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# Direct observation in practice: co-developing an evidence-informed practice tool to assess social work communication

## Abstract

**Purpose** This paper presents findings from a project that aimed to support social work managers to observe, evaluate and give feedback on social work practice skills. **Approach** An embedded team of researchers observed over 300 meetings between parents and social workers, and gave feedback based on an established research instrument that facilitated quantitative coding of individual skills such as empathy and purposefulness. Then managers took on this task in order to sustain ongoing feedback on practice skills beyond the timescale of the project. **Findings** A practice tool was successfully developed to take the place of the research instrument and aid managers in these observations, and it was implemented across a range of social work settings. The tool was used in a variety of ways by different managers which highlighted a range of views on what constitutes good practice. This raises questions about how far authorities can (or should) expect to achieve a consensus about the type of practice they want to deliver. **Research limitations/implications** The value of this project is primarily pragmatic, in that it shows the potential for using research to develop practice tools collaboratively. However, in doing so it brings into focus key questions around the nature of good practice. **Practical implications** The paper presents a practice tool, based on an established research instrument that was co-developed with senior managers. It is an aid for observation that practitioners and managers can use to support practice development. **Originality/value** Few research studies have worked so closely with practice managers to develop a tool that can be used to support practice. The project also highlights the crucial and neglected role of observation in practice development.

**Keywords** Direct observation, practice research, social work skills, collaboration, research impact

## Introduction

Receiving feedback based on the structured observations of an onlooker can be a powerful mechanism for developing skills. It provides the rationale for coaching and tuition across many human endeavours, and in the context of organisational practice – such as in hospitals, schools or local authority departments – it has potential as a method of quality assurance (Yanes et al, 2016). Other fields have begun to grapple with the challenges and opportunities brought about by direct observation (see, for example Richards, 2014, O’Leary and Brooks, 2014) but in Children’s Services direct observation remains seldom used and under theorised.

The notion that ongoing observation and feedback may aid individual development and organisational change underpinned the project this paper is based on<sup>1</sup>. Over a three-year period, the *Doing what counts, measuring what matters* project aimed to change the organisational culture of an inner London Children's Services department, shifting its gaze from procedural performance data to more observational approaches that enable direct skills to be appraised. A model of practice known as Motivational Social Work (MSW) was introduced to achieve this aim. MSW was based on Motivational Interviewing (MI) (Miller and Rollnick, 2013) and adapted for child protection work (Author's own, 2012; Author's own, 2018). Alongside this, to support the implementation of MSW, an ongoing programme of observation and feedback was established. This was undertaken initially by researchers (stage one: 0-18 months) and then taken on by local authority managers (stage two: 18 months onwards).

In this paper we describe and reflect upon the transition from researcher-led observations to local authority-led observations. Far from simply 'handing over the reins', the transition demanded that we review and adapt the whole approach – especially the way in which observations would be structured. We gained experience and expertise during the stage one observations, where we used a research instrument (Whittaker et al., 2017) to structure observation feedback. In stage two we supported social work managers to observe and evaluate social work practice skills and give feedback to workers. A key aspect of this support was to adapt the research instrument and from it co-develop a practice tool for managers to use (see Appendix 1). The practice tool was needed to enable managers to take on the observer role and rate the communication skills that were central to MSW. The aim was to support professional development, consolidate the local authority's implementation of MSW, and embed ongoing internal evaluation into day-to-day practice. Rather than attempting to quantify 'good' practice, we sought to qualitatively identify examples of it in different circumstances so that it could be recognised, shared, supported and developed.

### *Research questions*

Two research questions provide the focus of the paper. The first is: is it possible, practically and conceptually, to adapt the research instrument for practice? The second is: how is such a tool used by managers? After reviewing the literature on observation and practice tools, we describe the process we undertook to co-develop the tool. Then we use data from observer notes to report on how it was used in practice, and finally we reflect on some of the challenges inherent in directly observing and rating social work skills. This generates insights for improving practice through research but

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<sup>1</sup> The *Doing what counts, measuring what matters* project was funded by the Department for Education through its Innovation Programme and jointly delivered by the local authority and the University research team.

questions it raises about the role of observation in practice development, and the way this form of oversight might be framed, are just as important.

## **Background**

### *Observing social work practice*

Observation is undergoing a resurgence in social work research, being deployed in various forms and methodological approaches. The extensive work of Harry Ferguson, for example, in the ethnographic tradition, and that of Chris Hall and colleagues, in the conversation analysis field, illustrates the versatility of the method (Hall and Slembrouck, 2009, Ferguson, 2014). However, this uptick in the past decade is only beginning to reverse a longstanding neglect of observational methods in social work research. And observation is still rarely used for evaluation, where scrutiny of verbal and written *reporting* of practice is more common.

One of us was involved in a 2011 study which compared the cultures and practices of three local authorities and highlighted stark differences between them (and between teams within authorities) in many areas of practice (Author's own, 2013). The differences, and similarities, we observed in this study contributed to an emerging theory about good practice. They also demonstrate the potential for observation as a means of evaluating practice at organisational level. The justification for doing so strengthens when the aim is to improve practice by implementing a specific model, as did many authorities funded by the Department for Education Innovation Programme. From the outset of change projects such as these, questions arise regarding how to define and measure the practice that is aspired to, and how to support practitioners to deliver it.

Our experiences of working with the same local authority in a previous study (Author's own, 2018) convinced us that direct observation was likely to be a valuable way of evaluating practice. Observational data gives a different view of practice to that of administrative data that is more commonly used for performance management. A key conclusion of the previous study was that a programme of skills development seemed to go "against the tide" in an authority focussed on procedural data (Author's own, 2018). As a way of informing performance management, observational data seems to offer a counterweight to this. However, observation is not routine in most authorities, which means that individual social workers are infrequently observed as part of practice development or performance management.

