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Relational Alliance and Professional Practice in Social Work

A study of the Norwegian Qualification Programme

Master Thesis in Social Work
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ABSTRACT

The current master thesis is developed under the research project "Comprehensive follow-up of the participants in the Qualification Programme" which is a cluster-randomised evaluation of the "Comprehensive, Methodological and Principle-based Approach" (CMPA). CMPA is a professional training programme implemented by The Norwegian Directorate of Labour and Welfare and researched by *Sosialforsk* at the Department of Social Work, Child Welfare and Social Policy, at Oslo and Akershus University College of Applied Sciences.

This master thesis takes place within the Qualification Programme (QP) context. QP is an activation programme regarded as one of the most important measures of the Labour and Welfare Administration (NAV) reform in Norway. The QP focus lays on the preparation of the service user to (re)enter labour market through follow-up that ought to be tailor made to individual circumstances. QP is in line with international trends on individualisation, New Public Management and neo-liberal features in activation policies which impact contemporary social work practices. These features particularly individualisation seem to require new competences and practices of those who directly implement the QP, the QP counsellors. The study of the relational aspects inherent in such practices is therefore relevant to a wider understanding of the QP's implementation. This master thesis seeks to contribute to the understanding of *relational alliance* in social work practices within QP. Relational alliance is understood as a collaborative relationship between the QP counsellor and the QP participant. This master thesis studies how multidimensionality of relational alliance is assessed by the QP counsellors and to what extent different *aspects of professional practice* are associated with it.

Data material concerns QP counsellors from 18 NAV offices across Norway (N=99). The questionnaire used (T1) is part of the CMPA research project and analyses are developed by SPSS 20.0.Results show that QP counsellors assess relational alliance as multidimensional, constituted by 3 dimensions: *affective bond*, *agreement on tasks* and *agreement on goals*. *Affective bond* is assessed as the strongest dimension indicating that QP counsellors consider it the most important factor in relational alliance within individualised follow-up in QP, when compared to tasks and goals. Further, a*spects of professional practice* such as *professional competences* and the belief on the *usefulness of QP* show a positive association with relational alliance, indicating that QP counsellors who positive assess these aspects also assess relational alliance positively. These findings entail that it is important to emphasise relational competences for professionals who work with activation of service users.

SAMMENDRAG

Denne masteroppgaven er utviklet under forskningsprosjektet "Helhetlig oppfølging av deltakere i Kvalifiseringsprogrammet", som er en klynge-randomisert effektevaluering av "Helhetlig, prinsippstyrt, metodisk tilnærming" (HPMT). HPMT er et fag- og kompetanseutviklingsprogram utviklet og implementert av Arbeids- og velferdsdirektoratet, og undersøkt av Sosialforsk ved Institutt for Sosialfag på Høgskolen i Oslo og Akershus.

Masteroppgaven har fokus på Kvalifiseringsprogrammet (KVP). KVP er et arbeidsrettet program og regnes som et av de viktigste tiltakene innen NAV reformen i Norge. KVP skal forberede den enkelte på å komme tilbake i lønnet arbeid gjennom individuell tilpasset oppfølging som skal være skreddersydd til den enkeltes forutsetninger. KVP er i tråd med internasjonale trender når det gjelder individualisering, *New Public Management* og neo-liberale trekk innenfor aktiveringspolitikk. Disse påvirker det moderne sosiale arbeidet. Aktiveringspolitikk i retning mot individualisering ser ut til å kreve ny faglig kompetanse og praksis fra de som direkte iverksetter KVP, KVP veiledere. Derfor er det viktig å studere de relasjonelle aspekter av en slik oppfølging, for å få en bredere forståelse av KVP, som et arbeidsrettet program. Denne masteroppgaven ønsker å bidra til en forståelse av *relasjonell allianse* i sosialt arbeid innenfor KVP. Relasjonell allianse forstås som et samarbeidsforhold mellom KVP veiledere og KVP deltakere. Denne masteroppgaven studerer hvordan KVP veiledere vurderer multidimensjonalitet av relasjonell allianse samt i hvilken grad ulike aspekter av profesjonell praksis har en sammenheng med den relasjonelle alliansen.

Datamaterialet gjelder KVP veiledere fra 18 NAV kontorer over hele Norge (N = 99). Spørreskjemaet (T1) som benyttes er en del av HPMT forskningsprosjektet og analysen er utviklet gjennom SPSS 20.0. Resultatene viser at KVP veiledere vurderer relasjonell allianse som et multidimensjonalt begrep som består av 3 dimensjoner: *affektivt bånd*, *enighet om oppgaver* og *enighet om målsetninger*. *Affektivt bånd* er vurdert som den sterkeste noe som tyder på at KVP veiledere anser dette som den viktigste dimensjonen i den relasjonelle alliansen når det gjelder individuell oppfølging i KVP, sammenlignet med oppgaver og målsetninger. *Aspekter av profesjonell praksis* som *profesjonell kompetanse* og troen på *nytten av KVP*, viser en positiv sammenheng med den relasjonelle alliansen. Dette indikerer at KVP veiledere som vurderer disse aspekter som positivt, også vurderer den relasjonelle alliansen positivt. Funnene tyder på at det er viktig å vektlegge relasjonell kompetanse for fagpersoner som jobber med arbeidsrettede tiltak.

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The development of the current master thesis starts from a combination of interests which arose two years after I moved to Norway. My interest in exploring the theme of relational alliance within the QP is based on the wish for a wider understanding of social work practices particularly in the NAV and a broader knowledge on the Norwegian social policy. As a social worker myself it was very enriching to be enrolled as fellow master student in the cluster-randomised evaluation of CMPA not only for personal growth but also to have the opportunity to contribute to the understanding of social work practices within the NAV.

Professor Ira Malmberg-Heimonen who was the leader of the research group at the cluster-randomised evaluation of CMPA was the supervisor of the current master thesis. She was a strong buttress along the development of this master thesis and I would like to express my gratitude for her availability, support, guidance and exciting discussions. Thank you for all the constructive feedback and good collaboration. I wish to thank HiOA and the Department of Social Work, Child Welfare and Social Policy for the opportunity to participate as a master's student in the cluster-randomised evaluation of CMPA and for the provided conditions for the development of this thesis.

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LIST OF ACRONYMS

Avdir	Arbeids- og velferdsdirektoratet (The Norwegian Directorate of Labour and Welfare)
CMPA	Comprehensive, Methodological and Principle-based Approach
HiOA	Høgskole i Oslo og Akershus (Oslo and Akershus Universisty College of Applied Sciences)
HRI	Helping Relationship Inventory
NAV	Labour and Welfare Administration
NPM	New Public Management
OECD	Organisation for Economic Co-operation and Development
PES	Public Employment Services
QP	Qualification Programme
SPSS	Statistical Package for Social Sciences
WAI (sr)	Working Alliance Inventory (short revised)

1. INTRODUCTION

The current master thesis focuses on the importance of relational alliance in the context of individualised activation services. In the last decades, European countries and others have been restructuring social policies and their modes of governance from passive to active labour market policies where employment is regarded as the best way to fight poverty and social exclusion. As a consequence, social services become more individualised by closely following up service users and tailoring programmes to their needs and wishes, with focus on stimulation of employability. Within contemporary welfare states, individualised services are a new trend influenced by New Public Management (NPM) governance, third way politics and neoliberalism (van Berkel, van der Aa and van Gestel 2010, 448; van Berkel and Valkenburg 2007, 3-9).

In the last decades, the Organisation for Economic Co-operation and Development (OECD) has been concerned with the promotion of activation policies (OECD 2005, 2007, 2013). The organisation stresses that despite the lack of a common definition of activation policies there are core objectives. According to OECD the objectives are "to bring more people into the effective labour force, to counteract the potentially negative effects of unemployment and relate benefits on work incentives by enforcing their conditionality on active job search and participation (…)" (OECD 2013, 132). As such, activation policies intend to contribute to employability and employment of unemployed people (who often receive social benefits) in an individualised way by promoting job placements, training and/or market oriented programmes which are tailor made, i.e. customised to individual needs and circumstances (OECD 2014[1]; van Berkel and Valkenburg 2007, 9-11).

These tailor-made programmes identified as activation programmes are a set of planned measures and/or activities with the long-term goal of employment. Individualised activation programmes are expected to improve the participants' skills and knowledge, motivate them to work, and reduce and prevent dependency on social benefits. From this view, the service user is regarded as a resourceful person with responsibility for his/her (un)employability, thus a reconsideration of "the role of citizens-as-service-users" to a "position vis-à-vis service providers" is introduced (van Berkel and Valkenburg 2007, 5).

These developments have (re)set the framework for social work practice within individualised activation services. Activation services implement activation policies through

[1] http://www.oecd.org/employment/emp/activelabourmarketpoliciesandactivationstrategies.htm(10.10.2014).

individualised activation programmes and are often identified as the public welfare agencies such as public employment service (PES), social services or the combination of these at one single agency (one-stop shop). Social work practice within activation services requires new competences, focus and practices from social workers, influencing their professional roles and identity. Social workers have an important role in the implementation process of activation policies where the quality of the relationship with the participants is central. Thus, the implementation process of activation policies depends on the interactions between the social worker and the service user as well as on the conditions in which these interactions take place, influencing then the outcomes of activation programmes.

Previously, social workers were considered experts, who had knowledge on the best options and solutions for their clients. Now requirements of individualised activation services lead professionals to new work cultures and routines, communication and intervention strategies where motivation and coaching are central. Additionally, there is a focus on efficiency, accountability, outcomes and risk assessment which increases administrative and bureaucratic tasks (van Berkel and Valkenburg 2007, 14-15). Thus social workers are now to a higher degree regarded as facilitators, coaches (Järvinen and Mik-Meyer 2012, 18) mediators (Hjörne, Juhila and van Nijnatten 2010, 303) and/or managers or administrators.

Given these developments, there is a need for research on social work and the factors that surround professional practice in the activation context (van Berkel and van der Aa 2012, 494). There is a lack of research on the social workers' perspective within activation policies especially concerning the significance of the social worker in the implementation process of activation programmes (Jessen and Tufte 2014).

The social workers' professional identity is framed by the activation approach, political regulations, institutional settings, but more particularly by the interpersonal interactions within individualised activation services. The relationship is a central concept within social work (Aamodt 1997, 24), it is an "intervention tool" (Levin 2004, 83), a method and a medium to engage with the user (Perlman 1979 in Hennessey 2011, 10) and the "soul of social work" (Biestek 1972, 8). In the current master thesis, the collaborative relationship between the social worker and the service user is understood by the term *relational alliance*. Relational alliance encompasses the *affective bond* between the social worker and the service user, as well as, the *tasks* each of them agree on and develop in order to achieve the *goals* established for the intervention (Bordin 1979). Even though relational alliance is intrinsically associated with social work there is a research gap on the impacts of relational alliance

between the social worker and the service user on the outcomes of the intervention. Relational alliance has been widely studied within psychotherapy but there is a lack of research on relational alliance within social work (Guédeney et. al. 2005; Platt 2005; Trotter 2002).

