



# Systemic Practice and Family Interventions

Two-Year Course Evaluation: 2013 to 2015

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This report presents the findings from a two-year evaluation of the Systemic Practice in Family Interventions Course delivered by the Family Therapy Training Network. The course was, in part, funded by the Scottish Government to increase capacity and skills in family therapy among the youth justice workforce, with the aim of supporting young people and families to reduce offending and improve outcomes. Mapping on to Kirkpatrick's model of training, the evaluation explores participants' experiences, learning, impact on practice and begins to briefly consider any impact on outcomes.

# Contents

1	Executive Summary .....	2
2	Introduction .....	4
2.1	Background .....	4
2.2	Systemic Practice and Family Interventions .....	5
2.3	Research Focus.....	6
3	Methodology .....	7
3.1	Ethical Considerations .....	7
3.2	Research Design .....	7
3.3	Participants, Data Collection and Analysis .....	7
4	Foundation Stage Findings.....	9
4.1	Profile of Participants .....	9
4.2	Motivations, Expectations and Experiences .....	9
4.3	Learning.....	11
4.4	Impact on Practice .....	15
4.5	Factors influencing participation and implementation of learning .....	17
5	Intermediate Stage Findings.....	19
5.1	Motivations, Expectations and Experiences .....	19
5.2	Learning.....	20
5.3	Impact on Practice .....	21
5.4	Outcomes .....	21
6	Reflections and Considerations .....	22
7	References.....	24

# 1 Executive Summary

## *Introduction and Methodology*

- This report presents the findings from a two-year evaluation of the Systemic Practice in Family Interventions Course delivered by the Family Therapy Training Network. The course was, in part, funded by the Scottish Government to increase capacity and skills in family therapy among the youth justice workforce, with the aim of supporting young people and families to reduce offending and improve outcomes.
- The course is accredited by the Association of Family Therapy (AFT) and includes a Foundation course, an Intermediate course, and a three-year Masters which is open to eligible participants who have completed the Foundation and Intermediate stages and possess the required qualifications. Scottish Government funding was only made available to successful applicants from the youth justice workforce who were attending the Foundation or Intermediate stage.
- Participants therefore were individuals who started either the Foundation course or the Intermediate course (and in some cases both) in either October 2013 or October 2014, as well as a small number of their line managers. The Foundation course in 2013 was entirely made up of Scottish Government funded participants, whereas the 2014 course was made up of participants funded via a range of sources. Therefore the majority of participants were drawn from the youth justice workforce and funded by the Scottish Government.

## *Motivations, Expectations and Experiences*

- Participants' motivations for undertaking the course were broadly similar, with the majority seeking out an opportunity to develop new knowledge and skills, followed by a desire to gain learning that can be directly applied to practice.
- The vast majority of participants felt that their expectations of the course were either 'fully' or 'mostly' met. Those that felt their expectations were not really met were all drawn from the 2013 intake.
- Participants tended to enjoy the course and mostly found the style of delivery appropriate for their learning needs. However, participants often spoke of the challenges of juggling work, life and study, in particular coping with the required level of reading. Issues raised in the 2013 cohort had mostly been resolved by the time of the 2014 course starting, suggesting that feedback had been taken on board. Intermediate participants said they enjoyed the second year more than the first, with a change in emphasis from theory to practical skills and a change in group dynamics oft cited factors.

## *Learning*

- Participants in the Foundation course demonstrated statistically significant improvements in their own ratings of their: knowledge of systemic practice; familiarity with the core components of systemic practice; awareness of practical skills; confidence in discussing systemic theory; and level of communication with peers about systemic theory. However, many also felt that the Foundation course had only been an introduction to systemic family therapy, and that even by

the end of the course they lacked sufficient knowledge, experience or skills to practice confidently. However, many also recognised that there was not much more that could be achieved within one year of part-time study.

- The big learning gains appeared to come in the Intermediate year, with the small number of participants in this group recognising that the Foundation stage had been very much about theory, whereas the Intermediate stage had helped them consolidate their learning as well as providing more of the practical skills and experience.

### ***Impact on Practice / Outcomes***

- Almost all participants (97%) stated that their participation in the course had led to at least *some* impact on practice. There appeared to be a difference in the magnitude of this change between those in the youth justice workforce (mainly local authority social work staff) compared to those who were self-funded or funded directly by their employing organisation (mainly staff drawn from a health profession). Change in the former group was more likely to be incremental, compared to potentially more transformative change in the latter group. It may be that the learning gained is easier to assimilate into health rather than social work practices, or perhaps is an indication that organisations and individuals who have directly invested in training staff are more committed to ensuring that the benefits of the learning are realised in the workplace.
- Participants tended to over-estimate the number of families who would benefit from their participation in the course. At the start of the course most participants could identify between six and 10 families who would benefit, in reality the approach had only been used with between one and five families by the time that the course had finished. This discrepancy was the most marked in the Scottish Government funded group, with participants most frequently estimating that they would use the approach with six or more families, but in reality only a small number of participants used the approach with that many families.
- All of those completing the Intermediate stage could provide concrete examples to highlight the impact on their practice, with most stating that it had required the additional year of study to feel able to embed the learning in to practice. However, there were still challenges in implementing the learning at all stages of the course, especially in relation to time, workload and space to reflect, as well as often a lack of suitably knowledgeable or trained colleagues and managers to practise with or use as a support.
- Participants felt unable to comment on the impact that the course had on outcomes for families, either because it was too early to tell, or because of the inherent challenges in measuring intangible outcomes. However, many thought that families engaged with the approach better, although the chaotic nature of the client group was still a challenge in day-to-day work.

## 2 Introduction

### 2.1 Background

Young people who are involved in sustained offending during childhood and adolescence are often affected by multiple and complex difficulties, and face significant disadvantages while growing up (Arnell et al., 2005). While these challenges will, naturally, vary from person to person, a common feature in the backgrounds of these young people is that of dysfunctional, disrupted or disconnected family relationships. For example, a study of 41 young offenders in one London borough found that 66% lacked a positive relationship with one or both parents; 39% had experienced family breakdown or divorce, and 34% had lost contact with significant people (Liddle and Solanki, 2002).

