5) formation of confidence in one's own powers and in the powers of community;

6) formation of one's self-image as a community member (I can help someone who has experienced an identical situation).

III. Creation of sociocultural, paedagogico-psychological conditions for community life:

7) assessment of psychosocial needs of a community;

8) adequate choice of social work methods;

9) development of co-operation among community's social skills.

So, a community in Lithuania can be built only by common efforts of all community members.

Conclusions

1. The researched revealed that the notion of "community" is treated differently within the contexts of sociology, social psychology and adults' education.

2. The role of a social worker in the community building process can be defined as the one of a community builder, as well as of its member who may also need social help some day.

3. The psychological community-building model consists of the following components:

1) personal characteristics of social workers (acceptance and understanding of one's own role (attitudes: openness and thoughtfulness, empathy): self-image, attitudes and expectations (positive view to client groups); elaboration of legal, psychological and pedagogical competence;

2) client group's or client's motivation for socialisation (appearance of motivation for socialisation (to arouse a wish to leave the existing situation – apathy, helplessness); formation of confidence in one's own or community members' powers; formation of one's self-image as a community member (I can help someone who has experienced the same situation);

3) creation of sociocultural, paedagogo-psychological community life conditions (assessment of psychosocial needs of a community; adequate choice of social work methods; development of community's social co-operative skills).

References (See Lithuanian version)

Workshop 5. *SUPERVISION AND COLLECTION OF DATA ABOUT CLIENT*

(Moderators: B. Zimmerling-Svan, N. Stenström and E. Barniškyt)

Combining a computerised case management system with advisory supervision as a tool for knowledge-based social work

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(Stockholm University)

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1. The Social Policy and Community Social Services Development Project.
2. Computerised case management – a documentation system for assessment, monitoring and evaluation.
3. Role of supervision in Lithuania's psychosocial work.
4. The advantages of co-ordinating supervision with the documentation system.

Summary

The need for knowledge-based social work is being widely discussed internationally. The Department of Social Work at Stockholm University has taken part in a pilot project in Lithuania, the aim of which is to develop community-based and knowledge-based social work. An educational and training programme has been adopted for this purpose. An important part of this effort is

the implementation of a computerised case management system backed by advisory supervision at 14 social service centres throughout Lithuania.

The objective of the computerised case management system is to enable social service centres to simply and effectively gather key information about clients, activities and treatment procedures. The objective of the advisory supervision programme is to implement new methods, including a psychosocial approach to relating to clients.

The purpose of both programmes is to strengthen the development of the social service centres. The strategy is to analyse the empirical material generated by the computerised case management system. This analysis makes it possible to evaluate and monitor the client population, as well as the procedures employed and the results achieved by the treatment centres.

Thus, the computerised case management system enables the staffs of the social service centres to be more aware of what their work entails. This heightened awareness then forms the basis for advisory supervision.

The integration of the computerised case management system with advisory supervision is a powerful tool for broadening the interface between research and practice in social work, thereby making social work more securely knowledge-based.

Introduction

The aim of this workshop was to share experiences of our work in Lithuania.

Our task has been to introduce and carry out advisory supervision at a number of pilot treatment centres and to develop a computerised case management system for documentation of clients, treatment procedures and results at the centres.

Our experience strongly suggests that the integration of supervision and the case management system generates a more powerful tool for the support of knowledge-based social work than if each component had been implemented on its own.

Disposition. To provide a general framework, we will begin our presentation with some basic information about The Community Social Services Development Project in Lithuania. The work we have done so far is under the auspices of this project.

The second part will focus on the computerised case management system. We will discuss the ideas upon which the system is based and illustrate how it can be used to promote knowledge-based social work.

Third, we will introduce the concept of advisory supervision, its basic features and how it can enhance the quality of social work.

In the last part, we will provide concrete examples of the way in which we have integrated the case management system and supervision in our work. We conclude with a series of remarks on the proven and potential advantages of our approach.

1. The social policy and community social services development project

The project involves starting and supporting 14 pilot centres for various types of social services in six Lithuanian municipalities. The centres work with several different client groups, as shown in the table below. Most of the centres are run as daycare facilities. The clients live at home and either participate or are in contact with the centre during the day. But four centres also provide lodging.

Objective of the project. Despite differing focuses, the centres have a common overall objective: to develop working methods that enable people with various kinds of social problems to receive the support at home they need to continue living there. Traditionally there has been very little outpatient social service care of that kind in Lithuania. Long-term institutional care has been the norm. The overall objective of our project is to develop outpatient social service care in such a way that there is less need for long-term institutional care.

Assuming that the results are successful, we hope that the centres will stay permanent and that similar ones will establish in municipalities throughout Lithuania.