Norway follows and shares these common international trends in welfare and social policy by implementing the Norwegian Labour and Welfare Administration (NAV) reform in 2006 and creating the Qualification Program (QP) as an individualized activation programme in 2007. The NAV reform and the QP impact social workers' practices in NAV offices creating a new context for social work (Røysum 2012).

This master thesis focuses on the importance of relationship in the context of activation services – the QP in Norway – through the perspective of the QP counsellors. By studying how counsellors assess relational alliance with the QP participants, it aims at contributing to the understanding of the quality of relationship in the individualised activation context. This master thesis has a twofold focus: first on *relational alliance* and its multidimensionality; and second on whether and to what extent the conditions in which interactions between QP counsellors and QP participants take place, i.e. *aspects of professional practice* within the QP are associated with relational alliance. Data material was collected by questionnaire and concerns all QP counsellors within 18 NAV offices across Norway in 2011 (N=103), with a reply rate of 96% (N=99).

In the second chapter the international and national context from which this master thesis streams from is presented. In the third chapter the theoretical perspectives on relational alliance are presented while the aim and research hypothesis of the master thesis are presented in the fourth chapter. Data and methods, and results are presented in the fifth and sixth chapter respectively. In the seventh chapter a discussion of the results and their significance within activation services are presented.

2. ACTIVATION POLICIES AND SOCIAL WORK

2.1. Recent developments of Activation Policies in an International Perspective

Over the last decades many countries (mostly European) have been changing social policies in terms of governance and administration in general and social services in particular. Governance forms based on NPM principles, third way politics and marketization have reshaped public services and consequently the settings of social services. NPM ideas are rooted in neoliberal and market oriented perspectives which point to the modernisation of the public sector by cost-efficiency, management, market competition and customer satisfaction. Concerns about public expenses, poor coordination between public services and the idea that governments should be "steering rather than rowing" have introduced the managerialism perspective based on efficiency, quality of services and responsiveness to social services (Askim et al. 2011, 1451; Lane 2000; Osbourne and Gæbler 1993 in Healy 2009, 402; van Berkel, van der Aa, van Gestel 2010, 448; van Berkel and Valkenburg 2007, 10).

One common feature of activation policies and NPM perspective is the quasi-market, which explains how social services are governed by the principle of marketization. Quasi-market occurs when the monopolistic state provider is substituted with independent providers in a competitive market for customers, i.e. public social services are no longer the main and exclusive provider of services as non-profit and/or profit organisations can provide such services as well. There is a dynamic between those who benefit from the services (participant or service user), the providers (those who provide activation services) and the purchasers who are identified as the public agencies (activation services) which are responsible for social protection schemes and implementing activation programmes (van Berkel, Sager and Ehrler 2012, 274-279). A comparative study including Czech Republic, Finland, France, Germany, Italy, The Netherlands, Sweden, Switzerland and UK, shows that there is a great diversity of activation services. All these countries left the monopolistic state provision, however represent different grades of marketization (van Berkel, Sager and Ehrler 2012, 274-282).

Another general feature of contemporary activation policies is the development towards one-stop shops agencies. One-stop shops are defined as integrated services that include intergovernmental agencies such as public employment service (PES) and social security services as well as an integration of local and central governments (van Berkel, Sager and Ehler 2012, 276). It is an organisational model characterised by joined-up services at a singular agency, created to improve the accessibility of service users, which can integrate

income protection, activation programmes and other social benefits (Askim et al. 2011, 1452-1453). These agencies can be found in countries such as: Norway (NAV), Germany (Service Centres), UK (Jobcentre Plus), Denmark (Job Centres), Netherlands (CWI) and Australia (LAFOS). Status and responsibilities vary for each country though these agencies act as gate-keepers for individualised activation services.

One-stop shop agencies have a degree of autonomy and authority in the implementation of activation programmes which is related to another feature of contemporary activation policies, decentralisation. Decentralisation of power and responsibilities is visible at the local authority level and in the involvement of other actors/partners in the provision of social services (van Berkel 2010, 27). Individualised activation programmes are often implemented by local authorities and provided by local one-stop shops. These services can also be provided in cooperation with non-profit and/or profit organisations. Decentralisation can be seen as a NPM influence since the transfer of authority to local providers is used as a "governmental tool for increasing managerial autonomy" (Minas, Wright and van Berkel 2012, 289). Simultaneously decentralisation can be seen as a way of firming up the control of the national authorities over local ones (van Berkel 2010, 27).

A more recent common feature of activation policies is *individualisation* which means that activation services are made more flexible, customised and tailored to individual circumstances. The argument is based on the idea that standardization or "one size meets all" does not meet the diversity of people and circumstances with which contemporary social services deal with (Hjörne, Juhila and van Nijnatten 2010, 305; van Berkel and Valkenburg 2007, 11). The individualisation of activation services is also related to a "growing reflexivity of individual and social life", i.e. the contemporary ideas of self-identity and risk society (Valkenburg 2007, 31). Contemporary societies require a permanent development of competencies and individual employability while unemployment is less regarded as a condition of some groups of people and more as a risk that can reach every individual in a certain point in time. Social services focuses is on the (re)integration of unemployed people into labour market instead of in the protection of income loss. Thus individualised activation services give attention to the rights of protection of the individual under determined behaviours, attitudes and motivation, i.e. under the activation premise (Howard 2012, 659-662; Johansson 2007, 67-76; Valkenburg 2007, 25-33).

Within individualised activation policies the service user is regarded as resourceful, competent and responsible for his/hers employability. Therefore the service user ought to

have an active role in the activation programme because his/hers involvement is essential for an effective and positive outcome. In this perspective, social workers are intended to motivate unemployed people to work, emphasise and built up their individual resources as characteristics for employability. One could say that unemployed people are simultaneously regarded as in need of being motivated and activated and are expected to cooperate and accept activation programmes (Johansson 2007, 71; Valkenburg 2007, 32).

In this way, individualisation implies that the individual takes responsibility for its own sustainability and employability, i.e. that the principle of reciprocity is applied. It means that "people should, in principle, give something back to society when they receive social benefits" and that social workers are confronted with dilemmas whenever this principle is not accomplished (Kjørstad 2005, 394). This perspective has raised critics especially when it concerns "creaming" of service users within individualised activation services. This means that those who are regarded as easy to employ and meet the requirements and duties (re)enter more easily the labour market, while those who experience more complex life circumstances be in a "parking" situation (Rees, Whitworth and Carter 2014, 222; van Berkel, van der Aa and van Gestel 2010, 452).

2.2. Social Work practices within Individualised Activation Services

Within the context of individualised activation services, social workers are the link between social policies and citizens, representing and fulfilling government policies and channelling the adequate services to the users (Hjörne, Juhila, van Nijnatten 2010, 303). Research shows that social workers have an important role in the implementation of activation policies (Jesse and Tufte 2014) and that they work with service user's circumstances and needs, under policy, "organisational, financial and work conditions, and their own perceptions of their role and professional identities" (van Berkel, van der Aa and van Gestel 2010, 460). The conditions in which these interactions take place frames new forms for social work practice. Within these new contexts of social work practices it is pertinent to discuss concepts such as professional identity and professional discretion.

Professional identity is associated with the idea of "naming" the group of professionals who work within activation services. They are often women educated in the social work field who have been referred to as "frontline workers" (van Berkel, van der Aa

and van Gestel 2010), "street-level bureaucrats" (Lipsky 2010)[2], "social welfare professionals" (Healy 2009), "coach and facilitator" (Järvinen and Mik-Meyer 2012) "mediators" (Hjörne, Juhila and van Nijnatten 2010), "agents of welfare state" (Jewell 2007 in van Berkel and van der Aa 2012, 500); "personal advisers" (Sainsbury 2008), "hybrid bureau-professionals" (Wright 2006) and social workers (Kjørstad 2005; Møller 2012; van Berkel and Valkenburg 2007). The diversity of terms illustrates not only the open and complex debate on social worker's professional identity, but also how this identity is being reshaped by the new context for social work, individualised activation policy.

In the Norwegian context, the group of professionals who directly work with the QP are referred to as *veileder* (*supervisor*). Considering possible misunderstandings about the word "supervision" when translated into English, the term *QP counsellor*[3] is used in the present master thesis. The decision of adopting the term *counsellor*[4] is based on two main reasons. The first is based on the perception of dissociation from social work's core principles behind the term *supervisor* in the same line with facilitator or coach. The second is deeply rooted on the open and ongoing academic discussion on social work's professionalism and identity in Norway. Different types of higher education degrees, social intervention areas and practices raise the debate on professional and knowledge distinctions. In Norway, the social work field is characterised by different educations and professionals such as *sosionom* (social worker), *barnevernpedagog* (child protection worker), *vernepleier* (social educator) or *velferdsarbeider* (welfare worker)[5]. In the present study the QP counsellors are divided into two analysis's categories: *social workers*, which include *sosionom* and *barnevernpedadog* educations[6] and *other counsellors*, which include backgrounds in other fields of education, from social educator to administration and management.

[2] Although Lispky (2010) did not specifically refer to the professionals in individualised activation services, he captures the nature of this professional group, being used by several authors to describe and analyse the new context of social work in activation services.

[3] *Veileder* is understood as a person who gives *veiledning*. V*eiledning* signifies guidance but also counselling (Ordnett 2014).

[4] Counsellor is understood as a professional, a trained person who provides counselling. Counselling is a procedure often used in clinical social work to guide individuals, families, groups and/or communities by giving guidance, delineating alternatives, articulating goals and providing information. It aims to assist the person to address their issues by helping him/her to gain control over his/her life (Barker 1999, 108; Harris and White, 2013, 120).

[5] More information available at: https://www.fo.no/

[6] This decision is based on the understanding that *sosionom* and *barnevernpedagog* are professions that stream from the same body of conceptual knowledge and represent the social work as profession (Nygren 2004, 172; Røysum 2012, 16).

Professional identity is also regarded as the endorsement of a person to the profession's purposes and working methods (Heggen 2008, 323). It is "a set of shared resources on which members can draw to inform, develop and sustain their practice and their career development" (Healy 2009, 405). Professional identity is related to the meaning of social workers' actions in practice, which can be understood as a negotiation between personal and professional meanings (values and ideologies) (Nygren 2004, 206-207). Thus, one might say that professional identity is related to the perception of role and to the competences used for the development of the tasks as social worker. The features of activation services, namely NPM characteristics, have an influence on social workers' professional identity, because they request that social workers prove their professional status and value through a set of competences linked to management and technical skills (Healy 2009, 405-407).

This leads further to ambivalence on the understanding of social workers professional identity in literature within individualised activation services. While some authors argue that social work is "the referential professional model for activation work", others question whether activation policies suit the "professional standards of social work" (van Berkel and van der Aa 2012, 497). Either way the amount of bureaucratic work, monitoring (follow-up), room for discretion, caseloads, among others, shape the context for social work in activation services, introducing the idea of de-professionalization and re-professionalization (Jørgensen et al. 2010 in van Berkel and van der Aa 2012, 498) or even of a "new" profession. Within activation services, some authors argue that the "new" profession should be accredited through training and recognised by a body of knowledge (Sainsbury 2008, 336).

