of a more humane social work practice in the statutory setting. It is an argument for the power of hope and trust even in the darkest and most cynical of times.

Solution-focused practice: simple but not easy

SFP is client-directed, and 'simple but not easy' (de Shazer and Berg, 1997). Simply put, its aim is to facilitate conversations 'in which one person helps another to come up with thoughts, ideas and answers that turn out to be useful for them' (Shennan, 2014, p3).

Solution-focused practitioners ask questions, listen to the answers and then ask further questions. Just like social workers do?

Shennan summarises thus:

'The solution-focused practitioner's questions typically emerge from the client's answers, which makes close listening so crucial. In constructing the next question around the client's words, the worker is guided by certain ways of asking questions, certain wordings that occur again and again. With practice, these forms of questions become ingrained in the solution-focused practitioner, in the same way that different vocabulary and constructions do when one has become fluent in a foreign language. Before this, there is an awkward period, when asking solution-focused questions feels unfamiliar and clumsy, not least because remembering the constructions is difficult'. (2014, p188)

The 'certain ways of asking questions' are a result of SFP being a strengths-based, contract-based and future-oriented approach. It **both** acknowledges distressing, even seemingly overwhelming difficulties and, **and** at the same time keeps open the possibility of change.

It is strengths-based because the 'close listening' means that the worker **listens out** for the client's 'strengths, skills and abilities', **hears** them talk about 'what they are doing that fits with their hopes and aspirations', and **notices** 'how they are managing to cope with and get

through difficulties they are experiencing, for exceptions to those difficulties, and for how they would like things to be' (p.17).

It is contract-based because it starts with what the client wants from their work with the solution-focused practitioner (p19). A typical contracting question is: "What are your best hopes from our work together?" Once a client has been able to articulate an answer to this question, the solution-focused work is underway.

It is future-oriented because it continues by helping the client describe the realisation of what they want in rich, concrete detail - their 'preferred future' (p20) **and** the progress they are making towards this (p21-3).

It is therefore a very different sort of questioning than, for example, history-taking as part of a process of differential diagnosis that a health care professional might do, or investigatory questions that a social worker might ask when gatekeeping a welfare service or collecting evidence for court proceedings. Most of these 'ways of asking questions' are focused on the client's problems. A good example of this might be:



Here the form itself suggests the following list of topics to guide social workers' questions: 'Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour; culture, size and composition of household; absent parents, relationship breakdown; physical disability and mental health; abusive behaviour' (Department for Education, 2006). As its name itself suggests, SFP makes a very different assumption about the purpose of the worker's questions and this is what is expected to produce a very different sort of conversation with clients, one that may help them make the changes they want in their lives.

The contracting question

Such an approach may well be attractive to an established social worker (such as the first author) seeking a model of practice that could be used within the busy, often crisis-driven social care setting in which s/he found employment. Such seeking might be more urgent at a time when an ever-increasing emphasis given to **assessing** people leads to the skills needed for **effecting change** with people becoming increasingly neglected.

This setting, public sector, not private practice, dominated by investigatory and gatekeeping ways of working with clients, can be a fertile ground for frustration, even cynicism and burnout amongst practitioners who retain an interest in change, so perhaps asking this established social worker/seeker a solution-focused question can help here:

2nd author/Greek chorus: 'What are your best hopes now that you have trained in SFP?

1st author/seeker: My best hopes.... mm ... that I would know how to turn my interest in SFP into some concrete action...

Chorus: OK, go on.

Seeker: As much as I was inspired by my initial SFP training course, I really don't know how I can put my ideas into practice in the current social work climate. I feel excited but also stuck.

The miracle question

Chorus: 'OK, I can hear that it is difficult for you to imagine a different tomorrow where this might be possible so let's try this: 'Suppose a miracle happens tonight and your best hopes are met, and you are able to put these ideas into practice. However, you are asleep when this miracle happens, so you do not know it has happened. What is the first thing you will notice when you get to work tomorrow morning?'