Observation has been a feature of social work education, but usually on a simple pass or fail basis. Domakin reports on an exception to this approach, where direct practice was observed and graded successfully (Domakin, 2018). This programme, which has generated several thousand

observations since 2015, is unusual in that most of the grade is based on observed practice. If observation was normalised within practice our ability to understand and recognise the ways social workers carry out direct work would be greatly increased. It may also help to allay anxiety among those being observed and reduce some observer effects brought about by potential changes in the interpersonal dynamic due to an observer being present.

Domakin's (2018) work shows that structure is necessary to maximise the contribution of observations. By indicating what behaviours or skills are important, what is encouraged and what is discouraged, an appropriate structure can reinforce a shared understanding of 'good'. The research instrument we used, for example, is structured around the seven skills that underpin MSW, and it gives detailed descriptors of what constitutes high and low skill in each.

The project that we describe here was based on the idea that, with some adaptation, a similarly structured approach to observations could aid practice development. It may of course be inappropriate to simply train social work managers to use research frameworks, giving them "recipe-like standards for how to act" (Petersén and Olsson, 2019; 1589). As Forrester notes, "Practice cannot and should not be *based* on evidence – if by that we mean that the evidence tells us what we should do" (Forrester, 2019). Indeed, critiques of attempts to inform practice through evidence, such as that of Petersen and Olson (2019), overlook the fact that it is possible to design services that are informed by the best available group level evidence *and* retain space for fine-grained professional judgement. The systematic precision and empirical rigour such tools are designed to encompass needs to be balanced by the more operational lens that practitioners require. Practice tools can bring together these elements of practice to support the practitioner expertise that shapes pragmatic decisions for individual families. A process of translation is necessary for this to happen (Sheppard, 1995).

#### *Translating research instruments into practice tools*

"Knowledge is a process of piling up facts; wisdom lies in their simplification"

(Martin H. Fisher, 1945).

Simplification is the end goal in the process of adapting research knowledge for practice. Theoretical or empirical concepts need to be transmuted into more concrete practical tools to be useful for practitioners. Achieving the right degree of simplification may be what defines this challenge, and this must be a compromise which delivers utility without surrendering meaning or accuracy. Put another way, in words attributed to Oliver Wendell Holmes Jr, practice tools need to move towards 'the simplicity on the other side of complexity'.

This balance between pragmatism and rigour can be seen in some notable examples. These are instruments that were established for research but are now widely used in practice. Take the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). This was originally developed from the Rutter parental questionnaire (Elander and Rutter, 1996), and the Child Behaviour Checklist (Achenbach, 1991). Three versions met the needs of researchers, teachers and clinicians seeking to measure child mental health and behavioural outcomes. The SDQ was designed according to the following specifications;

*“it should fit easily on one side of paper; it should be applicable to children and young people ranging from 4 to 16 years; the same version should be completed by parents and teachers; a similar version should be available for self-report; both strengths and difficulties should be well represented; and there should be equal numbers of items on each of five relevant dimensions, namely conduct problems, emotional symptoms, hyperactivity, peer relationships, and prosocial behaviour.”* (Goodman, 1997, p.581).

The Systemic Clinical Outcome and Routine Evaluation (SCORE) is another example. The SCORE was developed in Europe to monitor progress and outcome in systemic therapy and has been adopted by the European Family Therapy Association as the main instrument for assessing the outcome in systemic family and couple therapy. There are currently six main versions of this instrument being used in several disciplines, including social work, to assess the impact of changes on family life: SCORE-40, SCORE-15, SCORE-28, SCORE-29, Child SCORE-15, and Relational SCORE-15 (Hamilton et al., 2015, Jewell et al., 2013)

The SDQ and the SCORE are among several practice tools that inform practice by measuring facets of child and family functioning. In contrast, aside from the research instrument, there are no such measures of the quality of social work practice that we know of. The performance indicators and procedural data that typically fill this gap are useful for some purposes but fall short for this one. An underlying problem is that much of the routinely collected data relates more to how far procedure is being adhered to, than to the nature and quality of practice or its impact on families. The aspiration driving the current project was that a more appropriate measure might be adopted and given credence by the authority, and used to inform, reflect on, and ultimately improve the services offered to families.

## **The current project**

The first 18 months of the project involved researchers regularly observing and audio recording practice, and then coding the recordings using the research instrument (Whittaker et al., 2017), which was originally developed from the the Motivational Interviewing Treatment Integrity (MITI) manual (version 3.1.1) (Moyers et al., 2010). The research instrument was used to measure levels of MSW skill and to provide feedback (both to individuals and to the service at aggregated level).

Between 2015 – 2017 researchers observed over 250 meetings between social workers and families. Then, in the second 18 months, managers from within the local authority began to absorb this role with a view to embed regular observation and feedback in the longer term. Success depended on the extent to which a shared understanding of MSW permeated the organisation, so reaching a point where managers championed the model with a deep understanding of the skills involved was an important proximal objective.

Figure 1: Observations - who, when and how

2015 - 2017	<b>Observer</b>	Researcher
	<b>Observation framework</b>	Research instrument
2018 - present	<b>Observer</b>	Local authority manager
	<b>Observation framework</b>	Practice tool

#### *The research instrument*

Seven core communication skills were coded by researchers (Whittaker et al, 2017). This included four of the five skills considered central to Motivational Interviewing (Evocation, Collaboration, Autonomy and Empathy), and three additional dimensions focussing on the appropriate use of authority: Purposefulness, Clarity about Concerns and Child Focus (Whittaker et al., 2017). These extra dimensions tailor the instrument for child protection work, accounting for the unique context whereby social workers must balance ‘care’ and ‘control’ (Author’s own, 2019).