In Scotland, while concerted efforts have been made to shift the balance of care away from residential to supporting young people in their families or in family placements, the reality is that many young people are still removed from their families and placed in institutional provision or detention. During 2013, out of 16,041 looked after children, only around half were looked after at home with their parents or with kinship carers (56%). The remainder were accommodated in foster placements or residential establishments (Scottish Government, 2014). While for some young people this will be the only available option in order to ensure their safety and development, for others it may reflect a missed opportunity to heal damaged relationships and to help families to support and nurture their children. Furthermore, removal from the family home often only offers a short-term yet undesirable solution, considering the poor outcomes that are well-documented among the leaving care population (Stein and Dixon, 2006) and that young people tend to return to those exact same families that were previously deemed unsuitable immediately upon leaving care (Gray, 2011).

The provision of support to families is therefore an essential ingredient of an effective system that supports children and young people. While there is evidence that family interventions can be effective (Farrington and Welsh, 2003) it has also been observed that "...a major limitation in Scottish practice has been the capacity of the social work workforce to work confidently and directly with families and family networks..." (Schinkel, 2013: p.1).

In response, the Scottish Government identified family work in the youth justice sector as an important priority for practice development. In the context of the *Whole Systems Approach* that supports a systemic approach to practice in general, the potential for a systemic approach to family networks clearly had synergy with the overarching policy framework. Consequently, funding was made available and in 2012 the Family Therapy Training Network delivered the first post-graduate programme in Systemic Practice and Family Interventions, aimed specifically at youth justice practitioners.

The programme was first evaluated by the then Criminal Justice Social Work Development Centre based at Edinburgh University (Schinkel, 2013) and the findings and recommendations from this research informed course development and delivery. The purpose of this current report is to

present the findings from the evaluation of the programme across the academic years 2013/2014 and 2014/2015. In order to reflect these course changes, the focus of the evaluation was not on the long-term implementation of systemic family interventions, as indicated by the previous evaluation, but instead on motivations, experience of the course, learning and early impact on practice. This report supersedes the paper [published in 2014](#) about the course, but may be read in conjunction with it for clarity.

## 2.2 Systemic Practice and Family Interventions

The Family Therapy Training Network (FTTN) is a multi-disciplinary professional network and members are the only Scottish based providers of accredited, post-graduate professional training in family therapy and systemic practice. The programme is accredited by the Association of Family Therapy (AFT) and includes a Foundation course, an Intermediate course, and a two-year Masters which is open to eligible participants who have completed the Foundation and Intermediate stages.

The Systemic Practice and Family Interventions programme in this context was originally aimed at youth justice practitioners. Tailoring case examples to the relevant client group, the aim of the Foundation course (FTTN, 2013) was to allow trainees to develop:

- an in-depth awareness and understanding of theory related to systemic practice and family interventions
- the skills necessary for reflective therapeutic practice
- engagement with the professional agenda for those working with families.

The composition of the course, however, altered in the second year of this evaluation as sign-up from youth justice practitioners was lower than anticipated and did not make a dedicated course feasible.

The Foundation course was divided into two modules that incorporated both contact study days and independent study. The trainer-led study-days were divided into six blocks of two-days and used a range of teaching methods including lectures, seminars, experiential exercises, skills practice work and group work. Attendance at these 12 study days was the only element of the course that required the participant to leave the workplace. The remainder was self-supported study which included portfolio development, practical application of skills in the workplace, and reflection.

Module 1 was designed to provide a basic introduction to systemic thinking in relation to families. Key learning outcomes included, but were not limited to: understanding the basic concepts of systemic theory; awareness of the influence of social contexts on systems of ideas or beliefs; and an awareness of the relevant professional literature. Module 2 provided an overview of the practical application of this theory. Key learning outcomes included capacity and ability to discuss core components of systemic practice and awareness of the practical skills involved in working systemically. Assessment involved the submission of a Learning Portfolio (to be self-and peer-assessed) and the completion of a 3,000 word assignment at the end of each module.

Following successful completion of the Foundation stage, there is an opportunity for participants to progress to the Intermediate stage, which has an increased emphasis on the application of theory to practice. Learning at the Intermediate stage is assessed by three end-of-module assignments, and successful completion of this stage is a prerequisite for entry to the Postgraduate Diploma or Masters in Family Therapy and Systemic Practice.

## 2.3 Research Focus

The main focus of this evaluation is on the Foundation stage of the training, as this comprised the bulk of participants on the programme. Only nine individuals undertook the Intermediate stage during the evaluation period and not all of these individuals chose to participate in the evaluation, although their findings are reported separately from the Foundation stage.

The primary aims of the research were to:

- Describe the motivations, expectations and experiences of participants attending the course
- Assess whether participants had achieved the key learning objectives of the course
- Identify whether participation in the course has had any impact on individual practice

These aims broadly map on to the first three of Kirkpatrick's (2006) four levels of training evaluation as shown in Figure 1. This evaluation model aims to get beyond the immediate experience of the learning process (*reaction*) to explore in more depth exactly what has been learned, how that learning has changed behaviour, and what the results of that behaviour change have been. The final stage broadly relates to *impact on outcomes* (in this case for children and families) which has not been included in this evaluation proposal due to the timeframe available, although participants were asked about the *perceived* impact on outcomes to date.

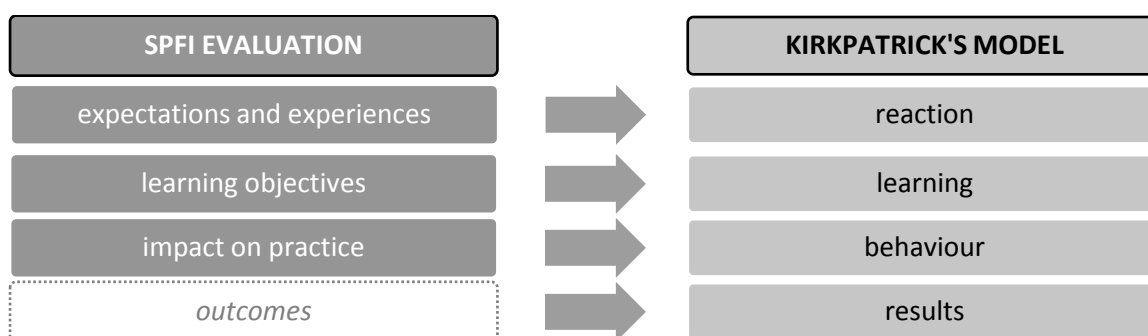


Figure 1: relationship of research aims to Kirkpatrick's model

The secondary aims of the research were to:

- Identify any potential barriers or facilitators to participation in the course (individual or organisational)
- Identify any potential barriers or facilitators to implementing the learning from the programme (individual or organisational)

## 3 Methodology

### 3.1 Ethical Considerations

The research was approved by the ethics committee of the School of Social Work and Social Policy at the University of Strathclyde. Informed consent was obtained from all participants; participation in the research study was optional and there were no consequences for course participants regardless of their decision to be involved in the research or not. All personal data was kept securely, and in accordance with the Data Protection Act (1998).