Swedish participation in the Project. The project is developed in co-operation between

Table 1. **The 14 pilot centres, where they are located, target groups and type of facility**

Centre	Target Group	Day-care/24-hour
Anykš iai Educational Centre	Disabled Children	Day-care
Mol tai Educational Centre	Disabled Children	Day-care
Šven ionys Social Rehabilitation Centre	Disabled Children	Day-care
Utena Educational Centre	Disabled Children	Day-care
Šiauliai Co-ordination Centre	Elderly and Disabled Persons	Day-care
Vilnius Rehabilitation Centre "Parama"	Alcoholics and Drug Addicts	Day-care
Vilnius Work Skills Training Centre	Mentally Handicapped Persons	Day-care
Vilnius Day Care Centre in Šeškin	Elderly and Disabled Persons	Day-care
Šven ionys Reception Centre	Persons needing various types of support	Day-care
Šven ionys Home Care Services Centre	Elderly and Disabled Persons	Day-care
Vilnius Centre for Battered Women and their Children	Battered Women and their Children	Residential care
Šven ionys Social Service Centre	Former Prisoners	Residential care
Šven ionys Temporary Residence	Children in need of Temporary Residence	Residential care
Utena Temporary Residence	Children in need of Temporary Residence	Residential care

Table 1) The 14 pilot centres, where they are located, target groups and type of facility

World Bank, the Lithuanian Ministry of Social Security and Labour (MSSL) and Department of Social Work, Stockholm University while funded by Sida-Swedish International Development Co-operation Agency.

Swedish participation in the project has focused on four principal areas:

- *Project management* – representatives of Stockholm University are on the project's management team.
- *Efforts to boost know-how* – primarily for the benefit of staff members at the pilot centres. They were given possibility to take study trips to Sweden, enrol in courses in Lithuania, choose among a large number of advanced seminars on specific topics and receive supervision.
- *Documentation and case management* – a computerised system for documentation of clients, treatment methods and results has been designed for each centre.
- *Annual national conferences on social work* – arranged in order to disseminate knowledge and raise the status of the social work profession in Lithuania.

2. Computerised case management – a documentation system for assessment, monitoring and evaluation

Starting point. There are at least three reasons for implementing case management systems at the pilot centres. First, we have examined similar projects and research findings. The evidence suggests that various kinds of documentation, including case management systems, can enhance the quality and efficiency of social work.

The organisations supporting the project (the donors) expect the activities of the centres to be documented in various ways. Our system is designed to help satisfy this expectation while generating various kinds of data on client characteristics, treatment procedures and results.

Moreover, employees of treatment organisations or institutions that prize quality and efficiency in social work ask questions like "What are we really doing?" and "What is the outcome of our work?". Such questions may be natural, but the answers are complex. To reflect upon, analyse and answer them, we need access to reliable data on client populations, treatment intervention and results. The documentation system is intended to provide such data.

Purpose and objective of documentation system. The purpose of the documentation system is to enable the pilot project to simply and efficiently gather such information about clients and the work of the centres as staff members and donors deem relevant. The objective of the system is to provide support for treatment and improve the work of the centres. To that end, the data that is gathered about clients, treatment methods and results can provide the basis for reflection, follow-up and evaluation.

A three-fold objective.

1. *The need of the pilot centres to reflect on and enhance the quality of their work.* The document system has been designed primarily to enhance the quality of treatment at the pilot centres. By using the system, the centres can describe clients, treatment and results in detail. The data provides the basis for reflection, follow-up and evaluation. The approach generates a long-term storehouse of experience and knowledge about what does and does not work for various types of clients. Once you fully understand what you are doing and what results to expect for various types of clients, you are in a better position to adapt treatment to individual needs, modify approaches that are not working and build on methods that have proven successful.

2. *Justify the existence of the centres.* The primary focus of the documentation system is the life situation of the individual client and the particular treatment that he or she receives. The system also monitors changes in his or her life both during and after the treatment period. The secondary focus is to accumulate and analyse the data in order to characterise entire client populations and treatment methods. There are a number of fruitful strategies in this respect. For instance, the data can help determine the extent to which a particular centre is reaching the target group described in the project plan and whether its treatment methods are suited to the needs of that group.

   Such an analysis is of relevance not only for the centres themselves, but also for the various decision-makers whose work is affected by the project. It is in the interests of a centre to demonstrate that it is reaching the target group it is supposed to address, that it is using appropriate and up-to-date treatment methods and that it is achieving the expected results. That enhances the legitimacy of the centre – an advantage for donors as well.

3. *Basis for overall decisions.* Some of the information generated by the documentation system are useful for overall social work policy decisions at both the regional and national level. In that way, the documentation system can affect general policy concerning the treatment that is most effective for specific groups of clients. By the same token, we can pinpoint groups who don't seem to benefit no matter how massive the effort. In that kind of situation, there is a clear need for a deeper analysis of the nature, scope and source of the problem, as well as an assessment of how effective any new approaches are likely to be. Since the documentation system provides a convenient way to categorise the needs and prospects of individual clients, it can be helpful in identifying the necessity of developing new approaches.

