

Miracles R Them: Solution-focused Practice in a Social Services Duty Team

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Solution-focused practice has become increasingly of interest to front line practitioners in a variety of settings in the UK over the last decade. Gateshead may be the only authority in the UK to have seen an entire Social Services duty team incorporate the approach into its everyday practice. Secondment to an Identification Referral and Tracking (IRT, since renamed Information Sharing and Assessment) project provided the authors with an opportunity to research what had helped to bring this about and use this knowledge to design a 'training with a difference' approach to the extending of solution-focused practice to a much larger number and range of frontline practitioners both in Gateshead and neighbouring Newcastle.

Keywords Solution-focused practice; systemic practice; social work method; social work practice

Introduction

This article outlines the background to Solution-focused Practice, its origins in the US and potential applicability to social work in England. A description is given of how a whole team came to use the approach, along with key elements that were thought to be significant in helping to embed Solution-focused tools into their practice. After outlining the methodology that was used to explore what had worked, an account is then given of the nuggets of practice wisdom which emerged. The authors then describe how this informed their thinking as they devised and delivered a training initiative for a wider audience.

Background

Solution-focused Practice began as Solution-focused Brief Therapy, in the US in 1982. DeShazer, Berg and colleagues, drawing on the work of Weakland *et al.*

(1974), had moved to Milwaukee, hoping to clarify further what helps people to change. Weakland's approach was based on a premise that problems are typically maintained by the continued application of solutions that do not work. After further research into what works in practice the Milwaukee group came to a conclusion that there is always something that is working in people's lives. The challenge for the practitioner is to find out what it is and then help people figure out how to build on this to achieve their preferred outcomes.

The assumptions of Solution-focused Practice, as related to social work, can be described as follows:

- Service users are likely to have under-utilised resources to deal with their difficulties.
- Small steps can change a vicious cycle of problem maintenance to a virtuous cycle of problem resolution.
- The social worker's responsibility is not to offer the service user solutions but to help them find their own.
- Problems fluctuate in their severity and exceptions are waiting to be found.

Over time the Milwaukee group distilled a set of practice tools which both embody these assumptions and help to test out their veracity. While practitioners might typically look for tools that help them resolve problems in other people's lives, Solution-focused tools help the practitioner to collaboratively build solutions. Hence, an early text used the metaphor of skeleton keys in its title (DeShazer 1985), the group having found that, just as a skeleton key could open many locks, Solution-focused tools could also be generic, unlocking a process of problem resolution across a wide variety of difficulties. Training in the approach typically introduces practitioners to the following tools:

Goal Clarification

Service users are invited to define their preferred outcomes in specific, concrete and measurable terms. In most cases, goals are used as the primary target for change. Sometimes, the careful detailing of goals can of itself bring about change—parents, for example, sometimes realising that on occasions their child already behaves as they wish.

Pre-session Change

Weiner-Davis *et al.* (1987) found that two thirds of people attending for first appointments were reporting either progress or times when the presenting problem was not happening. When carers are able to report this, the worker has a useful opportunity to explore how this may have come about. Parents or children

may then identify strategies which, if continued, can resolve the presenting problem.

Scaling Questions

A self evaluation tool for service users to explore various aspects of the difficulties they are experiencing. They can be used to check for pre-session change, discover what is already working, evaluate how much change is needed and identify what, from their perspective, would constitute one step forward.

The Miracle Question

Typically asked as ‘Imagine as you sleep tonight a miracle happens and the problems go away, but because you are asleep you don’t know it’s happened. When you wake in the morning, what would be a sign to you that the miracle has happened?’ This question can help service users identify particular behavioural changes which matter to them, identify choices for action and sometimes even generate the motivation for change to occur.

Exceptions

Sometimes service users can report times when the presenting problem does not happen, or happens in a different way. This again can draw attention to aspects of the interaction that they may not be noticing so much, and which contain the seeds of greater hope.

Compliments

At the end of an interview, and throughout, the worker comments on relevant abilities and resources they have noticed both in parents and children. This again can alert service users to resources they may have lost sight of, particularly when they have become despondent through struggling in crisis.

Tasks

Tasks are offered when service users want to try something out. This would typically be either an experiment in noticing something in particular, such as times when a child behaves well, or action experiments in which, for example, a parent might avoid shouting and notice what difference it makes.