As a result, within individualised activation services, the role of the social worker has changed from expert to facilitator or coach who is ought to lead the service user to autonomy and self-sufficiency. The expert role is based on the idea that the social worker has expertise, i.e. is "uniquely qualified (…) to attend to clients' social welfare needs" (Dybicz 2012, 271). The coach role is based on the idea of facilitation of the conditions for self-help, i.e. to lead to self-accountability and self-determination. The difference between the expert and the coach role lays on the responsibility for achieving change. The responsibility for achieving change shifts from being assigned to the social worker, to being assigned to the service user him/herself. The service user has the responsibility for his/her own change and he/she has to wish that change for his/her own. Social workers are expected to set the service user in the centre of the entire activation process and to make him/her accountable and responsible for

his/her own situation and development or change (Järvinen 2012, 40-41; Järvinen and Mik-Meyer 2012, 18-20). Their role is to motivate the service user to work, contributing then to society, be market oriented and promote the service user's accountability. The social worker is expected to focus on the positive aspects and resources of the service user and to facilitate his/her changing process, under the logic of activation policies. Research shows that this perspective calls for an increase in social workers' instrumental and standardised knowledge and skills and leads to a shift on their social work discourse (Møller 2012, 175-177; Røysum 2012, 110).

The other important concept in the understanding of social work in the individualised activation services is *professional discretion*. Professional discretion involves the idea of decision-making and management of social services for each service user. Professional discretion is understood as the freedom or power to act or decide among the possible and available options, i.e. the path to take in problem solving (Grimen and Molander 2008, 179-181). Discretion can involve action or the decision not to act. This decision-making process is relative, flexible and normative. Social workers have a considerable amount of discretion "in determining the nature, amount, and quality of benefits and sanctions provided by their agencies" (Lipsky 2010, 13).

Discretion is also associated with the capacity of "reflection-in-action" (Schön 1983) where social workers must understand the situation they and the users find themselves in, and decide the course of action. Discretion is important within social work because social workers deal with complex and sensible situations which cannot be approached based on formatted ways, i.e. they need to able to act accordingly to each specific context and circumstances (Lipsky 2010, 15). The capacity of applying professional discretion is associated with autonomy, responsibility and decision-making in concrete situations (Kjørstad 2005, 394) and also with the degree of decentralisation and autonomy defined by the central authorities (van Berkel and van der Aa 2012, 495).

The discretionary room of social workers in individualised activation services can be associated with the nature of regulations which affects decision making, organisational characteristics such as autonomy and tasks of the social workers in their job, the nature of the work developed which concerns the user and the resources available, the nature of the relationship between user and worker, and new models for provision of social services which involve network and cooperation work in service provision. These issues have an impact on

how social workers manage the access to social services by prioritising, denying or accepting the resources and the cases (van Berkel, van der Aa and van Gestel 2010, 450-451).

Research shows that discretion in contemporary activation services is an important element which takes place whilst "constrained and conditioned in several ways" e.g. by work conditions and professional competences (van Berkel, van der Aa and van Gestel 2010, 460), increase of central control, implementation of institutional targets (Møller 2012, 171) and standardised practices under the manageralism perspective (Jesse and Tufte 2014). Social workers seem to apply a greater discretion when they have the possibility to work with a wide range of resources and when their contacts with the service users are in long-term, being then more responsive to the service users' needs (Jewell 2007 in van Berkel and van der Aa 2012, 500). Research also shows that in Denmark and UK, social workers meet strains in "balancing efficiency considerations" with discretion and "on-the-spot decision making", when it concerns employment of individuals who have complex life situations (apart from unemployment) (Askim et al. 2011, 1466). In Norway, NAV professionals are able to act in accordance with regulations as well as they have a substantial degree of discretion in decision making (Kjørstad 2005, 392).

2.3. The Norwegian Qualification Program

The QP is an activation programme approved under the proposition law to the Norwegian parliament nr. 70 (Ot. prp. nr. 70 2006-2007) and is presented as the most important measure to fight poverty in the country and as one of the most important instruments of the Norwegian Labour and Welfare Administration (NAV) reform (meld. st. nr. 9 2006-2007).

The NAV reform is the biggest and most important social policy reform implemented in Norway in the recent years (Regjeringen 2013)[7]. NAV was created in 2006 under The Administration of Labour and Welfare Act (*Lov om arbeids- og velferdsforvaltningen* nr. 20 (NAV-loven) and implemented from 2006 to 2010 (Askim et. al. 2011, 1459). NAV is a merge of the earlier agencies: National Insurance Service (*Trygdetaten*), PES (*Aetat*) and the municipal social services offices (*sosialtjeneste*) (Thommesen 2010, 235). With the NAV reform, welfare services have been unified at one NAV office which acts as a gate-keeper of the great majority of services. This merging is based on the collaboration between the central

[7] http://www.regjeringen.no/nb/dep/ad/tema/velferdspolitikk/NAV-reformen.html?id=604957 (23.03.2013).

government and local government and requires that they work together for the same goal, decreasing thus the gaps between them and increasing the efficiency of the intergovernmental service (Askim et al. 2011, 1459).

The NAV reform aims at lowering the amount of welfare benefits among working aged unemployed people by improving and increasing the number of work and activation opportunities, simplifying the services for the service users, customizing services to the service users' needs and providing a holistic and effective employment and welfare service (Regjeringen 2013)[8]. NAV reform follows thus the individualised activation policy trends.

Both the central and local governments (municipality) agree on what type of services the local NAV office should provide (NAV, 2014)[9] hence the provision of individualised services can vary accordingly to local needs. The NAV offices ensure and administrate welfare benefits and social security schemes[10] and simultaneously activation and preparation of the service users to their (re)entrance into the labour market, such as the case of the QP.

The QP targets working age people who have a weak connection to the labour market or/and who have been unemployed for a long period of time and therefore living on welfare benefits (or who are in danger of becoming so). The QP promotes the reduction of the no. of welfare benefits' users and stimulates their (re)entrance in the labour market through a committed, systematic and continuous follow-up. The QP's main goals are to prepare service users for employment, while increasing skills and abilities that can improve life quality and in that way fight poverty. The QP also acknowledges that some service users have complex social problems, including health and psychological issues which mean that not all might be able to achieve the employment goal. In this way, the QP enfolds measures that enable a better life quality, if not employment. Such measures can be medical treatment and personal activities in addition to job training, training/education, work placement, motivational training among others. The QP is regarded as a right of the service user (meld. st. nr. 9 2006-2007).

In order for a service user to start the QP, the QP counsellor must evaluate if a tailored program is the appropriate and necessary measure to strengthen the service user's opportunities to participate in the labour market. The service user must undertake a work

[8] Ibid.
[9] https://www.nav.no/no/NAV+og+samfunn/Om+NAV/Organisering+av+NAV (12.09.2014).
[10] Benefits such as work assessment allowance (*arbeidsavklaringspenger*), retirement pension (*pensjon*), sickness benefits (*sykepenger*), unemployment benefit (*dagpenger*), child benefits (*barnetrygd*) and "cash for care" benefit (*kontantstøtte)*in https://www.nav.no/Om+NAV/NAV (24.03.2013).

ability assessment in addition as established at The Social Services Act no. 131 (NAV 2014[11]; *Lov om sosiale tjenester i arbeids- og velferdsforvaltningen* (sosialtjenesteloven) av 18. desember 2009 nr. 131§ 29). Such tailored program requires close collaboration with the service user and with other private and public organisations.

Municipalities are responsible for the QP and therefore NAV offices are responsible for its administration (arbeids- og velferdsdirektorat 2011, 1). The QP is offered all year around and can last until one year in fulltime i.e. 37.5 hours a week. If considered necessary and after a new evaluation it can be extended another year. A further extension of this period (beyond two years) may be granted under special considerations (NAV 2013)[12]. During the QP the service user has the right to a benefit that ensures his/hers stable economy. This benefit is national established, taxed and contributes to retirement pension. Its value is two times the base amount of the national insurance[13] (*folketrygden*) and service users with children have the right to child supplement (*barnetillegg*) (sosialtjenesteloven § 35).

Research on the Norwegian context on the welfare reform and activation policies covers the NAV reform (Fimreite 2008; Fossestøl, Breit and Borg 2014; Schreiner and Markussen 2012) and the implementation, evaluation and characteristics associated with the QP (Arbeids- og velferdsdirektoratet 2011; Askim et al. 2011; Djuve, Nielsen and Strand 2012; Duell, Sigh and Tergeist 2009; Lorentzen and Dahl 2005; Schafft and Spjelkavik 2011). Other relevant research about the QP participants' perspectives in the QP, shows that they experience the QP and the individualised approach as positive as well as the collaborative work with the QP counsellor (Reichborn-Kjennerud 2009; Sletebø et al. 2011).

Research about the QP counsellors' perspectives shows that social work practice is developed in the NAV. However social work practice in the NAV depends on counsellors and leaders who take responsibility, time and opportunity to prioritise the social work approach. It can be challenging to demonstrate social work competences and knowledge within NAV due to the amount of caseload, documentation and reduction of discretion. These aspects influence the type of follow-up provided to the service users and the social workers' professional discourse. Simultaneously the QP is regarded as being able to provide the conditions for the development of social work practice (Røysum 2012, 193-195). Furthermore, research shows that there are considerable variations in the implementation of activation policy within the

[11] https://www.nav.no/no/NAV+og+samfunn/Samarbeid/For+kommunen/Kvalifiseringsprogrammet.355898.cms (12.09.2014)
[12] https://www.nav.no/Om+NAV/For+kommunen/Kvalifiseringsprogrammet (24.03.2013)
[13] In 2014 the value is NOK 176 740/ year.

NAV offices even in the same municipality (e.g. Oslo districts) which leads to different practices (Kjørstad 2005, 389).

The NAV reform implied the preparation of new ways of work and a common professional platform for social workers, where they should have common and basic competences as NAV workers for a standardised follow-up of service users. Considering the complexity of the service users' situations and the need for a common professional competence background for an effective follow-up and individualised approach in QP, The Norwegian Directorate of Labour and Welfare (Avdir) developed the CMPA. CMPA is a professional training programme which intends to strengthen the QP counsellors' knowledge and professional competences. It establishes a systematic and holistic follow-up method based on a follow-up model that covers three main areas: encounter with the user, system-oriented efforts and administrative work (Malmberg-Heimonen et al. 2014, 15-17). The cluster-randomised effect evaluation of CMPA is the research project from where the present master thesis streams from, as the data material used is based on the first round of questionnaires for the QP counsellors in the CMPA project.

3. THEORETICAL PERSPECTIVES ON RELATIONAL ALLIANCE

Relational alliance, commonly referred to as working alliance, therapeutic alliance or helping alliance[14], is understood as the collaborative relationship between the social worker and the service user, which involves affective bonding as well as an agreement on the tasks and goals of the intervention (Bordin 1979). It is understood as a mutual and reciprocal relationship (Tjersland, Engen and Jansen 2010, 30) where there is a degree of confidence and security (Kåver 2012, 40) which is expressed in "forms of liking, trusting and respect" (Bordin 1994, 16). In the current master thesis, relational alliance is understood under the following ideas: a good alliance is an important factor for any intervention (Safran and Muran 2000); alliance is associated to the effects of the intervention, regardless of its theoretical approach (Wampold 2001; Duncan and Miller 2000); and the counsellor/social worker has an impact on a positive relational alliance (Del Re et al. 2012; Guédeney et al. 2005).