Overarching questions and methodical approaches. The case management system focuses on three overarching questions common to all the pilot centres:

1. Who are the clients?
2. How do the centres work with their clients?
3. What results are they achieving?

Since these questions are vital to all centres, they provide a means of describing and comparing their clients. In addition, the questions allow us to assess the degree and effectiveness with which the centres are addressing the target groups specified in their project plans. Finally, the questions help us determine whether the clients or their lives change over time. Thus, the documentation system offers a way for us to evaluate the extent to which the centres are achieving the objectives that have been set for them.

In order to obtain some answers to these questions, we use computer-based forms that contain a large number of specific, practical queries. The case management system includes the following forms:

- *Admission/Client registration.* The main purpose of this form is to gather personal data and to record any special wishes or motives that the client may have in making contact with the centre.

- *Background.* Central to developing useful documentation is being able to see a client holistically. To do that, we need information on his or her life situation. Such information helps us understand what the client is experi-

encing at this particular time. It also forms the basis of our assessment of his or her needs and allows us to set up proper treatment. If the client is a child, the form on background is supplemented by another form on his or her family. The form consists of three sections: mother's circumstances, father's circumstances, and the circumstances of any siblings.

- **Problems and Resources.** The form on *background* is intended to provide a broad overview of the client's situation in life. The *problems and resources* form explores his or her situation more deeply by focusing on problems and challenges, as well as the personal qualities that he or she may be able to draw on in order to resolve these problems or meet these challenges. Our basic assumption is that we have a limited ability to assist a client in the absence of thorough information about the nature and severity of the problems he or she is dealing with.

- **Intervention/treatment.** Once the above forms have been filled out, we have a clearer idea of the client's situation in life, with an emphasis on the problems and challenges that led to contact between him or her and the centre. This information is the starting point for the centre to determine what kind of treatment the client needs. The purpose of the *treatment form* is to describe the treatment(s) that the centre can offer to an individual client. The form consists of three main sections: 1) Description of the nature of the problem before treatment begins; 2) The objective of the treatment; 3) Methods – how the objective of the treatment will be accomplished.

- **Follow-up on intervention/treatment.** The *follow-up form* gives us a way to evaluate the results of specific treatment interventions. The form focuses on the degree to which the centre has achieved the goals articulated for the specific treatment. Continual follow-up of how well various treatments have achieved their goals allows us to revise treatment methods in order to achieve greater success.

- **Diary/Case sheet.** The purpose of this form is to gather data about what happens on a day-to-day basis that cannot be documented using any of the other forms.

- **Compilation of results.** This form allows us to evaluate how the client has changed during the period of treatment with respect to key variables, i.e. those that are linked to the overarching goals of the project and the particular centre.

Using the case management system forms. The forms are used in four steps:

1. **Register and analyse.** The objective is to examine the client's problems and circumstances so as to identify his or need of treatment by the centre. The Registration, Background and Problems & Resources forms are used in this stage.

2. **Design treatment suited for the client's needs** – Intervention/treatment form.

3. **Implement the treatment** – proceeding from the approaches and practical arrangements described in the Intervention/treatment form.

4. **Following up and evaluating the effects of treatment.**

    4.1.   The effects of specific treatment interventions will be followed up using the Follow-up questionnaire. These determinations are made specifically for each individual intervention and the effects are evaluated continuously throughout the duration of the treatment. The intention is that, taken together, the various forms of specific interventions will contribute to achieving the overarching goals.

    4.2.   To evaluate the extent to which the respective Centre's and the project's overarching goals have been achieved, the Summary of Results form will be used. The summary of Results form is used to determine the client's situation at time of admission in terms of a number of key variables. The same variables are then used to determine the client's situation at discharge. Thus the form records changes in the client's situation that have occurred during treatment.

Examples of how the three overarching ques-

tions can be illuminated using the documentation system. The diagrams below show how various kinds of data from the documentation system can be used to illuminate the three overarching questions: *Who are the centres' clients? In what ways do the centres work with their clients? and What results are the centres achieving by their work?*

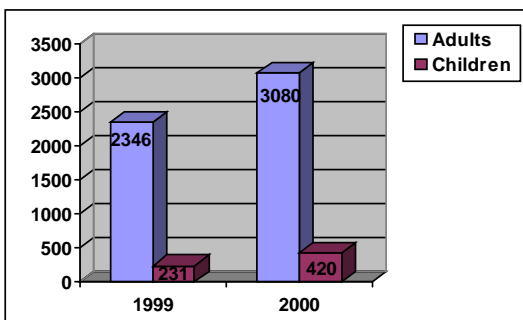*First question – " Who are the centres' cli-*

ents?" With respect to the first question – Who are the clients – the documentation system is intended to provide information that will allow a description and comparison of the clients and their situations. First we examined the total number of clients who were in contact with any of the centres during 1999 and 2000 the distribution between children and adults.

*Figure 1. **Number of adults and children – comparison between 1999 and 2000.***

The Figure 1 shows that the number of clients increased by 834, or 24%, between 1999 and 2000. The number of children nearly doubled and the children's share of the total number of clients increased during the same period from 10% to 14%. The establishing of new programmes for children and a greater number of available places in already existing programmes account for most of the change.