### 3.2 Research Design

A standard within-subjects pre-post design was used to measure change in knowledge, skills and confidence over time for participants undertaking the Foundation course, supplemented by additional consultation with participants and other relevant stakeholders to explore experiences, impact on practice and organisational issues. The Intermediate stage was evaluated using a qualitative design, with participants interviewed at the start and end of the course.

### 3.3 Participants, Data Collection and Analysis

#### *Participants*

The Foundation course in the first year of the evaluation was comprised solely of those working in the youth justice field who had their studies funded by the Scottish Government. In the second year of the evaluation, the course was filled by staff from a range of disciplines, backgrounds and funding sources, as the enrolment rate from youth justice practitioners was not sufficient to ensure that a single discipline course was feasible. The decision was made to include all participants in the evaluation process, to boost the sample size and maximise the learning that could be gained about the content, delivery and experience of the course. This also allowed for a level of comparison between different groups, although the samples are small. Where data refers only to Scottish Government-funded practitioners, this is made clear. The Intermediate stage also involved a mixed group of practitioners, but only those funded by the Scottish Government were included in both years of the evaluation.

A total of 45 individuals signed up for the Foundation course across the two years and nine signed up for the Intermediate stage, with some overlap between the samples, as six individuals progressed from Foundation in year one of the evaluation, to the Intermediate stage in year two. Not all individuals opted to participate in the evaluation of the Foundation stage, and of the 42 that did, a small number missed either the pre-data collection session or the post-data collection session and could therefore not be included in the full pre-and-post analysis<sup>1</sup>. Data was gathered from

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<sup>1</sup> Participants who missed the data collection sessions were offered the opportunity to catch up via email.



those participating in the Foundation course using a paper survey prior to and at the end of the course. In year two of the evaluation, the paper surveys were followed up with a telephone interview for those participants funded by Scottish Government only.

Out of the nine participants involved in the Intermediate stage during the evaluation period, all consented to participate in the pre-and-post telephone interviews, however interviews were only achieved with seven individuals, and only one participant completed both a pre-and-post course interview.

In the first year of the evaluation line managers of participants were consulted by online survey using Qualtrics at the start of the course in October 2013. An additional focus group was held mid-course (February 2014) to gather further experiences from managers and a follow-up online survey was issued after the course had finished (June 2014). Response rates from managers were very low after the initial survey period and therefore line managers were not included in the second year of the evaluation.

Table 1 summarises the target populations and response rates for each stage of the programme.

**Table 1: Target population and actual responses for each stage of the course.**

<b>Foundation Stage</b>					
<b>Target Group</b>	<b>Total target population</b>	<b>Time</b>	<b>Method</b>	<b>No. of responses</b>	<b>Actual Response Rate</b>
Course Participants	45	Pre	Paper Survey	41	91%
Managers	13	Pre	Online Survey	10	77%
Managers	13	During	Focus Group	3	23%
Course Participants	41	Post	Paper Survey	36	88%
Course Participants ( <i>SG funded only</i> )	7 <sup>2</sup>	Post	Telephone Interview	3	43%
Managers	13	Post	Online Survey	1	8%
<b>Intermediate Stage</b>					
Course Participants	9	Pre	Telephone interview	5	56%
Course Participants	8	Post	Telephone Interview	3	38%

All quantitative data was analysed using SPSS, version 21. All qualitative data was manually coded across individual participant groups for emerging themes. Data from the one manager who completed the post-survey was analysed alongside the focus group data (topics were almost identical across the two consultation methods) to ensure anonymity.

<sup>2</sup> Only those in the second year of the evaluation were offered a telephone interview

## 4 Foundation Stage Findings

### 4.1 Profile of Participants

Basic data on demographics and professional affiliation was collected for participants in the Foundation course. Participants were predominantly female ( $n=35$ , 83%) and tended to be aged between 31 and 40 ( $n=17$ , 41%). Participants were asked to indicate their highest qualification level, and two-thirds had achieved an undergraduate degree or higher ( $n=29$ , 71%). Scottish Government (SG) funded participants were less likely to have been awarded a first or postgraduate degree ( $n=17$ , 63% compared to 86% of non SG-funded participants).

Participants were mostly drawn from a social work discipline ( $n=24$ , 57%), rising to 82% of the SG-funded group. Almost half of participants were therefore employed by Local Authorities ( $n=20$ , 48%) with around one-in-four (24%) employed by the Health Service. Two-thirds of the group were funded by the Scottish Government ( $n=28$ , 67%) with the remainder funded by their organisation, self-funded or a combination of the two. Of note is that all Local Authority participants were SG-funded, with none receiving organisational funding, perhaps reflecting organisational priorities, financial restrictions or the value placed on professional development. This does mean that without SG funding the systemic family therapy capacity in Local Authorities would be unlikely to develop. Those participants funded by means other than the Scottish Government were more likely to be drawn from a health background ( $n=10$ , 71%), compared to those in youth justice who were most likely to be from a social work background ( $n=23$ , 82%).

As expected, participants were working regularly with children, young people and their families although the range and focus of this work often varied. The SPFI approach was clearly very relevant to the workload of participants, as more than half ( $n=22$ , 54%) thought that they could identify 10 or more families on their current caseload who would benefit from such an approach (see section 3.4 for further information on the realised use of SPFI with families).