Problem-free Talk

Once it is respectful and sensitive to do so, service users are invited to talk about aspects of their lived experience other than their problems. They might be asked about how they cope, or about their work, or other aspects of their life where they enjoy more success. As well as providing important information about family resources, this can also remind parents and children of abilities they may have forgotten about, raising morale in the process.

Proponents of the approach were quick to explore the relevance to frontline services. 'Family Based Services' (Berg 1994), describes a specific adaptation to child protection practice, which is known in some English Social Services Departments as 'Family Preservation'. Sundman (1997) researched the impact of Solution-focused Practice on social work in Finland, comparing outcomes for a team trained in the approach against a team that was not. He found that the approach not only led to better outcomes for service users, but also increased morale and job satisfaction in the workers. An account of the fit between Solution-focused Practice and social work values and legislation in the UK has been outlined by Wheeler (2003). Walsh (1997), drawing on her experience as a team leader in a London Borough, provides a thorough account of how Solution-focused Practice contributes to child protection. McCarthy (1998), a child protection social worker in York, reported: 'colleagues like the enthusiasm it generates and the positive approach to working in partnership with families.' He believed the approach had a potential to 'create positive ripples throughout a professional system' (p.12). Shennan (1999a), drawing on his experience as a child protection social worker, found that it was useful for duty social workers to focus on what family members were already doing to keep their children safe, even when an injury had occurred. These signs of safety could then be built on, whenever possible, to increase safety further. Shennan commented,

We found it extremely useful to ask referrers about family strengths and about what families did which was positive for their children, as well as about risk factors. This helped to develop a more balanced risk assessment and also to build cooperative relationships between ourselves and parents. (p. 19)

Milner and O'Byrne (1998) outlined how Solution-focused tools can be used in routine assessment work, suggesting that the approach represented an explicit way of putting social constructionism into practice. Parton and O'Byrne (2000) described the potential for the development of Solution-focused Practice in social work as 'enormous' (p. 96). They saw the approach as creating disciplined thinking in the worker which in turn helps 'service users to *redefine themselves and their situations* in a unique way that makes it possible for them to *attain their goals* in life with the minimum of intrusion by workers' (p. 117, authors' italics).

These accounts all suggest that Solution-focused Practice has something useful to offer to social work. But will it happen? Milner and O'Byrne (1998) commented

that the approach is 'a complete change of emphasis from the ones traditionally used by social workers' (p. 162) and they feared that some workers might apply the tools as a quick fix without appreciating the actual implications of the approach, leading to 'muddled work in which people are not sure what they are doing or why they are doing it.' (p. 162). This concern has been strenuously echoed by Blundo (2001), a social work educator in the US.

How the Team Came Into Being

The team was created in 2000, the manager, the first author, having moved from a previous authority where she had been trained in Solution-focused Practice. Prior exposure to the approach had convinced her that Solution-focused Practice fitted well with the growing interest in working with service users' strengths, encouraging empowerment and building resilience. The approach was also a workable alternative to deficit-focused and risk-oriented approaches to practice, which can hamper engagement with families and contribute to staff burn-out and high staff turnover. Staff were chosen for their existing or potential interest in Solution-focused Practice.

Some staff had been externally trained, but not all, so the manager arranged for the second author who had been delivering in-service training in Solution-focused Practice, to facilitate an awayday and then provide the remainder with more detailed training. Further use was made of awaydays and peer supervision to foster team members' confidence in using the approach and consolidate the team identity around this preferred approach to practice.

A major boost to team members' use of the approach came when one worker discovered 'Signs of Safety' (Turnell and Edwards 1999): a text which outlined a model for risk assessment and planning which drew on the practice skills the team were already developing. As a next step some of the team attended training delivered by Turnell. Then, with the backing of a supportive management team, arrangements were made for Turnell to train social workers in Gateshead: a venture which has now been repeated twice, allowing Turnell to work with members of the team and other colleagues to develop further their use of Solution-focused Practice and Signs of Safety in particular. The Signs of Safety assessment tool now forms a part of all core assessments and child protection case conference reports in Gateshead.