This sort of questioning is aimed at mobilising hope through the process of imagining a different future, a preferred future, and here it enables the first author to describe a tomorrow

where s/he shifts from being a 'Seeker' to an 'Innovator', which begins with a rather surprising comment:

1st author /innovator: I will have a supportive manager. This might sound odd in that you have the manager you are given, but fortunately workers can go some way towards creating the managers they would like.

2nd author/Chorus: Interesting. So how would you do that?

Innovator: In the first of the daily duty meetings after my initial solution-focused course, the manager will ask who could visit a family where the parents had recently made contact, at the end of their tether, saying they could not cope with the behaviour of their 12-year-old daughter. Rather than joining the rest of the team in suddenly looking intently at my diary or fingernails, as I might have done a week earlier, my hand will shoot up while I shout "yes, please!"

Chorus: And what else?

Innovator: I will be using the approach when and where I can, and thereby developing my competence. Yes, they will be the first steps, simply using the approach where I can, with the support of my manager. The crucial step of involving colleagues will come next, for as John Wheeler (2003) has noted, others need time to see what solution-focused practice has to offer, and by concentrating on developing my own skills first I would be better placed to respond to my colleagues when they become interested.

Chorus: So when they do...?

Innovator: I will explain the approach to them. As Joseph Joubert, the French man of letters, said, "to teach is to learn twice"¹. Having explained the approach to my manager, I will be invited to talk about it at a team meeting, and subsequently to present SFP as the topic for one of our periodic team days. In this, the simple and effective exercises from my SFP introductory course will give me a ready supply of activities for my colleagues to try, which are straightforwardly useable yet profound learning tools at the same time.

¹ *The Notebooks of Joseph Joubert*, translated by Paul Auster, New York Review of Books, 2005.

These activities, together with copious reading and, most usefully, attendance on a follow-up course nine months after the initial one will increase my confidence in the solution-focused approach and help me to start the process of involving colleagues more directly...

Chorus: Yes?

Innovator: I will notice a resonance with pre-existing aspirations regarding how to do our job that are shared by other members of my team. I will remember that a number of us, mindful of why we had entered the social work profession in the first place, have a vision of social work which involves helping families to change. We had gone as far as proposing the creation of a 'family work group' within our team, but we did not have a useable model of practice at that time and the proposal faltered. This seemed to us even more of an imperative where children were deemed to be at risk, as 'facilitating change within a family (is) the only avenue towards lasting protection of children except the extreme measure of permanently removing them from their home' (Weakland and Jordan, 1992, p233-4). Solution-focused practice is about change, and to be able to use it, a social worker needs to see change as a legitimate aspect of their work.

However, as far back as the early 1980s, a decline in the social work role of creating change was being noted (Barclay, 1982) and by the mid-1990s the central activity of children and families social work, by now focusing primarily on child protection, was assessment, especially in the early stages of the work.

Chorus: Quite a challenge then, so what else will you notice if the miracle has happened?

Innovator: With this 'family work group' idea in mind, I will be leading a group of change-oriented team members to propose a new response to a neglected area of our work, based on the utilisation of 'what works'. I will realise that the referrals into my social work team, a 'Reception' team providing an initial response where a child's welfare is threatened, could be usefully divided into two types:

1) reports, usually 'third party' ones, which suggest that a child may have been harmed or be at risk of harm

2) requests from a family, or more accurately a member of a family and usually a parent, asking for help.

We will make a formal proposal to improve our response to the second type of referrals by drawing upon the strengths of our response to the first type. In particular we will point to the more structured response to the first type, including a greater use of teamwork and consultation and the subsequent development of specific skills.

Chorus: Ok, so that proposal is something the managers would notice. What else might they notice?

Innovator: That we have aligned our proposal with the national policy impetus to 'refocus' services so that **family support** is provided alongside **child protection** investigation (Department of Health, 1995). Basically, we would frame our proposal as strategically as possible, including anything else that we think might help it gain managerial approval.

Chorus: What might that include?

Innovator: We could append an article describing a similar venture (Carlin and Robinson, 1995), which has proved successful, and, as they did, have a name for our service with a neat acronym, the REception Family Intervention Team - REFIT!

Chorus: So, what else will you notice about your approach to getting management approval?

Innovator: We will be sensitive to their key concern - throughput of work in an initial response team is swift, and so we will agree to offer only up to three sessions for each family.