Social work seems to have acquired new requirements in the context of individualised activation services. In some cases it is expected that the social worker uses her/his personality, shows empathy, acts as counsellor or adviser, and be a role model in relationship with the service user. Social work can thus be associated with the use of the entire person. While social workers are expected to meet the user "where they are", understand the "person-in-situation" and think as being in the "other's shoes", they must follow laws, regulations and internal goals of the institution they work in. They are expected to work with the user's present situation and facilitate change. Focus is not on the background or reasons why the user is on the situation he/she is in now, but on the user's resources here and now. Social workers are expected to supervise through strategies which will lead to change in a near future (Järvinen and Mik-Meyer 2012, 21- 22). In this process they develop a collaborative work with the service user in order to motivate, facilitate and promote all type of enabling conditions to achieve change i.e. enable the service user to achieve his/her own change.

[14] These terms are regarded as synonyms. Differences in their understandings may vary in the form alliance is looked into: from specific sides of the alliance or in a pantheoretical way, as Bordin (1979) does. Yet these terms refer to the same dynamic dyad between worker and client (Horvath and Luborsky 1993, 561; Young and Poulin 1998, 123).

3.1. Relational alliance in social work

Social work has historically been occupied with the encounter between social worker and the client/service user and interested in the understanding of human relationships. The importance of relationship has been emphasised already by the first social work thinkers such as Mary Richmond (1922), Perlman (1957), Biestek (1972) and Hamilton (1951). It has been associated with social casework and particularly influenced by psychoanalytic and psychodynamic approaches. More recently the understanding of relationship has been influenced by the attachment theory, neurosciences (Brandell and Ringel 2004, 549; Hennessey 2011, 9-10; Kokkinn 2005, 39; Trevithick 2003, 164) and the relationship-based social work approach (Hennessey 2011; Howe 1998; Ruch, Turney and Ward 2010; Trevithick 2003). Although the importance of relationship is intrinsically related to social work, interest has been refrained (Coady 1993, 291; Turney 2012, 150) and the concept of relational alliance has mainly been the focus within psychiatry and psychology. Thus, one could say that there is a research gap on the theme of relational alliance within social work and that there might be several reasons for it.

One reason for the lack of focus on relational alliance within social work is that social work is a multi- and transdisciplinary profession that borrows knowledge from other professions (Levin 2004, 60-62). Social workers develop thus an interdisciplinary and multiprofessional practice (Payne 2006, 155) which may result in crossing approaches and methodologies in social work practice. This gives great possibilities to social work practice as well as it may limit the production and development of social work own approaches. Another reason may be that research and interest in relationship has been held back especially since the 1980's and 1990's. The importance of relationship has been associated with social casework and criticised for its diagnostic or pathological point of view which also may have challenged the development of the interest on the theme (Turney 2012, 150). Furthermore, the increasing interest on other domains, such as radical, feminist, systemic and political approaches in social work, has been predominant (Coady 1993, 291; Turney 2012, 150).

Within psychotherapy relational alliance has been frequently studied for the last five decades. This research has contributed to the understanding of the relationship between therapist and patient and its contribution to the outcomes of therapy in different settings with different forms of interventions. The pantheoretical perspective of working alliance is associated with the idea that the relationship between therapist and client is a common factor of all therapy forms (Horvath and Greenberg 1994, 1), i.e. that different types of interventions

produce similar outcomes (Horvath and Luborsky 1993, 563). Furthermore, research on the effects of therapy shows that common factors, such as therapist-client alliance, therapist's skills and therapist's belief in the intervention are more important to the outcomes of the intervention than the specific effects of a determined intervention (Messer and Wampold, 2002). Despite the fact that these considerations are not to be directly transplanted to social work in individualised activation services, such developments are of great relevance to the understanding of the role of social workers in the implementation of activation programmes.

Historically, the concept of relational alliance has been influenced by the contributions of different figures within psychotherapy and other areas which can be traced back until Freud (1912 in Horvath and Luborsky 1993, 561). Freud discussed the value of the therapist's interest and understanding of the patient as well as the dynamics of transference in the relationship between patient and therapist. Ralph R. Greenson (2008) developed the idea of relationship as a reality-based collaboration between therapist and patient, which he names working alliance. Greenson refers to Freud's ideas when distinguishing working alliance from transference. Transference is considered an experience of displaced reactions in the present which are associated with "feelings, drives, attitudes, fantasies and defences" (Greenson 2008, 78) of the past. Working alliance is something different. Working alliance highlights the capacity of the patient to work in an "analytical" and "purposefully" way in therapy whilst it is up to the therapist to split up transference from working attitudes (Greenson 2008, 70-80).

Otto Rank (1945) separated himself from the psychoanalytical wave by considering the individual's present interactions as a way to achieve change. The counsellor's work is to create a relationship which facilitates the conditions for the client's change here and now. He called the interaction between the counsellor and client "helping process" (Kokkinn 2005, 37-38). Carl Rogers (1951) contributed to the development of the working alliance with the "person-centred" approach. According to Rogers, relationship leads to change by allowing the client to "discover within himself the capacity to use (…) relationship for growth" (Rogers 2004, 62). Relationship should include empathy, congruence and unconditional positive regard (Ardito and Rabellino 2011, 2; Payne 2005, 186) and the therapist should be perceived as genuine, transparent, acceptant and warm by the client (Rogers 2004, 66).

Bordin (1994, 14) was influenced by Rogers (1951), Otto Rank (1945) and his conceptualisation of working alliance streams from Greenson's concept. Nonetheless Bordin (1979) proposed a different approach to the understanding of working alliance, the pantheoretical approach. He regarded working alliance as pantheoretical concept due to his

understanding of it as a common factor of any type of helping intervention, i.e. not as a characteristic of psychodynamic therapy. Bordin considered that working alliance is the "key to the change process" (Bordin 1979, 252). Alliance is thus regarded as "mutual understanding and agreement about change goals and the necessary tasks to move toward these goals along with the establishment of bonds to maintain the partners' work" (Bordin 1994, 13). The concept's core relies on the idea of collaboration. The working alliance can be thus regarded as an integrative concept that embraces the relational and technical features of the intervention (Horvath and Greenberg 1994, 1).

Bordin (1979) defines the model of working alliance. The model is structured by the combination of three dimensions which are determinant to the quality and strength of the working alliance. Working alliance is composed by *affective bond*, *agreement on tasks* and *agreement on goals.* This model is used as background for relational alliance understanding in the current master thesis. Bordin argues that the strength of alliance and negotiation are essential to alliance building as well as the patient's active role in the process of change (Bordin 1994, 13-15). He considers that the reasons why the patient accepts and follows the intervention are embedded in the alliance (1980, 2 in Horvath and Greenberg 1989, 224).

The *affective bond* corresponds to the human relationship between counsellor and client. It is a "network of positive attachments" (Bordin 1980 in Horvath and Greenberg 1989, 224) which streams from "their experience of association in a shared activity (…) and a sense of common commitment and understanding in the activity" (Bordin 1994, 16). The *agreement on tasks* is connected to the behaviours and cognitions in the collaboration, i.e. what must be done to develop the goals of the intervention. The counsellor and the client must consider these actions relevant and take responsibility to develop them (Horvath and Greenberg 1989, 224). Bordin (1979, 254) refers to a contract which have been agreed upon and the exchanges defined for the collaboration between them. The *agreement on goals* is connected to the aims of the intervention, i.e. what is supposed to be achieved at the end of the collaboration.

While Bordin argues that the structure of the model of working alliance is composed by three dimensions, Luborsky (1976 in Horvath and Luborsky 1993, 563) who also contributed to the pantheoretical approach of working alliance suggests two types of alliances: type I and type II. Type I is related to the patient's experience of the therapist as a supportive and helpful person. Type II corresponds to a "helping relationship based on a sense of working together" for an improvement of the patient's situation under a shared responsibility for the achievement of the goals of the intervention (Luborsky 1994, 39). Some research

shows that there is an incidence on two dimensions instead of three in working alliance model (Andrusyna et al. 2001; Guédeney et al. 2005; Hatcher and Barends 1996). Nevertheless most studies show a predominance of three dimensions (Hatcher and Gillaspy 2006; Horvath and Greenberg 1989; Munder et al. 2010; Safran and Wallner 1991; Tracey and Kokotovic 1989). The working alliance model of Bordin is used as background for the analysis of relational alliance in the present master thesis.

Several ways for measuring the relational alliance have been developed. From different theoretical standpoints, different measuring scales have been developed such as: Pennsylvania (Penn) scales; Vanderbilt scales; Toronto scales; WAI (working alliance inventory); California scales; TSR (therapeutic session report); TBS (therapeutic bond scale); PSR (psychotherapy status report); ARM (Agnew relationship measure); and KAS (Kim alliance scale). These scales may include the measurement of the relational alliance by therapist and/or clients and/or clinical observers' perspectives (Ardito and Rabellino 2011).

The Working Alliance Inventory (WAI) is a measurement of relational alliance based on Bordin's conceptualisation and model of alliance (Horvath 1994, 109). The *WAI* has also contributed to further developments in the pantheoretical perspective of Bordin's working alliance (Horvath and Greenberg 1994). Its construction is influenced by the psychoanalytic and psychodynamic perspective: Freud (1958), Greenson (2008) and Zeztel (1956); person-centred approach of Rogers and the social influence model[15] (Horvath and Luborsky 1993, 561). WAI was developed for three main reasons. To explore the pantheoretical perspective of working alliance; to document the theoretical construction of working alliance, i.e. provide a bridge between theory and measurement; and to create a working alliance measure within a broader context of therapy and change (Horvath 1994, 110).

The WAI is a validated scale (Horvath and Greenberg 1989) which shows predictive validity in a variety of treatments (Klein et al. 2003; Martin, Garske and David 2000; Safran and Wallner 1991). It is a self-report scale composed by 36 items which assesses the quality of the working alliance between counsellor and client from three perspectives: counsellor, client and clinical observer. Later in 2006, Hatcher and Gillaspy validate a revised short version (WAI-sr) of the 36 items WAI. WAI-sr (short revised) is composed by 12 items and

[15] The social influence model suggests that counselling is an interpersonal influence process. Strong (1968) argued that counselling is beneficial when the client perceives the therapist as trustworthy, expert and attractive. Research developed by LaCrosse (1980) shows that the social influence model is useful to the conceptualisation of change in counselling. The client's perceptions of the therapists are positively related to the outcomes.

rated on a 5 point Likert type scale. An adaptation of the WAI-sr (Hatcher and Gillaspy 2006) measures the QP counsellors' assessments on relational alliance in the current master thesis.

3.2. Developments on relational alliance's research

Research has contributed to the development and understanding of the concept of relational alliance in multiple ways. Research shows that there are common factors in a broad spectrum of practices which lead to similar effects (Wampold et al. 1997). It shows further that there is a moderate to strong association between relational alliance and the outcomes of the intervention (Horvath and Symonds 1991; Martin, Garske and Davis 2000).