Another significant boost to the practice confidence of the team came out of a desire to engage with families before child protection concerns had arisen. Often families who self-referred could not be prioritised over the urgency of child protection. The manager had already seen the usefulness of a surgery-type model in which social workers worked in pairs (REFIT, Shennan 1999b) Building on this and ideas of their own, the team set aside a half-day a week to pilot a service they named 'Finding Solutions'. Finding Solutions is designed for families in crisis who have turned to Social Services for help, often by asking for a child or young person to be accommodated. Working

closely to the principles of Solution-focused Practice, service users are invited to identify the goals for change and the workers take a break before the end to identify strengths and plan a constructive end to the meeting. Families are offered a maximum of three sessions, and, to date, only one has needed four, most generating significant change in two meetings. Re-referral rates have been low. Finding Solutions has been offered as an alternative to a formal assessment, and while team members have been ready to change to a child protection oriented involvement if necessary, after two years, there has been no need as yet. Working in pairs has greatly enhanced team members' skills in Solution-focused Practice which has then impacted usefully on the rest of their work. The service has been well received by service users, parents commenting as follows:

Finding Solutions worked for us and we were able to identify where we had gone wrong. I probably won't use the service again, because it worked so well the first time.

I think that Finding Solutions is a really good idea and it takes away the fear of Social Services.

Finding a Platform and Spreading the Practice

Having seen the beneficial outcomes for both service users and practitioners, the authors put forward a proposal to senior managers to train staff across child services in Solution-focused Practice. Practitioners in other services were asking for training, and team members saw the value of colleagues in other services drawing on the same ideas about working with families. The proposal coincided with the launch of the IRT initiative for child services in England through which all child services are encouraged to work together more effectively to promote the well-being of children and young people, intervening as early as possible and drawing on a common language. The success of Gateshead, and its partner Newcastle, in gaining extra funding to pilot this work was based in part on the existing use of Solution-focused Practice in Gateshead Social Services, and the Finding Solutions service in particular. Successful engagement is key to early intervention and Solution-focused Practice was quickly recognised by colleagues in the IRT project as offering a useful contribution to the overall aims of the project. The project thus became a platform for the training of child service workers across a wide range of services, 260 having been trained in the first ten months of 2004.

Exploring What Worked

In researching the development of Solution-focused Practice in social work in Gateshead, the authors were keen to explore several questions.

1. What did the workers value about Solution-focused Practice?
2. How were the practice tools working?
3. What had helped workers to develop skills in Solution-focused Practice?
4. What had the manager done that had helped?
5. What could managers in general do to help workers develop skills in Solution-focused practice?

Questions one and two were explored through a two-hour focus group with the team. At the beginning the team were presented with a negative version of the Solution-focused miracle question: 'Suppose, while you are asleep tonight, a disaster happens, and when you wake in the morning you find that you are the only people in the world who know anything about Solution-focused Practice. What would you tell people?' As well as hearing about these workers' use of the Solution-focused tools, it was also hoped that this question might deconstruct their locally determined assumptions about the practice approach: the Gateshead assumptions.

To explore questions (3), (4) and (5), the second author carried out a series of interviews with people who could comment on these questions from different perspectives: members of the team, the team clerk, the manager's manager and the manager herself. A semi-structured approach was used in each situation. A degree of structuring ensured that all were invited to comment on the same general lines of enquiry, while a degree of looseness allowed each to say more about what had struck them in particular.

What did the Workers value about Solution-focused Practice?

Workers' comments fell into three broad themes: social work practice issues, working in partnership with service users/carers and the interface between government policy and practice.

Social work practice issues

A tried and tested approach with good outcomes: The workers were reassured to know that the approach had grown out of careful research into what works when practitioners try to help people to make changes in their lives. They were also comforted to know that the approach was supported by extensive outcome studies across a variety of settings, through which many service users had confirmed the usefulness of the approach.

Provides the worker with practice tools that help to engage with children/young people and carers under a range of circumstances. The workers had found all the tools drew on service users' knowledge and could be adapted for use with children/young people or adults. They found that scaling questions, for example, particularly appealed to children and also worked well with people with learning

disabilities. Furthermore they found that the approach could be used in crisis, one-off contact, ongoing involvements, long-term work and support.

Focusing on what is working automatically points to what is not. Colleagues unfamiliar with Solution-focused Practice had worried that when practitioners look out for what's working in service users' lives, they might fail to notice what isn't. In practice the workers had found that a search for what's there still tells you about what isn't, and an absence of strengths provides significant evidence for concern. They had also found that sharing this evidence with service users helped to make decision-making around the removal of children more transparent.

Identifying small steps for change can result in immediate progress. Workers often met service users who were in despair. Past experience had told them that practitioners are often given little time by such service users to demonstrate that they can actually help, with the consequence that families withdraw from the service before an assessment is completed. Since using Solution-focused Practice they had found that early signs that the involvement was working kept people committed to getting the best they could out of the service.

