

FEEDBACK INFORMED TREATMENT

- manual for statutory
children's services

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TABLE OF CONTENTS

Introduction	8
PART 1 FIT - Basic approach and concepts	11
What is Feedback Informed Treatment?	11
The Outcome Rating Scale (ORS)	12
The Session Rating Scale (SRS)	13
The ORS and the SRS together	13
The working alliance and the stool	15
FIT as an involvement tool	16
Feedback culture	17
Error-centred culture	18
Deliberate practice	20
Statutory social workers as agents of change	22
Core competencies, ICCE and fidelity	23
Other key terms	25
PART 2 Statutory social work tasks and FIT	28
FIT and key legal principles	28
FIT in statutory casework	31
Preparing and introducing FIT	31
Using the ORS on the phone and in emergencies	34
Notifications/statutory consultation with parents	35
Child interviews	40
Network meetings with collaborating parties	45
The child assessment	46
Asking about parents' and siblings' well-being	50
Care plans and initiating interventions	51
Follow-up	53

Network meetings	57
Difficult cases	59
Cases without parental consent	62
Children with disabilities	63
Advice and guidance	64
Case files and access to them	64
Counselling within family services	65
PART 3 Implementation and organization	67
The “before-we-start-phase”	
– should we use FIT at all?	67
Short-term and long-term resource management	70
Further factors regarding the decision to implement	71
The “before-we-start-phase” is completed when	72
The pilot phase – when a decision to implement FIT has been taken	72
The pilot phase requires the following new functions	73
The project manager’s tasks during the pilot phase	73
The steering committee’s tasks during the pilot phase	74
Who is on the steering committee?	75
Software and tablets	75
The pioneers’ tasks	76
Selecting pioneers	76

The pilot phase is completed when	78
The “everybody starts” phase	78
The steering committee’s tasks during the “everybody starts“ phase	79
Who is on the steering committee during the “everybody starts“ phase?	80
The project manager’s role during the “everybody starts” phase	80
Training components	81
What support can staff be given in addition to training/supervision?	92
The “everybody starts” phase is completed when	93
The fully operational phase	94
The organizational structure during the fully operational phase	95
The project manager’s tasks during the fully operational phase	95
The steering committee’s tasks and members in the fully operation phase	96
The training structure during the fully operational phase	96
References	98

PREFACE

This manual is the product of a collaboration between Gladsaxe municipality and the Institute for Social Work, at University College Copenhagen. The project was financed by the A.P. Møller Endowment Fund. The aim of the project, which was entitled ‘Focus on Inclusion and Outcomes using FIT in Children’s Services’, was to improve the quality of interventions when children and their families come into contact with statutory children’s services in Gladsaxe municipality, which lies North of Copenhagen in Denmark.

More specifically, the aim was to develop Feedback Informed Treatment (FIT) for use in statutory children’s services with at-risk children for all Danish municipalities. Gladsaxe Municipality, which had had a positive experience with FIT in its family counselling services, paved the way, testing the approach, while staff from University College Copenhagen developed the manual and gathered the underlying empirical data. This development process took two years and involved interviews, extensive field work, and the production of short films featuring staff from Gladsaxe municipality and their children, showing the approach. The films which supplement the manual illustrate how to enhance the quality of work within children’s services using the approach. They were produced by Jesper Lambæk from Alpha Films and can be viewed at <http://fit.kp.dk>. They are in Danish but with English subtitles.

We would like to thank the family department at Gladsaxe municipality, who spearheaded this ambitious and important project, as well the A.P. Møller Endowment Fund that made the project financially possible.

INTRODUCTION

The aim of this manual is primarily to share Gladsaxe municipality's experiences of introducing Feedback Informed Treatment (FIT) in their statutory children's services with other municipalities. We will therefore start by describing Gladsaxe's vision. The overall aim of the project was to improve the quality of children services. Gladsaxe's vision combined two elements. First, to strengthen the dialogue and the municipality's professional relationships to children and their parents and thereby secure their right to the systematic involvement of their perspectives and views. Second, to generate accurate and useful data so the municipality could follow up on interventions in a better way and thereby enhance at-risk children's lives more effectively.

This manual has been written based on the premise that it can be read with little or no previous knowledge about FIT. In addition, the manual has been written so it can be used for controlled trials, where the effects of a children's service that use FIT can be compared with services that uses other approaches. In the manual we will employ the following terms: *Statutory authority* refers to the making of statutory decisions pertaining to law. This denotes a distinction from tasks such as family counselling and administrative tasks. *Statutory children's services* refer to the department, where the tasks regarding statutory authority are carried out. This denotes a difference from departments that carry out family counselling without statutory authority. The term *statutory social worker* is used for persons that are employed to carry out the tasks involving statutory authority in statutory family services. Most of these, but not all, are qualified social workers. *Child* refers to a person below the age of 18. *Parents* denote those persons that have parental custody. *Family member* refers to persons viewed by the municipality in a concrete case as being members of the family and its network. The use of the term

family member in this manual thereby includes persons that are not *parties* in the case. The *parties* are the holders of parental custody and the child. In statutory social work practice this distinction is important as parties have rights that persons, who are not parties do not have.

Throughout the manual, quotations from Gladsaxe staff are used to illustrate and exemplify the use of FIT. The quotations have been taken from interviews, formal and informal meetings, as well as from the film materials. The manual has three parts. Part 1 introduces core assumptions and concepts pertaining to FIT. Part 2 describes the use of FIT in connection with notifications, assessments, feedback regarding assessments, choosing social interventions, and following up on interventions among other things. It will thus become clear how FIT is used in different types of dialogues and meeting constellations within children's services. Part 3 describes the implementation process within the municipality. Gladsaxe municipality began its implementation in statutory children's services in 2017 as part of a municipal trial approved by the Danish Ministry for Social and Interior Affairs. Gladsaxe had worked with FIT for family counselling since 2011. The municipal trial meant that the statutory social workers in the family section were exempted from five sections of the Consolidated Act of Social Services, including the child assessment according to section 50. Instead, the municipality was supposed to use FIT as a dialogue and evaluation tool when working with the well-being and development of children who were at risk. It is, however, important to emphasize that being a part of this trial is not a precondition for working with FIT in the way described in this manual.

The approach described in this manual may therefore be used by municipalities as an integrated part of their statutory work with families under current Danish legislation and in combination with other social work methods. This legislation, including the basic principles according to the UN Convention

on the Rights of the Child, that involves securing the rights of the child, its development, well-being, equality and protection against abuse (also within the family), is assumed known by readers and is therefore not the focus of this manual. Initially, we would, however, like to make a few remarks regarding the implementation of FIT in this context. FIT cannot, of course, in itself, *ensure* quality and legal compliance. But FIT may *support* professional and competent social interventions undertaken by statutory authorities in accordance with the legislation and statutory requirements. This refers especially to the statutes regarding procedural law and the Consolidated Act of Social Services regarding involvement, screening, the statutory child assessment, child interviews, care plans, following-up, interventions without parental consent etc., as well as statutory regulations concerning advising, documenting case work, the handling of personal data, transparency, guidance, statutory consultation, the justification of decisions, and procedures regarding complaints etc. As with all approaches and methods, it is important to be aware of how FIT affects the professional's work including its strengths and weaknesses. We shall therefore in the manual sometimes indicate areas that call for special attention.

We hope that the manual and the 12 films can inspire and be used by other municipalities in and outside Denmark.

PART 1

FIT - Basic approach and concepts

What is Feedback Informed Treatment?

Feedback Informed Treatment (FIT) is an approach to psychosocial work that was originally developed in the USA for psychotherapy by the psychologists Scott Miller and Barry Duncan. This manual is based on Scott Miller's approach, and the FIT consultants who implemented FIT in Gladsaxe were trained by Scott Miller and his colleagues via The International Center for Clinical Excellence (ICCE). FIT is part of a development within psychotherapy, where the well-being of the client is continually monitored to see whether the client's well-being improves or deteriorates. This is done together with the client. The client's feedback regarding well-being is used to modify the treatment. In addition to measuring well-being, the client's experience of the collaboration is also measured. FIT is thus an approach where feedback is obtained from the client in a standardized way to adapt the intervention to the individual client. FIT does not offer suggestions as to how one should treat actual families. It aims to enhance listening to the clients' view of both their well-being and the collaboration, and then adapting the intervention accordingly. FIT is hence not a method, but an approach.

FIT measures well-being and collaboration by means of two simple tools: the ORS (the Outcome Rating Scale), which measures well-being since the previous session and the SRS (the Session Rating Scale), which measures the collaboration during the session. It is the client who does the scoring, which is typically done on a tablet which has had a FIT software

system installed. The ORS and the SRS are both ultra-brief and each is comprised of four focus areas. Each focus area is shown as a 10 cm long scale from 0 to 10. In Gladsaxe, tablets were used when the child, parents or others in the network scored the child on the two scales.

The Outcome Rating Scale (ORS)

The Outcome Rating Scale (ORS) measures well-being since the previous session. It has been developed as a self-rating scale and is used to measure progression during the course of treatment. The ORS is comprised of the following four focus areas:

Figure 1. The ORS from FIT Outcomes

"Name"

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

Individually
(personal well-being)

Interpersonally
(family, close relationships)

Socially
(work, school, friendships)

Overall
(general sense of well-being)

There are also versions of the scale for children (6-12) called CORS (The Children's Outcome Rating Scale) and YCORS (The Young Children's Outcome Rating Scale) for children under the age of 6. The scales have been translated into many different languages. The scales can be accessed from www.scottdmiller.com and are available in FIT software systems.

The Session Rating Scale (SRS)

The Session Rating Scale (SRS) is the scale that measures the collaboration during the session. The collaboration is measured according to the concept of the ‘working alliance’. The working alliance has been the focus of many studies within psychotherapy research. Research has shown that the client’s experience of the working alliance is significantly associated with the outcomes of psychotherapy. The working alliance is comprised of three elements: goals, tasks and bonds. The SRS measures these aspects of the collaboration. The SRS consists of the following four focus areas, which can be seen in Figure 2.

Figure 2. SRS from FIT Outcomes

"Name"

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

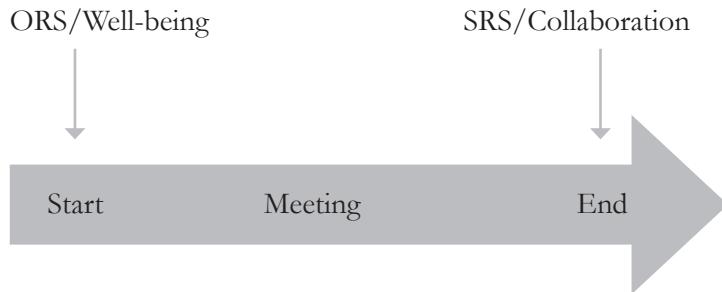
I did not feel heard, understood, and respected.	Relationship	I felt heard, understood, and respected.
We did not work on or talk about what I wanted to work on and talk about.	Goals and topics	We worked on and talked about what I wanted to work on and talk about.
The approach is not a good fit for me.	Approach or method	The approach is a good fit for me.
There was something missing in the session today.	Overall	Overall, today's session was right for me.

Examination Copy Only

The ORS and the SRS together

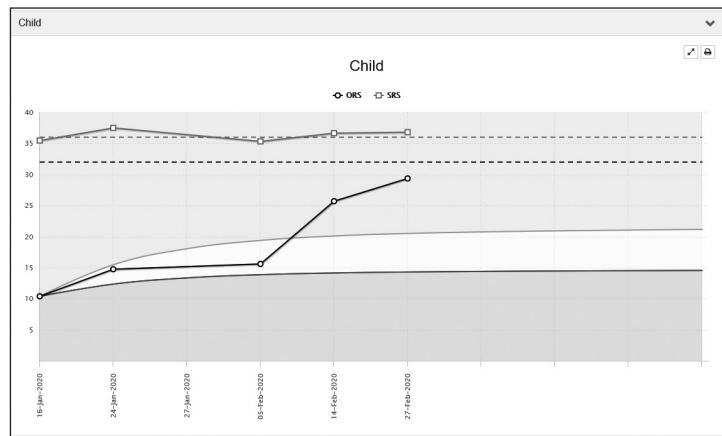
The ORS and the SRS are a dynamic whole. Well-being since the last session is reported at the beginning of the session on the ORS. The collaboration is reported towards the end of the session with the SRS, where the statutory social worker ensures that there is time to discuss the possibilities of improving the collaboration. This can be seen in Figure 3.

Figure 3. ORS and SRS together



The results from both scales can be viewed on a combined graph (see Figure 4), making it is easy to follow changes in both the child's well-being and the collaboration over the course of time. At the end of the meeting, when looking at the graph together, possible connections between the collaboration and the child's well-being may become apparent enabling a discussion about how to change the collaboration to enhance the child's well-being even more.

Figure 4. Graph showing the results of the ORS and the SRS



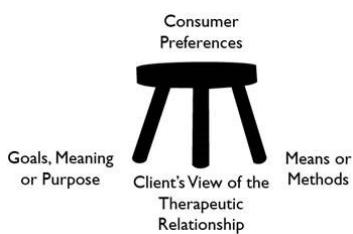
The ORS and the SRS must not merely be conceived as two scales that frame a session like a pair of bookends. FIT involves having a clear focus on collaboration regarding the

child's well-being during the entire course of interventions as well as during each individual meeting. The FIT approach involves developing a feedback culture, where staff are able to change and adapt interventions according to the needs and wishes of family members. The ORS and the SRS are regarded as two necessary support tools for this purpose. The ORS and the SRS also ensure the continual focus on the family members' experiences of the child's well-being and the collaboration.

The working alliance and the stool

One of the core concepts of FIT is the working alliance, which was developed by Bordin (1979). The working alliance is basically concerned with the collaboration between the professional and the family member. It can help the professional focus on whether the collaboration is on the right track. During FIT training, the working alliance is often drawn as a stool. This can be seen in the following Figure 5.

Figure 5 The working alliance stool



When family members experience that they have a shared goal with the professional and are satisfied with what they are doing together, and when they experience a good relationship with the professional, then there is a greater chance that interventions will have a positive outcome. When the SRS is used, questions are asked about how the family members experienced the working alliance/collaboration with the statutory social worker during meetings.

FIT as an involvement tool

FIT is an approach that enhances the families' involvement in the statutory process. A statutory social worker cannot contribute to change unless family members participate in the process of change. If they are not central and active parts in an intervention, then there is a risk that the invention will be ineffective. If change is to be sustainable, the family members must accept the change and drive the change forwards. If they work against the change, then the change will probably not last. Family involvement is key to effective family interventions.