The seven dimensions have been shown to cluster statistically into 3 broader domains, described as “care and engagement”, “support for behaviour change”, and use of “good authority” (Authors own, 2019). Researchers used a 16-page coding handbook alongside a coding sheet designed to capture behaviour counts (e.g. numbers of open and closed questions) and overall scores, with detailed descriptions of the skills used. Extensive training was required for researchers to achieve reliability in coding (Whittaker et al, 2017).

#### *Why was a practice tool needed?*

When observations moved from researchers to local authority managers, a more appropriate method was needed to appraise the practice they observed. The research instrument was too complex; it contained too many skill domains and too graduated a scale, and the extensive training it required was onerous. Moreover, the level of detail meant that coding had to be done after observations by listening back to an audio recording, significantly increasing the time the whole process took. Managers needed a relatively simple and user-friendly tool they could use to observe and appraise practice simultaneously. It was as much about prompting them to focus their thinking on the practice skills and how workers were using them, in relation to MSW, as it was about quantifying on numeric scales.

### *Developing with, rather than for, practice managers*

Developing a practice tool that would stand a chance of being adopted sustainably required extensive collaboration, so we tried to adopt the ethos of coproduction to consistently engage with stakeholders. The term ‘coproduction’ was originally used to describe a partnership in which users and providers gave input in the production of a good or service (Ostrom, 1996; 1073). Durose et al (2017), for example, suggest coproduction is “joint working between people or groups who have traditionally been separated into categories of user and producer” (pp 135).

Coproducing in research benefits from widespread theoretical support (Boivin et al., 2014) and a compelling moral imperative. This is particularly strong in statutory social work, where state intervention can be involuntary and takes place in the private sphere of the family, which means every aspect of services must be as effective as possible. More recently, the definition has broadened to describe the involvement of practitioners and service users in applied research (Pettigrew, 2003, Martin, 2010). Martin (2010) described practitioner involvement in research as ranging from relatively weak (‘practitioners as informants’) to strong (‘practitioners as co-researchers’).

The literature on coproduction in social work centres more on service user involvement and less on other partnerships between practitioners and researchers. Nonetheless, it seemed to fit the project and offered hope for avoiding the common pitfall of too little consultation with end users (Bovaird and Löffler, 2012; Martin, 2010). Authorship of this paper also straddles the researcher/practitioner divide; two of us are researchers and one is a practitioner.

### **Methodology**

A staged process was scheduled to produce a draft tool that would be piloted during “Practice Week”. Practice week involved senior managers sitting with frontline teams across the service,

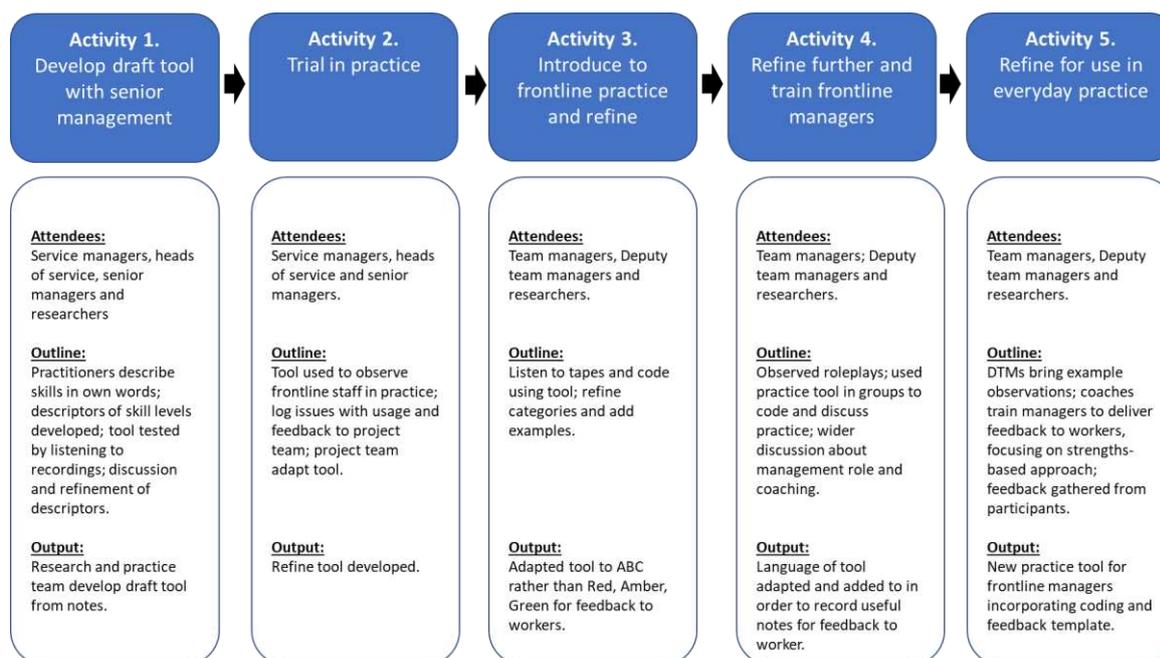
shadowing visits, observing meetings, auditing cases and gathering feedback from children and families. Data was then collected from the observations carried out by senior managers.