An approach that can be easily adapted to frontline service requiring only a short period of training. Looking back, the workers were able to say that, with the right post-training support, two days' training was enough to equip people to practise. Anyone could use it.

Offers the potential for a common language across professionals. In Gateshead colleagues from Health were becoming interested in the approach, along with other significant groups such as the Education Welfare Officers. Individual practitioners from a wide range of professions had already sought training in Solution-focused Practice themselves and were known to be using it. When practitioners from social care, health and education try to generate a common language, there is a risk that one will take precedence over the others. Given that Solution-focused Practice belongs to no one profession, perhaps it could belong to all.

Provides the worker with a clearer picture of what is happening in service users' lives. The workers found that the tools helped them to apply rigour to their questioning when endeavouring to find out what was happening in service users' lives to ensure that children were safe. Important information was often to be found in the detail of service users' replies. Honesty from the worker encouraged honesty from the client.

Working in partnership with service users/carers

Generates goals for work that are more likely to be owned by service users and sustained over time. Workers had found that service users are more likely to work with goals that they have come up with as opposed to ones they have been persuaded to follow by workers. Furthermore they found that use of the approach helped to generate shared plans as opposed to worker-generated plans.

Brings service users' resources to the fore. As one worker said, 'The answers are often already there. The tools help the worker to bring them out'.

Strengthens relationships with family and friends. Workers had used the approach with many combinations of service users: carers and children, parenting couples, young people and their friends. When people heard good things about themselves from significant others, this often led to marked improvements in these key relationships. This again increased the likelihood that people would then be able to use these relationships as sources of support and would not need professionals.

Helps service users to manage without professional support. Workers had seen many examples of how the approach helped to increase service users' self-confidence. Once people have been helped to resolve current concerns, they were then equipped to deal with other problems that might arise in the future.

Helps to organise the work around the uniqueness of the service user. Workers had acquired significant experience in working with service users from a range of ethnic and cultural backgrounds: Gateshead being a significant centre for Orthodox Judaism and now being home to a large population of asylum seekers. In practice, workers could feel confident that the approach was sensitive to service users' culture and beliefs.

They had also been pleased to see that, within family work, the approach equipped them to pay attention to the position of each family member and, in particular, offered a voice to children and young people.

Interface between Government policy and practice

Workers saw a good fit between Solution-focused Practice and key legislation and policy initiatives such as the Children Act 1989, the National Framework for Assessment (Department Of Health 1999) and the green paper Every Child Matters (DfES 2003a). They judged that, through such directives, government was encouraging front line staff to make the best use of professional power in people's lives, and Solution-focused Practice helped them to do so.

How were the Practice Tools Working?

Workers agreed that the tools help give information very quickly: information that would otherwise take two or three sessions. The tools help to focus on what can be changed rather than 'going round and round in circles'. Most had found that much could be done on the telephone before they even met up with people. This helped to create pre-session change. One worker commented that in practice she tended to use bits: 'Try one tool and build on it. You don't have to use the whole lot. All the tools are adaptable.' Another commented, 'Sometimes I'll look at one of the books and adapt someone else's questions to the work I'm about to do. It takes time to be able to ask questions like Insoo Kim Berg for example. Reading can help you to get better at this.'

Workers found that the tools helped to set up conversations in a non-threatening way. For example, if a parent says he or she hit their child, the worker might comment 'so discipline is very important to you' and then seek more information based on this, rather than just say, 'Well you can't hit your children'. Several reported that it was easier to stay focused when doing Finding Solutions. It was harder to stay focused when making home visits, and could be harder with families who were used to the service, though even there, they reflected, these are people who by contacting the service are making choices. Workers were able to recall a number of parents who still felt positively about their workers even when children had been removed. They seemed to have appreciated that the worker had taken an interest; given the parents the best chances they could and did their best to keep the family together. One couple, who had had five children removed, had bumped into their worker, greeted her warmly, and honestly acknowledged that the children had not been safe with them, were better off where they were and said the worker had done the right thing. In contrast, it was thought, parents would feel differently if the worker had, for example, been looking down on them. Most of the tools were described as useful. Goal-setting questions were not referred to, though it was thought that this was such a routine that it no longer stood out as a tool.

Pre-session change

Workers commented, 'It happens a lot of the time.' 'Everybody's lives are always changing. Lives don't stay the same, so it's always going to get worse or a bit better.' 'Being able to admit to a difficulty can take the weight off you. Sometimes people can't see the wood for the trees. Once you start talking about things it gets a bit clearer.' 'People often ring up in the middle of a crisis, which then reduces by the time they speak to you, so it's already starting to get a bit better. Sometimes just a smile off a little child can make all the difference to a parent.'