FIT seeks to enhance involvement in a series of different ways.

- The ORS is an important tool for involvement. By systematically asking about and documenting the well-being of the child, the voices of the child and the parents become a continuous key part of family interventions, not just when the family is present, but also when the family intervention is discussed at the management level or in supervision.
- The SRS is also a tool for involvement that seeks to support dialogue about the collaboration at the end of meetings, where the professional and the family members can focus on whether they are on the right track regarding the relationship, goals, tasks, and whether something important may have been missed.
- A third but crucial aspect of FIT is that FIT implies that the organization works towards developing a feedback culture.

Feedback culture

Feedback culture is a culture where both the statutory social workers as well as the management, do not just hear the viewpoints of family members regarding how they are doing and how the collaboration is progressing. They must also, to the highest degree possible, given the statutory and financial framework, make decisions that take the viewpoints of the family members into account. This does not mean they must give family members whatever that want. It does however imply a constant professional endeavour by the statutory social worker and management to adapt the support so that it, to as high a degree as possible, suits the family members' situation and how they view their options. A high degree of involvement means the statutory social worker must be capable of entering into dialogue with the family about what is on offer and what is not, given the situation the family finds itself in, including the financial and statutory framework. Embodying statutory authority and at the same time securing involvement is the basis of statutory social work. This can be challenging. When statutory work is carried out, substantial parts of the work are predetermined in a way that differs significantly from most therapeutic interventions. Statutory work is subject to demands regarding objectivity, written documentation, etc. There are also demands regarding involvement and participation within statutory social work. The feedback culture in FIT fits in well with the statutory requirements regarding the involvement of the child and the parents' views. The statutory social worker may, during sessions, do more or less to ensure that the mode of collaboration is suited to the family members' preferences. He or she may ask and explore, to a greater or lesser extent, the family member's experiences of what is happening in their lives, and during meetings, and show more or less interest in why each individual acts in the way that he or she does. The statutory social worker may also be more or less open towards how their own preconceptions are challenged when working with family members.

A premise for FIT is that children and parents are viewed as experts in their own lives and are expected to have a central and legitimate voice regarding how the relationship with the professional should be. This is also a premise in statutory family work. A FIT informed statutory social worker carries out statutory tasks in ways that optimally take family members' preferences into account. The statutory social worker must remain open to family members' feedback and be positive when faced with criticism, viewing this as information that may contribute to improving practice, even if the feedback has a negative form. The statutory social worker must continuously work towards creating a safe environment where family members feel confident about giving positive as well as negative feedback to the statutory social worker. It is important that the family sees that the statutory social worker does not become offended or defensive when facing feedback. FIT is thus, to a high degree, a relational approach to social work, where one as a professional continuously reflects on one's own contribution or failure to contribute to the collaboration.

The statutory social worker should display trust in the family members' reporting by showing trust in the figures from the ORS and the SRS as an expression of the family members' views. The ORS and the SRS must therefore be introduced thoroughly and clearly to family members, so they understand the value and significance given to their feedback. The ORS, the SRS and the graph are relational tools that provide an opportunity for asking a lot of questions. The statutory social workers must communicate what they see and, based on the figures, pose additional questions regarding the family members' lives and the working alliance.

Error-centred culture

Bargmann (2017, p. 82) wrote 'if you want to create an environment that stimulates learning and the creation of new ide-

as and strategies, it is important to create an ‘error-centred’ culture.’ This implies that errors are seen as possibilities for learning, and that errors are dealt with in a non-judgmental way, maintaining one’s focus on how best to help families. FIT is thus NOT about defending oneself against errors or trying to make everything look right. Instead, it is about being open and curious when things are not going well. When a child or young person’s well-being is not improving, or when it is deteriorating, then this should, according to proponents of FIT, be an occasion for reflection and curiosity, and one should reflect both by oneself, together with family members, as well as with colleagues and experts, about how one may proceed in a new way. This attention to error makes sense both from a social work and from a legal perspective. Work within statutory family services is highly regulated. Internal as well as external procedures hold municipalities to account, as do digital case management systems, as well as a supervisory and complaint system; all set in place to prevent or limit errors in case management. These systems have been created based on high-profile tragic cases that have had a huge impact on how practice has developed. The culture within statutory social work in family services has, to a high degree, been concerned with enhancing control over services by strengthening internal administrative procedural requirements. One of the primary aims of this has been to eliminate errors in case management. With a background in statutory family services, it can therefore seem strange, when FIT experts talk about the importance of being error-centred, or when they may even say that you should ‘celebrate your mistakes’. Paying attention to errors is, however, a key requirement within social work and jurisprudence. From a FIT perspective, being error-focused involves being able to listen to and adapt, so that family members feel as understood as possible and thereby get motivated to enter a process of change out of consideration for their child. So what do the FIT experts mean, when they say that you should ‘celebrate your mistakes’? They mean that it is an occasion for celebration when a statutory social worker has developed a relationship with a

family where individual family members dare to speak their mind and show that the child's well-being is not improving, and that they are not satisfied with the collaboration. For FIT experts, error-centricity is about facing the lack of improvement and taking the family's critique on board. This is what FIT experts have in mind when they talk about being error centred. It is important to be very clear about the different but compatible views of what the term error means. According to the FIT approach, the focus on error is important, because professionals need to change their practice, when a child's well-being is not improving or if its situation deteriorates. In this case the statutory social worker reconsiders his or her perspective and ideas with help from the family and may change his or her understanding of the problem and possibilities, including reflections about how the statutory social worker may actually be hindering a solution. Changes in the statutory social worker's approach will typically be inspired by ideas from family members. An error-centred culture implies that the organization is constantly working to make staff feel sufficiently secure, assured and supported, so they dare to share their challenges and mistakes with each other. From both a FIT perspective as well as in terms of social work and legal requirements, it is a sign of quality, when staff members support families in voicing their opinions and are able to receive these opinions and try to convert them into a practice that may help the child in a better way.

Deliberate practice

Deliberate practice is another key term in FIT, which concerns the process whereby professionals maintain and develop their skill set. Deliberate practice involves making a personal commitment to professional development:

- That the professional is prepared to challenge him or herself and work in ways that lie beyond their 'comfort zone'

- That the professional aims to improve the outcomes of his or her work

Other elements of deliberate practice are:

- Identifying what is going well, and what is not going so well
- Focusing on where one's performance is worst or most inadequate
- Making time to reflect on the feedback one receives from families
- Receiving guidance from colleagues and experts, who also see data from the cases and perhaps also video recordings of meetings
- Developing, following and continually evaluating an individually designed plan for professional development
- Training/practising specific skills repeatedly until they become routine

(Rousmaniere et al., 2017)

In the literature, there are examples of what deliberate practices can look like. It may, for example, involve ‘mentally going through and reflecting on previous sessions’ and ‘mentally going through and reflecting on what one intends to do in the following sessions’ (Chow et al., 2015; 340). It may also be a “Plan-Do-Study-Act” training programme, where the statutory social workers: Plan one new thing that they would like to try out (for instance bringing a new topic up with a family); carry out what has been planned; study the experience (for instance be reflecting on how it went and how it worked); and act on the basis of this learning (for instance by reflecting on what they will at the next session or at other similar sessions) (Wolpert et al. 2017).

Deliberate practice and being error-centred go hand in hand. When a child or young person’s well-being is not improving or deteriorates, the statutory social worker must do some-

thing different. The statutory social worker may, for instance, change perspective, change the approach to the work, or act in a different way. In FIT, deliberate practice is a set way of working, where every day routines are challenged, where the individual statutory social worker continuously focuses on challenges and ways of expanding their way of working. Deliberate practice is also tied to supervision, which can, for example, include reviewing the statutory social worker's practice and training new skills.

Statutory social workers as agents of change

Another important aspect of working with FIT is that the statutory social workers must begin to act as agents of change. The term agent of change highlights that the statutory social worker's actions and way of being with family members are seen as something that may facilitate or prevent change. It is not merely interventions that the statutory social worker requests from service providers that facilitate change. When using FIT, the statutory social worker is expected to be able to talk with family members about how their way of acting and being may contribute to or hinder collaboration and the improvement of the child's situation. Typically, the family's responses to the ORS and the SRS will be used in such a conversation. The statutory social worker is also to a certain extent expected to change his or her own actions and way of being to improve the collaboration with the family members. There is, of course, a legal framework for the work that the statutory social worker carries out, but within this framework there is a certain room for manoeuvring. The statutory social workers are not required to have a psychotherapeutic qualification, but they must have some counselling skills and be able to conduct helping and supportive conversations and be able to reflect about their way of doing this.

Core competencies, ICCE and fidelity

FIT is based on a number of basic skills called the core competencies for FIT. Many of these have been described in Part 1. The core competencies for FIT are viewed as being the professional foundation for high quality psychotherapeutic practice. FIT practitioners may gain accreditation in FIT via The International Center for Clinical Excellence (ICCE) <https://www.centerforclinicalexcellence.com/>. Accreditation in the therapeutic use of the FIT approach focuses on 4 practice areas. These are described in the following box:

Competency 1: Research Foundations

- Clinicians are familiar with research on the therapeutic alliance.
- Clinicians are familiar with research on behavioral healthcare outcomes.
- Clinicians are familiar with general research on expert performance and its application to clinical practice.
- Clinicians are familiar with the properties of valid, reliable, and feasible alliance and outcome measures.

Competency 2: Implementation

- Clinicians integrate consumer-reported outcome and alliance data into clinical work.
- Clinicians collaborate and are transparent in their interactions with consumers about collecting feedback regarding alliance and outcome.
- Clinicians ensure that the course and outcome of behavioral healthcare services are informed by consumer preferences.

Competency 3: Measurement and Reporting

- Clinicians measure and document the therapeutic alliance and outcome of clinical services on an ongoing basis with consumers.
- Clinicians provide details in reporting outcomes sufficient to assess the accuracy and generalizability of the results.

Competency 4: Continuous Professional Improvement

- Clinicians determine their baseline level of performance.
- Clinicians compare their baseline level of performance to the best available norms, standards, or benchmarks.
- Clinicians develop and execute a plan for improving baseline performance
- Clinicians seek performance excellence by developing and executing a plan of deliberate practice for improving performance to levels superior to national norms, standards, and benchmarks.

Source: Bertolino, B, Miller S.D., (2012): ICCE Manual for Feedback Informed Treatment. Nr 6. Chicago: International Center for Clinical Excellence, p.43)

These competencies are the backbone of FIT training. FIT training in Gladsaxe consistently worked to develop these competencies, while at the same time maintaining a focus on changing the approach to suit statutory children's services. A central challenge to working with FIT is that there is no standard for, when practice is good enough, and when one, as a statutory social worker, may be regarded as 'fully trained', or when an institution may be termed an 'approved' provider of *bona fide* FIT. This is probably linked to the fact that FIT is based on the view that professionals are continually developing and that being in a constant process of development is something that characterizes the best practitioners. When implementing an approach like FIT, it is important to measure whether what is done in practice is in accordance with the approach described in the manual. There is a fidelity measurement system for FIT (Bertolino & Miller, 2011; 31- 42) called the Feedback Readiness Index and Fidelity Measure (FRIFM). This has been developed so that FIT consultants can monitor how the development of the core competencies in an organization is progressing, so consultants can initiate processes in the organization that support the implementation. It is important to note that no standards or norms have been developed for FRIFM that stipulate when a statutory social worker or an institution are carrying out approved FIT. Nor has a standardized method for scoring an organization with FRIFM been developed, which clarifies, for example, the percentage of each professional unit needing to score in order to obtain a valid and reliable score. In its current state, FRIFM can thus not be used to assess whether a department carries out approved FIT. In Part 3 of this manual, which concerns implementation, we have therefore chosen to stipulate clear requirements after each phase of implementation, since this manual aims to support a possible controlled trial of FIT in children's services, so comparisons between municipalities using FIT and municipalities that do not, can be made.

Other key terms

The following section introduces some central terms necessary for understanding the manual, including the films.

Collateral rating

When the ORS is used to score someone other than oneself, such as when a parent scores their child, this is called collateral rating. A mother, father, schoolteacher and the child itself may have four different assessments of the child's well-being. When the assessments all appear on the same graph, it is easier to start a dialogue with the family about the different perspectives and hence support collaboration with the family about the situation, they find themselves in. In statutory children's services, it is not uncommon that the child itself or the parents do not think the child is struggling, where other key persons are concerned about the child's well-being.

Cut-offs

A clinical cut-off is a line on a graph that concerns a person's well-being. The line separates persons who are worse off and are not ok from persons who experience that they are doing relatively better. When using FIT, people are doing relatively well when they score *above* the cut-off line on the ORS and relatively poorly when they score *below* the cut-off line. Statutory social workers may for instance present this line to the family in the following way:

“Children who have scored like you above this line on the ORS might typically say, that they are doing ok in life, as it is right now. Or that they have one specific problem that they would like help to solve.”

The cut-off is used as part of the dialogue when talking to the family about how things are going.

The clinical cut-offs vary with respect to age. A person can score a maximum of 40 points on the ORS, with 10 available

points for each of the four focus areas, measured along the 10 cm lines. The clinical cut-off for adults is 25. It is 28 for young people (aged 13-18), and it is 32 for children (aged 6-12).

There is also a cut-off line for the SRS. This is a cut-off relating to collaboration. Since the SRS measures collaboration and not well-being like the ORS, the line is merely termed a cut-off and not a clinical cut-off. The cut-off for the SRS is 36. If the client scores above 36, then it could be a sign that the collaboration is going relatively well, and if the client scores below 36, then it can be viewed as a sign that the collaboration is not going so well. As a statutory social worker, one should strive to make family members feel comfortable, so they dare indicate what is not so good and what you could do better. Paradoxically, getting a lower score can therefore be a good thing, since the family thereby shows that they have confidence in the statutory social worker, and feel safe talking about what could be better. It might, of course, also be a sign that the collaboration simply is not working well. If the family constantly provides a score of 40, indicating that the collaboration is perfect, then this is viewed as a sign that the family is not giving realistic feedback to the statutory social worker. In such a situation, the statutory social worker should prioritize focusing on what he or she can do to make the family feel secure and safe when giving feedback. A statutory social worker might for instance say,

“When you give me a score of 40 on the collaboration scale SRS, then I think that you might want to tell me that I am doing really well. Thanks for that! However, I’m not entirely perfect, and often there are things that even I could do better, so that our meetings suit you better. I would really like to hear from you if there is something, I can do better.”