Regarding gender distribution, our data concerning adult clients are incomplete; as for the children, the boys outnumbered the girls by a small margin. In general, there were few changes during the period in question. The average age of the adults was 36 and the children 11. Also these figures remained largely unchanged between 1999 and 2000.

Distribution of clients between the different service centres. This diagram (Figure 2) shows how many clients visited the respective centres during 2000. In analysing the diagram, it must be borne in mind that the nature of the contacts between client and centre vary depending primarily on type of service provided. A major factor is whether the centre provides day care or residential service. The diagram below shows that the two centres that had the most clients are the Reception Centre in Šven ionys and the Home Care programme for the elderly in the same municipality. Both are day care

centres and generally have large target groups. The Centre for Battered Women in Vilnius and the Centre for Former Prisoners in Šven ionys, on the other hand, are newly inaugurated pioneer centres with relatively small target groups. These two centres are also mainly residential facilities, that is the majority of the clients live on the premises. With the exception of the Education Centre and the Temporary Residence, the other centres are represented by one unit (centre). The Education Centre is divided among four units and the Temporary Residence two.
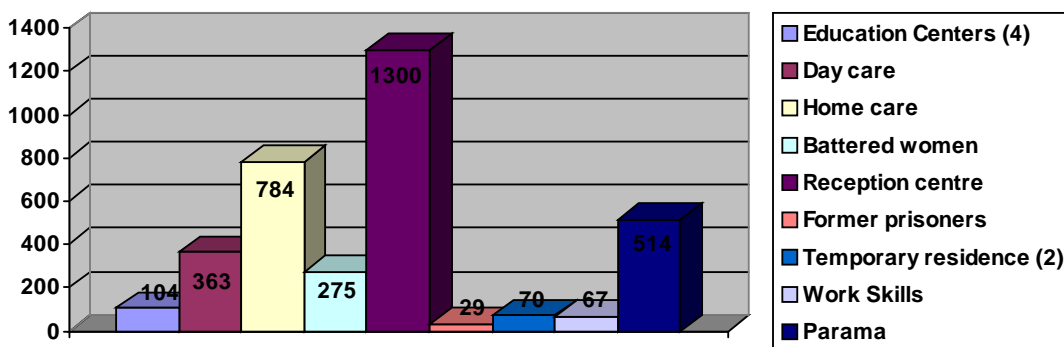

*Figure 2 (**See text**)*

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Clients' background situation. The circle diagram below shows the housing and employment situation for 123 clients at admission to the Centre for Battered Women, Centre for Former Prisoners and the Work Skills Training Centre. The data have been collected in consecutive periods from the time of each centre's opening to 1 June 2000.
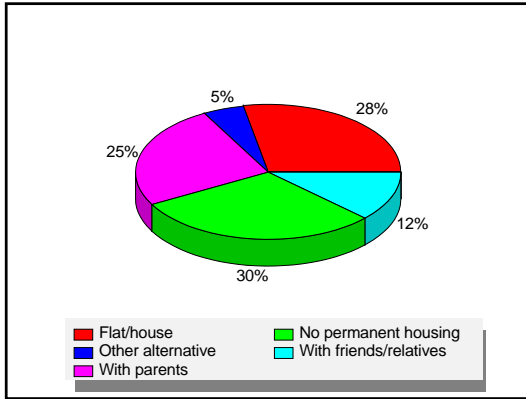

Figure 3. **Housing situation at admission**

The circle diagram shows that the housing situation of the majority of the clients was unstable at the start of treatment. Some 67% lacked housing on their own, and just under a third were virtually homeless. A fourth were living with their parents. A majority of these – all of whom were clients at the Work Skills Training Centre – would probably still live with their parents even if other housing could be arranged. However, most likely the majority are without options. For 5% of the clients "Other alternative" could be noted. The alternatives in question were shelters, hotels and the like.
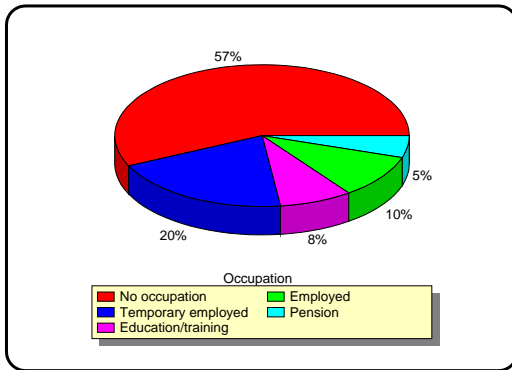