Other research (Duncan and Miller 2000) shows in addition that there are different contributions to the effects of intervention. The predictors of the encounter between the counsellor and the client can mainly be four: the method of the intervention (technique), which contributes with 15%; the relationship between counsellor and client (30%), placebo factors such as hope and expectancy (15%), and client variables and extratherapeutic factors (40%). Relational alliance is a collaborative relationship. As so, there are several factors in the counsellor and the client's sphere that can influence relational alliance and contribute to the outcomes of the intervention. Concerning both counsellors and clients, these are socio-demographic factors (age, gender, socio-cultural background), motivation and expectations, and relationship history (earlier relationships and attachment patterns) (Kåver 2012, 44).

In the client's case, medical diagnose, functional level, personality (identified as internal client resources by Leibert, Smith and Agaskar 2011) and external factors (Kåver 2012, 34-45) may contribute to the outcomes of the intervention as well as to the construction of relational alliance. External factors (or extratherapeutic factors) are associated with "external client resources" (social support network), "events that occur during the course" of the intervention (e.g. job promotion) (Leibert, Smith and Agaskar 2011) and conditions where the intervention takes place (e.g. time and duration). The way counsellor manage time in the relationship can also impact relational alliance (Topor and Denhov 2012, 251).

In the counsellor's case, competences (knowledge, experience, skills and abilities), interpersonal style and personality (genuine, flexible, affable, values and attitudes, etc.) are factors that may influence the encounter with the client and construction of relational alliance (Kåver 2012, 34-35). Bordin (1994, 19) argues that a "skilful therapist will achieve a good

level of strength alliance" while Horvath (2000) denotes that the amount of training is not necessarily directed to the ability of creating a good relationship, yet "less trained therapist are more likely to misjudge the relationship than better trained" (Horvath 2000, 171) ones.

Within social work practice, particularly within individualised activation services, one should also consider other external factors such as labour market policies, institutional targets and procedures, regulations and financial conditions (chapter 2.2.). Nevertheless research shows that relational alliance in the context of social work is associated to a positive outcome of the intervention and that the social worker has a great impact on the construction of a positive relational alliance (Guédeney et al. 2005). The counsellor's skills (within social work and psychotherapy) are associated with a good relational alliance and to the outcomes of the intervention (Del Re et al. 2012; Guédeney et al. 2005; Platt 2008; Trotter 2002; Young and Poulin 1998; Wolfe et al. 2013). Research about the change process of clients shows that social workers with a manager role are pointed out for instrumental and neutral emotional attitudes at times. Competent social workers are those considered able to shift from emotional to analytical attitudes (Bernler, Johnsson and Skårner 1993 in Kokkinn 2005, 155).

Research shows further that the quality of the relationship (in therapy) is seven times more significant to the outcome of therapy than the chosen therapy itself (Wampold 2001). These understandings are contested by other researchers namely within cognitive behaviour therapy (Andersson 2005; Siev, Huppert and Chambless 2009 in Kåver 2012, 43).

However, research shows that relational alliance can be differently assessed by counsellors and clients. Counsellors tend to asses it through a theoretical perspective, influenced by its comparison to the observed encounters with the client. Clients tend to assess relationship from their "knowledge of their own past experience in similar situations" (Horvath 2000, 168). Further research on the different measurement instruments of alliance shows that there is a difference on the assessment of the dimensions of the alliance, i.e. both counsellors and clients emphasise the *affective bond* in alliance (particularly clients) rather than tasks or goals. Clients also raise the subject of counsellor's expertise which is not clear at alliance measures. Clients regard alliance as "an evolving phenomenon" where the importance of the dimensions changes along the intervention (Krause, Altimir and Horvath 2011, 278). These last findings are in line with research on early and late alliance which shows that relational alliance is not static and changes throughout the intervention. Relational alliance suffers strains and disruptions (Horvath 2000, 168) as well as early alliance is associated with positive outcomes of the intervention (Horvath 1994).

4. AIM AND HYPOTHESES

The implementation of individualised activation policies in practice depends on the interactions of the social worker with a wide spectrum of actors but especially with the service user/participant of the activation programmes. Activation programmes ought to be individualised, tailored and flexible. This means that the social worker needs to involve the service user in the entire process, promoting active participation, motivation and change towards employment. Therefore it is relevant to understand how the relationship, which is the most important feature of social work, is understood by the social worker in their new setting for social work practice. Relational alliance requires that the social worker establishes a partnership based on trust and respect with the service user in order to develop the required tasks for a tailored, adequate and individual programme which will motivate the service user to achieve the employment goal.

Earlier research shows that relational alliance has a multidimensional structure (Hatcher and Gillaspy 2006; Horvath and Greenberg 1989; Tracey and Kokotovic 1989). Relational alliance has been measured by WAI and WAI-sr which show that its structure is in accordance with Bordin's pantheoretical model composed by *affective bond*, *agreement on tasks*, and *agreement on goals*. Although discussion has been raised about this structure, especially about whether relational alliance is composed by three or two dimensions, WAI-sr (used in the present master thesis) is a validated scale which shows evidence for a differentiation between affective bond, agreement on tasks and agreement on goals (Hatcher and Gillaspy 2006). Therefore in the current master thesis relational alliance is expected to be assessed as multidimensional by the QP counsellors.

Individualised activation policies have also as background the NPM mindset which frame social workers' *modus operandi* in the provision of social services. It is argued that the level of bureaucratic work has increased (van Berkel and van der Aa 2012), discretionary room changed (van Berkel, van der Aa and van Gestel 2010) and that the new trends within activation services have affected social worker's attention on the use of relationship skills (Platt 2008; Howe 1998; Ruch 2010; Turney 2012). Consequently it is pertinent to understand how the conditions for the development of individualised activation programmes are associated with relational alliance, i.e. which aspects of professional practice within the activation context are associated with the dyad social worker - service user.

The conditions in which the QP counsellors' interactions with the QP participants take place are identified as *aspects of professional practice,* in the present master thesis. Aspects of professional practice include the QP counsellors' assessment on work conditions (*workload, work experience, supervision on the job*), assessment on their own *professional competences* and the belief on the *usefulness* of the activation programme. These aspects have been mention in earlier research (Jørgensen et al. 2010 in van Berkel and van der Aa 2012; Møller 2012, 175-7; Røysum 2012; van Berkel, van der Aa and van Gestel 2010) for being relevant for professional discretion and professional identity of social workers, i.e. for impacting their professional practices. The purpose is here to understand whether and to what extent these aspects of professional practice are associated with relational alliance.

In this perspective, the current master thesis aims to cast the attention to the place of relational alliance within individualised activation services in Norway, through the perspective of the QP counsellors. It intends to highlight the QP counsellors' perspective by contributing to the understanding of their professional role and the factors surrounding their professional practice within individualised activation services. It intends further to contribute to the knowledge on individual follow-up in NAV as well as to the understanding of the importance of the QP counsellors in the implementation of individualised activation programmes in Norway.

More specifically, this master thesis intends to study the QP counsellors' assessment of relational alliance and the aspects of professional practice associated to relational alliance within the QP. Consequently, this thesis is twofold focused. It focuses, on one hand, on how QP counsellors assess their relational alliance with the QP participants. And on the other hand whether and to what extent are aspects of professional practice associated with relational alliance. In this way, the main hypotheses of this master thesis are:

1. Relational alliance in the QP is expected to be multidimensional.
2. Aspects of professional practice in the QP are expected to be associated with the QP counsellors' assessment on relational alliance, in the following way:

    a) *A decrease in workload within the QP is expected to be associated with an increase in the relational alliance assessment.*
    b) *An increase in work experience in follow-up of the QP counsellors is expected to be associated with an increase in the relational alliance assessment.*

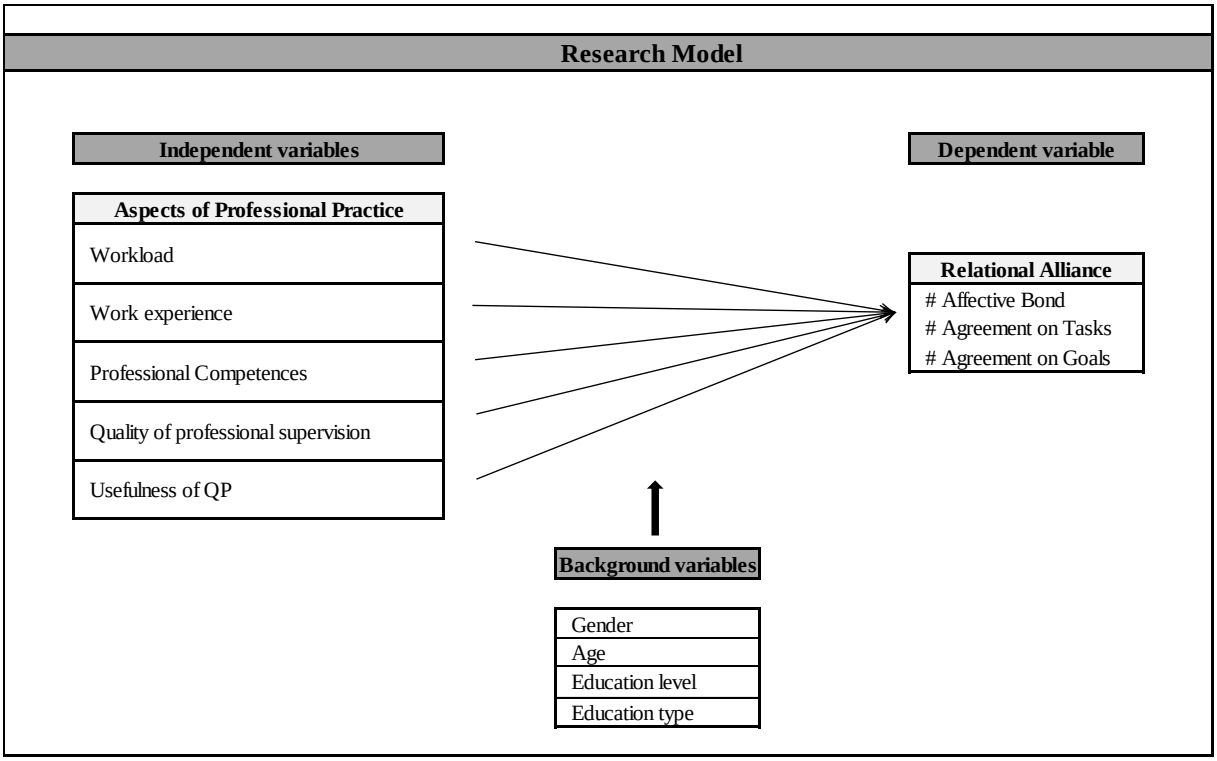
c) *An increase in the assessment of professional competences of the QP counsellors is expected to be associated with an increase in the relational alliance assessment.*

d) *An increase in the assessment of quality of supervision on the job is expected to be associated with an increase in the relational alliance assessment.*

e) *An increase in the belief of the usefulness of QP as an activation measure is expected to be associated with an increase in the relational alliance assessment.*

Based on the individualised activation context, theoretical perspectives, aims and hypotheses of the master thesis, the following research model for the current study (figure 1) has been developed. The model shows the variables included in the present study and where the analysis stands for. *Background* variables are also included in the research model in order to check of patterns and differences among the QP counsellors' sample when it concerns assessment on relational alliance and aspects of professional practice.