Scaling questions

Workers had found that these questions helped them to acquire a lot of information very quickly. They found that they provided greater clarity around issues when asked 'What makes it such and such?' Workers commented, 'You get a bigger picture quite quickly by asking short simple questions.' 'Helps me to get a grip on things.' Scaling questions had worked more easily with asylum seekers than the other tools as they could be easily translated. Most had found that it helped if you drew the numbers on a piece of paper. One recalled using a scaling question with symbols with a father who could not read. This helped him think about how he was with his children. Faces were used to represent how they felt.

Miracle question

Workers had found that the miracle question could work with anyone, children or parents. In practice some had made their own adaptations, especially with children. One worker gave the example of saying, 'If Harry Potter came in and waved his wand. . .' Another worker commented 'Children find it to be a nice question, a bit silly. Often they are worried about speaking to a social worker. It helps them to relax.' Most found that it helps if they set up the question by saying, for example, 'You might think I'm a bit funny, but I need to ask you this question. Can you just humour me?' One worker reflected, 'Little ones tend to giggle. Teenagers might think, is she off the planet or what? But they do actually engage in it. You get the information you are looking for.' One worker recalled a 14-year-old girl who replied to the miracle question by saying she wanted someone to say something nice to her, and how this was something the worker could build on. Another worker had found that the question, 'helped to clarify the service user's goals when there is a risk they'll just go with yours'.

Some explained that in leading up to the question, they set parameters to it. So, for example, if parents had split up they might say to the child 'apart from your parents getting back together. . .' It was thought that this helped to acknowledge that there are some things children might want that will not happen and had helped some young people to move on a bit, especially if they had been stuck in a wish that was not going to happen.

Some had tried using the miracle question with asylum seekers and found it could easily be lost in translation. They also thought it would sometimes be important to know the meaning of miracles in other cultures.

Exceptions

One worker had found that it was easier to find exceptions when people could identify 'pre-session change'. Most had found that exceptions were often difficult to find when people were in crisis and convinced there were none. One worker recalled that when she was determined to find qualities in a child herself, this sometimes brought out exceptions. One teenager, for example, whose parents could not say a good word about him, was asked what his interests were. He spoke of playing the piano at school, which the parents had not known about. This opened up recognition of qualities in the boy. Over the course of three sessions the parents changed how they viewed their son, which made a big change to his behaviour and is known to have lasted for two years now. 'The parents had only been noticing what he got wrong. Exceptions transformed the parents' relationship with their son, and also brought them away from the brink of a separation.'

In a different situation another worker recalled that the persisting lack of exceptions clarified for her that a boy needed to be away from entrenched negativity. Once in foster care he thrived.

Compliments

The workers gave a strong endorsement for compliments, commenting 'Work fantastically'. 'Most people like to be complimented'. 'Kids just shine.'

Tasks

One worker had found that teenagers enjoyed being asked to set tasks. In one family, for example, the parents had difficult work patterns and the father worked nights. There was often conflict between the boy and his father. The boy came up with the idea of, once a week, turning off the TV, then at the meal-time deciding together which DVD the family would watch when the father went out.

Another worker recalled a parent, on the phone for an hour in a state of crisis wanting her daughter accommodated, who had been invited to create a list of behaviours and appropriate parental consequences. When mother and daughter came in for a session the following week, the mother reported a complete transformation and they did not need to come back.

Workers found that people 'often create their own tasks, and divvy them out'. They know their lives better than the worker can. One recalled a teenager who realised that she had a slight warning when she was about to 'kick off'. She decided to have a bell in easy reach so she could ring it when she was about to react. She then went to her room. The bell let people know why she was in there. She only needed to ring the bell once. Knowing she had a strategy was enough. The family had also devised 'girlie nights' as a reward for improved behaviour. Another worker spoke of asking parents to keep a diary of one positive thing about their child a day, and this has worked.

Problem free talk

Some have worried that problem-free talk might undermine engagement. In practice the workers had found the opposite, commenting 'It can be a relief and liberating'. 'Something different to talk about'. 'You learn a lot more when you aren't asking about problems, especially in imposed involvements.' Workers also took the view that 'only talking about problems can make matters worse'.

What had helped Workers to develop Skills in Solution-focused Practice?