Two of the 42 participants in the research did not complete the course, both were from the SG-funded sample.

### 4.2 Motivations, Expectations and Experiences

The quantitative findings for this section represent themes derived from the open-ended questions in the pre-and-post surveys but are supplemented by insights from the small number of interviews undertaken with SG-funded participants. The response sets for the survey vary between 29 and 42, as not all individuals completed each of the open-ended questions or the final stage of the research. Responses may potentially exceed 100%, where participants provided multiple suggestions or comments within a single response.

## Motivations and Expectations

Participants' motivations for undertaking the course were broadly similar, with the majority seeking out an opportunity to develop new knowledge and skills ( $n=24$ , 57%), followed by a desire to gain learning that can be directly applied to practice ( $n=16$ , 38%). This application of learning appeared to be especially important to those attending via the SG-funded stream (43%, compared to 29% in the non SG-funded stream) whereas more than three-quarters of those funded by means other than the Scottish Government described developing new knowledge and skills as their main motivation. One-in-five referred to their hopes of being able to improve outcomes for young people and their families ( $n=9$ , 21%). Again, this was more common among the SG-funded group than the non SG-funded group (29%, compared to 14%). Other motivations included gaining in confidence when working with families, attaining further qualifications and developing interests.

### non-SG respondent

"Wish to learn more about the theoretical framework in a directive / structured way"

### SG respondent

"provide practical tools that I can absorb into my work with families"

### SG respondent

"To have a structured approach which will bring better outcomes for clients and their families"

The vast majority of participants felt that their expectations of the course were either 'fully' or 'mostly' met ( $n=32$ , 89%). Four respondents (11%) felt that their expectations had only been 'slightly' met and these were all drawn from the SG-funded sample and all from the 2013 cohort. Analysis of the reasons behind these unmet expectations revealed that this was mainly due to a challenging workload and range of reading; a poor fit with individual learning style; and a realisation about what could be feasibly learned on an introductory foundation course. Even some of those whose expectations were met referred to the workload and the scope of the course as being somewhat challenging, suggesting that the changes seen in the 2014 cohort may reflect better managing of expectations from the outset rather than a change in focus or content of the course.

### SG respondent

"I have gained knowledge, skills and given the opportunity to read literature but I feel that this needs to be built on further"

### SG respondent

"There were clear benefits for practice... some of it was difficult. There was a large range which is probably necessary"

### SG respondent

"The workload was more than I thought...a lot of reading between sessions, [but] it wasn't unmanageable"

Yet it is clear that the majority felt that the acquisition of new tools, skills and theoretical knowledge meant that course expectations were mostly met. However, by the end of the course the confidence to apply these tools and skills was still developing and there was a thirst to build upon the foundation that had been gained.

## Experiences

The experience of the course was mostly very good, and it appeared that a number of issues raised in the first year (such as the venue, or managing expectations about pacing etc.) had been to some extent addressed by the second year of the Foundation course. A small number of participants in that second cohort were interviewed about what worked well and what worked less well, and it appeared that the mix of materials and teaching methods was perceived to be quite useful, as was the mixed course, with participants valuing the range of perspectives and experiences that other attendees brought. However, participants seemed unprepared for the level of workload and unclear about the purpose behind some exercises.

### SG respondent

“...the mix of different materials and the breadth of discussion ...so there’s lots of different ways that the ideas were shared”

### SG respondent

“...there was people from all different disciplines and levels of practice...the mix of people was really helpful”

### SG respondent

“... maybe where you had to...complete a task and run it past a small group...it wasn’t clear why we had to do it”

## 4.3 Learning

### Achieving Learning Objectives

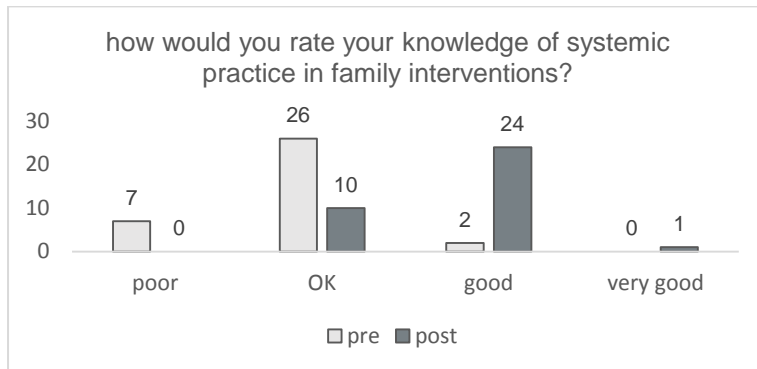
In order to assess the achievement of the key learning objectives on the Foundation course, participants were asked the same specific learning questions in both the pre and the post course survey, alongside additional questions to monitor general change in knowledge and in communication with peers about systemic practice. Each question was presented as a four-point Likert scale<sup>3</sup>, tailored to each question. Each Likert scale was treated as ordinal data and analysed using Wilcoxon Signed Ranks, which is a statistical test to assess the significance of any observed changes.

The results of each pre-and-post measure are reported below, with overall frequencies and statistics reported. Data is only reported for the 35 participants who had both pre-and-post measures available. Each of the measured objectives showed a significant change in a positive direction, which was significant at the  $p < 0.001$  level (i.e. less than 0.1% likely to be as a result of chance variations), with the exception of how frequently participants communicated with peers (which was significant at the  $p < 0.01$ , or less than 1% likely to have occurred by chance)<sup>4</sup>. However, the small sample means that these highly significant results should be interpreted cautiously. The

<sup>3</sup> Typically a four or five point scale that is used to measure respondents’ attitudes to a topic.

<sup>4</sup> ‘p’ in this instance stands for probability i.e. the estimated probability that a difference did not occur by chance. ‘z’ is the test statistic that determines, based on the level of probability selected, whether the differences are significant.