Figure 1- Research model for the master thesis



5. DATA AND METHODS

This master thesis comes forth under the research project "Comprehensive follow-up of the participants in the Qualification Program" which is a cluster-randomised effect evaluation of the CMPA. The research project was developed by a research group at *Sosialforsk* at HiOA which followed the CMPA's implementation process (Malmberg-Heimonen 2014). Personal contact with the research project was possible through the Department of Social Work, Child Welfare and Social Policy at HiOA. After an application for the position of master student within this research project, the current master thesis began to take place.

The current master thesis explores the importance of relational alliance in the context of the QP in Norway. More specifically how the QP counsellors assess relational alliance and whether and to what extent aspects of professional practice are associated with relational alliance. This study is developed through a quantitative and cross-sectional study which provides a "snapshot" perspective of the QP counsellors' assessment of relational alliance in a determined point in time (2011). Cross-sectional research enables the gathering and examination of information on a large sample (Neuman 2011, 44), allowing data gathering from a sizeable number of counsellors from different geographic parts of Norway[16]. By using cross-sectional data it is possible to look for differences and similarities between the counsellors' assessments on relational alliance and for associations between the different variables, at the time the information was obtained.

Data used in the present master thesis concerns the first round of questionnaires (T1) answered by the QP counsellors between February and May 2011, within the CMPA research project. Fifty of the largest NAV offices nationwide were invited to participate in the research project by the Avdir. Of these, 18 NAV offices decided to participate. The self-filling questionnaire and the subsequent informed consent form were then sent by post to the counsellors at these specific offices across the country (N=103), having a reply rate of 96% (N=99). Reasons for a 4% non-reply are associated with long term medical certificate, change of work in near future and not relevant to participate in the CMPA project (Malmberg-Heimonen et al. 2014, 22-23). The sample of the present master thesis is thus composed by the total number of counsellors who replied to the T1 questionnaire (N=99). This means that the form for recruitment and data collection used in the present master thesis was developed

[16] The present study has not a large sample when comparing with other studies in the same context (Schafft and Spjelavik 2011).

under the cluster-randomised effect evaluation of CMPA (T1)[17], and that the QP counsellors had not yet begun the professional competence training CMPA at that moment in time (Malmberg-Heimonen et. al. 2014).

The use of questionnaire is a broadly employed technique in social sciences. It is an accurate, reliable and valid form of finding out about self-reported beliefs and/or behaviours. Questionnaires allow information gathering on background information, characteristics, behaviours, attitudes, beliefs, opinions, expectations, knowledge or self-assessment of a large number of people at the same time. The questions are exactly the same but are asked to a different number of people, i.e. information is able to be analysed with statistical programs, such as SPSS and the results presented through graphs, charts and tables (Neuman 2011, 49, 309). In the present master thesis a questionnaire enables the gathering of QP counsellors' characteristics and background information and self-assessment on various themes, e.g. the quality of the supervision they get on the job and their own competences.

The questionnaire used in the current master thesis was developed by the CMPA research group, with background on the CMPA pilot survey carried out as a formative evaluation in 2009. Additionally the questionnaire was tested among 20 counsellors who participated in the CMPA pilot project. Other documents, such as CMPA method's booklet and official documents and legislation concerning the QP were used to construct the questionnaire. The questionnaire was developed to capture and measure how counsellors work in practice, what methodological tools and approaches they use and the extent of professional support and supervision they get on the job. Furthermore it measures how counsellors experience not only working with the QP, but also how they assess their professional competences and how they experience the QP as an activation measure. Finally it measures how they experience their work within the QP in relation to the main areas of the CMPA: a) encounter with the user, b) system oriented efforts and c) administrative work (Malmberg-Heimonen et al. 2014, 22).

The questionnaire is composed by open, closed and semi-structured questions making a total of 27 questions, of which several of them are scales composed for up to 14 items each. Most of the closed questions are likert-type scale questions which are ranting scales that permit to measure the QP counsellors' feelings and thoughts about the mentioned areas. The

[17] Acess to T1 questionnaire's data on QP counsellors have been provided through SPSS, by *Sosialforsk* and Prof. Ira Malmberg-Heimonen, after my acceptance into the project as a master student.

responses of the likert-type scale questions go from "*1*" to "*5*", where "*1*" represents the lowest and "*5*" the highest level of agreement with the statement (Annex I)[18].

For the relevance of the present master thesis determined questions from the questionnaire were used. The questions used comprehend the following areas: relational alliance (WAI-sr) (question 11.); professional supervision on the job (question 20.); assessment on professional competences (question 22.); QP counsellors' experience on the QP as an activation programme (question 23.); and background information (questions 3. to 10.). The next section explains the measures of the present master thesis, i.e. the variables obtained from these areas which are included in the research model for the study (figure 1).

5.1. Measures

5.1.1. Dependent Variable – Relational Alliance

Relational alliance is measured by the 12 item scale based on WAI-sr. WAI-sr (short-revised) is a revised and validated measure which has been tested for reliability (Hatcher and Gillaspy 2006) and corresponds well to the more comprehensive WAI scale (36 questions) (Horvath and Greenberg 1989). WAI-sr measures three aspects of the alliance: a) *affective bond*, b) *agreement on tasks* and c) *agreement on goals* (Hatcher and Gillaspy 2006).

Relational alliance is in the current study corresponds to the question 11. In the questionnaire and is composed by the following 12 items. "A. The QP participant and I work together to set goals for the QP participant"; "B. I feel that the QP participant appreciates me"; "C. The QP participant and I agree on what is important for the QP participant to work with"; "D. I believe that what the QP participant does with me will help the QP participant to achieve the desired changes"; "E. What we do in our meetings gives the QP participant new ways to regard his/her problems"; "F. The QP participant and I respect each other"; "G. The QP participant and I work towards goals we have agreed on"; "H. I believe that the QP participant likes me"; "I. The QP participant and I have reached a good understanding on which changes would be good for the QP participant"; "J. The QP participant believes that the way we work with the problems is right for him/her"; "K. A result of these meetings is that

[18] Annex I corresponds to the original questionnaire (T1) used in the CMPA research project and used in the current master thesis. The questionnaire is in the original language, Norwegian, and has not been translated to English. The items from the questionnaire used in the current master thesis have been translated to English and are presented at Measures (section 5.1.).

the QP participant is more aware of how he/she can change"; and "L. The QP participant feels that I care about him/her when he/she does things I do not like"[19] (Annex I). The response options for each item varies between "*1*" to "*5*", more specifically "*1*"= never, "*2*"= rarely, "*3*"= sometimes, "*4*"= often and "*5*"= always.

5.1.2. Independent variables – Aspects of professional practice

Aspects of professional practice is composed by workload, work experience, professional competences, quality of professional supervision and usefulness of QP (figure 1).

Workload is measured by question no. 10 a) in the questionnaire, i.e. the total number of QP participants for every QP counsellor. It is obtained by an open question with an actual number. *Work experience* is acquired by the questions no. 8 b) and 9, i.e. it is obtained by the combination of the results of two variables. It is measured by the total number of months QP counsellors have been working with QP in combination with the total number of months of earlier experience working with similar follow-up. These two variables give a total number of months which represents work experience.

Professional Competences is measured with a five-item scale where each item was assessed from "*1*" = never to "*5*" = always. The scale's items come from the question no. 22 in the questionnaire. The items that composed the professional competences scale are the following. "B. I have enough professional knowledge to assist the QP participants in with their employment goals"; "C. I have enough professional knowledge to assist the QP participants in the improvement of their life quality"; "D. I feel I am competent to assist the QP participants with their activity goals"; "E. I have adequate knowledge about the labour market in our municipality in order to assist the QP participants in reaching their employment goals"; "G. There is a high competence level among the QP counsellors in our office".

Quality of professional supervision on the job is measured with a three-item scale based on the question no. 20 in the questionnaire. The items are: "A. I can receive supervision on issues related to the QP participants, if needed"; "B. The supervision in the office helps me to maintain and develop my skills as a QP counsellor"; "C. I receive good supervision where we specific train skills that are important for follow-up". The quality of professional

[19] Free translation made from the questionnaire's items i.e. from Norwegian to English. This translation was made in order to get the most approximate possible to the questionnaire and not the WAI-sr. See discussion chapter on this matter.

supervision's items are also ranked as a likert-type answers (assessed by the QP counsellors from "*1*"= never to "*5*"= always).

Last is the *usefulness of QP* which streams from the question no. 23 in the questionnaire and is measured with a four-item scale. It is composed by: "A. The QP is useful to get the participants into employment"; "B. The QP is useful to get the participants into activity"; "C. The QP is useful to enhance the participants' life quality"; and "E. At our office, the QP is in accordance with the goal of *tailored* measures for the participants". These items were assessed from "*1*"= never to "*5*"= always.

5.1.3. Background variables

Background variables concerning QP counsellors' socio-demographic information (age, gender, education both level and type) were gathered by standard survey questions.

Gender is measured by a categorical/ dichotomise[20] variable where the value *1* represents *Men* and the value *2* represents *Women* (1= men; 2= women). Gender corresponds to the question no. 3 in the questionnaire. *Age* corresponds to the question no. 4 in the questionnaire and is measured by the birth year of each QP counsellor (open question), i.e. ratio variable. From this variable, two other were created. One variable is created as a ratio variable to show the actual age of the QP counsellors instead of the birth year. Another variable is created as an ordinal variable where age is categorised into groups, showing age in 5 groups where each QP counsellor is attributed with a group number according to *age* (1 = < *30*; 2 = *31 – 40*; 3 = *41 – 50*; 4 = *51 – 60*; 5= > *61*).

Education level is achieved by the question no. 5 in the questionnaire. It is an ordinal variable which was at first measured by three levels: 0= secondary school, 1= Bachelor degree and 2= Master degree. However it has been recoded into a dummy variable (variable with only two values) in order to prevent skewed results in the analysis. Thus the measures for education level become: 1= *bachelor degree or less* and 2= *master degree or more.*

Education type is collected from the question no. 6 in the questionnaire and is also an ordinal variable. Education type is identified by two groups: 0= social work field, which is referred to as *social workers* and 1= other fields of education which is referred as to *other*

[20] Measurement level of variables: Categorical variables can be nominal (variables that have two or more categories, but do not have an order); dichotomous (when nominal variables have only two categories); and ordinal (two or more categories, but are ordered/ranked). Continuous variables can be interval (measured along a continuum and have a numerical value); and ratio (the same as interval but have a 0 (zero) as a measurement condition) (Johannessen 2007, 43; Ringdal 2013, 90).

counsellors at this maser thesis. *Social workers* category includes counsellors with educations in the *social work field* in Norway, namely "*sosionom*" (social worker) and "*barnevernpedagog*" (child protection workers). *Other counsellors* category includes counsellors with educations in other fields, such as *Social and health educations* ("vernepleier" (social educator), "velferdsarbeider" (welfare worker), ergotherapeut, nurse); *Social sciences and pedagogy* (sociology, (social) anthropology, teacher); *Administration and Economics* (economics, administration and management); and *Other* (religion, civil engineer).