The team shared an office so were often able to discuss their use of Solution-focused Practice prior to going out on a visit, or after to reflect on what had transpired. Newer members of the team were able to seek ideas from those who were more experienced. Progress in Solution-focused Practice inevitably

depended on using it. If a family did not turn up for a Finding Solutions session, the workers used the time to role-play interviews. Using the skills in front of each other inspired the workers to do their best and support each other.

Going away on training was a special event both for those who went and for the others who heard about it when they came back. The team's curiosity over what had been learnt in training produced spontaneous cascading of new ideas. Delivering training to others also increased confidence in the approach, team members benefiting from the maxim that when you teach something you learn it twice over. Awaydays, peer supervision and set time for Finding Solutions had given the message that team members' efforts to develop the approach mattered and were valued.

To acquire books and other materials, the team built up their own book fund. With this, for example, they sent to Australia for a set of 'Strengths cards', a practice tool developed by St Luke's in Bendigo. According to the team clerk, the day the parcel arrived was like Christmas morning. Email had also opened up many possibilities for support and encouragement. As people outside Gateshead heard of the team's work, expressions of interest came their way. Sundman, who conducted the research in Finland, is currently planning to visit, and Turnell from Australia has provided on-line consultation and encouragement since his first visit.

What had the Manager done that had helped?

The manager had demonstrated her belief in the approach by using the tools in supervision and management conversations and, wherever possible, had looked for what was working as opposed to what was not. Through regular use of the approach, team members inevitably became more skilled than the manager in their use of it with service users. The manager acknowledged and respected both this and the extent to which development of the team was a shared responsibility.

Engaging with service users who are openly opposed to the service involvement or overwhelmed by their difficulties can undermine workers' beliefs in the possibility of change. It can also be difficult for social workers to generate creative and constructive practice when the profession is viewed so negatively by the public and media at large. The manager's enthusiasm provided a much needed antidote.

Replies indicated that the manager had found a good balance between driving what a manager could drive and leaving space for the team to develop what was best developed through the team being on their own.

The half-day-a-week to pilot Finding Solutions had to be found from busy caseloads and it fell to the manager to determine how to do this and to ensure that it happened.

What could Managers in general do to help Workers develop Skills in Solution-focused Practice?

Replies from this study identified what most social workers would be likely to expect from managers, regardless of their practice approach: supervision, encouraging professional development, supporting access to training, encouraging mutual support, respecting the approach and learning something about it, taking an interest and delight in what's working and learning from the team and making connections to statutory responsibilities.

Training with a difference

With the IRT project as a platform for delivering large-scale training in Solution-focused Practice, there was also an opportunity to devise a broader training strategy to increase the likelihood that practitioners who took to the approach in training would subsequently use it in their practice. The authors' research led to four initiatives: an on-line discussion forum, training days for managers, training of peer mentors and extension of the Finding Solutions service.

Through support from colleagues in the project, 'Solution Talk' was constructed and offered to both newly trained practitioners and those who had already used Solution-focused Practice for a while. This has enabled practitioners to draw on each other's experiences and ideas across both professional and geographical boundaries.

A day for managers has provided them with an opportunity to learn more about Solution-focused Practice, explore any concerns which need addressing and work out together how best to support newly trained staff.

Experienced practitioners have been offered a day on mentoring to explore how best to support newly trained colleagues. For the most part this is happening via Solution Talk.

All practitioners trained in Solution-focused Practice have been invited to express an interest in becoming involved in a widening of the Finding Solutions service and many have. The authors are currently exploring ways of transplanting the Finding Solutions model into other environments such as the recently created multidisciplinary BEST teams (Behaviour and Education Support Team) serving school communities.

Conclusions

Despite the reservations of Milner and O'Byrne (1989) and Blundo (2001), it has been possible for a whole team of duty social workers to embed Solution-focused Practice into their everyday work. While this has been due in part to circumstances special to the team, research into what worked for them

identified measures which could work elsewhere: in particular peer support, management encouragement and access to training. Solution-focused Practice, once a very new approach to practice, is now being adapted to a wide range of services in England: 'Focusing on Solutions' (DfES 2003b) illustrating the extent to which the approach is now promoted in education, for example.

As the accounts of the workers demonstrate, Solution-focused Practice has helped them engage more openly and productively with a range of service users. The subsequent use of the approach across a range of child services now leads the authors to hope that tools which act as skeleton keys to solutions in service users' lives might also unlock closer working relationships between services on behalf of the children and young people they serve.

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