Chorus: Aha, go on....

Innovator: The proposal will be accepted and REFIT born, bringing together our hopes and dreams for a structure to provide real help for families who want it, with a practice model that can make this a reality.

Chorus: Brilliant! And what else?

Innovator: We would position REFIT carefully within the way the team organised its incoming work. The team's working philosophy, as in any busy initial response service - and this also makes our work congruent with the solution-focused approach - is based on Ockham's razor

– ‘what can be done with fewer means it is vain to do with many’². First contacts by parents or carers are often made by telephone and if their concern can be resolved in that one call, then the duty social worker will do that. If not, a face-to-face appointment will be made and the duty social worker will aim to resolve the issue by the end of that meeting. However, if at the end of that interview the parent still wants help from the department, and it is not simply a practical concern, for example about housing or benefits, then a ‘referral’ to REFIT will be made. This will offer clarity, not least for the duty worker, and uniformity of response.

Chorus: Right, so the positioning of REFIT would be important. Having positioned it in that way, what next? How would you actually put this new way of working with families into practice?

Innovator: Hmm, well, an important marker is that we will be beginning solution-focused work straightaway. If at the end of that duty appointment a parent decides he or she wants more help, then the social worker will give the parent a version of the Formula First Session Task developed by the original solution-focused team in Milwaukee (de Shazer and Molnar, 1984): “to notice before you first meet the REFIT workers, what is happening in your family that you would like to continue have happen.” This will not only offer the possibility of an improved outcome for the family, but it will also bring the whole social work team into the solution-focused process

Chorus: OK, and what would the REFIT workers go on to do? Can you give me, say, five important features of the actual operation of REFIT?

Well, it will be collaborative - as in child protection investigations, two social workers will see the REFIT families: good for both the service and for developing worker skills.

Secondly... on a fixed day and time - a surgery model with a REFIT session on the same day each week. Initially, one morning will be given over to it, with two session slots, and we will know when the usefulness of the service becomes sufficiently clear within the team because the increased demand will then mean that a whole day is needed.

² William of Ockham was a medieval philosopher and Steve de Shazer, the main founder of solution-focused brief therapy, was much influenced by his principle.

Third... in an outside venue - we will find a space elsewhere in the city, away from the area office, available for our sole use each week.

Fourth... with external consultation - we will emulate the child protection system of consultation, which had proved so invaluable where a child was perceived to be at possible risk. REFIT will take advantage of the links developing locally with child and adolescent mental health services, by arranging monthly supervision with a 'solution-focused-friendly' therapist, who has an interest in 'externalising conversations' (White, 2007).

And a fifth marker? Ah yes... separate worker functions - REFIT will be part of the Reception Team, and the two REFIT workers will be two of the team's seven social workers. However, when seeing a family for REFIT sessions, the workers will not take on tasks that a duty worker would be required to carry out with or on behalf of that family, for example, assessing for other services, advocacy with other agencies, or anything related to child protection.

Chorus: Impressive. And other details about the way the new service will operate?

Innovator: The 'three session limit' we have agreed with management might sound to a family like a prescription, so perhaps the REFIT worker will say something like: "There are up to three sessions available for you. Some people come for just one, some for two, and some for all three. It's fine however many sessions you end up wanting to have".

Chorus: And if there is just one thing that would really convince you that the miracle had happened?

Innovator: Of course, no assessments! The miracle is that now when someone asks the department for help, we will accept that they need help! Before the miracle happened, the response would be to do 'an assessment', which takes up a certain amount of time, and then to say to the help-seeker that an assessment has been done and, either, they do not actually need help, or, they were right, they do need help, but unfortunately we do not have the resources to help them, though we could refer them elsewhere. This may be something of a caricature, but in REFIT we will see no necessity to assess, and we have a practice model that has no assessment component (Shennan, 2003).

Chorus: Perhaps I could summarise your preferred future? It sounds like all these features will demarcate REFIT and its function from the rest of your team's roles, and will enable REFIT to focus all its energies on the agenda of the families who are attending its sessions. It will be a process of extricating that potential role, of asking service users what they want and then helping them work towards that, from the morass of all your other roles, functions, jobs and tasks. Until, in the end, you can sit in a room with one or more family members and ask the first of them, "What are your best hopes from these sessions?"