Figure 4. **Occupation prior to treatment**

The circle diagram to the left shows the clients' main form of occupation during the 12 months prior to admission. 57% lacked any form of occupation and only 10% had a permanent job during this period. However, there were large differences between the respective centres' clients. None of the former prisoners nor the clients undergoing work training had had a permanent job during the period in question and only a few had had temporary employment. On the other hand, a large proportion of the women attending the Centre for Battered Women had had either permanent or temporary employment during the same period.
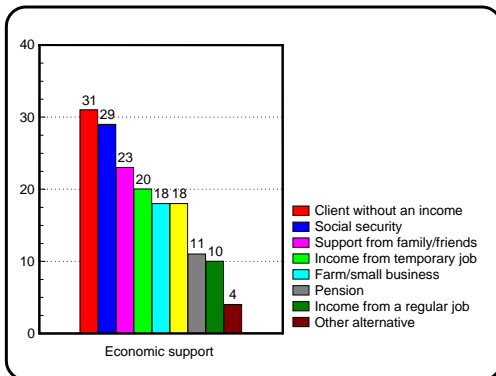

Figure 5. **Means of livelihood prior to treatment**

The bar graph to the left shows the clients' means of livelihood during the 12 months prior to admission to the centre. Several sources of livelihood were in evidence. The bars show the percentage of clients who had an income from each category. Just under a third of the clients were virtually without any means of livelihood during this period. Only one of ten has had a regular income from wages. Just under two-thirds of the clients depended either on social welfare or on assistance from family or friends for their livelihood.

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The above diagram shows the extent to which these client groups are under-privileged with respect to housing, work and financial situation – that is, factors that we normally regard as basic conditions for an independent life. These compilations also have implications for treatment in that they indicate problem areas in the Centres' treatment work.

Question two- "In what ways do the centres work with their clients?" The table below shows what the staff at the centre for Women, judge to be the nature of the women's problems at time of admission. The staff have also ranked the order of priority they have given to the women's problems. What they judge to be the primary problem is given 3 points, the secondary problem 2 points and the tertiary problem 1 point. Similarly, the staff have ranked in order of priority the problems that were treated in each individual case. The problems that were given first priority in treatment were given 3 points, second priority 2 points and third priority 1 point. Thus the total number of points for each problem/intervention depends on the number of clients affected and the order of priority accorded.
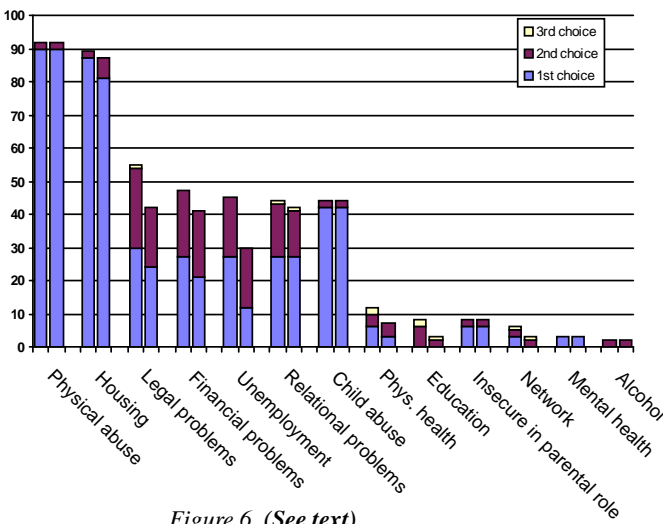

Figure 6. (See text)

The graph shows a high level of agreement between what the centre considers to be the clients' problems and the kind of help the centre offers to address these problems. According to centre staff, the women's primary problem is physical abuse and priority is given to interventions that address this particular problem.

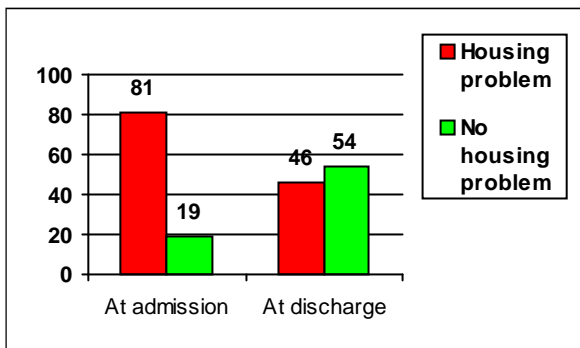**Question three - "What results are the centres achieving by their work?"**

*Figure 7. **Housing situation at admission and discharge***

A nearly as urgent "problem area for intervention" as physical abuse, seems to be the women's insecure housing situation. But although housing is judged to be a priority area, the centre reports that the housing situation for just under half of the women is still insecure at the time of discharge, as can be seen in the graph to the left.
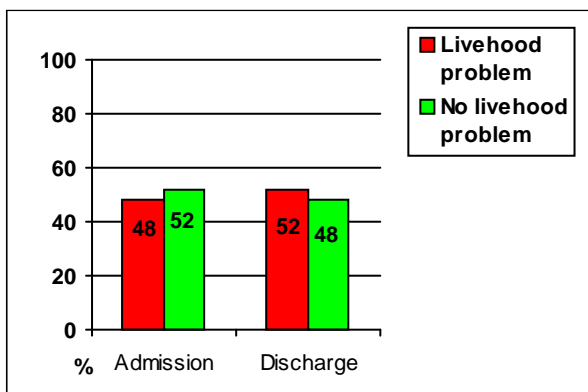
Figure 8. *Livelihood situation at admission and discharge*