5.2. Data Analysis

Access to data was provided through SPSS. This statistical programme was used to develop the entire data analysis which comprehends univariate analysis, bivariate analysis and multivariate analysis. Univariate analysis is used to analyse one variable at the time. It is developed every time descriptive information is needed, mainly to find out more about the QP counsellors' background and characteristics. Central tendency measurements (mean, mode, median), distribution (frequency) and dispersion (standard deviation) are applied. Bivariate analysis involves analysis of two variables at the same time and is developed when crossed information is pertinent (cross-table). The common purpose of crossing two variables is to compare results (t-test) and to determine if the variables are related to each other (correlation analysis). Multivariate analysis is a more advanced technique which examines the relationship between multiple variables at the same time. In this master thesis one-way ANOVA, factor analysis and multiple linear regression analysis were used. Multivariate analysis includes more than one independent variable and may include more than one dependent variable.

Bivariate Analysis: Significant test (T-Test)

T-test is a statistical significant test which is developed to compare means between two groups of two variables. In the present master thesis, the t-test is e.g. used in regard to *gender* (1= men and 2= women) towards relational alliance. The T-test is constructed from a null hypothesis which sustains that there is no statistical significant difference between the respective variables' means among the QP counsellors' sample. It tests if data is consistent or not with this null hypothesis. On the other hand, there is an alternative hypothesis which sustains that there is a statistical significant difference between the means. To conclude for

one of the hypothesis there is the need to choose a level of confidence, i.e. the level of probability that our conclusion is correct. Within social sciences research, 95% probability is widely accepted, i.e. 5% of probability that a right null hypothesis is being rejected (Johannessen 2007, 119).

The main values used in the t-test are t-value and the p-value. T-value is related to the size of the difference between the means and p-value represents the probability for rejecting a right null hypothesis. P-value varies between 0 (zero) and 1 (one). The lower p-value is, the higher is the probability that there is a difference between the analysed means, i.e. 1 (one) represents no difference between means. To obtain a minimum of 95% confidence that the suggested conclusion is right, the p-value must be at least 0.05 so that the alternative hypothesis is rejected and null hypothesis retained (Johannessen 2007, p.120).

Bivariate Analysis: Correlation Analysis

Correlation analysis is developed to test if two variables are related to each other by measuring how these variables co-vary (how much these simultaneously change together). Correlation analysis attributes a number to the statistical association between two variables (covariation). It takes no consideration for independent or dependent variables and in that way correlation is used to find the type and strength of the association between two variables and not causality. Thus, correlation does not indicate which variable influences or originates another, just the linear association between them (Eikemo and Clausen 2012, 85-87; Ringdal 2013, 305-307).

Pearson's r correlation coefficient (r) is the parametric test used for correlation. It measures the level of linear association between two variables. As a parametric measure, it describes the sample through mean and standard deviation. Pearson's r varies between 1 (one) and -1 (minus one). A positive correlation happens for values between 0 (zero) and 1 (one) whereas a negative correlation happens for values between 0 (zero) and -1 (minus one). 0 (zero) indicates no linear correlation between the variables analysed. 1 (one) and -1 (minus one) indicate a perfect positive or negative association. A positive association shows that the two variables go in the same direction whether their values increase or decrease. Thus, when a variable's value increases/decreases the other variable's value also increases/decreases. A negative relationship shows that when a determined variable increases or decreases the other

one does the opposite, i.e. if one increases the other one will decrease (or vice-versa) (Eikemo and Clausen 2012, 85-87; Ringdal 2013, 305-307) .

However Person's r has weaknesses that should be addressed. Firstly, Pearson's r can be influence by extreme values in one variable, influencing thus the results. For example extreme values tend to pull the ultimate result to themselves making the correlation increase or decrease accordingly to the extreme value. Secondly, Pearson's r measures a tendency for linear correlation and thus possible non-linear correlations may not be captured by this type of correlation (Ringdal 2013, 308). Thirdly, there is a disagreement between different authors on what a high value of Pearson's r is (Eikemo and Clausen 2012, p. 87).

In the present analysis correlation is developed to check for associations between all the study's variables and to see if these are statistical significant. It is developed by excluding cases pairwise, i.e. missing values[21] for one or both pair of variables, after the issue of missing values had been addressed (chapter 5.3.).

In correlation analysis (chapter 6.5.), associations between variables are displayed and statistical significant correlations marked. Only marked values are statistical significant correlations, i.e. values show how highly associated those variables are to each other with an acceptable confidence interval. Marked values show significant correlations at the following levels 0.001 (***), 0.01 (**) and 0.05 (*). The non-marked values show no statistical significant associations, i.e. the probability that those variables are not associated is high. Statistical significance of the correlation indicates the probability for that specific correlation. Thus, the probability that two determined variables are not correlated is very small in the marked cases (≤ 0.001; ≤ 0.01 or ≤ 0.05) (Johannessen 2007, p. 129).

In addition, these values are analysed taking into consideration the general rule for social sciences studies indicated by Asbjørn Johannessen (2007, 115), i.e. < 0.20 weak correlation; 0.30 – 0.40 relatively strong correlation; > 0.50 very strong correlation.

Multivariate Analysis: One-way ANOVA

Similarly to the t-test, one-way ANOVA is a test used to compare means between groups. While t-test is used to compare means between two variables, one-way ANOVA is used to compare two or more means between two variables, i.e. it is used to compare means between

[21] Missing values are understood to be variables without data value, i.e. absence of an answer.

more than two groups. In the present analysis one-way ANOVA is for example used in regard to *age* towards relational alliance.

Like t-test, one-way ANOVA uses the null hypothesis construction to test for statistical significant differences between the variables' means among the QP counsellors' sample. The values used in one-way ANOVA are the F-value and p-value. The F-value is related to the variance of the group of means and p-value represents the probability for rejecting a right null hypothesis, just like in a t-test (Johannessen 2007, 120).

In order to compare the means between the different groups, in the present master thesis, one-way ANOVA was developed with the *Scheffe Post Hoc Test.* Scheffe test allows to compare all pairs of means in a variable with more than two groups, e.g. age. In this way it is possible to check for statistical significant differences among the different groups of one variable. For example whether there is a significant difference between the age group of 31 to 40 years old and the age group of 51 to 60 years old, towards relational alliance.

Multivariate Analysis: Factor Analysis

To determine and measure the study's scales (chapter 5.1.) factor analysis is developed. Factor analysis is often used to measure phenomena which are not directly measured or observed such as relational alliance, *professional competences*, *quality of professional supervision* and *usefulness of QP*. These are one-dimensional scales composed by different items, based on theory and empirical data that proceeds to the measurement of the variable/concept. Factor analysis is developed to identify one-dimensional scales (independent variables). The exception is relational alliance where multidimensionality is confirmed through factor analysis (dependent variable).

Factor analysis gives detailed and nuanced information on the analysed concept by showing the correlation patterns between the scale's items and by reducing the number of possible hypothetical items that may influence the concept. By taking e.g. relational alliance, factor analysis shows the shared patterns between the items that composed the scale, thus its dimensionality (number of factors) and moreover its relevance in the QP counsellors' sample. In such analysis, eigenvalues above 1 (one) are considered relevant as dimensions of that same variable (Bjerkan 2012, 253; Johannessen 2007, 157; Ringdal 2013, 350).

Factor analysis is developed with varimax rotation. This kind of rotation gives more structure results that easier to read by making it possible for an item to score high values on one factor and low values on other factors. Varimax rotation maximizes high correlation patterns and minimizes low ones between the items. The factor which better explains the model is presented in first place (Johannessen 2007, 167; Ringdal 2013, 352). Results are analysed according to the following rule: < 0.71 (excellent); 0.63 - 0.70 (very good); 0.55 - 0.62 (good); 0.45 - 0.54 (modest); 0.32 - 0.44 (weak); and > 0. 31 (poor)[22] (Johannessen 2007, 170).

Multivariate Analysis: Multiple linear regression analysis

Multiple linear regression analysis permits the understanding of the association between various variables at the same time. Compared for instance to correlation analysis, multiple linear regression is a more advanced statistical technique where statistical control is the central idea, i.e., until independent variables are controlled for, the bivariate relationship (correlation) might be spurious (Neuman 2011, 406). Therefore, it estimates the effect of an independent variable on a dependent variable, while it controls the effects of other independent variables in the same analysed model (Johannessen 2007, 133). It means that by controlling the effects of the other model's variables, regression gives a refined association between the variables associated (Eikemo and Clausen 2012, 91). It thus shows a more distinguished association between for example *usefulness of QP* and *affective bond* when the other variables of *aspects of professional practice* are controlled for.

Multiple linear regression is developed to better understand how *background* and *aspects of professional practice* variables are associated with the prediction of relational alliance, thus taking these variables as two models and predicting the association with QP counsellors' relational alliance. This association is typically in the form of a straight line (linear regression) that best represents all the results. Every value of *background* variables' model and *aspects of professional practice*'s model is associated with a value of *bond*, *tasks* and *goals* represented by a single number of association (section 6.6.).

The multiple regression coefficient (R^2) explains how much the variation between models is. It measures how good a model is and how much variation in the dependent variable

[22] It is pertinent to underlie that in the current study, results were mainly considered relevant between modest to excellent results (> 0.50).

is explained by the independent variable, i.e. how much variation of *affective bond* is explained by *professional competences* for example. R^2 varies from 0 (zero) which means no explanation to 1 (one) which means total explanation[23] (Ringdal 2013, 400).

5.3. Missing data

Missing data is the term used to refer to variables without value (absence of an answer to a question). Missing data can have an impact in quantitative research leading to loss of information, decreasing statistical power of the study, weakening the representativeness of the sample and the generalizability of the findings (Ringdal 2013, 262).

When inserting data in SPSS, there are mainly two ways to register missing values. One is to not write any value/information on the cell's programme and the other is to register the missing values with a pre-decided code (number) (Johannessen 2007, 52). In the present study, missing data has not been inserted, leaving a blank cell, and as so being visually presented by "*Missing System*" in the analysis tables. However when analysing data, missing values tend to be excluded of the analysis (listwise analysis, where missing values are not included), leading to an exclusion of people who show many missing values along the questionnaire. If missing data achieves a high percentage it questions the representativeness of the sample (Ringdal 2013, 262).

In the present master thesis the number of internal missing data is not problematic. The study's variables and scales show low percentages of missing data. The highest percentage is 12% at *quality of supervision*, followed by 9% at *affective bond*, *agreement on tasks* and *agreement on goals*. Although the percentage of missing data is not very high it deserves consideration. An analysis of the QP counsellors who have most missing values show that the great majority of those QP counsellors are women, with *bachelor degree or less* within the *social work field*, with earlier experience in similar follow-up. The majority of them do not have relevant courses within the QP and show null to low experience in working with the QP, as well as 0 (zero) QP participants (workload). The great majority of these QP counsellors also refer in open questions such as question nr. 13 and 27 (Annex I) that they do not work within the QP at the moment they answered the questionnaire, but were going to.