Innovator: Yes, I think you have got that about right.

Evaluating REFIT: Miracle or Mirage?

From the perspective of the heroes that had succeeded in planting the SFP flag in that most inhospitable territory, a statutory public sector children's service, REFIT was indeed a miracle, but an effective one?

It is not a straightforward task to evaluate 'effectiveness' in such a case. There are a variety of stakeholders and hence different perspectives from which to judge 'success'. From the outset, REFIT was designed as a response to what the innovators called 'type 2' referrals - that is, 'requests from a family, or more accurately a member of a family (usually a parent), asking for help'. This 'request for help' often came in the form: 'We can't cope! Take him/her into care!' The innovators collected data covering a sixteen month evaluation period focused on responses to this group of referrals in three specific areas: the management of work coming into the department, the perspectives of family members regarding outcomes and the process of the service, and the perspectives of the Reception Team's 'non-REFIT' social workers and team manager.

The management of work coming into the department

The innovators were interested in showing their immediate colleagues and managers that investment in REFIT (mostly in terms of worker time) was worthwhile, so a key question

concerned the amount of work generated by REFIT, against possible financial and worker time savings. Four numerical findings are interesting:

- In 81 cases (more than once a week on average) a family decided that they still wanted help after their initial contact with the duty social worker (and this was not solely about practical services) and so were offered a REFIT session. Furthermore, this initial contact with a family (usually parents) concluded with the setting of a solution-focused task: “to notice before you first meet the REFIT workers, what is happening in your family that you would like to continue have happen.”
- In only 9 out of these 81 families was the department required to provide further social work intervention beyond that offered by the maximum allowed 3 REFIT sessions
- Within the constraints of the ‘three session limit’, 101 solution-focused sessions were conducted with the 47 families who took up the offer.
- During the 16 month evaluation period of the project there were no cases where the Reception team initiated the process of ‘accommodating’ (that is taking into public care) a child or young person.

Comments from the ‘non- REFIT’ social workers in the team on the workload implications of the new service are also relevant here:

- Freeing duty workers up to work with other client groups on different issues.
- Keeping all the teenagers away from being seen on duty!
- It appears that families do not feel the need to return after participating in the REFIT sessions.

The perspectives of family members

The innovators were also concerned that their new service was helpful to families (that it is an ‘effective’ use of social worker time), as well as being resource ‘efficient’ in terms of the management of work coming into the department. They therefore decided to post

questionnaires to all 47 families who participated in REFIT sessions on the completion of the work. Although this was likely to mean a lower response rate than asking families to give feedback at the end of their final session in person, it was hoped that the extra distance from the workers created would make it easier for families to be frank in their answers. 16 families (34%) responded, returning in all 31 questionnaires: 17 from parents (two parents from one family, and a single parent from each of the others) and 14 from children. The quantifiable responses were as follows:

- Compared to when you contacted Social Services to ask for help, are things now: worse (2), the same (13), or better (16)?
- How comfortable have you been with the way we have worked with you: very uncomfortable (1), uncomfortable (1), in-between (9), comfortable (10) or very comfortable (10)?

The innovators also asked for open comments:

- If a friend told you they were coming to REFIT, what would you tell them about it?

The most interesting comments came from the parents who found the SFP sessions difficult in terms of process. The parent who ringed 'very uncomfortable' answered 'the same' in terms of outcome, and added that her son said he enjoyed coming and talking and had wanted to continue coming. The parent who put 'uncomfortable' wrote that this was due to "speaking to a stranger about my life" and also put 'the same' for outcome. To the question about what would she tell a friend she answered "give it a go".

It was disappointing for the innovators that two parents said that things were now 'worse'. Both answered 'in-between' to the second question, and to the third question one answered "I would tell them it is ok" (the other did not answer it).

Overall, given the 3 session limit, these results were certainly perceived as encouraging by the innovators, the team manager and colleagues in the Reception Team.

The perspectives of the Team's 'non-REFIT' social workers and team manager.