Oddly enough, women's unemployment is judged to be a relatively serious problem, but interventions to address this problem are not accorded the same high priority as other problems. Furthermore, data from the centre indicate – as can be seen in the graph to the left – that women who are forced to seek new housing because of physical abuse encounter severe financial problems because their partner no longer contributes to their support. "Education and training" – which could improve the women's chances on the labour market – are seldom, if ever, regarded as being feasible and are hardly ever given priority.
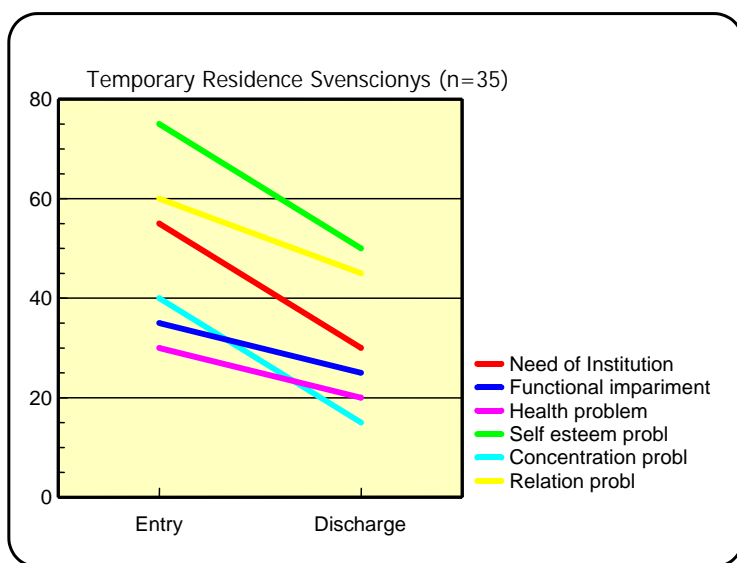

Figure 9. *Status at entry and discharge*

The diagram to the left shows the outcome for 35 children who received treatment at the Temporary Residence in Šven ionys. On average, the children stayed at the Centre for just over seven months. Nearly two-thirds of them are girls and the children's average age was 10 years. The compilation shows that a little over half of the children were in need of institutional placement at the time of admission to the Centre. This share had declined to less than one-third at the time of discharge. The majority of the children who were no longer in need of residential care could be returned to their parents or relatives. Besides improvements in their housing situation, it is evident that the children's health has improved and their self-confidence and self-esteem has been strengthened. At the same time, the share of children with problematic family relationships and children with problems in concentration has declined sharply.

Final comments

The graphs presented above is intended to serve just as examples on what kind of information could be aggregated from the case management system, and used to analyse different sorts of questions. There are of course a number of additional graphs that would have been useful in this context.

Unfortunately, time and space limits us. How-

ever, one of the main points we would like to stress, is the flexibility of the case management system. Every Centre working with the system has a number of ready-made reports, which builds on data entered on individual clients, like in the above shown examples. One of the main features is that the user quite simply can alter those reports and make them focus on whatever subject or target that might be of interest for the moment.

3. Role of supervision in Lithuania's psychosocial work

Barbro Zimmerling-Svan, advisory supervisor

Background. Supervision is the fourth step in the educational and training programme of the Social Policy and Community Social Services Development Project. The first three steps were two sets of theoretical courses and an advanced seminar series. Staff members who had taken part in the earlier segments were well prepared for field supervision.

At the time supervision was first introduced in Lithuania, it was a virtually unknown method for enhancing practical social work. Although universities and colleges already used supervision, it was mostly to help students prepare their term papers and theses. Thus, the participants in the project were uncertain as to what supervision entailed and thought that we wanted to monitor their work. It took quite a while before they understood that we had another purpose in mind.

Generally speaking, the staff members at the centres possessed solid theoretical and practical skills, were creative and had a sincere interest in improving their abilities. But they did not fully trust their own know-how and experience. A likely cause of their insecurity is that they had never been acknowledged for their work. For instance, they had not had the opportunity to compare their working methods with others or to become acquainted with literature in the field. The theoretical areas that most interested them at the beginning were social and pedagogical approaches, as well as explanatory psychological models.

Psychosocial work. Both the form and substance of supervision vary according to the theoretical approach and methodology being used: psychotherapy or behavioural therapy, or psychosocial methods and the theories on which they are based. In addition, each of the three supervisors pursued a somewhat different strategy.

My point of departure as supervisor is the psychosocial approach. Different people have defined this perspective on social work in different ways. The definition most in line with my own thinking was formulated by Bernler and Johnsson (1993). Social work by their definition is concerned essentially with the interaction between people and their environment – a fundamental component in their eyes when it comes to the evolution of human identity. Thus, the psychosocial approach seeks to understand each person in his or her own context:

- all people are equal, regardless of their situation in life, social status or abilities
- people seek meaning and wholeness in life; there is reason and purpose in whatever they think or do
- people interpret their circumstances in their own personal way, and they have the capacity to choose, make decisions and act on the basis of their understanding, sense of meaning, and perception of wholeness
- people must also be understood in relation to their environment and fellow human beings. Social structures influence a person's circumstances, behaviour and experiences. There is a dialectical relationship between an individual and society.