#### *Method for developing the practice tool*

We worked in collaboration with workers and managers in three stages – consultation, co-development and testing (or ‘prototyping’ in the terminology used by Hawkins et al, (2017). Consultation encompassed professionals across the organisation, with representatives from frontline practice through to senior management, and took place largely through informal conversations over several months while we were working as embedded researchers. There were also more formal meetings, led by the project team, to plan the handover of observations. We incorporated children and families’ views, through reviewing data from research interviews we had carried out as part of the wider project and included young people involved in the service in workshops to develop the framework. We carried out one such workshop with the Children in Care council, and local authority colleagues undertook other sessions with the same group. We also drew on other work done within the wider project to ascertain what skills young people valued in their social workers (Stabler, Wilkins and Carro, 2020). This shaped our understanding of how skills were experienced, and gave particular insights around the balance of information giving and evocation that was thought to be appropriate.

Co-development was based around a series of meetings and workshops involving senior managers (from Service Manager upwards) across the service, with follow up meetings between the project team and key stakeholders among this group (primarily Heads of Service). The task of drafting the practice tool, based on these conversations, involved researchers and practitioners in the project team. The tool was then further developed for use by frontline managers in day to day practice, as detailed in Figure 2:

#### Figure 2: Co-development process



**Project aims and link to activities:**

1. Create a practice tool that integrates social work terminology and is relevant to frontline practice (All activities).
2. Improve and standardise understanding of the intervention across the organisation—including senior leadership (Activities 1, 2, 3 and 4).
3. Create ownership of the intervention within the senior leadership team (Activity 1 and 2).
4. Evaluate the applicability of the coding tool to practice and make refinements where necessary (Activities 1, 2, 3 and 4).
5. To train frontline management in ability to recognise and feedback on social worker practice skills (Activities 3, 4 and 5).

Simulated role play recordings were used to develop and interrogate our collective understanding of the skills. The groups, first senior management, then frontline management, listened to excerpts of recordings and discussed the skills used. Examples from the recordings, and practice experience, were used to develop verbal anchors to support decision making when using the tool.

The practice tool differed from the research instrument, both in how it was structured and how key concepts were articulated. There was a consensus among the group in favour of structuring the tool around 3 domains of communication; behaviour change, good authority and relationship building. This made intuitive sense to practitioners and seemed easier to conceptualise than the seven independent skills. The fact the skills clustered statistically into these domains gave theoretical and empirical backing to what seemed a natural simplification.

The seven skill descriptors were used as a starting point to develop coherent descriptions of these domains. Participants were asked, in their own words, to give a working definition of each skill so the language was relevant and recognisable to practitioners. The definitions proposed are shown in Figure 3 below (1) alongside definitions from the research instrument (2), for comparison. Through further discussion and consultation, the two were synthesised to provide final working definitions for the practice tool (3).

Figure 3: Researcher, practitioner, and final agreed definitions of skills

<b>Skill</b>	<b>1. Research instrument Definition</b>	<b>2. Initial Workshop Definition</b>	<b>3. Final PT Definition</b>
<b>Evocation</b>	The social worker conveys an understanding that motivation for change, and the ability to move toward that change, reside mostly within the client and therefore focuses efforts to elicit and expand it within the therapeutic interaction.	The social worker is helping someone imagine what it would be like if things were different.	Helping the service user imagine what it would be like if things were different, and that the ability and motivation to change lie within.
<b>Collaboration</b>	The social worker behaves as if the interview is occurring between two equal partners, both of whom have knowledge that might be useful in the problem under consideration.	The social worker and the service user working together and setting shared goals.	Working together as equal partners and setting shared goals.
<b>Autonomy</b>	The social worker supports and actively fosters client perception of choice as opposed to attempting to control the client's behaviour or choices.	Getting the service user to take ownership of decisions.	Supporting the service user to understand their choices and take ownership of their decisions.
<b>Empathy</b>	The social worker understands or makes an effort to grasp the client's perspective and feelings: literally, how much the social worker attempts to "try on" what the client feels or thinks.	Understanding family experience.	Trying to understand the experience of the family from their own perspective.
<b>Child focus</b>	The social worker ensures the child is 'present' in the conversation.	Changes need to be child focused and related to the impact on the child.	Ensuring that the child is 'present' in conversation and work is related to the impact on the child.
<b>Purposefulness</b>	The social worker maintains a clear focus for the session.	Shared sense of purpose, balance the needs of a service user with the aims of the social worker.	Developing a shared sense of purpose and balancing the needs of a service user with the aims of the social worker.
<b>Clarity about concerns</b>	The social worker is clear about the reasons for social work involvement and able to engage in meaningful dialogue with the client about issues or concerns.	Being clear about involvement and risks identified from the referral.	Being clear about the reasons for involvement and discussing risks.

Once the seven skills were consolidated into three domains, the scaling was also modified to make it more practice friendly. The 5-point scale of the research instrument gave way to a 3-point scale, as managers felt categorising skills as low, medium or high was enough. As well as defining each skill domain, design workshops agreed descriptions of low, medium and high.