The family member’s scores of the collaboration on the SRS are a starting point for talking about the collaboration

and how it can be adjusted to help the family in the best possible way.

Reliable and significant clinical change

Reliable change is change on the ORS with a minimum of 5 points difference.

Clinically significant change is change on the ORS with a minimum of 5 points difference, and where the client moves from below to above the clinical cut-off.

Expected treatment response

In some FIT software systems, a special line appears on the graph after the first score from the ORS has been registered. This line is called the expected treatment response. It is generated based on previous clients' scores and an algorithm. The line shows how previous clients with the same starting point have typically responded to interventions.

Norm data

The cut-offs and expected treatment response curves currently being used have not been developed based on data from statutory children's services. We recommended that cut-offs and expected treatment response curves are generated based on data exclusively from statutory children's services.

PART 2

Statutory social work tasks and FIT

This part of the manual does not describe the many legislative and practice rules and regulations that apply to statutory children's services. We will, however, reflect on how FIT can play a part in statutory social work, and on areas that warrant particular attention. We will do this addressing the specific tasks that statutory social workers in children's services carry out.

Statutory social work is subject to many legal requirements such as legality, impartiality, equality before the law, involvement, documentation, and special rules regarding case management, as well as regarding interventions without parental consent. Requirements such as these make statutory social work different from other psychosocial interventions, but in practice both areas can be dealt with by one and the same statutory social worker. FIT is, however, not developed for statutory social work, and therefore it is important to be clear about how FIT can and cannot help.

In the following, we will first look at a number of basic legal principles, and then explore elements of casework and how FIT can be used. We do not offer an exhaustive account of legal issues. References will also be made to the films, which follow the central steps of statutory casework.

FIT and key legal principles

Basically, all support for children and their families must be delivered based on principles regarding the child's best inter-

est, involvement and the principle of protection, which are all central principles both in the UN Child Convention and in Danish legislation. The use of the ORS and the SRS must therefore occur in accordance with these principles. There must always be an actual, individual assessment as to whether the child needs support, and when working with families according to the Consolidation Act on Social Services, this is key as to when and how one can and must intervene. FIT can support children's services' work to serve the best interests of the child.

The child's view is a crucial element in the assessment of what serves the child best. It is therefore a requirement, according to both the UN Child Convention and the Consolidation Act on Social Services, that the child, when capable of expressing its own view, is assured the right to express these views freely with regard to all circumstances that affect the child. Also, the involvement of the views of those that have custody is a legal requirement. The ORS and the SRS are tools for dialogue, which can support these rights by directing attention to collaboration and the family members' (including the child's own) perspective regarding collaboration and the well-being of the child. The ORS and the SRS can also help the child and the parents express themselves. If the child or the parents have a disability making it difficult for them to express themselves, this must be taken into account. A child's or parents' wish not to express themselves using the ORS and the SRS must also be respected. Statutory social workers may inquire about this, while at the same time explaining the municipality's duty of care, duty to offer advice and duty to document the case. At the same time the statutory social worker can inform families about positive experiences they have had when using the ORS and the SRS in relation to other families and, for instance tell families that many families have said that the ORS and the SRS improved their sense of being involved in their case. Very few family members in Gladsaxe municipality have declined to use the ORS and the SRS, and many expressed their satisfaction with them, particularly once they had got used to them.

Statutory social work can also use the family's responses to the ORS and SRS to inform their casework (in line with the investigation or official principle [in Danish: *undersøgelses- eller officielprincip*]). The approach to investigating a case must be objective and justifiable [in Danish: *saglig*], involve the relevant parties, and take place according to the statutory regulations relating to child assessments, child interviews, care plans, follow-up, etc. The approach must be based on a broad assessment of the child's situation (the comprehensive/holistic principle [in Danish: *helbedsprincipper*]), and at the same time there must be consistency between the goal of interventions and the means deployed to reach that goal (the proportionality principle). For instance, the degree of concern for a child must determine the steps the municipality can and must take to investigate the case and initiate interventions. In most cases in statutory children's services, where concern for the child and collaboration with the family are key elements, there will be good reason to use the ORS and the SRS, since these tools are manageable for the family and can make an important contribution to elucidating the case in a proportionate way. Both the family's scores from the ORS and the information gathered through the dialogue surrounding the filling out of the ORS may inform the case, but the ORS and the SRS will usually not in themselves provide sufficient information for elucidating a case. Considerably more information will have to be gathered, also from external parties. There may be special situations, where the use of the ORS in casework and the dialogue surrounding it may be regarded as sufficient elucidation of a case. An example could be, when following up on interventions when the parents, the child and the statutory social worker trust one other and there is no hidden antagonism between the parents and child, and where the judgment of the family is therefore deemed reliable. It is, however, the dialogue and casework connected with the use of the ORS, that determines whether statutory requirements for case elucidation have been complied with.

In the following section, we will review central elements of statutory casework in Children’s Services and the role of the ORS and the SRS.

FIT in statutory casework

Preparing and introducing FIT

Film 1 - The First Session - Statutory consultation in connection with a notification. This film shows a statutory social worker introducing FIT to two parents, and Film 2 – The First Child Consultation: shows the same statutory social worker introducing FIT to the parents’ son, Mark.

A key element, when introducing FIT to a family for the first time, is clarifying the fact that FIT is about involving family members to as high a degree as possible in what is about to happen. As mentioned, this requires continuous clarification about what conditions are given and what can be adapted to suit the individual family and individual family members, as the case proceeds.

The statutory social worker must be able to justify why the ORS and the SRS are used when these are introduced to family members. FIT involves each social worker finding their own way of presenting FIT, just as the wording must fit the person or persons one is speaking to. There is no correct way of introducing the ORS and the SRS. We recommend that social workers try out various phrases before starting out, and that they practise presenting the scales, so they have a number of different ways of introducing them. The statutory social worker may use roleplay to rehearse with colleagues, or simply think about the person or persons to whom they are about to introduce the scales and think about various phrases they might use when presenting the scales.

Justifications given regarding the use of ORS might be that the statutory social worker wants to know:

- How you view your child's well-being on its own, at home, in school and generally?
- How your view of your child's well-being compares with other people's views?
- Whether there are changes in your child's well-being over time?

The use of SRS also needs to be justified. The statutory social worker may for instance say:

“I use the SRS to remind me and ensure that you have been properly included in what is happening.”

Further justifications for using the SRS might be:

- I would like your help/tips/ideas, so that I can do my work better.
- The SRS helps to ensure that I listen to you properly.
- The SRS helps to ensure that I accommodate you as best I can.
- I am very curious about how what I do affects you. People are so different and experience things so differently. I hope you will help me understand how today's meeting was from your perspective.
- Research shows that the more I can work in a way that suits you, the more likely you and your child will benefit from what we do.
- I want what we do together to be on your terms, as much as possible. The SRS helps me with this.

These are only examples.

The statutory social workers in Gladsaxe have said the following about introducing the scales:

About establishing expectations:

“When using a method like FIT, it is important to introduce why it is used and how it is used, so the client is prepared for

what you are going to be doing together. This is about establishing expectations. It is about introducing how I intend meeting them and how I intend working with them. Ensuring that the client knows: ‘Ok, this is what we’re doing. And that’s what I can expect from this person sitting on the other side of the desk.’”

About adapting the introduction to the family:

“How far you go when introducing the method, and how thorough it gets, may of course depend on how the parents take your message, and whether they ask questions, or whether they just think: ‘This is something we would rather be over and done with’, when talking about the scales etc.”

About establishing trust:

“It is about establishing trust from the outset. If you arrive as parents and have to speak with children’s services on the basis of a notification, then most people would be pretty nervous. They are going to be afraid about what will happen. They will be concerned about what initiatives I consider taking. If I start by sketching out how I work and why I work the way I do, then this can establish trust and make them reassured.”

About the importance of being authentic:

“The method is used by the person doing it. If I sit and just regurgitate something, which has nothing to do with how I actually work, then I don’t create a calm atmosphere, and I don’t elicit trust. From the outset, I have to present it in a manner that is authentic to how I work.”

About presenting the scales

It is important that the scales are presented every time they are used. There will therefore be an element of introducing the forms in each session. If a statutory social worker takes over a family from another statutory social worker, the new social worker must spend a little more time re-introducing the scales and the FIT approach, since the family members must acquaint themselves with a slightly different way of express-

ing oneself about the approach and the scales. The culture of getting feedback is something that the statutory social worker continuously re-establishes with family members. Hence the repeated presentations of the scales and the use of family feedback all serve to sustain the culture, which the department wishes to maintain.

Using the ORS on the phone and in emergencies

Film 3 – FIT on the phone - shows the use of FIT, when a child phones the municipality's emergency hotline. Film 4 – FIT in emergency reception, shows how a statutory social worker continues to work with FIT during a meeting with the child, after FIT was used earlier in the day via the hotline.

Using the ORS in emergency situations can help the family see the scale of a problem. It can be used with both children and adults as well as with collaborating partners, who can score the ORS over the phone. The scales can be used as a starting point for a wider and more systematic dialogue about a child's well-being. Here is an example of what a statutory social worker might say to a child over the phone:

“If you imagine yourself on a scale from 0 to 10, where 0 means that things are going very badly and 10 means that you are doing really well, how would you say you have been during this past week, if you think just about yourself?”

By finishing the meeting off with an SRS, the statutory social worker indicates from the very first meeting, that they want to establish an alliance about a better future. They show that they are prepared to work constructively with parents and children. Statutory social workers must note that the meeting and data from the ORS may be viewed as a notification, and if this is the case, the child must be informed about this.

Notifications/statutory consultation with parents

Film 1 – The First Session – Consultation with parents following a notification. This film shows an initial meeting between a statutory social worker and parents after a notification regarding a child has been sent by a school.

When children's services receive a notification, a number of requirements apply according to the Danish Consolidation Act on Social Services, the General Data Protection Regulation and the Administrative Act. These relate particularly to registering information and assessment as to whether acute action must be taken, or a child interview, a statutory consultation or a full child assessment must be undertaken. The ORS and the SRS are important tools for dialogue in this situation. In a statutory consultation, parents who have custody, and possibly the child, must be given the opportunity to express their views concerning the information that the authorities have, and this must be noted and given due consideration in the case. There are, however, no specific rules as to how this can be done in practice. In Gladsaxe, there have been many discussions about whether the notification should be presented and discussed before scoring the ORS or afterwards. The conclusion has been that it is generally better to start with ORS unless the family strongly objects to this. One statutory social worker had the following to say about this:

“In the past, they might show up for the initial meeting and be very angry, ‘Why did the school send a notification? Things are actually fine and going well, and so on.’ And then you say, ‘Well I would actually really like to hear how you think things are going. Let’s start with that. Let’s start by hearing things from your perspective?’ This is just a real ice-breaker and a common third, ‘Well, let’s hear what you think, ok?’”

In this way, the ORS contributes to putting the family members' views at the centre of the conversation. The family

member's assessment of the child's well-being is maintained as something permanent on the graph that shows change in well-being over time, and in this way, it becomes a concrete, shared vantage-point for the conversation concerning how the child is doing.

The statutory social workers report that many families are initially concerned about whether they will be heard. Another statutory social worker noted about an initial meeting:

"I can really see that some of my clients are quite upset, nervous and afraid, 'What's going to happen? And will they listen to me at all?' And they may have some thoughts about, whether we have an alliance with the school, and now the whole system is against them. Then, this is just such a good tool, and I can say, 'No, we're actually together with you. Let's try to improve your child's well-being? Let's start from now on.'"

The statutory social workers note that the order of the agenda in statutory consultations is important:

"We show that we are actually more interested in, and engaged with hearing what they think, than we do if we start by going through the notification. Well, for me anyway, it is much more important to do this as the very first thing, before starting to get coloured by all kinds of other things."

Several of the statutory social workers in Gladsaxe point out that getting the family members to score the ORS early on helps to increase the family's confidence that the statutory social worker is not biased in advance, favouring the party that has submitted the notification. This is an important point, also in relation to legal requirements regarding impartial clarification of the case. One statutory social worker noted, with respect to talking with a family:

“It is all about removing the idea that somebody owns the truth about this child’s problems. And this is what the visual element and the graphs of the ORS can help make clear to the parents. It may support them in getting new perspectives on how their child’s well-being is doing, if I, for instance, after listening to them, ask the parents how they think the school would assess their child’s well-being. If the parents disagree with the notification or think that it is exaggerated and don’t see the problem, then this is where I ask exploratively: ‘What is the reasoning behind your assessment? Is it because they think that the concern is exaggerated? Is it because they are worried about my interference? Or what is it?’”

The ORS may thus be used to establish a dialogue with the child and parents concerning the child’s well-being and the child’s life situation and thereby also ensure that the right to be heard and involved are duly acknowledged. The ORS may be used to help parents find words regarding how they view their child’s well-being and hence also discuss how this assessment ties in with concrete aspects of the child’s life. The statutory social worker may, for instance, ask:

“You have shown me that (child’s name) is doing very well at home. Can you give me some examples of situations where (child’s name) is actually doing very well at home? (...) You have shown me here that (child’s name) is not doing so well at school. Can you give me some examples of what is not so good for (child’s name) at school?”

The ORS may also be used to open up a dialogue about how other parties assess the child’s well-being. This can be done by asking the child or parents directly how they think another party, for example the school, would assess the child’s well-being. This can be seen in Film 1 (first meeting, statutory consultation: 5 minutes 0 seconds). When intervening in a

case, it can be important to know whether the parties in the case have a shared understanding of the problems or diverging views. It is easier to solve problems, when the parties involved view the problems in the same way. In this context, delaying telling the family what the authorities know to manipulate the parents or the child into divulging information is not allowed. Similarly, one may not give the family members the impression that they are legally bound to express themselves.

If the parents score a very high ORS for their child, the statutory social worker can ask the parents how they think others view their child's well-being and why. A statutory social worker may, for example, say: "How do you think the main class teacher would assess (child's name) well-being? What reasons might she have for assessing it in this way? (...) So you look at it in different ways."

A statutory social worker might ask the child: "How do you think your mother/class teacher would view your well-being? (...) Ok, so you don't show them how hard things are for you. What do you think would happen if they knew how you are really doing?"