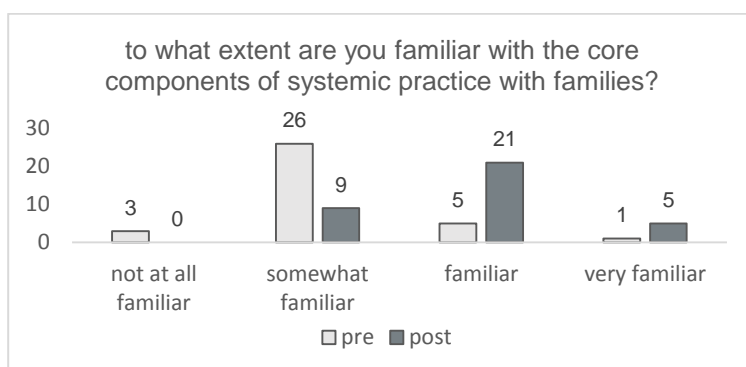
effect size reflects the magnitude of any change and is categorised as follows: .1=small effect, .3=moderate effect, .5=large effect (Cohen, 1988). Any notable differences between SG-funded and non SG-funded participants, or between participants who commenced their studies in 2013 or 2014, are highlighted.



This is a statistically significant increase in knowledge of systemic practice:

$z = 4.49, p < 0.001$ , with a large effect size ( $r = .54$ )

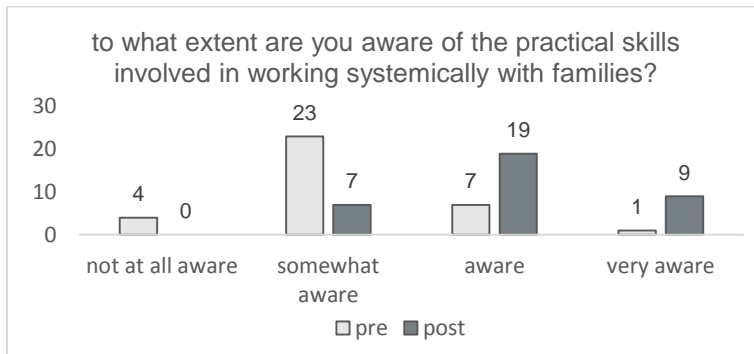
There was a significant increase in overall knowledge about systemic practice between pre-and-post measurement. Of note is that 10 participants still rated their knowledge as just 'OK' following completion of the course, however, this may relate to the observations noted earlier that a number of participants had come to realise there was a limit to the knowledge that could be gained on a Foundation level course. A substantial 71% of participants now rated their knowledge as at least 'good' in this area, up from 6% prior to the course. While this change was significant for both the SG-funded and non SG-funded groups, the effect size was larger for the SG-funded group, meaning that they had made potentially a bigger shift in their knowledge. It is not entirely clear why this is, as the SG-funded group were, on paper, marginally more knowledgeable about systemic practice to begin with. It may be that possessing some initial knowledge helped with engagement with the materials, although the small sample size of the non SG-funded group (only 12 individuals with pre-and-post data) may also be a confounding factor.



This is a statistically significant increase in familiarity with the components of systemic practice:

$z = 4.09, p < 0.001$ , with a moderate effect size ( $r = .49$ )

At the post-course stage, three-quarters of participants were most likely to rate their awareness and familiarity of the key elements of systemic practice as either 'familiar' or 'very familiar' ( $n=26, 74%$ ), compared to only 17% ( $n=6$ ) before the course had started.



This is a statistically significant increase in awareness of practical skills:

$z = 4.20, p < 0.001$ , with a large effect size ( $r = .50$ )

The practical focus of the programme was evident, as this was the learning objective against which most participants demonstrated progress throughout the duration of the course. Overall, the majority of participants rated their awareness of practical skills as at least 'aware' following the course (80%), up from just under one-quarter prior to the course (23%). However this had decreased from 94% ( $n=16$ ) for the 2013 cohort, to only 67% ( $n=12$ ) for the 2014 cohort and it is not clear if this reflects a change in the focus of the course to more theory-based instruction for the 2014 cohort.



This is a statistically significant increase in confidence:

$z = 4.04, p < 0.001$ , with a moderate effect size ( $r = .48$ )

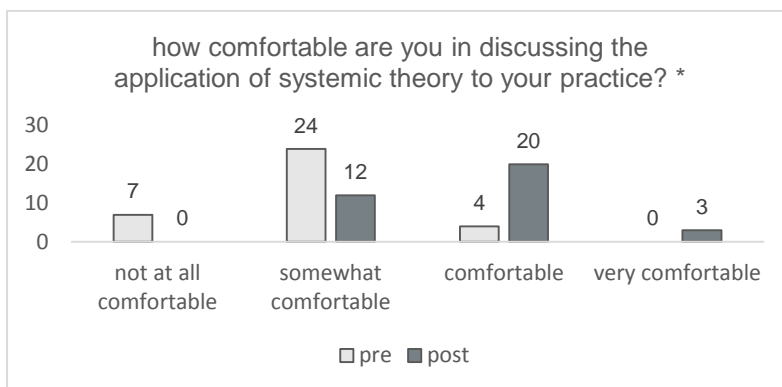
It appears that despite increases in awareness and familiarity with concepts and skills, participants were less likely to feel confident about using this newfound knowledge, even simply in discussion with peers. Although participants still demonstrated significant improvements against this objective, by the end of the course, only around half of participants were confident or very confident at discussing systemic theory (57%), although this had increased from 9% before the course. At post-test, 43% of participants still only felt 'somewhat' confident in discussing their learning. However, this was the area that the participants felt least confident to begin with, which may be reflected in the results, as well as the fact that many participants were isolated from other peers who practised in this way especially in the SG-funded group (see Sections 3 and 4 for further information).



This is a statistically significant increase in communication:

$z = 2.56, p < 0.01$ , with a moderate effect size ( $r = .31$ )

It is perhaps therefore unsurprising that the *realised* change in levels of communication with peers about systemic practice, although increasing significantly, displayed the smallest size of change across each of the pre-and-post measures. However, this may reflect the fact that participants tended to discuss systemic practice with peers even prior to starting the course, potentially as a result of their interest or desire to learn about this approach; or it may reflect their lack of confidence in this area. Of note is that this difference was not significant for the 2014 cohort, meaning that they did not increase their communication with peers between commencing the course and completing it. However, as the 2013 cohort was only 'borderline' significant on this measure it appears that this difference is small and is unlikely to be related to any changes in the course content, delivery or participants between the two years.