Figure 4: Agreed definitions of low, medium and high skill in each category

Skill category	Red (low skill)	Amber (medium skill)	Green (high skill)
<b>Change (Evocation)</b>	<ul style="list-style-type: none"> <li>Tells rather than asks.</li> <li>Verbal cues, 'you need people to talk to', 'you need to think about.'</li> </ul>	<ul style="list-style-type: none"> <li>Doesn't ask what the parent would like to be better.</li> </ul>	<ul style="list-style-type: none"> <li>Draws out what the parent has been doing differently.</li> <li>Acknowledgment of challenges, gives re-assurances and positive feedback</li> <li>Allows parent to identify the change</li> <li>E.g. 'How do you think that helped?' 'How have you managed to get him to school'</li> <li>Talking about the thinking behind change as well as behaviour</li> </ul>
<b>Good Use of Authority</b> Including: <i>Child Focus;</i> <i>Purposefulness;</i> <i>Clarity about concerns</i>	<ul style="list-style-type: none"> <li>Stuck on parent</li> <li>Circles of conversation</li> <li>Focus on negative e.g. 'Why 30 mins late?'</li> </ul>	<ul style="list-style-type: none"> <li>Defined visit</li> <li>Not much challenge from the social worker</li> </ul>	<ul style="list-style-type: none"> <li>Asks how the child has responded to the change</li> <li>E.g. 'What's he like in the morning'</li> <li>Focus on the priorities for the child</li> <li>Explained why she was there</li> <li>Workers clear about what they want to achieve in the session</li> <li>E.g. 'I came to...'</li> <li>Mines for parents concerns</li> </ul>
<b>Relationship Building</b> Including: <i>Collaboration;</i> <i>Autonomy;</i> <i>Empathy</i>	<ul style="list-style-type: none"> <li>Telling</li> <li>Offering, giving a solution i.e. worker came up with 8pm as appropriate bed time.</li> <li>Assuming people understood</li> </ul>	<ul style="list-style-type: none"> <li>Social Worker sounded patronising when talking about self as dis-organised</li> <li>E.g. Overuse of 'That's fantastic'</li> </ul>	<ul style="list-style-type: none"> <li>Helping mother to take authority for her schedule</li> <li>Describes what the parent's experience maybe of the conference</li> <li>E.g. 'I know it can be very difficult'</li> <li>E.g. 'Sounds like you're a bit more in control'</li> <li>Addresses that the parent is in control</li> </ul>

Senior managers across the organisation were allocated to frontline social work teams to carry out observations of the workers with families. The families were chosen in discussion between the worker and the observer, and covered a range of interactions, including phone calls, home visits and formal meetings. The observer used the tool to collect data on the skills that the worker displayed, and to structure feedback. The completed observation sheets were collected and anonymised by a senior manager, and then thematically analysed by the authors to explore where the tool had been applied and how it had been used.

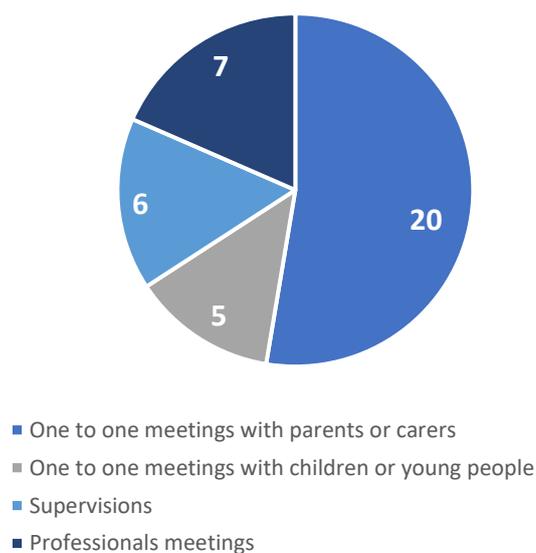
## Findings

Here we explore how the tool was used in practice. We report the types of practice meeting included (1) to offer a context for our subsequent analysis of how the tool was completed by observers (2). This explores both the way information was recorded and what this tells us about the value of practice tool observations more generally (3).

### 1. Type of practice meeting observed

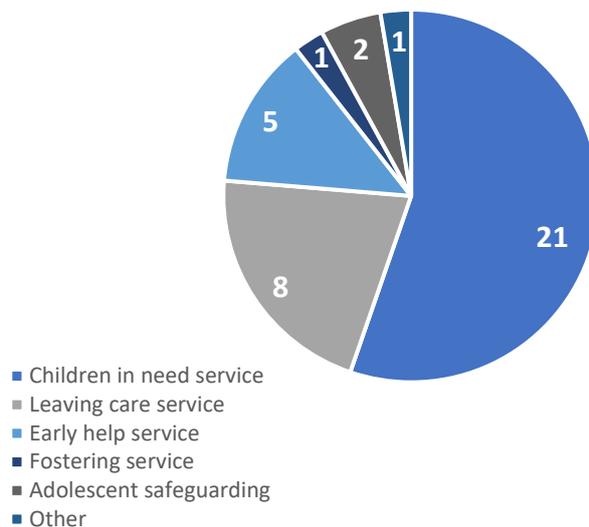
The tool was designed to be used flexibly, and in a wider range of settings than the research instrument, which had only been used in observations of parent meetings in the Children in Need service. Although the practice tool was mostly used to observe one-to-one conversations with adults or children and young people, around a third of the 38 recordings were observations of meetings with professionals.

Figure 5: Types of meetings where practice tool was used (n=38)



Observations also spanned Children’s Services, from Early Help to Leaving Care departments, as shown in Figure 6.

Figure 6: Service areas within the authority where practice tool was used (n=38)



Practice managers have broad remits and used the tool across a wide range of settings. This highlights that the real-world usage of evidence informed tools may vary from their (often narrower) theoretical or original applications. These settings can have disparate aims and objectives, and vary in structure, levels of formality and attendance. They demand a range of different skills from workers, so offering a useful framework to capture this is a challenge for the tool to overcome.

It is difficult to say how effectively the practice tool met this challenge. On one hand, the tool appears to have been flexible enough to be useful in many of these wider settings. Comments from professionals’ meetings observation records described how some of the skills were used to incorporate children and families. For example, during a core group meeting involving a family and professionals, a social worker was observed asking the group to “talk about the child/adult from their perspective allowing an open narrative.” (Core group meeting with family chaired by CiN social worker). Similarly, in another meeting, involving a family and a support worker, an observer noted skilful purposefulness;

“The meeting was well informed and [the support worker] provided clear description of why they were meeting and what they were hoping to achieve.” (Meeting with family and a family support worker).