This kind of question can help elucidate the case by involving various perspectives on the case and reflections on how they interconnect, while at the same time making the parents reflect about the problems they face. One statutory social worker noted with regard to statutory consultations regarding a notification:

"I may sit in a consultation where suddenly it becomes clear that the mother and father view the child's well-being quite differently. They may score very differently. We may have two parents who completely agree that a child is doing terribly, and the child says it's doing fantastically. Some parents may sit and say that the child is doing really well, and then there is a

pedagogue from day care who says the exact opposite. So collateral ratings help visualize how the problems are seen differently.“

In such situations the statutory social workers may for example say:

“Ok, you (the parents) have assessed that (child’s name) is generally doing well at home and overall, whereas (child’s name) and the class teacher indicate that things are not quite as good. What do you think about this? What do you think they see that you can’t see? What do you think makes the school see your child in this way, a way that differs from your way of seeing things?”

Or,

“Okay, you (child’s mother) don’t think (child’s name) is doing well at home, whereas you (child’s father) feel things are fine? What is it that each of you see, which the other doesn’t see in the same way? (...) What do you think of each other’s views? and why do you think the other person has them?”

The various perspectives can be viewed together on the graph that shows the various parties’ ratings over time. This can be seen in Film 7 – Network Session (at 22 minutes, 25 seconds) and Film 9 – Status Session with Mark and Parents (at 0 minutes, 46 seconds). Basically, the various perspectives can be used to unfold differing ways in which the child’s situation can be understood.

The SRS is used together with the child and parents to focus on the collaboration and, more precisely, gauge the working alliance. The working alliance informs the entire way, in which FIT facilitates working with family members. The alliance is, however, particularly important initially when working with a new family, since the collaboration and hence the alliance is

yet to be established. Forming an alliance, when the child and parents do not have an expressed interest in meeting or do not even experience a problem, can be difficult. The statutory social worker must be very clear about the tasks at hand. One statutory social worker described working on the alliance in the following way:

“If the parents have some kind of resistance in relation to either what you say or to what they think you are up to or the like, then you have to stop and make some form of assessment of the situation and find out what’s going on. There is something about our collaboration, our alliance, which is not functioning. Either I don’t understand what their goal is, or otherwise there is something about my role which I haven’t taken into due consideration. There is something or other that you have to re-visit regarding your own way of proceeding.”

Child interviews

Film 2 – The First Child Interview: shows a statutory social worker conducting and reflecting during a first interview with a boy.

The ORS and the SRS can be used when the municipality, at various points during the course of a case, interviews children. Such interviews are a legal requirement in a range of situations. For example, when the municipality receives a notification about abuse, during the course of a child assessment, before a decision regarding an intervention is made and as part of the follow-up on an intervention. The various phases and rules imply that child interviews may have differing foci. For example, the child’s view about an intended intervention must be explored during the child interview that takes place prior to making a decision about an intervention. The statutory social worker must always take the child’s age, maturity and the nature of the case into consideration, when making care plans and when the child’s perspective is assessed. Children vary greatly in their

abilities with regard to participating in dialogues and saying something general about how to use the ORS and the SRS with children is therefore difficult. FIT is about adapting conversations to the individual, which corresponds both with the legal requirements and with social work ethics. The child must be informed that it is not obliged to participate in interviews and that the child has a right to have a person of their choice [or are representative from an NGO that supports the rights of children, [in Danish: *bisidder*] present. The child must also be informed that children's services have a duty to keep records and that persons with parental custody will normally be able to see what the child has scored on the ORS and the SRS.

Using a scale can help children express their emotional situation. Children today are used to indicating how things are going by pointing at a scale, since this is commonly used in schools and other contexts. It may be easier for some children to point at a scale to indicate how things are going than describe their emotions via words or drawings. Some children also find it easier to express their emotional state when sitting next to an adult and pointing at a screen, rather than sitting face-to-face with an adult who is watching them as they indicate how they are feeling. Pointing at a scale may be a good initial way of showing how things are going. The ORS exists in various editions (Child Outcome Rating Scale (CORS) and Young Child Outcome Rating Scale (YCORS)), which are easier to use with younger children. Statutory social workers in Gladsaxe often found it easier to use the scales with children than with adults. One statutory social worker expressed this as follows:

“Children don't ask as many questions about methods and procedures. They are used to being asked to complete various tasks. So having a tablet is often viewed positively. It is a common third. How much attention it should be given depends on how old the child is and the child's abilities.”

The child's response to the ORS can be used as a starting point for further questions about the child's specific life situation and what the child considers affects its well-being. A statutory social worker may for instance ask in the following ways:

“You have shown here that things are not so good at school. Can you tell me about something at school that could be better?”

“Children may find school hard for many different reasons. Some find it difficult following what's going on in lessons. Others are bored during class. Some have difficulty concentrating, because they have their own worries. Some have difficulties getting friends and feel lonely. Some just feel different and left out. Some don't feel good about the other kids in their class, while some are actually bullied. Some don't get on with the teachers. School can be hard for many different reasons. Do you recognize any of what I have said?””

Several of the statutory social workers in Gladsaxe found using the SRS to enter into a dialogue with younger children difficult. They did not expect that children could participate in advanced reflections about what they wanted from the meetings, and they were concerned about pressuring children to speak about something they could not talk about; or did not want to talk about. The overall experiences from Gladsaxe were that it was a good idea to lower one's expectations as to what the child was capable of responding with. However, posing the SRS questions was important. The use of the SRS did contribute to improving the quality of child interviews when used in an appropriate way.

Asking the child what it thinks, is both an intervention and a way of establishing and maintaining the feedback culture. The statutory social workers thus aimed to ask the questions, but without requiring a response from the child. The

statutory social workers said the following about getting feedback:

“Children often don’t feel like saying anything. It doesn’t matter. Then I might ask: ‘Can you name some points where we talked about something that was really important to you?’”

“I think that the SRS is very important in child interviews with regard to making sure that the child has a good experience, and that the child feels talking to me makes sense.”

The statutory social workers from Gladsaxe noted that they gave younger children a very concrete introduction to the scales and provided less explanations unless the children specifically asked for them. One statutory social worker said the following about introducing the scales to children:

“When it is a child, then maybe they don’t need to know why it’s good to use this method. If you’re 11 years old, then you just need to know where to put your mark. I show him the screen, and then I briefly explain what the various topics or categories include. Then I say, ‘I would really like you to fill it in, simply so I can understand how you’re doing in various areas of your life better. You can put a mark here if you feel worst, or here if you feel it is as good as it can possibly be at school. By school I mean during class or during the breaks.’ So, I try to simply unfold the questions for him. If I start by telling him too much about what the purpose is, or what I am going to use it for, then I would be asking him to understand much more than he is capable of. So, I’m more down at his level, saying: ‘I’ll follow you on your way. What do you need to do now? Now I would like you to do this.’ If he’s nervous, then it’s fine to shorten it and do it nice and easy.”

The statutory social workers highlighted how they to a high degree tried to establish trust and clarity for the children. Here are two examples:

“If he gets nervous, then I have to go back and figure out how I can calm him down. Then I must be careful and not just charge ahead with my agenda. It really has to be a good experience for him, and that he experiences that I can help him, and this won’t happen if I fail to notice that he is ill at ease. It is about getting him to respect the work I am doing, and that he has confidence in the work I do, as well as a belief that I’m trying to help him, and that I’m listening to what he’s saying. As soon as the alliance is broken, then I will have a child who is unwilling to talk about things. I then have a child who senses that saying anything out loud to me is a bad idea.”

“I did a child interview with a girl, and she scored the SRS very low. And then I asked her, ‘Well, was it because we didn’t get to talk about the things that really matter to you?’ ‘No, I’ve just been sitting this whole hour, and behind you is a game that I would really like to play next time.’ So sometimes with children it may be about some very minor practical issues. When I talk to them about the SRS, I may decide to give them some small examples as to what I might do otherwise. Perhaps they don’t like sitting down in an office talking. Then I might decide to say to them, ‘If you find this awkward, would it make sense if we went for a walk next time?’”

Some statutory social workers in Gladsaxe found when they used the scales, that some children tended to be more black or white, all or nothing, in their way of responding. They tended to score at the extreme ends of the scales. When something was good they scored around 10, and likewise 0 when things were bad. They found that adults were typically more nuanced.

Network meetings with collaborating parties

Film 7 – Network Meeting: shows the use of FIT at a meeting where the parents, the after school care pedagogue, and the class teacher all participated.

The ORS can be used to support the dialogue with the collaborating parties concerning the well-being of the child and the child's life-situation at network meetings. As described above, statutory social workers need to be aware that such meetings can involve an exchange of personal data. The ORS is used to help the collaborating parties be specific in their assessment of how they view the child's well-being and help them explain their view. The SRS is not used in meetings with a collaborating party, but only when speaking with the family alone. A statutory social worker can, for example, ask:

“You (class teacher) indicate that (child's name) is not feeling good at school. Could you give some examples of what (child's name) does which makes you think like this? (...) Do you have any more examples? (...) I can also see that you don't think that (child's name) is doing well at home. What makes you think this? How come you have not rated (child's name) even lower? What resources do you see in the child? Please, describe them to me.”

Collateral ratings are requested from collaborating parties in network meetings to gather information in a transparent way. The collaborating parties' scores appear on the graph alongside the family's scores.

The software system used by Gladsaxe enables staff to send the ORS by email or as a text message. This means that collaborating parties can prepare for the coming meeting.

Film 7 – Network Meeting: shows a statutory social worker asking a class teacher to explain why she scored the child as

low on the ORS as she did, while the parents are listening. This contributes to the mother's realization that her child is perhaps not doing as well as she had hoped. Experiences from Gladsaxe suggest that the use of collateral ratings by collaborating partners at network meetings can motivate parents to collaborate with children's services.

The child assessment

Film 5 – Mark's Assessment and Film 6 – Mark's Parents at an Assessment Interview. These films show the use of FIT in assessments.

The ORS and the SRS can also be used during child assessments carried out according to the Danish Consolidation Act of Social Services, where the ORS scale, including various parties' collateral ratings, may be a good starting point for a dialogue about a child's situation. In the assessment situation, the ORS may support the clarification of the child's, parents' and other relevant parties' views. Its use may shed light on resources and problems in relation to matters that must be clarified according to legislation. A child assessment must, when relevant, focus on the following factors: the child's development and behaviour, factors pertaining to the family, the school, the child's health, leisure activities, friendships and other relevant areas.

Various approaches to conducting child assessments are used by children's services in Denmark. Some municipalities base their assessments solely on the legal requirements. Other municipalities supplement the statutory guidelines with more specific social work assessment methods, such as the Integrated Children's System (ICS) or Sign of Safety (SOS), in order to ensure that a case is adequately assessed. FIT is, as noted, not a social work assessment method, but it may supplement the methods and approaches that the individual municipality has chosen to adopt. The primary intention of FIT is to ensure involvement and dialogue and to enable ongoing

measurements of well-being to detect whether there is change. A municipality may choose to adopt several different or one particular social work assessment method alongside FIT.

In the following section, we will describe how FIT can be used in relation to the six focus areas in Danish child assessment legislation: Development and behaviour, factors pertaining to the family, the school, the child's health, leisure activities, friendships and other relevant factors.

Development and behaviour: The responses to the ORS do not indicate anything specifically about the child's level of development, since the ORS focuses on the well-being of child and not its behaviour. The child's score and collateral scores regarding the child's well-being may indicate what the child is and is not capable of in terms of development but may not necessarily do so. The child's level of development will therefore have to be assessed using other methods. The score may indicate something about the child's behaviour, which the statutory social worker can ask about in greater detail, but there may be problematic aspects of a child's behaviour that are not related to the child or its parents' views of the child's well-being. For example, a child that has been subjected to many instances of abuse may experience that its well-being is good, because it is doing relatively better than previously; but the child may still have behavioural difficulties in a number of areas. Similarly, a parent may experience that the child's well-being is good even though the child has behavioural difficulties in a number of areas, as the parent may have other norms as to what constitutes well-being or may find it difficult to imagine how the child feels. The child's or parents' experience of the child's well-being, as measured by the ORS, can thus not always be used as a basis for understanding the child's level of development and behaviour.

Family factors: The ORS involves the child rating how it has been during the last week in relation to its close relationships, which include the child's parents and close friends. To ex-

press well-being in relation to family relations by asking the child to present a general assessment of family relations by pointing to a scale provides far too little information for an assessment of the family relations of an at-risk child. The lives of at-risk children are often marked by participation in many different settings. In families where parents live separately, it may, for instance, be relevant to ask the child to rate how it has been doing in a wide range of contexts, such as with mother, with father, with mother/father when they have their partners or other people visiting. It may be relevant to ask how the child feels about being with grandparents or other persons it visits. When the child is in care, this also needs to be asked about, for instance with a foster family. In families with addiction or mentally ill parents, everyday life may be experienced very differently due to the parents' changing behaviour. This may also make it difficult for children to make a general assessment about how things are going when it comes to close relations, as the ORS requires. It is therefore more appropriate to ask about how things are going, when things are going well and badly.

School factors: In a child assessment, school factors constitute a separate area that must be assessed. The statutory social worker can use the ORS as a starting point for a dialogue regarding school factors. The ORS involves the child rating on a scale how it has experienced the previous week in relation to school and acquaintances. In addition to collateral ratings from the school, the request for general reports from the school to elucidate the child's situation will therefore typically be needed, if school factors are central to the case. When conducting a child assessment, it is important to describe the possible causes of a lack of well-being. A lack of well-being in school might relate to not being able to keep up or being challenged too little during class, finding it hard to concentrate, being lonely and outside the group, bullying, etc. By asking the school and the parents to rate collaterally how school is experienced, the statutory social worker may get a picture of whether there is a shared understanding of the child's well-being at school.

Health factors: The ORS does not have a question that directly pertains to health. Well-being and health may, however, be linked. The statutory social worker may therefore use the scale that focuses on the child's general sense of well-being to enquire about whether there are physical, psychological or other health factors that affect the child's well-being.

Leisure activities and friendships: Friendships are assessed via two scales on the ORS. One focuses on family relations and close friends, whereas the other focuses on school and acquaintances. In Gladsaxe they primarily use the first scale to assess family factors and the second to assess school factors, which includes the child's relationships with classmates.

Using the ORS in connection with an assessment is about strengthening cooperation with family members and other parties when working to grasp the child's situation and well-being. The ORS is used to strengthen the alliance during the assessment period, so that a better shared understanding of the child's situation can be attained. By continuously working on the alliance, the statutory social worker strives to increase the family's trust, and FIT may in this way improve the quality of information obtained in assessments. FIT may help during an assessment both as an element, when elucidating the case and with respect to hearing and involving the child and parents more systematically in the assessment process.