The aim of psychosocial work is to improve social conditions in general and the circumstances of individuals in particular. The social environment contributes to the onset of mental problems. By the same token, the social environment can serve as a resource in developing psychosocial methodologies.

When working with people at risk, we look for solutions that deal with the immediate source of the problem. For example, an activity centre might promote the client's interests. The social worker and client work side by side to achieve concrete goals. Favourable social conditions must be created that bring the client's personal strengths to the surface. When it comes to staff, we must initiate a consciousness-raising process to become more aware of our own value judgements and attitudes.

Psychosocial work also demands knowledge of psychiatry, crisis analysis and crisis management.

Supervision in the field – a method of carrying out social work . Since supervision is an important method for developing professional competence, particularly in social work and other caring professions, a number of course programmes have been specially designed for

field supervisors. Other segments of the social work course also use supervision. For instance, students receive supervision when writing term papers and participating in work-study programmes.

What is supervision? A supervisory relation involves a mutual exchange of knowledge. The supervision itself must be related to professional functions and skills. For centuries, professional training occurred on the job. Apprentices served as helpers, during which time they learned the fundamentals of their profession. Only after a number of years did they have the chance to prove that they had acquired the requisite skills.

But the trend in many European countries has been to separate practical training from theoretical education. The two phases take place in different places and under different kinds of supervision. A need has arisen to reconnect these two worlds, particularly within the caring professions where professionalism is of such vital importance.

Supervision involves sharpening skills and know-how that staff members already possesses. The role of a supervisor is to help them use their knowledge more effectively in real-life situations. But an staff member also learns to reflect about his or her individual behaviour and responses, about how he or she relates to clients and co-workers on both a personal and professional level.

The primary dimensions of supervision in social work are social, pedagogical and psychological. A relationship based on trust and confidence must develop if trainees are to find the courage to put themselves and their skills to the test. The most important role of a supervisor is to encourage conditions that will allow the trainee to develop a professional identity and the personal qualities needed to do top-quality work.

The basic criteria for supervision. There are certain basic criteria for effective supervision. Among them is a contract that clearly delineates what is expected of the supervisor and trainee. Here are some of the features of such a contract:
- the objective of supervision should be clear to all parties
- the parties must agree to keep an eye on the objectives
- the sessions should be held on a regular basis

- the length of each session should be stipulated (80 minutes is normal)
- the sessions should take place where the parties can be sure to remain undisturbed
- the length of the entire process should be stipulated (two years, for example)
- confidentiality should be maintained about what is said during the sessions
- supervision should be provided to anyone who works directly with clients

Supervision can take place in a group or one-on-one. The following remarks concern group supervision.

The focus of group supervision. An important element of group supervision is that everyone has the opportunity to both speak and listen. All experiences and observations carry equal weight, making it easier to achieve clarity about joint goals.

Following are possible focal points of supervision:
- Professional role: supervision is concerned with the job functions of the trainees. The goal is for them to develop those roles and gain a deeper understanding of methodologies. By becoming more professional, they can improve the quality of their work.
- Clients: the emphasis is on helping trainees better understand clients and their circumstances.
- Group processes: the focus is on the relationships that develop among the group's members; how co-operation can be ensured and the way in which individual behaviour and actions affect the work of the entire group?
- Personnel-client relationships: the emphasis is on the relationship between the social worker and client.

Tryggve Balldin
(Advisory supervisor)

Solution-oriented supervision methods. A supervisor's view of the why problems emerge largely determines the solutions he or she envisions. That basic perspective forms part of the theoretical framework from which he or she approaches supervision. My approach is systemic, interactionist and salutogenic. The salutogenic

component is heavily influenced by Aaron Antonowsky's ideas. That perspective, as opposed to the pathogenic approach (what makes us sick), attempts to identify the factors that promote health. For Antonowsky, meaning, significance and manageability make for a more healthy life. He stressed the importance of isolating "health factors" and not simply "risk factors". The solution-oriented approach seeks to uncover hidden opportunities, look ahead and have faith in the client's inner resources. For more information, see The Mystery of Health (1991) and Salutogenic Environmental Therapy (1997).

My other big influence is Bill Pinsof and his Integrated Ultisystemic Therapy. As an eclectic, Pinsof maintains that the nature of a problem determines the treatment and theoretical model to be employed. His idea is that we should always be aware of what level we are operating on and never go deeper than is needed to find a solution (Pinsof, W.M., *Integrative Problem-centered Therapy*, 1995).