This suggests the key domains of the tool resonate closely enough to guide service delivery (and appraisal) more broadly. However, on the other hand we found that recording practices and completion of the tool varied widely – and applying it across such a range of settings may have contributed to this.

*2. How the tool was used and the nature of information recorded*

Our analysis of the recording sheets showed that there was little consistency in the nature and amount of information recorded. This analysis is of course limited to what observers wrote down, and this may not reflect the verbal feedback they gave workers following the observations. Note taking was primarily as an aide memoir for this verbal feedback, so standardisation may be less important than it would be in other kinds of recording or data collection. Nonetheless, the variability in the notes that were generated made the data fairly limited from a service management perspective.

Another limitation that would affect the extent to which the tool might inform broader service delivery, is the inconsistent use of the rating scales. Most observers did not record a grade on the Red, Amber, Green scale. This suggests that further work on refining the tool would be needed before it could be used as senior managers intended, to develop practice at organisational level. Where observers did record a grade, different scales were used (some used Red, Amber, Green, others highlighted different descriptors that they thought fit the practice they observed, others qualitatively applied a level, noting ‘high’ or ‘low’). Examples can be seen in Figures 7 and 8. Again, observers may have discussed this in verbal feedback sessions, but it may be that there was some reluctance to grading practice in such a way.

Figure 7: Excerpt of observation of family meeting (A)

Behaviours	Description	Counts	Examples
Giving Information	Giving information	Green	Really good session. The worker clearly introduced herself and reflected on the reason for the visit. The worker discussed the referral, which was a self-referral through the mothers GP.  G clearly explained the reason for the visit and also discussed from the outset what they would cover in the meeting and what the expected end could look like. G was very open and allowed flexibility throughout the session.

Figure 8: Excerpt of observation of family meeting (B)

Behaviours	Description	Counts	Examples
Giving Information	Giving information	111	Daughter not to worry on student loans. How to convey specific special needs of son. About EHCP. About interpreters.

The varied recording, and the limited and inconsistent use of the rating scale, suggests that the tool can only be considered partially successful in providing a framework for observations within the MSW model. However, the insights the recording sheets offer into the observers' perspectives on practice were valuable in themselves.

### 3. General insights generated from practice tool observations

Completed practice tool documentation illustrated important differences between individual observers' understanding of the skills they were asked to consider, when and where certain skills might be appropriate (and inappropriate), and more broadly what they considered to be 'good practice'.

For example, one manager differed from their peers in seeing little potential for evocation during a first visit;

*"This was a first and unannounced visit and so not much scope for evocation."* (Notes from completed practice tool: family visit with CiN social worker)

The practice tool appeared to prompt reflection on practice skills that might not otherwise take place, and would not usually be captured, since it was widely agreed that case recording tended to focus on more procedural information (see also, Author's own, 2018). For example, child focus was recognised both during a core group meeting chaired by a social worker;

*"[The social worker] was very good at keeping the child at the centre of the discussion and was clear about the impact of adult behaviours"* (Notes from completed practice tool: core group meeting chaired by social worker with family and other professionals present).

and in a family visit;

*“A is naturally child focused, it seems to come easy to her and she poses questions such as “what do you think children learn from that?” she could have gone further with this and after asking questions about what he looks/ sounds like when he is angry disclosed what Z said about him but there may have been reasons for not doing this?”* (Notes from completed practice tool: family visit with a CiN social worker)

Some observers included suggestions and other modes of feedback for workers in their notes. One, for example, offered the following advice;

*[The social worker] did slightly speak over grandmother at the beginning when trying to scene set for the meeting, in response to grandmother interrupting [the social worker] ‘I know why you’re here’. Could have been helpful to give grandmother an opportunity then to say what her understanding was, check they had joint understanding – good opportunity to establish something in common at the start’.* (Notes from completed practice tool: visit with CiN social worker)

Another observer commented that “other social workers could learn a lot from [the observed worker’s] skills”, suggested peer observations to facilitate this, and noted that a training course called ‘Achieving Best Evidence’ might be valuable for this worker. Similarly, in another example, the observation record notes;

*“More clinical input is needed to think about how the social worker could make some silence/ space in the room, and challenge some of mother’s thinking more effectively.”*

There was also evidence that the process led the managers observing to reflect on the overall package of support for families and question whether it could be improved;

*“The relationship between mother and the social worker is excellent but mother is gatekeeping access to everyone else in the home. There is no acknowledgement however, that anyone or anything really needs to change in the family? So what is the purpose of the intensive support?”*

These examples suggest that being observed by a senior manager is a potentially positive way of achieving two important outcomes. First, enabling senior staff to influence the professional development of individuals throughout the hierarchy. And, second, reviewing and critiquing the

service families receive. Normally, in the typical linear management structure found in local authorities, the information that enables this would be filtered through immediate line managers or another less direct form of feedback.

## **Discussion**

This project grew out of a local authority's ongoing commitment to evaluating practice through direct observation. The practice tool guided those observations by rooting them in the MSW model and translating the knowledge contained within the research instrument into a more practitioner-friendly format. But the process of co-developing the tool raised some fundamental questions about how direct practice is perceived, appraised and supported. Two aspects have direct implications for local authorities. Both relate to the ways in which the purpose of the practice tool differs from that of the research tool. The first is about the resulting differences in the data it generates, and the second is about the how the tool can support practice development.