The following shows how statutory social workers from Gladsaxe handled discrepancies with regard to how a child's well-being was viewed in assessment meetings:

“How do you think I should understand the fact that you're not concerned, when the school is concerned?
What can you see, which the school can't see?”

“Take a look at what he (the child) has scored. He has scored that he actually feels fine. What do you think

this shows? Is it because there are some areas where you're more concerned than he is? Or is it because he takes care of everything or wants to tell me everything is fine? Or is it perhaps about something completely different?"

"And if they still maintain, 'No, we think that our child is doing well. The school is wrong. The municipal authorities are wrong', then you have to intervene and talk about, 'Why do you see your child in this way? And why does the school see it like that?' And then you have a dialogue about that."

Asking about parents' and siblings' well-being

In connection with child assessments in Denmark, the statutory social worker must also inquire about the parents' and siblings' well-being and talk with them about their understanding of their well-being. This can be done using the ORS as a starting point.

Parents who do not experience they are doing ok can find it difficult to support their children to the same extent as parents who are doing well. Children will typically be affected by their parents' lack of well-being, even if the parents try to hide this from them. In some cases, the best way of supporting children may be to support the parents and focus on enhancing their well-being, since this may have a transferred effect on the children. By taking care of the parents, who are not doing well, the statutory caseworker may alleviate pressure from the children who have taken responsibility for their parents' problems, and this may ultimately improve the well-being of the child. By focusing exclusively on the well-being of the child, one risks merely catching the symptoms of the family's problems and not their causes, which may lie with the parents. In Gladsaxe, the statutory social workers use the ORS in certain cases to inquire about the parents' well-being. The method is used in Gladsaxe particularly when working with the parents of children with disabilities, since this is seen as

a way of entering into a dialogue about how the family is doing as a whole, including the parent's resources with regard to supporting the children and hence the family's need for added support.

The statutory social worker must focus on siblings and their needs and follow up on the family siblings' well-being during the course of an assessment. It is important to be aware of the fact that siblings may only present an ORS showing signs of poor well-being, once a feedback culture has been established with them. Family dynamics may also come into play, if, for example, one child in the family improves, while another child at the same time deteriorates.

Care plans and initiating interventions

Film 8 – Care Plan Meeting: shows how FIT can be used during a meeting concerning a care plan and the statutory social worker's reflections.

This film is based on the Danish statutory requirement that a care plan based on the child assessment must be written in collaboration with the child and the holders of parental custody to as great an extent as possible. This must be done before a decision is made regarding an intervention. Using FIT in connection with communication about the care plan, can help secure that relevant short- and long-term goals are in the plan, and that the child and the parents' views are given the appropriate weight.

A care plan meeting is in some ways just another meeting in a series of meetings and an opportunity to get family members to assess the child's well-being once again, to see if there are changes. Once again, the ORS is used to check in with family members to see how things are going and whether anything has changed. If the child's or other parties' ORS repeatedly shows that the child's well-being is not so good, then this can motivate the child and its parents to enter into a process of change.

Some FIT software programmes provide an expected treatment response curve on the graph showing the development that will typically take place if the family gets appropriate help. This may motivate families to enter into a process of change, as the curve indicates hope and an expectation that the child's condition will improve if help is given.

A low well-being score on the ORS can also be taken into consideration when planning an intervention. Poor well-being, alongside other factors, can influence decisions about how quickly an intervention should be initiated and how encompassing the intervention should be. In a family where the problems are smaller, a family intervention might be less frequent but with sessions over a longer time period.

The SRS plays a particularly important role in care plan meetings, as the SRS involves reflections about whether the family members felt the care plan incorporated their preferences. When planning and deciding what is going to happen, the working alliance is particularly important. The working alliance concerns the goals that are set, and the means of reaching these goals. What is agreed during the care plan meeting may have long term consequences for family members. If family members are not committed to what has been agreed, then the chances of the intervention succeeding are significantly lower. There is therefore good reason to allocate extra time to the working alliance via the SRS during care plan meetings. One statutory social worker described this in the following way:

“When you sit in a care plan meeting and are about to talk about the goals, then the alliance is quite important, because if disagreements arise concerning the goals, well, then you have to find out what needs to be done. ‘What do we need to work on?’ And you could say that I should just choose to insist on what I think is right in such a situation. But that won’t make the family members take the steps that I want them to take. So

the alliance is particularly important. And then I might stop and say: 'Well, what kind of goal can we agree on?' or: 'Where do you think we should start?' In such situations I always try to find areas where there is some agreement. As this is generally the best starting point."

This statutory social worker continued to describe how important the alliance was, since it helped maintain the child's and the parents' engagement with what was about to happen. The statutory social worker continued:

"Sometimes you need to be sensitive as to whether you're about to lose their engagement, or whether you're about to lose the alliance. You have to sense whether you're losing it, so you can stop and say: 'Hey, now I sense you're reluctant about answering these questions, or that you are against what I'm saying'. The therapeutic alliance, if that stool collapses, then it doesn't matter how many goals I have written down, the family members will approach the intervention with their arms crossed. If I maintain an alliance and keep revisiting it, then the intervention I refer them to has the best chance of working out."

Follow-up

Film 9 – Status Meeting with Mark and his Parents: This film shows the use of FIT at a meeting about how the family counselling that the family has been referred to, is progressing.

A key part of statutory social work involves family services following up on interventions and, based on the child's needs, making decisions about the interventions, after revising the care plan. When a situation changes, it may be necessary to supplement or conduct a new assessment. The follow-up process involves interventions being stopped if the goals in the care plan have been realised, or if they are not going to be realised. Interventions will also be stopped when a child turns 18, unless the young person has been offered af-

ter-care support. The statutory social worker must focus on the young person's transition into adult life and need for additional support in a timely manner. The ORS can be used to continuously follow up on the child's well-being during interventions and thereby maintain a constructive dialogue about how things are going in relation to the care plan. Once again, the statutory social worker must remember that well-being and risk are two different phenomena that may be linked, but are not necessarily linked. The ORS can be used once again to set an agenda about the child's well-being, which is a topic that the family is usually interested in discussing. One statutory social worker said the following about follow-up meetings:

“When you have a status meeting, then using the ORS is really meaningful, because it allows you, together with the family members, to look at the development that has potentially taken place. You ask questions about some of the concerns you had initially, and you ask about how the concrete goals in the care plan have been addressed, and you get a sense of how the family sees itself.”

Another statutory social worker said the following about status meetings:

“The ORS helps to show how much you have changed. It's about, ‘how you scored previously, how you score now, and how did you get from the previous score to this score? How would you describe getting to this point? What worked? what did your family counsellor help you change?’ So the ORS helps quite a lot, so you realize what kind of development has taken place.”

A third statutory social worker said the following about the use of the ORS at follow-up meetings:

“It may help the family members become conscious about the development they have experienced. There is also an element of showing your appreciation when

talking with family members about how they have changed their behaviour or how they now do things in a different way. You can look at the process on the graph and say, ‘Do you remember when we started here? Then this and this happened, and then we moved on to this point. And I can see that this probably happened in connection with...’”

The ORS cannot be used to determine whether an intervention should be terminated. The following highlights three situations, where an intervention should be continued even though the child’s well-being is high.

- When an intervention is a way of taking pressure off or relieving a child and/or family members, then a high level of well-being can indicate that the relief intervention is working, but one would expect the child’s well-being to decrease if the intervention is stopped, as the child would then again be left in a stressful situation without support. Within statutory social work, identifying when an invention primarily aims to provide relief is crucial. Statutory social workers also make care plans that seek both to relieve and improve the day-to-day conditions of the child. In such cases, a high child well-being score can also be a sign that the relief intervention is working well and cannot simply be used to terminate interventions.
- When there is a high risk situation and the primary purpose of the intervention is the child’s protection, then a high well-being score might similarly indicate that the intervention is working. In statutory social work, identifying when interventions are primarily intended to protect the child is similarly crucial. Statutory social workers can make care plans that seek both to protect the child and improve its day-to-day conditions. In these cases, one cannot use a high well-being score as the basis for terminating an intervention.

- A child may also have a high well-being score on the ORS, where there is still a need for more progress to be made in specific areas to stabilize the improvement.

The SRS is also an important tool for following up on the family members' experience of the collaboration with the statutory social worker during the course of interventions. Care goals may change while the family members take part in interventions. The SRS helps the statutory social worker become aware of whether the care goals need to be changed. The family members' preferences about interventions also typically change over time. In this respect, the SRS helps the statutory social worker check that the family members feel involved and understood. The following passage includes three quotations from statutory social workers about the use of the SRS in follow-up meetings:

“The SRS is really important, also in the context of status meetings, because you have to find out if the client is ok about the decisions that I have taken. And whether the communication was ok? So, the SRS can ensure that the process you have initiated continues to work.”

“Using the SRS in status meetings makes good sense, because you must continuously check your alliance with the client. You may not get the client to agree with the decisions you have taken. It is much more about helping the client find a way of living with the decisions you have taken, or about doing what you can to accommodate the client as much as you can, so they feel seen and understood.”

“The dialogue can help you follow up and perhaps change the care goals.”

A challenge when using the SRS in statutory social work is that the SRS only focuses on the collaboration in the meet-

ings where the statutory social worker is together with family members. Statutory social workers are also responsible for care services that are carried out by other service providers but funded by the municipality. Family members' experiences of cooperation in assessments and interventions carried out by other service providers are also important to the case management process, but the statutory social worker does not use the SRS to assess meetings with other service providers. The SRS is only used to focus on meetings with the statutory social worker.

Network meetings

Film 7 – Network meetings: This film shows a meeting where parents, the main class teacher and a pedagogue from after school care meet with the statutory social worker to discuss the child's well-being.

Network meetings are often held during the course of cases in Denmark. The ORS can be used in network meetings to generate a shared focus on the child's well-being, which is typically what such meetings are about. It provides a basis for exploring the various perspectives on the child's well-being as a starting point for a dialogue, and it makes following the child's well-being in various settings over time possible. One statutory social worker said the following about using the ORS during network meetings:

“The ORS can be a very good way of bringing the various parties that are in the network together to see how much we agree on, how much we disagree about, and when we disagree, what it's about. In this way, it can really contribute to our collaboration, clarifying differences, and getting us to talk about them as different perspectives rather than as some kind of debate about who is right.”

The dialogue around the ORS is thus a starting point for developing a collaboration about the child's well-being. Typical-

ly, the collaborating parties score the ORS at a network meeting, since the family has often done so at a previous meeting. But the statutory social worker may also ask everybody to score the child or ask the collaborating parties to score the ORS prior to the meeting. The advantage of scoring before the meeting is that the scoring does not take time from the network meeting itself, and this may give the collaborating parties more time to fill out the scale. The advantage of doing this in the network meeting is that the statutory social worker then gets the opportunity of hearing the reflections pertaining to the scoring, while at the same time guiding the collaborating partner so they fill out of the scale correctly. In addition, the family sees the collaborating partner fill out the scale, which enhances the transparency of the process. The statutory social workers in Gladsaxe do this in various ways. One statutory social worker said the following about how she used the ORS in such meetings:

“If you use the ORS in a network meeting, then I would, for instance, ask a teacher to ‘FIT’. I would say, ‘Would you please describe in relation to these four areas how you experience the child is doing?’ And when I have done this, I would, for example, try to show how it compares with the parents’ views, indicating areas where they see things in a similar way, or perhaps talk about precisely where there is a difference in their understandings of what is at stake for the child.”

An important aspect of this work involves clarifying how the various parties view the child in different ways and getting an overview of how each person sees the child based on the contexts which they are a part of. One statutory social worker said in connection with this:

“The more collateral ratings there are, the better. Because then you can get to talk about where there are different ratings, and where they agree. So instead of the parents experiencing that the school totally misun-

derstands them or that the school says, ‘But you don’t take responsibility’, then you can use the collateral ratings to say, ‘Well, there are these areas where we agree. So that’s a starting point.’ So it is about finding out where to start. Children have many arenas in their lives, and they are not always in harmony, but collaboration across the various arenas can help the child. Thus, simply ensuring clarity with regard to the various concerns is also helpful.”

The ORS is used as a starting point for the dialogue where the parties talk about how they experience the child. It is used to follow up on changes in the child’s behaviour seen from the various parties’ viewpoints. One statutory social worker noted:

“It’s a long-term tool. The teacher scores, and so do the parents, and we agree that something needs to be done. Then we start something up, and three months pass by, and we have another network meeting. Then I want to see that the parties who were concerned perhaps now actually note quite a different score. Then you can actually say to the parents, ‘Take a look here: Some of the things the school felt needed changing have actually happened.’ They now score differently. They experience that he is doing well at school, and it all suddenly becomes visual and clear.”

The SRS is not usually used in network meetings in Gladsaxe. In Gladsaxe the statutory social workers do however strive to provide an opportunity for children and parents to express themselves about their experiences of network meetings after the meeting. They do this, as many children and parents find participating in network meetings strenuous and worrying.

Difficult cases

When managing a case, the statutory social worker must always make individual, concrete assessments about the case,

including which methods are appropriate, suitable, and relevant. During the implementation of FIT in family services in Gladsaxe, the staff discussed whether they should refrain from using the ORS and the SRS in certain situations and in particular cases. They questioned whether it might be counterproductive and unsuitable in certain situations and certain cases. While this might be the case, the staff found that even in very difficult meetings it could be appropriate and relevant to ask the family to respond to the ORS and the SRS. In the following, two statutory social workers offer examples of their use of the scales with children just after a parent's death and while a parent is dying:

“When I had to meet these children for the first time, having lost their mother, I could see that my previous colleague had ‘FITted’ with these children. And I felt like, now I’m going to meet these children for the first time, and I have to bring a tablet, and I’m supposed to ask them how things are going. And then it actually turned out to be easy, because the children had tried it before, and they just scored, and we talked based on their scores. So the barrier was more about me and my preconceptions that you can’t really sit with a tablet and talk to children who have just lost their mother. But actually, you can.”

“It is also partly to do with your relationship with the person you are going to talk to. I had a case with a girl, whose parent was on the brink of dying. Everything was pretty traumatic and awful, and it actually made great sense, because I had expected she would score incredibly low on the family bit, because her mother was about to die. But she didn’t, because there were others around to support her, and other matters occupied her. And there I had initially thought, ‘Can you really do that?’ And now here I am, sitting here with my tablet, and it worked incredibly well.”