When REFIT had been running for six months, the innovators also invited the team manager and workers to complete questionnaires. This reflected a developmental ethos and a desire to embed solution-focused practice into the team.

Colleagues were asked to rate their "understanding of what REFIT is and how it works" on two scales from 0 to 10 (with 10 high), one before it started and one now, which predictably indicated quite significant jumps in understanding. The average 'before' was 2.1 and 'now', 6.5.

The most significant additional comments came from a social worker:

'Having REFIT takes a lot of pressure off workers on duty when seeing a client with a problem teenager. Before you were banging your head, now we are able to offer a service.'

and the team manager:

'REFIT provides a positive mindset.... this system benefits not only the client, but the team as a whole. It is a resource not previously available.'

Discussion: Relevant today?

Greek chorus: 'And what are your best hopes now, from writing this article together?'

1st author (a seeker once more): That the story of REFIT can be of assistance for further practice initiatives to come...

The contemporary evaluation of the REFIT project showed promising results, though is based on limited data. The innovators are to be credited with the foresight to collect some information from those helped by REFIT and those who worked within and alongside it. Their priorities however were clearly elsewhere, responding to requests for help from families that were, up to that time, somewhat neglected, with a model of practice that required learning a whole new 'language'. However, though modest in scope and scale, these findings were

sufficient to convince some key players of the value of the project. The local team manager decided to increase the REFIT session from half a day to a full day a week, and to widen its ambit from offering a service to families with secondary-school-aged children to offering it to families with children of any age; senior managers from neighbouring authorities were impressed by the cost saving implications of reduced demand for accommodating teenagers in public care; other social workers in the local team perceived a welcome drop in 'revolving door' referrals from the parents of 'out of control' teenagers. The innovators also saw the whole as a piece of 'action research' (Reason and Bradbury, 2007), with the hope that the description of what they did and how they did it would be as illuminating as the evaluative component. This was also attempted with no extra resources, of time or cash, and no external consultation that could help to design the sort of robust framework that is appropriate for conducting an action-research project in your own workplace (Coghlan and Brannick, 2005). With these caveats, why tell the story for the first time in full now, and what possible relevance can it have when current social work practice in the UK, especially in children's services, can be described by leading academics as 'a marriage made in hell' (Featherstone, Morris and White, 2014). What chance now for hope and trust?

In an action research cycle a period of systematic reflection will follow the action phase, so somewhat delayed, the REFIT project will now be interrogated with these three questions: What lessons are there for change-oriented social workers? What does this experiment tell us about the use of strengths-based approaches in public sector social work? What does the REFIT implementation process tell us about top-down vs. bottom-up innovations?

Change-oriented social workers

It was possible for the innovator to find such colleagues in an ordinary local authority social work team in an ordinary UK city in the late 90s. This was no social work paradise, being at the fag end of 18 years of right-wing national government with an ideological mistrust of the public sector in general and social work in particular. Around the time the REFIT project started asking families and children about their 'best hopes', there was a change of government and with the then approaching millennium maybe a fin-de-siècle belief, that

things can only get better, had permeated this social work team's consciousness? Nearly 20 years later a frontline social worker can express perhaps similar views 'despite feeling like I have been in a dysfunctional relationship with social work, I remain passionate about the values I associate with the profession, such as promoting change and children's development whilst protecting their safety' (Ferrario, 2015). Interestingly, it would seem that the SFP maxim of **both** acknowledging problems **and** holding open the possibility of a different tomorrow might be the first lesson for the change-oriented social worker. Neither a blind optimism: everything will be for the best in the best of all possible worlds, nor abject defeatism: nothing will make a difference, is helpful. Apparently, even in the 2016 dystopia '[social] workers can demonstrate that to trust is not always foolish and that change is possible' (Featherstone et al, 2014, p1747). How so? Slowly. Tentatively. If lesson one for change-oriented social workers is to **both** acknowledge the problem, the difficulty, the obstacle, the barrier **and** stay hopeful about the future, then lesson two might be that SFP maxim of going at the right pace, of matching the degree of hopefulness that is conveyed in the worker's question with a close listening to the client's description of their present state, the more despairing, the more stuck then the more tentative the holding open of the possibility of change. For the REFIT project, the innovator both noticed the social work team's earlier failure to establish a 'family work group' and offered the hope of a workable model of practice for a future attempt. The time spent analysing the team's workload in terms of referral type may have helped to create an atmosphere of appropriate caution about the possibility of introducing a change-oriented programme into what had become an essentially static, risk-assessment-based service.