The study gives an insight into the ways in which research instruments and practice tools differ. A specific lesson is that practice tools need to incorporate space for critical reflexivity where research tools may not. Reflexivity is widely considered to be an essential aspect of good social work, and a process which is necessary for social workers (and agencies) to understand and account for the complexities of practice and the contexts it takes place within (D'Cruz et al., 2005, Ruch, 2002). Indeed, the managers who used the tool to aid observations tended to use it to exercise their use of reflexive practice, taking an approach more akin to appreciative inquiry.

The strong tendency among managers to focus on the positive examples of skills signals this approach, and it first became apparent during the workshops in which descriptors were being drafted. In these workshops descriptions of high skill were far more detailed and expansive in all categories, which suggests managers were abler or more willing to comment on what good practice was like than they were to describe less skilled practice. This pattern was replicated in completed observation forms, where we generally found more detail in the high than in the low skill categories.

For these practitioners it made sense to draw more on the positives and dwell less on examples of less skilled practice. One interpretation of this might lead us to argue that practice development should be more critical and look for ways to support managers to switch their attention from what was done well to how it could be done better. However, the conclusions we draw from this are different. Criticism is rarely the best way to learn, and a strengths-based approach may be more conducive to achieving the aims of practice development. Matthew Syed makes this point emphatically in his book, "Black Box Thinking", where he collates examples from a wide range of fields that illustrate the problems with criticising and blaming individuals for mistakes or bad practice and

the negative consequences for progress (Syed, 2015). Syed offers the pertinent example of the aftermath of the Peter Connelly case to show how unbridled criticism of social workers involved led to defensive practice and a range of other negative consequences for the profession (Syed, 2015; pp. 251-253).

Another reason to endorse the approach managers in our study brought to the observations is that social workers are more likely to participate in being observed if the experience is framed positively. Opportunities for learning through observation and feedback will be curtailed if the experience is viewed as an exercise in being criticised, and fewer observations will take place. The absence of such a direct feedback loop enables research tools to take a more critical stance, but our study demonstrates some of the adjustments required when translating this for a practice environment.

There are a number of different approaches to practice, and most local authorities do not explicitly use MI or MSW as a framework for social work. Indeed, many do not endorse any specific 'models' of practice. This paper therefore serves as a case study for the development of such a tool, more than it offers a specific exemplar for what other local authorities might use. Ideas about what constitutes good practice vary and organisations must determine their own key requirements. Moreover, the tool developed here would benefit from further refinement within the host local authority – where amendments could help managers use it as a more critical lens for appraising practice.

## **Conclusions and implications**

The process of working collaboratively to support senior managers to observe practice is a privilege that few researchers have. Likewise, few authorities have the time and expertise of an embedded research team at their disposal to work on developing, testing and refining a practice tool. The process generated insights that help us consider some overarching issues associated with linking research and practice in this way. Three implications for adapting research instruments for practice emerge from this;

### *1. The scope of practice tools may need to be wider than that of research instruments*

Research instruments tend to be very specific and limited in focus, because studies typically involve narrowly defined research questions that are applied in specific settings. In contrast, children's services organisations have expansive scope and work in many settings across different departments. As we found, practice tools probably need to encompass a wider remit than their originating research instruments. This has implications for how they are designed and reinforces the value of co-

development. It is also important to resist any temptation to become overly reductionist, and acknowledge that the complex dynamics of practice will never fit neatly into a set of descriptive measures. In the same vein, it is worth remembering that a key function of tools such as the one we describe here is to provide a focus for practice and observation and efforts to improve it.

2. *Co-development is an effective way of ensuring fitness for purpose*

Without some element of co-development and stakeholder engagement it is difficult to see how the resulting practice tool would fit within practice. As well as shaping the tool for the wide range of applications noted above, it also ensures its language and structure is appropriate. Managers in our study said they felt ownership of the tool and valued the opportunity to agree the wording and layout.

3. *The data generated may differ from research instrument data in nature and quality, but may be more useful for operational purposes*

The data generated by the practice tool (in raw form, at least) would not be appropriate for researching the quality of practice observed, due to inconsistency in recording and measurement. Yet it highlighted, both to us and to leaders within the organisation, that there was a need to further develop the organisational understanding of good practice. Furthermore, it was used individually to guide feedback to workers. Structuring such feedback around an agreed model is likely to enhance its value, while maintaining the tailored nature of bespoke observational feedback.

*'Bridging the gap'*

Differing methods and objectives between research and practice can obscure the commonalities and frustrate efforts at integration. Each stage of the metamorphosis from research instrument to practice tool involved collaboration, so it serves as a useful case study for bringing research and practice closer together. 'Bridging the gap' is a popular metaphor for improving the link between research and practice, but some attempts to do so have been criticised for being more akin to "digging a pipeline" (Epstein, 2015; pp. 499). The pipeline imagery pertains to the notion that often the transfer of knowledge is seen to be one directional; "from research to practice." (Epstein, 2014; pp. 499).

This project gives an insight into how the 'pipeline' might be avoided and illustrates one way in which we might integrate practitioner knowledge with other forms of knowledge. We must be cautious not to overlook the intellectual labour and theory building inherent within practice, because doing so fuels a myth that anything beyond simple cognition is the sole preserve of academics (MacAlister, 2017). This distorts the reality that research too has much to learn from

practice, and there are benefits for sharing in both directions. Linking the 'practice wisdom' that comes from proximity and familiarity of *doing* social work with evidence about the most effective approaches seems an obvious avenue for further efforts to improve practice.