This is a statistically significant increase in comfort with the application of theory:

$z = 4.17, p < 0.001$ , with a large effect size ( $r = .50$ )

The majority of participants were clearly more able to make the connections between theory and practice following completion of the course, with 23 participants (66%) comfortable with articulating these links by the end of the course. However, a substantial minority still lacked the confidence to do this, and three-quarters of these participants ( $n=9, 75%$ ) were from the 2014 cohort.

### Specific Learning

Participants were asked what had been the most important thing that they had learned on the course. As before, responses may potentially exceed 100%, reflecting where participants provided



multiple suggestions or comments within a single response. It appeared that the theoretical underpinning of systemic family therapy was perceived to be the most useful ( $n=16$ , 46%). This was particularly true for those in the non SG-funded stream, where 58% of participants thought that the general knowledge gained about theories, schools and approaches was the most useful, compared to 39% in the SG-funded group.

However, it also appeared that the practical elements were also valued, with a number of participants referring generically to ‘practical tools’. When specific tools or techniques were mentioned, the most popular responses were: circular questioning ( $n=11$ , 31%); reflection and use of self ( $n=10$ , 29%) and genograms ( $n=9$ , 26%). Genograms appeared to have most practical utility for the SG-funded group (mentioned by 35%) compared to the non SG-funded group (mentioned by 8%). Similarly, a total of seven SG-funded participants (30%) felt that learning about assessment and formulation was most useful, although it appeared that those in the non SG-funded group did not benefit from this in the same way, as this was not mentioned by any participants (0%). It may be that this reflects an existing level of skill and confidence in this area among this group, potentially linked to differing professional practices between health and social work, although it is not possible to be certain from the data collected.

**Non-SG respondent**

“Systemic theory...tools and different schools of thinking”

**SG respondent**

“I feel the formulation tools have been really useful and have given me an increased level of insight into my cases”

**SG respondent**

“The use of genograms to look at family history, patterns and poor attachment have been beneficial”

## 4.4 Impact on Practice

Feedback from participants would suggest that change has occurred as a result of attending the course, with 35 participants (97%) indicating that there has been at least *some* impact on practice. Analysis across funding streams suggests that in the SG-funded group change has been incremental rather than transformative, with the majority indicating that there had been ‘some’ impact on practice ( $n=15$ , 63%). This may reflect the inexperience of the participants at this stage of their involvement in systemic family practice, as many had previously outlined the need to practise and consolidate the knowledge and skills gained on the Foundation course. However, in comparison, two-thirds ( $n=8$ , 67%) of the non SG-funded group believed that their participation in the course had created a ‘big’ impact on their practice. It may be that the learning gained is easier to assimilate into health rather than social work practices (see Section 3.5 for further discussion on this matter), or perhaps is an indication that organisations and individuals who have directly invested in training staff are more committed to ensuring that the benefits of the learning are realised in the workplace.

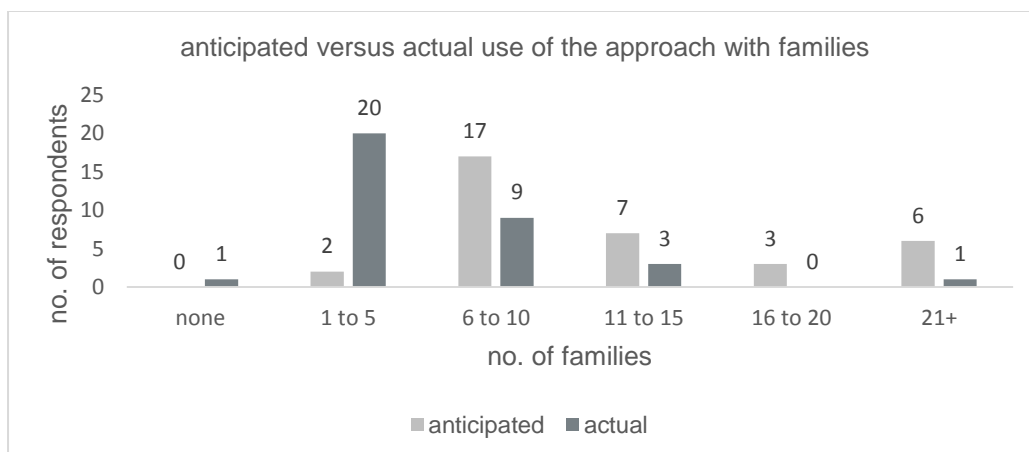
However, there appeared to be no other obvious differences between those who felt that the course had resulted in a big impact on their practice and those that felt that change had been more



measured. Of those who felt that their practice had changed considerably, this was mainly about a shift in mindset or a fresh perspective and better understanding of family work. However, while direct application of some of the tools and approaches was noted, a small number of respondents in this category also indicated that there were still challenges in applying the learning, such as time constraints. All of these experiences were also true for those who felt that their participation on the course had only achieved at best 'some' impact on practice, although this group were a little more likely to express 'intent' rather than 'action' at this point in time, or describe a process of 'trying things out'. However, this group also often mentioned that they had already been practising systemically or that their learning and confidence was still at an early stage, which had limited the impact of the course so far.

SG respondent	Non-SG respondent	SG respondent
"My thinking process is influenced by systemic practice... gained confidence to undertake therapeutic work"	"I have 'experimented' with different methodology, framework, models"	"Made me think differently. Helpful to reflect. Limited time to use practical skills so far but wish to [change] this."

The result of this incremental change becomes apparent when considering the actual number of families that the approach had been used with, compared to the anticipated number of families who would benefit at the start of the course. As shown in the graph below it was clear that while at the start most participants could identify between six and 10 families who would benefit, in reality, the approach had only been used with between one and five families. This discrepancy was the most marked in the SG-funded group, with participants estimating that they would use the approach with six or more families ( $n=22$ , 96%), but in reality only six participants (26%) used the approach with that many families.



## Outcomes

Only the three SG-funded Foundation course completers who were interviewed were asked about outcomes. All stated that it was too early to tell if the approach had made any difference to families, and all highlighted the challenge in monitoring measurable outcomes with this type of work. However, most mentioned that families appeared to be engaging better with the approach.