The statutory social workers talk about many similar instances where using the scales, contrary to expectations, worked well and where the scales were useful with respect to clarifying the case. One statutory social worker noted:

“We have lots of positive stories about fearing the worst and thinking, ‘this is not going to work at all’! And then you do it anyway, and it actually turns out that the clients take it very well. Using a tablet isn’t as stupid as it seems, as everybody uses tablets, especially children, so they are totally into it.”

FIT and the use of a tablet can thus give the statutory social worker access to information about the child’s situation and viewpoint in a gentle, impartial and proportional manner. There are however situations where the statutory social workers have avoided using the ORS and the SRS. One statutory social worker noted:

“I actually think that FIT fits all cases. However, there are certain situations where I don’t think it is appropriate, for instance when picking up a young person at the police station.”

The statutory social workers provided several examples of situations where they chose not to use the scales. For example, one statutory social worker reported:

“Some time ago I was called to a children’s residential home, where a young person had been sexually molested, and there I thought it would be unethical to take a tablet out and ask, ‘Could you just score yourself, how is it actually going?’ There was something in me that said, ‘No, not right here’. And in court and in a police car, I just couldn’t, because I thought, ‘No, this is not a place where we use this method.’ So you can’t always use it.”

Cases without parental consent

Danish law stipulates that the requirements regarding case management, background documentation and content are heightened in child placements without parental consent. This calls for reflections about the use of FIT. In such cases, family services must document in their assessment and recommendation to the municipal committee that makes such decisions, that there is a clear and serious risk to the child's health or development due to certain conditions pertaining to the parents or the child, and there must be a substantiated presumption that the problems cannot be resolved at home. Parents and children have special rights in these cases, including the right to information regarding access to files and legal support. Collaboration and continued support are also a prerequisite in these cases and parents have a right to support after a care placement.

The statutory social workers pointed out challenges with regard to using the scales in cases without parental consent. One statutory social worker noted:

“In cases without parental consent it can be challenging if the family says everything is just perfect, where we, for obvious reasons, see things differently, since we have arrived at this decision. It can sometimes be kind of difficult to get a dialogue with the clients, where they feel listened to and feel that their views have been acknowledged.”

In cases without parental consent or other conflicted cases, FIT cannot dissolve real disagreement, conflict or a lack of consent. When working with FIT, it is therefore important to be very clear about what family members can and cannot actually influence.

One statutory social worker pointed out, in connection with cases without parental consent, that it actually makes sense to use the SRS in such cases, because the collaboration with the

parents continues after the placement. The use of the SRS with parents shows that they are still regarded as important partners, and that family services still want to give them as much influence and support as possible, even if a placement without parental consent has been approved. Using the SRS can in these cases support the statutory social worker's focus on the child and its parent's needs both during and after the placement.

Children with disabilities

In cases where a child has a disability, Danish statutory work is based on a functional ability criterion, principles for disability compensation, sector responsibility, inclusion, etc. Normally these cases are primarily viewed as applications for support, and the legal requirements differ slightly from cases where the focus is psychosocial problems. But a functional disability assessment is also based on a comprehensive assessment, where the views of the child and its parents are central, and fundamental statutory requirements regarding the rights of parties, the elucidation of the case, involvement, written documentation, etc. apply, as in other cases.

One statutory social worker reported a special challenge concerning the use of the ORS and the SRS in a case concerning recompensing income loss due to a child's disability. She noted:

“Then the family thought about applying for lost income, while their child was sick with cancer and FIT would mean I would have to have them rate, ‘how are things going?’ Using FIT makes sense in situations where you are collaborating on improving a child’s well-being. This was not the case here. My job was to process an application for income support. Obviously, an ORS concerning the development of a child would be out of the question. The child was hospitalized with a disease that is only going to get worse. But the SRS and the whole idea that family members feel they are being met regarding their needs is still relevant.”

Advice and guidance

Clients have a right to advice and guidance, also anonymously. This is an important part of statutory social work regardless of the type of case. Low threshold cases that involve advice and guidance perhaps combined with preventative services, can be processed according to a section in the law where the legal demands regarding case management are less encompassing. In these cases, no formal decisions as such are made, and the rules regarding statutory decisions do not apply. However, the municipality's duty of care still applies. FIT can be useful in such low threshold cases, as the scales can help the statutory social worker continuously reflect about the duty of care and whether the child should be referred on to a more comprehensive or intensive intervention.

Case files and access to them

In statutory social work all documents relevant to a case must be filed, just as notes must be taken concerning significant case management steps and key facts in the case. Logging documents and taking notes document what is happening in the case. This work has several functions. It supports the case management process and makes this process transparent for internal and external case revisions. It can be made available to the family if they request it. FIT scores and the interpretation of the FIT scales must therefore be filed to the extent that they are significant to the case. Documents must be logged as soon as possible and having a procedure in place for doing this is important. This ensures that family members, children's services and the various supervisory bodies that control and check up on case management processes can access information pertaining to the case.

Parties have a right to access to all relevant information, including FIT documents. FIT scores and the interpretation of scores may inform decisions in an important way. The family's FIT scores must therefore also be accessible, if they request access to files. Other persons, such as for example collaborating parties, also have a right to access in-

formation that is relevant to them. FIT scores must therefore also be handed over if other parties apply for access. Similarly, case materials must be available when requested by a supervisory body. This means that family services must ensure the individual family members' names appear in the FIT software programme. In some software systems, the statutory social worker can take screen shots or PDF-files of FIT scales and graphs and file them in their case management system.

Counselling within family services

A challenge facing statutory social workers within many Danish family services departments is that counselling may be new to them, as their work prior to using the FIT approach was mainly a matter of case management. The general experience in Gladsaxe is that the ORS and the SRS support the statutory social workers in their new counselling role:

- The ORS and the SRS are supportive as they provide a framework for meetings.
- The ORS shows whether things are progressing or not.
- The SRS shows how the relationship with family members is doing.
- The SRS can be used to clarify what help the family members want and whether the process is meaningful to the child and/or family members.
- The ORS and the SRS help the statutory social worker make adjustments during the course of meetings.
- Feedback from the family members' ORS and SRS help the statutory social workers become aware of their own strengths and where they can improve their counselling skills.

In the following section, statutory social workers who are new to counselling report how they find the ORS and the SRS supportive in relation to managing a series of meetings with a counselling focus:

“I recall thinking, ‘I’m not a professionally trained family counsellor.’ Some of my colleagues are concerned as they are not trained in a specific counselling approach. But you can learn how to do it. As long as you get some training, some colleagues you can practise with, and learn from your mistakes, then you grow into it.”

“We use FIT as a tool to build a relationship. This relationship takes us a long way. Therapy isn’t rocket science. We just have to be present, listen and be there for them. And that’s what we use FIT for, as a tool for dialogue, and many of my cases have gone well using this approach.”

The statutory social workers reported that the ORS helps, as they can see how things are actually going and the SRS helps them start a dialogue with family members about what to focus on in meetings:

“It helps me feel confident, as I can see, are things getting better? Or do I need to refer the person in question on to something different as soon as possible? Perhaps the help I can provide here and now is insufficient?”

“FIT is a really great way for us to go in and measure the help we are offering. Does it work? It’s really important that we are progressing? Is there any change? Or do we need to stop and think differently?”

PART 3

Implementation and organization

Gladsaxe has implemented FIT in accordance with the ICCE Manual No. 6 (Bertolino & Miller, 2012). This part of this manual is written based on the project field work concerning Gladsaxe's implementation. It describes what FIT implementation in Gladsaxe actually involved. The implementation was divided into 4 phases:

1. The “before-we-start-phase”
2. The pilot phase
3. The “everybody starts” phase
4. The fully operational phase

The “before-we-start-phase” – should we use FIT at all?

The aim of the “before-we-start-phase” is to ensure that the foundation for the decision to introduce FIT is so solid that the FIT implementation process will be a long-term success. Implementing FIT at all levels in an organization is demanding. Key goals in Gladsaxe were as follows. Statutory social workers in the family department should act as agents of change rather than merely caseworkers from their first contact with families. Families' involvement in statutory processes should be enhanced. The coordination between the family services and the family counselling departments needed improving. All in all, there was an aim to enhance and support the statutory social workers in their work with families. The management has to be firm and resolute in its conviction

that FIT is the right solution for the family services department if they want to implement FIT. The process leading up to the decision is therefore important. There must be good reasons for implementing FIT, and staff need to be informed about the management's grounds for introducing the new approach. Good reasons may, for example, include a wish to strengthen involvement and follow-up processes for children and parents, a desire to know whether parents and children experience that the interventions work, a desire to strengthen the statutory social workers' qualifications in a coordinated manner, a desire to create a professional frame of reference for the department, or a desire to organize oneself in a way that corresponds with parents' and children's preferences to a greater extent.

The management should therefore immerse themselves in knowledge about FIT and take some courses in FIT. They must then hold a series of meetings where they discuss the pros and cons of implementing FIT. They should discuss the challenges FIT can and cannot solve. They should consider how FIT fits and does not fit with the way the department is organized at the present point in time, and for example ask themselves to what extent they are prepared to introduce a feedback-oriented culture and organize the work on the basis of feedback from parents and children. How FIT corresponds with the interventions and social work methods that the family department already uses constitutes a further relevant question that the department should address before a decision about implementation is made.

Furthermore, the management must consider whether FIT implementation should be combined with other organizational changes. Should the statutory social workers be organized differently? Should tasks be distributed in new way, and should the individual teams perhaps be smaller with fewer staff referring to each line manager? Perhaps the caseload should be different when the statutory social workers are expected to intervene more?

The management must be prepared to:

- Implement a system that is driven by client feedback and outcome data.
- Identify and offer the necessary degree of professional training and support.
- Establish policies and procedures for documentation and information processing that support FIT implementation, while at the same time working to reduce the time spent on tasks pertaining to documentation.
- Address the issue of caseloads, since using FIT implies that the statutory social workers adopt a more counselling orientated role. Gladsaxe did not reduce caseloads.
- Address the issue of qualifying the statutory social workers in their new counselling orientated role.

A story from Gladsaxe:

The management chose to implement FIT in the family department in Gladsaxe as they wanted to enhance the families' involvement and their outcomes. The head of family services in Gladsaxe noted that they wanted vulnerable families to engage more with services. They thought that using FIT systematically would give them a clearer picture of how family members experienced their improvement in connection with services. The head of the family department noted:

"For us it was a very simple choice, since our family counselling service had already implemented FIT. Through their work, we could see that it made sense and saw that there were elements of FIT that we could use in a similar way to measure outcomes in our statutory casework. One thing we wanted to do was to measure progression or the lack of it in the children's well-being. Another important aspect was that we saw a system where we could measure the outcomes of the statutory social workers' performance. We had previously not been able to measure the significance of their relationships with clients for outcomes and thereby whether they made a difference as statutory social workers."

"The vision for FIT was the systematic involvement of family members in their own case and an increased focus on outcomes. We

expected the introduction of FIT in children's services would contribute to more coordinated solutions for the individual child, for the families and for the municipality as a whole. We expected the introduction of FIT in statutory social work would lead to an improvement in quality and fewer intervention breakdowns."

We recommend that an element in this initial phase is a whole day or two half-days that are set aside for the management to discuss thoroughly, whether FIT should be implemented in their department. In order to enhance the level of discussion, the department can invite a FIT consultant to facilitate the day and guide the management through the questions that need to be addressed before the implementation starts.

Short-term and long-term resource management

The management must be prepared for a long-term implementation plan, since according to experts, it may take 5 to 7 years to implement FIT fully. There will be:

- Costs for external consultants for training days for statutory social workers, for training days for management and possible further training of FIT pioneers as supervisors
- Costs for establishing FIT supervision
- Costs for purchasing tablets and licenses for FIT software programmes

The time spent qualifying a whole department will involve a temporary reduction in services if additional resources are not provided to maintain the level of services. The management needs to remember that there will be running costs related to FIT, even after its implementation.

To get a realistic estimate of the necessary resources for full implementation, the management will have to set targets regarding the extent to which statutory social workers are expected to use FIT. Decisions need to be made regarding

which basic competencies all statutory social workers are expected to have and which competencies only some statutory social workers with special functions must have. A key issue here is whether the department needs to train its own FIT experts who can subsequently train staff and conduct FIT supervision. Factors such as the size of the department, access and costs regarding external consultants, the number of candidates suitable for training as trainers and supervisors, and the ability of the municipality to retain its staff, are all important factors that need to be taken into account when assessing costs.

Further factors regarding the decision to implement

If the management decides to implement FIT in the organization, it must make a plan with benchmarks that describes the implementation process. The management must work to remove organizational obstacles to implementation and establish an organizational framework that supports the implementation process.

When the decision to implement has been made, a document should be written regarding the decision the management has made regarding the implementation, and the mandate regarding how FIT will be implemented, including the decisions and measures that will be taken to support the implementation.

A decision to implement FIT in a Danish family services department would typically need to be approved by the municipal board of directors and by a local political committee. This was, however, not the case in Gladsaxe. We recommend securing broad political support to ensure continuity throughout the implementation process, especially as there will be local elections during the implementation process given its length.

A decision to implement FIT is a decision to achieve the following:

- Family services will establish a structure for identifying which children are at risk with regard to negative or poor outcomes based on individual and aggregate ORS data.
- Family services will establish a structure and policies regarding dealing with children who experience poor outcomes, ensuring that families experience continuity with regard to the services being provided.
- Family services' management and staff will be informed regularly about outcome data broken down according to interventions and departments.
- Family services will let the length of interventions vary based on ORS data.
- Family services will establish a plan for staff training and support in FIT at all levels.
- The management at all levels will work to establish a feedback culture.

In this phase the management must commit itself to this vision.

The “before-we-start-phase” is completed when

- The management is thoroughly acquainted with FIT and what it implies.
- The decision to implement has been agreed in the entire organization.
- There is an estimate of costs.
- Written material has been prepared describing the basis for and the intention behind the decision to implement FIT.

The pilot phase – when a decision to implement FIT has been taken

The aim of the pilot phase is to qualify the department so it is prepared for full implementation. This implies:

Training a group of staff/pioneers in FIT so they can support their colleagues, when all staff members start using FIT. Having pioneers test FIT in the various sections and functions of the family department, so that obstacles are identified and dealt with before all staff members start using FIT.