There are plenty of other examples in the literature of the sorts of barriers that might be faced by change-oriented social workers. Donnelly *et al.* (2013) describe a specific case where health-care professionals highly motivated to increase participation of older hospital patients in clinical decision-making forums 'did not feel that they were in a position to be actively promoting change and the voice of the older people' (p133). More generically, Menzies' classic analysis (1960) of professionals working in emotional stressful conditions found defensive practices such as comfort taken in 'ritual' task performance and a generalised avoidance of change, which are a clear and present danger for social workers currently

practising in children's safeguarding teams (Lees, Meyer and Rafferty, 2013). Featherstone *et al.* (2014) go further with their dark portrait of a hellish present for change-oriented social workers. They provide one case example, however, which shines with hope and highlights the importance of the language used by workers in that project - that of 'family support' in contrast to the child protection language of 'screen and intervene'. Likewise, 'REFIT provides a positive mindset' reported the team manager when asked by the innovators 'what do you think of it so far?' adding that it 'benefits not only the client but the team as a whole'. A whole new way of asking questions, a whole new language and a different way of thinking emerged from the everyday use of a solution-focused approach.

The use of strengths-based approaches in public sector social work

'Participle', the case example quoted above by Featherstone and colleagues, is one where 'professionals are not there to intervene and solve problems, but to listen, challenge and support a process of discovery and transformation' (*op cit.* p1746). A trawl of recent articles in *Practice* shows a continued interest in such strengths-based social work with a wide range of client groups e.g. with teenage parents (Fletcher, Fairclough and McDonald, 2013), with older residents in a care home (Hughes and Moore, 2012), with the perpetrators of family violence (Pack, 2013) and in safeguarding work with parents and children (Stanley and Mills, 2014). REFIT itself is clearly an example where directly employed public sector workers have demonstrated that by subdividing their many and often contradictory roles a space can be created for a SFP that has many overlapping features with these approaches. The 'Signs of Safety' based project that Stanley and Mills describe is similarly one where a directly employed team in the public sector is being encouraged to transform its safeguarding work by developing a dynamic process where resilience, the possibility of change and an open conversation between client and professional is included. The other case examples above (including Participle) are likely to be ones that the public sector may choose to commission rather than directly provide, with Hughes and Moore proposing an interesting alliance between social workers, in these circumstances usually directly employed in the public sector in an assessment/gatekeeping role, and care home managers, usually employed in the

independent/private sector, but whose residents include many supported with public funds. Contexts will vary and the responses of change-oriented social workers (COSWs) should be site-specific rather than pre-fabricated. For REFIT, SFP was the key, a workable model of practice (WMP) unlocking the potential in both workers and clients, however without an implementation strategy (IMPS) the story would end here. This could be expressed as follows:

COSW – WMP = frustration

COSW + WMP = energy – IMPS = frustration

COSW + WMP = energy + IMPS = results!

Implementation: from the top, bottom or middle?

REFIT was an almost entirely 'bottom-up' initiative, created and led by main grade social workers. The success of its implementation strategy was to gain the strong support of the local team manager. It also had considerable influence on senior managers elsewhere – in particular, the dissemination of the finding that during the 16-month evaluation period no young people were accommodated by REFIT's parent duty team - and led to the development of similar services in other authorities (Masters, 1999). Some of these persisted over a considerable period (Darius Evans, 2012, personal communication), with one facilitating the early use in the UK of the 'Signs of Safety' approach to child protection work (Hogg and Wheeler, 2004).

However, it lacked the advantages of a top-down change that arise from the fact that more senior managers have powers that have the potential to make organisational changes, such as implementing a new service, more secure. These include access to budgets to enable workers to receive training in the skills needed to staff a particular service. In the specific case of REFIT, no action had been taken with a view to securing its future as an ongoing service within the team, not dependent on its originators remaining in post. The practitioners were too busy practising, and the manager trying to manage. This does point to the difficulty

that a bottom-up approach will always face in securing systemic change within an organisation.