## References

- ACHENBACH, T. 1991. *Manual For The Child Behavior Checklist/4-18 And 1991 Profile*.
- BOIVIN, A., LEHOUX, P., BURGERS, J. & GROL, R. 2014. What Are the Key Ingredients for Effective Public Involvement in Health Care Improvement and Policy Decisions? A Randomized Trial Process Evaluation. *The Milbank Quarterly*, 92, 319-350.
- BOVAIRD, T., & LÖFFLER, E. 2012. From Engagement to Co-Production: How Users and Communities Contribute to Public Services, in Pestoff, P., Brandsen, T., & Verschuere, B. *New Public Governance, the Third Sector, and Co-Production*. Routledge, New York
- DOMAKIN, A. 2018. Grading Individual Observations of Practice in Child Welfare Contexts: A New Assessment Approach in Social Work Education. *Clinical Social Work Journal*, 47.
- DUROSE, C., NEEDHAM, C., MANGAN, C. & REES, J. 2017. Generating "Good Enough" Evidence for Co-Production. *Evidence & Policy: A Journal of Research, Debate and Practice*, 13, 135.
- D'CRUZ, H., GILLINGHAM, P. & MELENDEZ, S. 2005. Reflexivity, its Meanings and Relevance for Social Work: A Critical Review of the Literature. *British Journal of Social Work*, 37.
- ELANDER, J. & RUTTER, M. 1996. Use and development of the Rutter parents' and teachers' scales. *International Journal of Methods in Psychiatric Research*, 6, 63-78.
- EPSTEIN, I. 2015. Building a Bridge or Digging a Pipeline? Clinical Data Mining in Evidence-Informed Knowledge Building. *Research on Social Work Practice*, 25, 499-506.
- FERGUSON, H. 2014. Researching Social Work Practice Close Up: Using Ethnographic and Mobile Methods to Understand Encounters between Social Workers, Children and Families. *The British Journal of Social Work*, 46, 153-168.
- FISCHER, H. M. 1945. Fischerisms. In: SMITH, D. (eds.) *Encore: A continuing Anthology*. Hoboken, NJ: Encore Press.
- FORRESTER, D. 2019. Evidence and values. *CASCADE: Children's Social Care Research and Development Centre* [Online].
- GOODMAN, R. 1997. The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, 38, 581-586.
- HALL, C. & SLEMBROUCK, S. 2009. Communication with parents in child welfare: skills, language and interaction. *Child & Family Social Work*, 14, 461-470.
- HAMILTON, E., CARR, A., CAHILL, P., CASSELLS, C. & HARTNETT, D. 2015. Psychometric Properties and Responsiveness to Change of 15- and 28-Item Versions of the SCORE: A Family Assessment Questionnaire. *Fam Process*, 54, 454-63.
- HAWKINS, J., MADDEN, K., FLETCHER, A., MIDGLEY, L., GRANT, A., COX, G., MOORE, L., CAMPBELL, R., MURPHY, S., BONELL, C. & WHITE, J. 2017. Development of a framework for the co-production and prototyping of public health interventions. *BMC Public Health*, 17, 689.
- JEWELL, T., CARR, A., STRATTON, P., LASK, J. & EISLER, I. 2013. Development of a Children's Version of the SCORE Index of Family Function and Change. *Family process*, 52, 673-684.
- MACALISTER, J. 2017. The end of false choices. *Journal of Children's Services*, 12, 158-163.
- MARTIN, S. 2010. Co-production of social research: strategies for engaged scholarship. *Public Money & Management*, 30, 211-218.
- MILLER, W. R. & ROLLNICK, S. 2013. *Motivational interviewing: Helping people change, 3rd edition*, New York, NY, US, Guilford Press.
- MOYERS, T., MARTIN, T., MANUEL, J., MILLER, W. & ERNST, D. 2010. Revised global scales: Motivational interviewing treatment integrity 3.1. 1 (MITI 3.1. 1). Albuquerque, NM: Center on Alcoholism. *Substance Abuse and Addictions*.

- OSTROM, E. 1996. Crossing the great divide: Coproduction, synergy, and development. *World Development*, 24, 1073-1087.
- O'LEARY, M. & BROOKS, V. 2014. Raising the stakes: classroom observation in the further education sector in England. *Professional Development in Education*, 40, 530-545.
- PETERSÉN, A. C. & OLSSON, J. I. 2019. Calling Evidence-Based Practice into Question: Acknowledging Phronetic Knowledge in Social Work. *The British Journal of Social Work*, 45, 1581-1597.
- PETTIGREW, A. 2003. Co-producing knowledge and the challenges of international collaborative research.
- RICHARDS, C. 2014. Judging the Quality of Teaching in Lessons: some thoughts prompted by Ofsted's subsidiary guidance on teaching style. *FORUM*, 56, 199.
- RUCH, G. 2002. From triangle to spiral: Reflective practice in social work education, practice and research. *Social Work Education*, 21, 199-216.
- SHEPPARD, M. 1995. Social Work, Social Science and Practice Wisdom. *The British Journal of Social Work*, 25, 265-293.
- STABLER, L, WILKINS, D, CARRO, H. 2020. What do children think about their social worker? A Q-method study of children's services. *Child & Family Social Work*. 25: 118– 126. <https://doi.org/10.1111/cfs.12665>
- SYED, M. 2015. *Black Box Thinking: The Surprising Truth About Success (and why most people never learn from their mistakes)*, New York, Portfolio/Penguin.
- WHITTAKER, C. E., FORRESTER, D., KILLIAN, M. & JONES, R. 2017. Can we reliably measure social work communication skills? development of a scale to measure child and family social work direct practice. *International Journal of Child & Family Welfare*.
- YANES A.F., McELROY L.M., ABECASSIS Z.A., HOLL, J., WOODS, D. LADNER, D.P. 2016 Observation for assessment of clinician performance: a narrative review *BMJ Quality & Safety*;25:46-55.