The pilot phase requires the following new functions:

- One or two project managers need to be appointed.
- A steering committee needs to be appointed.
- A software system and tablets must be bought and set up.
- A pioneer group must be established.
- A course of training for the pioneers must be established.

The pilot phase lasts at least 12 months.

Time must be allocated so the project manager(s) can complete their tasks.

A story from Gladsaxe:

In Gladsaxe the project manager's tasks were divided between a consultant with limited experience of FIT and a staff member with a lot of experience with FIT. Together, this amounted to less than one full time position. The FIT expert primarily dealt with FIT-related professional tasks such as planning, monitoring and carrying out training, contact with the software supplier and following up on benchmarks. The development consultant also followed up on the implementation benchmarks and dealt with administrative tasks connected with the implementation. It is important to assess the project manager's competencies in relation to FIT, statutory social work with families, as well as project management, before he or she is appointed.

The project manager's tasks during the pilot phase

During the pilot phase, the project manager has to:

- Ensure that targets and benchmarks for implementation are in place based on discussions in the steering committee.

- Plan and facilitate the steering committee's meetings so they follow up on benchmarks and barriers to the implementation.
- Follow up on the decisions made by the steering committee regarding FIT outside meetings.
- Deal with budgets in relation to the implementation.
- Spar with all levels of management in relation to the implementation process
- Plan and ensure that training, supervision and other elements regarding staff qualification are carried out.
- Keep in contact with the software system supplier with regard to managing data.
- Ensure optimal communication about FIT internally in the organization.
- Deal with enquiries about FIT from external parties.

The steering committee's tasks during the pilot phase

The steering committee is responsible for developing and overseeing the formal implementation plan and the use of FIT. The steering committee plans, organizes, resolves problems and coordinates on an ongoing basis all aspects relating to the implementation and maintenance of FIT practice within the department. The steering committee takes the necessary decisions in relation to practice and the structures needed to support FIT.

We recommend that the steering committee meets regularly once per month. The steering committee should remain in place throughout the implementation period, but even when FIT is fully implemented and operational some sort of steering committee will be necessary.

The steering committee must be in close and ongoing contact with the involved members of staff in the family department. It is important to decide how the steering committee will be informed about possible barriers that staff members encounter in connection with the implementation. It is similarly important to have an agreement in place about how

decisions taken by the steering committee are communicated on to the frontline statutory social workers.

Who is on the steering committee?

The head of family services and managers from all sections of the department are represented on the steering committee, so that it can take decisions, and feedback is ensured from all sections as to how the pilot phase is proceeding. Members of the pioneer group should be on the committee, so they can contribute with experiences gained from the pilot phase. Pioneers from each section should be represented, since different challenges may appear depending on the type of case the statutory social workers work with. The trainers who train the pioneers should also participate, since they gather important information about the challenges facing the staff during training. The project manager or a member of the management team is responsible for planning and running the steering committee. If the management choose a structure where a primary administrative staff member is involved with the management of FIT, then this person should also participate. Note that the members of the steering committee are not entirely identical in the next phase.

Software and tablets

Various software systems can be used to support FIT, and new systems are currently being developed. Tablets are also continuously being developed. At present, each family member cannot be identified by their Danish national identity number in these systems. In statutory case management systems, however, persons are identified by their national identity number. In FIT software systems, family members' names are used instead. At present, FIT software systems cannot therefore be aligned with or integrated with the case management systems used in children's services in Denmark, so FIT data are automatically logged in the child's case. In this manual, we will not recommend any particular system, but only point out that the system must comply with the General Data Protection Regulation (GDPR), which is the EU's per-

sonal data protection Act, which was introduced in Denmark alongside a Danish supplementary legal act [in Danish: *Databeskyttelsesloven*], and it must comply with the municipality's own policies regarding data and data protection. The system must also be reliable and user-friendly. Staff members must be able to see their own aggregate data, and managers must be able to see aggregate data pertaining to their own section.

The pioneers' tasks

The pioneers constitute a front-line in relation to implementing FIT. They are the first staff members to go undergo FIT training. They establish routines in working with FIT and should encounter problems first and devise solutions in collaboration with the management so that the road is clear when all staff members start working with FIT. They can then support their colleagues when all staff members start using FIT. The pioneer group is selected with a view to them being long term FIT-champions, which implies that they are particularly committed and professionally skilled with regard to their use of FIT. There will typically be staff members in this group, whom the management might subsequently train as trainers and supervisors. When implementing an approach like FIT, it is important that staff members support the enterprise. Some statutory social workers will probably find it difficult to make sense of FIT before they have tried it out in practice. The role of the pioneers is to lead the way and acquire expertise about how FIT works best. They can then communicate this on to their colleagues and support them and thereby increase the chances that the implementation will be a success.

Selecting pioneers

The pioneers are particularly engaged members of staff who can lead and support the implementation when all staff members start using FIT. Important criteria for their selection are their professional skill, their engagement and their good relations with their colleagues. It is also important to select pioneers who work with different case types, and in

different sections, so they can test and support the implementation in relation to the various sections and also gain experience with different types of cases.

The pioneers test FIT in a range of contexts:

- At initial meetings with new cases
- At consultations following a notification
- At assessments
- When families are informed about decisions and the results of assessments
- When following up on interventions
- In connection with counselling
- With different types of service users such as children/parents, persons with various physical, psychological and/or cognitive disabilities

In these contexts testing involves:

- Scoring the child alone
- Scoring children of different ages
- Helping parents rate children collaterally
- Helping professions rate children collaterally
- Having parents score their own well-being

Basically, it is important that the pioneers develop their own way of both presenting FIT and discussing FIT with the families as well as using FIT in their casework and counselling work with families. The pioneers are the first representatives of the cultural change within the organization and are key to driving this change process.

During the pilot phase, the management also needs to decide which counselling skills the statutory social worker should be supported in developing, and how they will be trained and supported with regard to these skills. See the section about statutory social workers as agents of change in Part 1 p.22 and the section about counselling skills in Part 3 pp.83-84.

The pilot phase is completed when:

- A sufficient number of pioneers have gained so much experience with FIT in various contexts that they can support their colleagues who are about to start using FIT. The number will depend on the size of the department.
- The management is prepared for the challenges it will encounter when all staff members start using FIT.
- Procedures for the use of FIT have been established, for instance concerning logging data in case files.
- The project manager has made a concrete plan for local implementation with benchmarks that have been approved by the management.

The “everybody starts” phase

The purpose of this phase is that all statutory social workers get to use FIT in all cases, unless it is not deemed relevant in the individual case, or when the parents or the child decline to use the scales. This implies that all statutory social workers must now be trained in FIT and practice FIT in their work. Important aspects of this phase are that the FIT mindset and culture become a shared foundation for the department's work, and that a change takes place so that the department develops from primarily referring cases on to counselling, to also undertaking certain counselling tasks.

The “everybody starts” phase involves three structural changes:

- The participants in the steering committee change slightly.
- The pioneer group is dissolved, but the pioneers are given roles as FIT buddies and possibly trainers. A FIT buddy is a colleague, appointed by the management, that a colleague can approach during their daily work to get advice, guidance and practical support, when starting up with FIT (see Film 11 – FIT Buddy).
- An inhouse training structure is established.

The “everybody starts” phase involves two steps:

- During the first step (4-6 months) the staff members may choose freely to experiment with FIT in their cases, so that they get used to using FIT and develop their own way of talking about FIT while receiving training.
- During the second step (approx. 12 months) the statutory social workers must use FIT with all new cases.

The steering committee’s tasks during the “everybody starts” phase

As mentioned above, the steering committee is responsible for developing and overseeing the formal implementation plan and the use of FIT. The steering committee plans, organizes, problem-solves and coordinates on an ongoing basis all aspects relating to the implementation and maintenance of FIT practice within the department. The steering committee takes the necessary decisions in relation to practice and the structures needed to support FIT.

The steering committee must be in close and continual touch with all members of staff within the family department. It is therefore important that a decision is made as to how the steering committee receives information about the barriers that the staff members may experience during the FIT implementation. At the same time, decisions taken by the steering committee must be communicated back to the group of statutory social workers in an agreed manner, for instance at team meetings. A plan concerning how the ongoing communication between the steering committee and frontline statutory social workers will occur needs to be in place.

During this phase, the steering committee must keep updated as to whether the benchmarks are being reached and take action if this is not the case.

Who is on the steering committee during the “everybody starts” phase?

The head of family services, as well as the managers from all departments, are represented on the steering committee, so that the steering committee can take decisions, and hear about how the implementation is progressing in all sections. In addition, there must be staff participation from all sections, since there may be different challenges in different sections. The trainers who facilitate the training of staff members should also participate, since they, during training, pick up important information about the challenges experienced by the staff. The project manager or the project managers are responsible for process planning and process management of the steering committee's work. If the management chooses a structure where a primary administrative member of staff is involved with managing FIT, then this person should also participate. The literature in the field also emphasizes that the steering committee should include members who are critical towards FIT, so that their voices are incorporated into the decision-making process. The management should expect that some statutory social workers will be enthusiastic even before they have started using FIT. Others will initially be sceptical or/and resistant, whereas the majority will be somewhere in between. Having different voices on the steering committee is recommended, since it provides the steering committee with insight into the various positions. In Gladsaxe, they found that critical voices on the steering committee often had very valid points in relation to the implementation process.

The project manager's role during the “everybody starts” phase

The project manager has the following tasks:

- Plan and facilitate the steering committee meetings so that benchmarks are followed up on and barriers to the implementation are addressed
- Follow up on the decisions made by the steering committee regarding FIT

- Deal with budgets in relation to the implementation
- Provide sparring with management in relation to the process of implementation
- Plan and ensure that training, supervision and other qualifying measures are carried out
- Maintain contact with the software system supplier
- Ensure optimal communication about FIT internally in the organization
- Handle enquiries concerning FIT from external parties

Training components

The statutory social workers must learn:

- About the basic elements of FIT and the core competencies
- Technical skills
- Practical skills
- Work procedures
- Counselling skills
- Skills related to FIT in statutory social work
- To combine all the skills when working with a family

Managers and future supervisors must learn how to:

- Guide and supervise statutory social workers based on FIT data and the FIT approach
- Use data to manage the department's work
- Deal with the statutory social workers' concerns about how data will be used

The basic elements of FIT and the core competencies

All training and supervision is based on the FIT core competencies as described in Part 1. These are comprised of the research foundations, implementation, measurement and reporting, and continuous professional improvement. The statutory social worker must understand the ORS and the SRS scales and their research foundation.

The statutory social workers must understand FIT culture. This involves focusing on: Feedback (prioritising the child's/family's preferences), error-centred culture (focusing on when the family does sense that the collaboration is working, and when well-being is not improving), and deliberate practise. These are all described in Part 1 of this manual.

Technical skills

- The statutory social workers must be able to log in and out and navigate the FIT software programme.
- The statutory social workers must be able to set up a case including collateral raters.
- The statutory social workers must be able to close a case properly and report drop-out correctly.

Practical skills

- The statutory social workers must be able to explain to the family what FIT is and why they use it.
- The statutory social workers must be able to present and guide the family as they fill out the ORS.
- The statutory social workers must be able to present and guide the family as they fill out the SRS.
- The statutory social workers must be able to use the stool/working alliance to analyse cases.
- The statutory social workers must be able to see patterns in the data.
- The statutory social workers must be able to select cases for supervision.

Work procedures in relation to FIT

During the pilot phase, the management lays out the work procedures connected with FIT so that legislation is adhered to and data are collected systematically and in a standard way. The statutory social workers must learn the work procedures that have been agreed:

- The statutory social workers must know when and how the FIT forms are used.

- The statutory social workers must know how the FIT forms and scores etc. are logged in case files.

Counselling skills

In this manual we do not provide fixed instructions as to what competencies the statutory social workers must have in order to work as agents of change. However, we do point out that FIT implies that the statutory social workers must be able to adjust their dialogue based on the individual family member's preferences. This means the statutory social workers must be able to use a range of methods and techniques. FIT is an approach that is not linked to a particular school of counselling. A municipality will be able to manage counselling training in a number of different ways.

A department may choose to work within a particular approach to counselling to have a common frame of reference for their work. In Gladsaxe, work was based on a systemic, narrative approach. Even though FIT as a meta-method is not tied to any particular therapeutic approach, the founders of FIT have their roots in a solution-oriented approach, which sees the client as a central and active part of the change process where the counsellor is someone who acts supportively in relation to what the client is already doing. In relation to statutory social work, it is important to note that the Signs of Safety approach to social work used by many municipalities also has its roots in the solution-oriented approach, and that the methods are therefore closely connected epistemologically. The two methods can supplement each other.

A department may also choose to employ statutory social workers who are trained in different approaches to counselling so that the department staff represent a variety of approaches and the department can therefore match the family members' preferences with different social workers trained in different ways. Such a strategy would also be in accordance with the FIT approach. In practical terms, this can happen either by employing statutory social workers with different

(family) counselling educations or by supporting the statutory social workers in qualifying via different training programmes.

A family department may also choose a ‘learning by doing’ approach, where the statutory social workers are trained by their FIT trainers and supervisors, who teach them different counselling techniques that may be used in relation to the specific cases they are currently working on. The advantage of such an approach is that the training would then take place as part of working with FIT and can therefore offer a greater sense of coherence. A drawback of this approach is that the statutory social workers learn whatever the trainer/supervisor happens to have trained in and it can therefore become unclear what competencies the statutory social workers are actually acquiring. It is worth noting that if the management chooses this approach, then extra time should be allocated for training/supervision so that there will also be time to focus on learning counselling skills. In addition, trainers and supervisors must be prepared to accept this as part of their tasks as FIT trainers. Training/supervision in statutory social work with FIT differs from training/supervising FIT in a therapeutic setting, since the statutory social workers as part of the training and supervision must, to a higher degree, be supported in developing skills as counsellors. Managers cannot presume that statutory social workers already have these skills to the same degree as qualified family counsellors who are learning to use FIT.

Skills connected with FIT in statutory social work

The training should include elements that focus on the use of FIT in statutory social work. Part 2 of this manual and the films can be used as a basis for this training. Trainers/supervisors who do not have a background in statutory social work will not be able to perform this task. If a department does not have access to trainers/supervisors with experience in statutory social work, we suggest the selection one or two statutory social workers from one’s own staff (or managers

with experience as statutory social workers), who should train and supervise the use of FIT in statutory social work. We would also suggest working to develop the use of FIT in relation to statutory social work, as the field is new.