## Future Use

Encouragingly, almost all participants ( $n=29$ , 85%) planned on using their new found knowledge and skills in the future, and hoped to continue learning and developing this area of their practice, either informally through on-the-job learning, or more formally. All of the respondents who stated that they were not sure where their use of the approach lay in the future, or who said they were unable to use it, came from the SG-funded group. Reasons for this included service demands, work and family commitments, or a changed role with less contact with families, rather than reflecting any dissatisfaction with the utility or relevance of the approach. At times, employees in organisations that could not fully support learning or delivery expressed dissatisfaction that they could not implement their learning. Managers (from the first year of the evaluation) recognised that lone employees who had been trained in this approach lacked support networks or the capacity to create wider impact across families or outcomes, although they also acknowledged that there may be positives at an individual case level.

### SG respondent

“Unless the demands of the service... change...I see no future in this intervention despite knowing the huge benefits [it] brings”

### SG respondent

“I will continue to use systemic family practice daily in my role.”

### SG respondent

“It will flavour the approach I take with professionals, families etc. My [work] will be informed by the course learning”

One-in-three participants ( $n=11$ , 32%) also indicated a desire to progress to the Intermediate stage of study, although this may be an underestimate of the appetite for the course, as the question was not asked directly.

## 4.5 Factors influencing participation and implementation of learning

While Foundation course participants were asked directly about challenges and opportunities to their future use of systemic practice in family interventions, relevant feedback was also drawn from other elements of the consultation where issues had been raised spontaneously, in order to better inform thinking around this area.

In relation to participating in the course there were not a huge number of barriers, and those that existed tended to be fairly practical with obvious solutions, as well as the expected challenges in returning to a formal learning environment after a gap, or limited experience in academic study. Section 3.2 outlined some of the immediate reactions that were experienced, and suggested that barriers posed by the format or delivery of the course had largely been resolved between the 2013 and 2014 cohorts. Participants did, however, unsurprisingly find juggling work, academic and life priorities a challenge, and many felt that the volume of reading, although necessary, was difficult.

This task was made easier where participants were afforded dedicated time for study within working hours. However, barriers that were external to the course frequently pertained to time and workload management issues, and while some managers appeared to have tried to support their employees by reallocating cases and providing study leave, this was often a challenge for both managers and employees. Other factors such as family or other commitments also intruded on time available and therefore affected participants' abilities to engage fully with the learning. Unsurprisingly participants who were not funded by the Scottish Government frequently cited financial barriers to further study ( $n=5$ , 45%), although this was not a feature in the SG-funded group.

**Manager**

"She has had to be flexible. I have given so many study days to do the course – one a month"

**SG respondent**

"...it's hard to then fit in study which you do in your free time. We don't get time at work to do that and that kind of things"

**SG respondent**

"Would like to go on to 2<sup>nd</sup> year level but feel that work and family commitments will get in the way"

Time was also the biggest factor that influenced whether participants were able to apply their learning in the workplace ( $n=18$ , 55%). Other factors included a lack of organisational fit ( $n=9$ , 27%), although this was more to do with organisational structures; expectations that work would be completed quickly; or a lack of understanding about systemic family therapy, rather than with overarching values. Interestingly all participants who mentioned organisational fit as a challenge were in the SG-funded stream, suggesting that the challenge may lie with managing expectations and priorities within Local Authority Social Work rather than other settings. Other challenges included difficulty in engaging families, again only mentioned by those in the SG-funded group, potentially reflecting differences in client populations; or the challenge of sourcing further training, learning or supervision opportunities (in this instance only mentioned by those in the non SG-funded group, and potentially a reflection of professional culture in relation to development and supervision practices).

**SG respondent**

"Hopefully pressure of time to produce assessments and complete work won't prevent me from... practising in this way"

**SG respondent**

"Organisation's understanding of systemic practice and focus on quick outcomes"

**Non-SG respondent**

"Acquiring appropriate supervision"

Support from management ( $n=10$ , 34%) and wider colleagues ( $n=11$ , 38%) were seen as the main strategies to overcome barriers to learning and implementation. Again it appeared as if the working context among non-SG funded staff was more conducive to peer support and encouragement (60% could rely on peers as a strategy, compared to 26% in the SG-funded group), as teams appeared to be more familiar with systemic family therapy or contained a specialist worker in this area. The managers (from the 2013 cohort) also felt that they would appreciate more prior engagement with the course leaders, or others who had experience of the course, in order to discuss and identify how the learning could be incorporated into a busy team, or how to support culture and practice change across the organisation.

## 5 Intermediate Stage Findings

There are substantial limitations with the evaluation of the Intermediate course, due to the small target population and even smaller sample size involved in the research. As outlined in the Methodology, five interviews were undertaken at the start of the course and three interviews post course, however only one participant managed to undertake both stages of the research. Caution should therefore be taken when interpreting these findings.

### 5.1 Motivations, Expectations and Experiences

Respondents mentioned that they had learned a lot in the Foundation year, but felt that it had very much provided them with a 'foundation' that they wished (and needed) to build on in order to be able to practice effectively, and this was the main motivator for signing up to the Intermediate course. Other motivators were to become accredited, and to gain more practical skills and experience.

"Well I think that the Foundation level basically did what it said on the tin, it provided a foundation of learning to be built upon, so within second year I just want to develop within that learning and become more confident in using the skills and techniques that I learned..."

Reflecting back at the interview post-course each of the participants felt that they had found the Intermediate Stage far more enjoyable and beneficial than the Foundation stage. This was in part due to the structure and content of the course which had a more practical than theoretical focus, and partly related to participants' increasing familiarity and confidence with the subject matter and materials.

"I felt Year 2 was better than Year 1, it was more practical and I could lift what I was learning and use it to develop my practice. Year 1 was about trying to understand family therapy and the theory"

While participants found the composition of the participants a positive change from the Foundation course, with the added perspectives from a range of disciplines proving beneficial, two respondents

also felt that this gave too much of a health focus to the materials and that more of a youth justice context may have helped apply learning. There was also an acknowledgment that participants who had continued on to the second stage of their learning were perhaps more motivated and engaged in their study and that this had a positive influence on the group.