When you are involved in the field of social work, it is essential to ask some basic questions. And you must find answers on a continual basis if you want to make steady progress. The questions are as follows: *What do we say that we do? Do we really do what we say we do? How do we know that we do what we say we do? Does it make a positive difference for the client?*

These questions may seem elementary, but research shows that most social work does not address them. The evaluation programme is a tool for doing just that. We must ask ourselves: *How would the various participants describe the problems? How would they describe the solutions to the problems? What methods will the various participant employ to solve the problems? How do the participants know when they have reached their goals?*

Both the form and substance of supervision varies according to the theoretical approach and methodology being applied: psychotherapy or behavioural therapy, or psychosocial methods and the theories on which they are based. In addition, each of the three supervisors has approached the effort from a different angle.

4. The advantages of co-ordinating supervision with the documentation system

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Common starting points. The two concepts-documentation and supervision- were both fairly unknown in Lithuania when we began our work there. The concepts carried a different meaning for the Lithuanians we worked with. We were met with a great deal of scepticism. We were best able to explain the two concepts and demonstrate their importance by showing how they worked together. We showed that the work of the social centre had to be documented, analysed and followed up in order to constantly improve, evolve and achieve the goals set out for it.

Development of the documentation system started at the four Educational Centres for mentally retarded children and teenagers. They had been open for the longest period of time and had a series of established activities. To document what went on at these centres, we needed someone who was knowledgeable about the special needs of mentally retarded people. We chose the person who was in charge of supervision at the centres.

During the development phase, we discovered that supervision and the documentation system had much in common in terms of the information we needed and the questions that had to be asked. The starting point of both working methods was to cultivate a holistic view of the clients. As a result, many of our questions applied to both approaches. The more we worked, the more evident it became that supervision and the data that we expected the documentation system to generate complemented each other and highlighted the holistic perspective.

Long-term view. By combining the supervision and documentation efforts, we have been able to work more closely with the pilot centres – one of the fundamental prerequisites for successful social change work. As the centres alternately hosted documentation and supervision experts, we developed working methods with a heavy emphasis on follow-up and the cultivation of a long-term view.

Our own way of working became a living, breathing example that the pilot centres could draw on in their treatment efforts.

Joint frames of reference. The biggest problem faced by supervisors was that they found themselves in a foreign country with an unfamiliar culture. Not knowing the language, they were unable to follow conversations in the kind of detail that supervision demands. The use of interpreters made us sometimes even less confident that we really understood each other. Once we started integrating supervision and documentation, we discovered that the documentation system could serve as a concrete aid. It provided specific information that could be discussed during supervisory sessions. Which of a client's problems should we give the most priority to? How should we characterise the problem? What are the possible solutions? What are the tangible objectives we are seeking to accomplish? The documentation system requires everyone to talk about the same thing. In addition, it provides a joint frame of reference for focusing on one objective issue at a time.

Need for systematisation of the work. Tools are required in order to describe and systematise the progress of social work. Supervision and documentation are two such tools.

The situation at the centres and the needs they exhibited largely determined how the supervision effort was organised at the beginning. The staff members were anxious to learn various kinds of methods: pedagogic, psychological, physiological and diagnostic.

Documentation helped to systematise and to set up supervisory sessions focused on dealing with the problems. For its part, supervision served to reassure staff members that the documentation system was not simply a piece of paper or software, but formed the basis for focused and organised work.

The need to articulate. The documentation system has become a tool that staff members can use to express themselves more clearly during supervisory sessions. In other words, they must respond to concrete questions that are included in the documentation. What they lacked initially was knowledge of how to formulate objectives and ask questions, set realistic goals for clients, establish interim goals suited to the capabilities of the clients, and articulate and describe the methods being employed. Between two supervisory sessions, staff members documented their work and thus were forced to express themselves in a concrete manner. During the actual supervisory sessions, they would discover new questions to be included in the documentation and new kinds of data to be gathered about the clients. In that way, documentation became an extension of supervision and vice versa.

Priorities. The pilot centres also needed help in setting priorities among various goals. What has to be done right away, what can wait and how long will clients need before they see a change in their lives? When should you reassess your way of working? Social work clients often have multiple problems that must be taken into consideration.

Staff members began to realise that the documentation system demanded clear priorities, reasonable goals, and small, incremental steps to reach those goals. As they discussed these issues in supervisory sessions and articulated them for documentation purposes, the two working methods came to complement one another.

Heightened awareness. It is our hope that the integration of supervision and the documentation system has made staff members more aware of the nature and value of the work they are doing. The opportunity to analyse their efforts on the basis of documentation has been highly useful, not only during supervisory sessions, but also in creating the kind of awareness that makes social change work more effective. That has made staff members more open – a necessity if other new perspectives and working methods are to have a chance of succeeding.

A matter of democracy. In a country like Lithuania with a long history of oppression, the voices of people at the top are often the only ones listened to. Supervision and documentation provide a forum in which people who work directly with clients can make themselves heard. The documentation system's data is gathered as much as possible by the staff members themselves, with support from supervisors. At the same time, statistics can be accumulated that are of great interest to various kinds of decision-makers.