A top-down approach to change may well face difficulties in securing 'buy-in' from those lower down an organisation, evident in the comments of a manager with a mission to consolidate the use of the 'Signs of Safety' model in his department. It was, he said, a challenge 'getting our staff to simply 'give it a go... as myths about strengths-based approaches continue to be fuelled by .. risk aversion' (Stanley and Mills 2014, p34).

The REFIT miracle was in part its implementation strategy that could provide clues for other innovators, whether bottoms, tops or middles. The weakness though was the failure to sustain the approach on the original site. Without an effective sustainability strategy (SUSTRAT), any change will be short lived. Thus the formula above could be extended:

$COSW + WMP = energy + IMPS - SUSTRAT = short\ term\ results$

To correct this, perhaps the innovators needed to be asked another solution-focused question:

'How confident do you think your team manager is that the progress made so far will continue, on a scale 0-10, where 0 means she has grave doubts about the sustainability of the project and 10 is absolute certainty that REFIT is an enduring resource for her team's workers and clients?'

As with other solution-focused questions, this one is aimed at helping the innovators come up with thoughts, ideas and answers that turn out to be useful for them, in this case perhaps prompting consideration of the 'succession', should for example a key innovator leave the team.

Conclusion

The REFIT miracle was that it 'benefits not only the client, but the (social work) team as a whole'. The story of its implementation could benefit not only tomorrow's potential clients, but also the social work profession as a whole. For both sides of the interview desk, an escape

route from the assessment cul-de-sac is needed. What motivates many social workers is the (often very small) positive changes that they see in the lives of the clients that they are working alongside. What many clients want (including children living in unsafe homes) is change in their lives, towards wellbeing and hopeful futures. However, in public sector settings in most administrations, social workers will have a multitude of often conflicting tasks, sometimes including controlling access to welfare benefits, making decisions about fitness for work or rehabilitation, managing non-custodial sentences for criminal offenders, deciding on future care arrangements for vulnerable adults or children and so on. The REFIT project groundwork is a good example of how particular aspects of this role can be successfully extracted, and that with few extra resources, neglected tasks can be addressed with new energy, and maybe even saving public money (the cost of accommodating 'stropy' teenagers for example) in the medium term.

In social work with children and families, the dominant task is now **assessment** of risk. SFP's strengths-based sister approach ('Signs of Safety') can open the way for risk **analysis** - a dynamic process where resilience, the possibility of change and an open conversation between client and professional is included rather than risk being seen as fixed category, revealed by the application of professionally defined measures on a passive client. It is interesting that senior managers looking to develop this work have seen SFP as a positive match as it also requires questioning and thinking sets that encompass **both** an acknowledgement of the current difficulty or risk **and** keeping open the possibility of a better, safer future. Without the local dissemination of the REFIT experiment showing that a quite ordinary public sector social work team can learn a whole new 'helping' language sufficiently well to produce the results described above, this connection might not have been made.

In public sector social work with adults, the safeguarding and assessment of risk agenda is growing, but perhaps not dominant, and gate-keeping tasks such as establishing eligibility levels for access to supportive care can make the day-to-day job feel overwhelmingly bureaucratic. Again the REFIT model of separating roles could be helpful, as could a shift into the language of capacity rather than deficit – as with Hughes and Moore's (2012) concept of older people 'flourishing' in a residential care home rather than just surviving.

Unwin and Hogg (2012) make a similar distinction between 'surviving' and 'thriving' for public sector practitioners working with children and families.

REFIT successfully created the space for innovation, showed that this could come from 'bottom' up and was influential in spreading SFP ideas at least locally. It was not sustained long term. If the confidence scaling question had been used it might have inspired the team manager to ask for extra SFP training for other team members so that the 'succession' problem was less acute. In the systematic reflection phase of an action research project, lessons from mistakes are as important as those from success. But for those lessons to have any wider impact, the story needs to be told. Even after nearly 20 years.

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