“It was quite nice having a mix, like we had a lot of the people from CAMHs teams, in one way anyway, in another way I thought it might have been better if it had kind of been all Youth Justice”

Although each participant felt that the course delivery and responsive tutors supported their learning style, the challenges in meeting a diverse range of learning needs were also highlighted by the fact that some participants found the pace too slow, whereas others felt it was helpful. However, all participants felt that there had not been too many surprises on the course, and that the focus and expectations had been well explained from the start. The role-play was felt to be a particularly beneficial element of the Intermediate stage, offering both opportunities to practise and the chance to observe a skilled therapist in action.

“One of the facilitators was also very skilled in role play and it was good to watch that and learn how to use the techniques”

Some small aspects of communication were highlighted as an element of the course that worked less well, mainly in relation to feedback about assignments as well as the change in the marking system between years one and two.

“I would just want to comment on the marking system in year 2, you just got a pass or a fail and I preferred the % mark, I was good to see how you were performing within that and what you might need to improve.”

## 5.2 Learning

All respondents felt that they had gained new knowledge from the course, mainly in relation to consolidating the learning started in year one.

“I learnt loads of new knowledge, absolutely loads...I think to be honest most of it was new for me, and even the stuff we'd covered like genograms...I realised I could have used it a lot better in the past, so even stuff I already knew I have improved upon.”

Participants had also gained new skills and, importantly, the confidence to use those skills in practice. The concept of circularity and circular questioning was the most frequently mentioned skill that had been gained on the course.

“I would say I feel quite confident in lifting what I had learned and using it in my practice. Carr's model and how you take that through the assessment, the different schools of family therapy”

“I suppose the questioning and interviewing style. Circularity really stands out, before I would sort of use it but now I would use it as an intervention in itself.”

When asked about gaps in their learning, participants were mostly likely to respond that the heavy focus on assessment in the course meant that they were less certain how to approach interventions.

“...a bit more focus about what you would actually do with that information you get in the assessment...I feel confident about doing the assessment but not necessarily about moving that forward.”

## 5.3 Impact on Practice

All participants found that the course was highly relevant to their practice and planned to continue to use the approach in future. There were, however, a number of challenges in applying their learning to practice including: lack of time; the short-term nature of the work with families; the chaotic nature of the client group; and working in isolation from peers or colleagues who have been systemically trained. However, all found it easier to translate the learning from the Intermediate stage than they had at the Foundation stage and could give a concrete example of how they had applied their learning.

“I thought Year 1 had an impact on my practice at the time, but when I looked at reflection a couple of weeks back I was like ‘oh my goodness! Yeah I wasn’t really practising the way I do now, so I’ve realised now what a massive learning Year 2 has been. Year 1 was maybe more about thinking about things differently rather than doing things differently.”

## 5.4 Outcomes

As found in the interviews with Foundation participants, respondents found it difficult to pass comment at this point in time about whether participation in the course had led to any difference in outcomes for the families that they worked with. All found engaging chaotic families a challenge, although there was some evidence of families buying into the work at least temporarily, and it appeared that the approach had been more useful than the practice that had gone before.

“Most families are quite difficult to effect change with, they are all chaotic, there is a huge amount of chaos...but it’s made me take a step back and consider how I engage families and my use of self...”

“This family that we’ve worked intensively with definitely there have been big outcomes...I think it kind of feels like we are working at a deeper level, with the real issues and I think the skills that we’ve learnt have helped me to get to all the underlying beliefs and thoughts, whereas before I think we were very much working on the surface”.

## 6 Reflections and Considerations

### *Point One: How best to facilitate learning for practice?*

The Foundation Course clearly achieves the stated learning objectives, with participants demonstrating statistically significant improvements across each of the objectives, including familiarity, awareness and confidence in the theory, and practical skills underpinning systemic family therapy. However, at the end of the Foundation year many participants lacked sufficient knowledge to practise confidently and to apply the practical skills, and this was especially true of those in the 2014 cohort. While the limitations of the learning are a clearly stated feature of the Foundation stage, the fact that the reflection of those completing the Intermediate stage demonstrated that the big gains in learning and confidence had only come after two years of study, poses questions about whether there will be the desired impact on practice when participants only undertake the first level of study, as the majority do. In addition the difference in awareness of practical skills at the end of the course between those in the 2013 and 2014 cohorts should be reflected upon further, as this had fallen from 94% to 67%.

### *Point Two: Understanding and supporting professional contexts*

It also appeared that the organisational and professional context was a decisive factor in whether the learning gained on the course was transferable to the workplace. Change stemming from participation in the Scottish Government-funded group, comprised mainly of Local Authority Social Work staff, appeared to be small-scale and incremental, whereas change in the group who were funded via organisational or independent sources, and who were predominantly health staff, tended towards the transformative. It is not yet entirely clear as to the reasons behind this. Certainly it appeared that those in the latter group may have been located in environments that were more conducive to systemic practice, with colleagues and managers and, on occasion, existing therapists to use as a support for implementing learning. Staff in the youth justice group appeared to often be more isolated from others who practised in this way.

Consideration also needs to be given to the motivations for taking the course, as it may be that self-funding/organisationally funded participants may in organisations that have made a bigger investment in training and are therefore more committed to implementing learning, or have better suited structures for learning, supervision and professional development. However, it is also clear that without Scottish Government funding it is unlikely that any Local Authority staff would ever be trained in this approach. In order to maximise the impact of any future funding on youth justice populations, it may be that the training is better targeted at staff outwith the 'traditional' youth justice workforce but with an agreement that work will be undertaken with young people involved in offending as a condition of the funding. Alternatively, consideration needs to be given to better supporting Local Authority Social Work managers and staff to implement the learning in their sphere of work.

***Point Three: Identifying outcomes***

While there is clear evidence that participation in the course has a significant impact on practitioner knowledge and skills, there is less evidence about the impact on practice and almost none on the outcomes for families. At this stage it is certainly too early to pin down outcomes, but participants also mentioned the challenges in measuring tangible outcomes with a chaotic and challenging group of families. Consideration should be given as to whether a larger-scale longitudinal study may be required in the future to address this, although without a coherent and documented implementation of systemic family therapy across practice this scale of research is, at present, unlikely to yield any meaningful conclusions.



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