Managers and supervisors

Managers and supervisors have to support and supervise statutory social workers based on FIT data and the FIT approach, and they must learn to use aggregate data to manage the department. This will typically take place at external courses and/or by hiring an external consultant to train a group of staff members in relation to these functions.

The training programme

FIT training in Gladsaxe was primarily carried out by internal and external ICCE-certified FIT consultants. The ICCE stands for the International Center for Clinical Excellence, which trains FIT experts internationally. The consultants train all teams and take part in the steering committee so their knowledge and experience supports the implementation process.

Introductory course

When the decision to implement FIT has been taken and prior to everybody starting, there should be an introductory two-day course where all staff members are introduced to FIT. This will typically be facilitated by a FIT consultant who during the days will give short talks and run workshop activities.

The introductory course is both about presenting the FIT approach to all staff members, but it is also a signal that heralds a change in practice. During the introductory course, staff learn about the basic theoretical knowledge that underpins FIT.

The two-day introductory course concerns:

- Research regarding the effects of therapy and treatment work
- Research into the therapeutic alliance
- The alliance stool
- Knowledge about the well-being and alliance scales (ORS and SRS)
- How to work within a feedback culture
- How to work based on client preferences
- What working in an error-centric way entails

The subsequent training programme

After the two introductory days, the training programme for all staff members and managers starts. All statutory social workers have to follow the programme so they are equipped to use FIT in their daily work. All key elements in the implementation plan need to be incorporated into the training programme.

When the training programme starts, we suggest it is organised in the staff teams that already exist, so that all staff members start at the same level. The team managers must also participate with their own team or teams. The manager's role during training is partly to contribute to the staff's professional development, but also to make decisions in relation to challenges that may arise. The manager must also report back to the steering committee about challenges that have been faced, and carry decisions made in the steering committee back to the team.

A story from Gladsaxe:

Gladsaxe chose to organise the initial training in the department's pre-existing teams. The advantages of training in the pre-existing teams was that there was a degree of trust in the group, that the team manager was present, and that the staff worked with the same kind of cases, and thus faced similar challenges.

The drawbacks were that the staff developed their skills at very different speeds and everybody's level could therefore not be accom-

modated in the training. Some did not feel adequately challenged. The training did not stimulate them to use FIT in new ways in their daily work as they had hoped. It was also a challenge when new staff members, who had little knowledge about FIT, joined the team.

The presence of the team managers in training was important as the implementation of FIT is not just about learning new competencies but constitutes a change in the entire culture of the department. If the statutory social workers did not sense that their managers were focused on FIT implementation and acted as role models with regard to feedback culture, then the implementation was seriously challenged.

The training initially focused on the technical and practical aspects of FIT. This concerned how to set up and use FIT in one's everyday work when working with the families.

The department had already decided which software programme it intended to use. All staff members were trained in how the programme worked. The training provided an important opportunity to get to know the software system, where the statutory social workers could sit with their tablets and practise using them. The statutory social workers received a tablet prior to the training where the FIT software programme had already been installed. The practical training exercises consisted for example of setting up a case, setting up collateral raters and closing a case. Such technical skills need to be in place, before the statutory social workers begin to work with FIT in practice.

A story from Gladsaxe:

In Gladsaxe, the staff must take an active part in their FIT training. This means they must prioritize the training. All staff members must practice what has been agreed upon between training sessions. The staff members must use FIT in their daily work already after the very

first training session. The trainer decides what the staff will focus on and practise. One statutory social worker noted:

"When we first practised presenting the scales, I made a mess of it. I felt a little stupid in front of the families. The families took it nicely. I asked if they would help me by responding to the scales, because I was learning how to do it. It didn't seem very statutory-like, but that made it more relaxed. So we sat there fumbling our way around the FIT software programme and talked about the fact that we were learning how to do it. But they actually just thought it was nice and a bit of fun."

Once the technical skills are in place, the statutory social workers need to practise the practical skills such as presenting FIT, reading the graphs and explaining the graphs to families. The statutory social workers have to be able to give the families feedback about their scores based on the graphs. The statutory social workers also have to talk to the family about what is going to happen, to ensure that they have similar expectations about the statutory process. The trainers train the statutory social workers with regard to giving feedback using graphs by going through a range of different types of graph and talking about the types of response that can be given.

The statutory social workers have to feel safe in the training sessions, so they are ok about presenting cases. There must be space during training where staff members can share both their positive and negative experiences about using the FIT approach. Everyone has to receive feedback about their work, and all the staff's questions about the approach need to be answered. The trainers have to be attentive to whether everybody is participating in the training and if not, take steps to ensure their participation. They can, for example, choose to make the training groups smaller to enhance trust, or they can offer examples of their own failures and thus act as role models for error-centricity by disclosing their own less successful practice openly.

Film 12 – The statutory social workers’ challenges: This film shows statutory social workers being interviewed about the difficulties they faced when they started using FIT.

A story from Gladsaxe:

The FIT trainers planned training sessions prior to each session, so the contents corresponded with the staff and management’s suggestions.

The trainers in Gladsaxe used PowerPoint in their training to present a range of different themes such as patterns in graphs, how to interpret data, and reminders about the theory that underpins FIT. They also had the staff practise using FIT in training sessions. The trainers started by letting the statutory social workers practise presenting FIT and the scales. The statutory social workers had to find their own way of presenting FIT, which they could feel good about. The Gladsaxe trainers reported having good experiences with roleplay both in training and in supervision. A roleplay could, for example, involve presenting the scales, giving feedback on them, or providing feedback to someone who has just scored an SRS for the first time. One trainer noted:

“During training, we rehearse situations where the statutory social workers present the FIT scales to one another in pairs and we talk about the importance of presenting the forms to the families in your own way. Then we discuss what the families might feel like if FIT is presented in a specific way. When the statutory social workers are ready, we then practice presenting the ORS, for example, with some kind of disturbance. A disturbance might be a parent asking, where the data are stored, or whether the statutory social worker gets paid more if they make the families fill out the FIT scales and the like.”

It is important to remember that not everybody likes participating in roleplays. The trainer went on to say:

“Sometimes it works best, if we take staff members aside and we do the roleplay with them alone. This is a good idea, when a statutory social worker is less well trained in FIT than the others in the class. For example, if they have just been employed.”

The transition from training to supervision

The training programme involves both introducing FIT, and can also involve FIT supervision, where the statutory social workers learn to use FIT in their casework. When the statutory social workers' technical and practical skills are in place, then they start using FIT data with the families. They first learn how to generate FIT data, and then they learn to read and interpret their own FIT data and adjust their future collaboration with the families based on data. The more they work with families, and the more the technical and practical skills are in place, the more training becomes focused on case supervision, where the statutory social workers receive support in relation to their ongoing work with the families as a whole. When they have got used to using the technology and have learnt basic communication about FIT, then their attention to these aspects of the work will decrease, and their work with the families comes more into focus. During case supervision the statutory social workers are trained in using their FIT data. They are typically given homework, which they have to try out with the families and which they are asked to present at the following training session.

There is no sharp transition from training to supervision. The training changes its form, as the statutory social workers become more experienced in their use of FIT. There is a gradual transition from focusing on technical elements and communication about the forms to training being about the interpretation of data and input relating to actual cases. There will, however, usually continue to be questions of a technical and practical nature, so the training continues to be a mixture of both training and supervision.

We suggest not having more than 14 days between sessions when the training becomes more case supervision based, so that the supervision can be used to follow up on ongoing cases.

Typical focus points in case supervision are:

- How do you as a statutory social worker maintain a focus on change that builds on the family's feedback?
- How do you as a statutory social worker make ongoing adjustments regarding the working alliance based on the families' responses to the ORS and the SRS?
- How do you as a statutory social worker incorporate the families' feedback from the ORS and the SRS when initiating an intervention?
- How do you as a statutory social worker make ongoing adjustments regarding the interventions/services that the families receive, based on the families' feedback from the ORS and the SRS?

A story from Gladsaxe:

The trainers typically start sessions by following up on what was discussed at the previous session. They also plan sessions with the team management, as the management level is key to the implementation. One trainer said the following about their collaboration with management:

"Is there something the manager has heard or would like included in training? Or does the manager know of a statutory social worker who would like to talk about a case, perhaps one they have already mentioned in another context? Sometimes we give homework. We can only give the staff homework, if this has been agreed with the manager."

One trainer went on to say:

"When we do FIT supervision, the programme for the day is fairly loose. We set the agenda when we meet up, depending on which cases each statutory social worker has brought and that they would like to focus on in the session."

This trainer said that he might also suggest that particular staff members bring a case. Especially when he wanted to follow up on a case, or if he had heard about a case during the week. The trainers said

they liked to follow up on cases and ask how things were going with the family, particularly when the statutory social worker had been concerned about how it might go at the previous training session.

Supervision can include:

- Role-play related to presenting scales and giving feedback on scales and graphs in difficult meetings
- Interpreting FIT data in relation to the whole course of a case
- Using the alliance stool to understand a case
- Rehearsing dialogue, for example where FIT is used both as a counselling tool and in relation to statutory social work
- Seeing the films about FIT and discussing them

Training new staff members

New members of staff, who may have no knowledge of FIT will continuously start in the department due to staff turnover. It is therefore important to establish a training programme for new staff members.

How often an introductory course can be organised will depend on staff turnover. An introductory course can also be offered to existing staff members who have not yet started using FIT. Such an introductory course should last at least 1 day and encompass the material we described earlier in this section.

What support can staff be given in addition to training / supervision?

FIT buddies

A FIT buddy is a member of staff, typically from the pioneer group, who is experienced in working with FIT. The aim of a FIT buddy is to provide easy access to collegial support when getting started using FIT. FIT buddies can offer help,

support and encouragement in the beginning of the “everybody starts” phase. The help will typically be about technical and practical skills. An inexperienced statutory social worker may, for example, prior to a family visit get help from a buddy setting up family members in the software system and getting ideas as to how to talk to the family about FIT (See Film 11 – FIT Buddy. This film shows a statutory social worker receiving help with technical and practical skills from a colleague).

FIT café

A FIT café is a café that is open perhaps one hour per week and which is serviced by a champion FIT-user, who may be able to help individual statutory social workers who find using FIT particularly difficult. In the café, all questions, reflections and critiques of FIT are welcome, and help with technical and practical matters such as setting up a case or preparing for collateral rating can be supported. In Gladsaxe, the FIT café was typically used by staff members who found working with digital media difficult. The team managers referred particular statutory social workers to the café for added support.

Available FIT expert

A champion FIT user who can help with all FIT related matters, and who staff members know they can contact, and who can supervise them (See Film 10 – Supervision, where a statutory social worker receives help to reflect on the working alliance with a family).

Team meetings

When the team managers have been trained in FIT, FIT will gradually become a central part of case reviews at team meetings, and this forum can also contribute to qualifying the statutory social workers in their use of FIT.

The “everybody starts” phase is completed when:

- All statutory social workers and managers in the department have received basic training in FIT (excluding new staff members).

- The statutory social workers score 90% of families in the department using the ORS and the SRS and use the graphs to follow the course of cases.
- The statutory social workers work as counsellors in their contact with families while also carrying out statutory social work.
- The statutory social workers discuss difficult cases in FIT supervision, with their managers and in team meetings based on FIT data.
- FIT scores and reflections about FIT data play a part in decisions and are visible in the case notes.
- The statutory social workers use collateral rating at network meeting when relevant to the case.
- FIT data are used in connection with referral procedures and case conferences.
- The management use FIT-data and the stool/working alliance when sparring with staff members, during consultations with individual staff members, at team meetings and in case reviews.
- The managers hold meetings about FIT with the statutory social workers who need support in using FIT in all their cases.

The fully operational phase

Where the “everybody starts” phase is primarily focused on ensuring the individual qualification of all statutory social workers in relation to establishing a feedback culture in the family department, the fully operational phase aims to ensure the long term use of FIT as part of daily practice and also ensure that FIT data are used to manage the organization as a whole to the benefit of families.

In the fully operational phase, all key elements of the “everybody starts” phase continue and:

- FIT data are used by managers at managerial meetings and staff meetings to reflect about individual casework and the family department's casework as a whole.
- FIT data are used by managers to identify areas where changes in the family department need to be made.
- Regular meetings are still held by the steering committee to ensure that the conditions for FIT prevail both now and in the future.

The organization must work to ensure data quality throughout the implementation process. A certain amount of data are needed before the management can draw conclusions from aggregate data in the department. Only when the organization is about to reach the fully operational phase will the management be able to use aggregate data from the department for strategic management.

The organizational structure during the fully operational phase

The following structural changes take place during the transition to this phase:

- The project manager's tasks change slightly.
- The steering committee is changed.
- The training structures are adjusted to the new phase.

The project manager's tasks during the fully operational phase

The project manager has the following tasks, when FIT is fully operational:

- Continuous planning of training and supervision, including introductory training for new statutory social workers.
- Providing feedback and organizational recommendations for the steering committee based on analyses of aggregate data.
- Monitoring challenges to the FIT approach and, in

collaboration with the steering committee, addressing new challenges in relation to running FIT. For example, addressing the significance of changes in legislation, changes in case management systems, staff turnover (particularly in relation to managers and staff members with FIT training and supervisory skills), as well noting general challenges to FIT culture.

- Being in contact with the FIT software supplier.
- Ensure the ongoing measurement of fidelity using FRIFM.

The steering committee's tasks and members in the fully operation phase

In the fully operational phase, the head of family services and the section managers participate so that the committee is informed about challenges to the use of FIT from all sections, and so that information from the steering committee can easily be communicated back to the various sections. Trainers in charge of training new staff members should participate. The statutory social workers should have representatives on the steering committee, but their number is reduced, as staff members will now be used to FIT culture and the new way of working. The frequency of meetings is also reduced.

A key focus is now looking at aggregate data and discussing what organizational consequences need to be drawn. Another focus is discussing challenges in relation to the operational running of FIT. The project manager reports to the steering committee about the significance of changed legislation, changes in case management systems, staff turnover (particularly in relation to managers and staff with training and supervisory skills), fidelity scores and general challenges to FIT culture.

The training structure during the fully operational phase

Training programmes for new staff members need to be devised. New managers will also need training. The content of training is described in the “everybody starts” section.

The statutory social workers receive regular supervision based on FIT data, and where attention is paid to the development of each individual statutory social workers' skill set in accordance with their individual professional developmental goals.

The management should also reflect about the need to train staff members as trainers and supervisors, so new staff members can be trained, and existing staff can be supervised. This involves reflecting about access to external and internal trainers and supervisors.

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