[23] It is multiplied for 100 so to show the explained variation in percentage.

Some of them have worked within the QP before and still have earlier experience in follow-up.

It is relevant to mention that some of the offices and their teams which participated in the main research project (CMPA) were being restructured at the time (T1 questionnaire). Besides this, these offices had different organisational working structures: some had a QP team, others worked with the QP transversally to other measures. The decision of maintaining these counsellors in the entire analysis is due to the fact that counsellors had experience in working with similar follow-up and the majority would start working with the QP soon. Statistically, the decision was made because sample analysis without these counsellors shows the same results. Therefore analysis is developed with treated missing presented as follows.

It is interesting to underline that the variables with higher percentages of missing data in the present analysis are scales, which facilitate the treatment of missing values. Missing values can, in scales, be treated by using the mean of the existing answers of the scale to replace the missing answers of the same scale (Ringdal 2013, 262). This technique is applied to the scales of this master thesis after the adoption of a rule of 50%. This means that a scale composed by 5 items such as *affective bond* requires a minimum of three answered items to calculate the adequate mean for the missing(s) value(s). A scale composed by 4 items such as *quality of supervision* requires a minimum of 2 answered items in order to not be considered missing data. This rule is applied across all the scales reducing the number of missing data.

Descriptive analysis and mean comparisons (t-test and one-way ANOVA) were developed with variables which have this type of missing treatment, i.e. there are still missing values in the analysis but have low impact on the statistical strength of the study. However, if correlation analysis had been developed with these variables it would have originated a slightly higher Pearson's r values and also a higher number of missing values (pairwise cases, where missing values for one or both variables are considered). Therefore correlation analysis and multiple linear regression analysis are developed after the remaining missing values were transformed by the function "*replace missing value*" in SPSS. In order to prevent skewed results, the remaining missing values are then automatically substituted for the scale's mean. In other words, there are no longer missing values at this stage of the analysis.

Nevertheless, it is important to mention that the decision to use treated missing values is based on two main reasons: first, to avoid losing data, as the sample is not considered especially large; and second, is due to the fact that means and standard deviations' values

were significantly the same after treating the missing values. There is a non-substantial difference in decimal order between variables with missing values and with replaced missing.

5.4. Representativeness and Dimensionality

The quality of a research study can be examined by criteria such as representativeness, dimensionality, reliability and validity (chapter 5.5.). Representativeness is attained through a representative sample, i.e. a statistical sampling. As it is not always sufficient to have a large number of people responding to a survey, it is important to consider how these are selected. Representativeness of the sample yield reliability of the results. In order to get a representative sample, the population must first be identified and then the most adequate and random way of selecting people from the population (sample) is developed. Statistical sampling selects people who represent the population. That is to say that a group of people is selected in order to adequately represent the population and make it possible to extrapolate the results (make generalizations about that population) (Ringdal 2013, 209-218).

Probability sampling is the most common sampling technique assuring the accuracy of the statistical methods. However sampling errors may influence the representativeness of the sample and can lead to incorrect results (Ringdal 2013, 209, 219). Non-probability sampling is another sampling technique which does not involve random selection. This does not necessarily mean that it doesn't represent the population, but that it is more difficult to generalise the results. In applied social research there are situations where it might not be adequate (practical or theoretically) to use a random sampling (Trochim 2006)[24]

The population of the present study is identified as all the counsellors working in NAV offices which had implemented the QP, across Norway. From this population, a non-probability sample was selected by identifying the 50 largest NAV offices and inviting them to participate in the main research project, CMPA. From these, 18 offices wished to participate. Due to the nature of the main project, the accessibility to the offices/ counsellors who have knowledge within the QP is a key characteristic to the sample selection. Taking into consideration these issues, it is difficult to say that this study's sample is representative of the population. This entails that the QP counsellors' sample may not accurately represent the

[24] http://www.socialresearchmethods.net/kb/sampnon.php (24.08.2014).

entire population of the QP counsellors, therefore a generalization of the results is challenging and limited.

Dimensionality is related to the use of scales and is understood by the set of items which measure a determined concept. To measure, for example *usefulness of QP* which is a multifaceted concept, it is pertinent to have a set of items to do so, instead of one (Trochim 2006)[25]. This means that *usefulness of QP* is represented by a homogenous scale, i.e. one-dimensional scale. Such scales are composed by items which are set up to measure the theoretical concept in study. Scales can improve reliability and validity because they combine several ranked items which give a more comprehensive multiple item measure (Neuman 2011, 230). If the concept in study is multidimensional such as relational alliance, each dimension of the concept has to be analysed *per se* in an individual scale. The same is to say that relational alliance is a multidimensional concept which cannot be analysed in a solely scale but by three measurement scales (*affective bond*, *agreement on tasks*, *agreement on goals*). Factor analysis is the statistical technique which enables researchers to identity the dimensionality of the concept.

5.5. Reliability

The idea of a representative sample and homogeneity in the current master thesis's scales leads to the notion of reliability. Reliability is the consistency of the study's measures. It is the degree to which the same measure of the same concept under the same conditions (measuring instrument), gives the same results. Reliability can thus be thought of as consistency and repeatability. A study's measures are considered reliable when the answers of the same questions are similar, when applied more than one time (Ringdal 2013, 96). For example does *affective bond* repeatedly and consistently measures what it should be measuring? Although reliability cannot be statistically measured, it can be estimated by Cronbach's alpha.

Cronbach's alpha (α) is the reliability estimator used in the present master thesis. It is a statistical test which measures the internal consistency between the items that compose one scale and/or index in cross-sectional data (Ringdal 2013, 97). Cronbach's alpha measures the set of items (which measures a determined concept) based on their associations between each other, thus if these items measure the same concept, Cronbach's alpha will have a high

[25] Ibid.

internal consistency (Clausen and Johansen 2012, 269). It is commonly considered a good reliability when values of internal consistency are above 0.70, meaning that the possibility for a correlation with other variables is small (Ringdal 2013, 98).

However there are some weaknesses in relation to this test. Firstly, there is an ongoing discussion about the 0.70 value for good internal consistency. Different authors argue for different values for a good internal consistency depending on the number of variables involved in each scale test. Secondly, the number of involved items in the scale can increase or decrease the alpha value, i.e. the number of items can have an influence on the internal consistency value. Thirdly, Cronbach's alpha does not detect multidimensionality. It can show a high internal consistency but it is not sure that it measures the concept we're trying to measure (situation which is shield and complemented by factor analysis in this master thesis). And fourthly, a high internal consistency value could also indicate a similarity between the variables used in the scale, i.e., similar questions can generate similar answers thus leading to high correlation between variables (which is shielded and complemented by multicollinearity test in this master thesis) (Clause and Johansen 2012, 275-276).

Alongside the Cronbach's alpha, there are other research strategies which enable and strive for a higher reliability in research. In the present master thesis the following was developed: the use of scales (likert type scales); controlled missing data and errors; earlier pilot survey. Reliability increases when one concept is measured on its own measure (for example scale), i.e. concepts must be clearly defined, operationalized and measured. To better measure the concept it is adequate to use a higher level of measurement (continuous variables), that is to say, a concept measured by multiple items and with a higher quantifying answer possibility (Neuman 2011, 207-214). In this case likert-type scales from "*1*"= never to "*5*"= always as for agreement level with the statement's item.

Additionally, data was controlled for possible errors in SPSS and missing values (Ringdal 2013, 97), which were treated by mean replacement. This process was addressed after having looked into and understood how the questionnaire was built and the theoretical context it was built upon[26]. Lastly, the reliability of the present study is increased by the fact that the questionnaire was first applied by *Sosialforsk* at a former pilot survey (2009-2010). It served as a pilot version before the application of the T1 questionnaire. The main benefit of

[26] Data was collected and inserted in SPSS by *Sosialforsk* for the CMPA project.

such pilot version is to improve the quality and clarity of the questions and measures that measure the concept in study (Ringdal 2013, 97; Neuman 2011, 211).

5.6. Validity

Validity is directly related to reliability. However if a measurement is reliable it doesn't necessarily means that it is valid. Validity is the strength of the conclusions or inferences from the results. Validity is understood as the truth of a conclusion/ inference (Cook and Campbell 1979, 37). It is about the relations between the variables (set of items) and the theoretical concept, i.e. to what extent the empirical findings are true or correct (Shadish et. al. 2002, 34). That means that to be valid, a scale needs to measure the concept we are studying and which it actually intends to measure. Therefore, validity demands theoretical evaluation and framework. Cook and Campbell (1979) advocate for four types of validity: *internal validity*, *external validity*, *construct validity* and *statistical conclusion validity*. Additionally, Neuman (2011) refers to *face validity*.

Internal validity has to do with the idea whether the study shows a causal relation between two variables, for example *usefulness of QP* and *affective bond*. Internal validity is considered when the results show that the changes on the dependent variable (*affective bond*) were due to the independent variable (*usefulness of QP*), i.e. causal association. Such inference requires that this association is based on the fact that *usefulness of QP* comes first in time than *affective bond*, that *usefulness of QP* covaries with *affective bond* and that there's no other plausible explanation for this association. However, causality is especially problematic in cross-sectional studies like this master thesis because it analyses complex micro-mechanisms and it does do not have an absolute way to infer which of the variables come first in time and from where a cause-effect is originated (Shadish et al. 2002, 53). Therefore in the present study it is widely referred to associations between variables and its strength, rather than to causal relationships (chapter 7.).

External validity involves generalisation of the inferences from the sample to the population. It concerns the issue whether the study has the ability to generalise the results to other settings and groups of people (Shadish et al. 2002, 38). That is, to what extent can the study's findings be useful to more than just for the current QP counsellor's sample. This idea is also associated with representativeness. A sample is considered representative when we are able to have an overview of the population we are studying and make a probability sampling

selection of the population (Ringdal 2013, 213). Nevertheless it is difficult to say how generalizable the results from the present master thesis are, since they explain micro mechanisms in a particular context and are cross-sectional (chapter 7.).

Construct validity concerns measurement of concepts with multiple items such as the study's scales, and addresses the issue whether or not they do measure the concept we are studying. While reliability concerns the properties of the measured items, construct validity concerns the relationship between the items and the theoretical concept (Ringdal 2013, 98). Construct validity is as equally concerned with generalisation as external validity, although more related to the operations of construction (namely cause-effect constructions). Research could not be developed without constructions because they are essential to understand the results and therefore are the connection between theory and research. Constructions can also shape perceptions and labels which often carry political, social and/or economic implications (Shadish et al. 2002, 65). It is then important that the scales in the current master thesis are not only reliable but valid, i.e. that they measure the reality.

Construct validity can be influenced by measuring errors such as courtesy bias and response bias. Courtesy bias occurs when the QP counsellors respond to the questions in a way they foresee and/or assume as social desirable. This happens especially in relation to sensitive questions or in relation to questions which approach social and cultural norms that may lead the respondents to be not truly honest about a determined issue. We can interrogate ourselves if that may have happened in the present master thesis e.g. as for questions related to *relational alliance*, *professional competences* and *quality of professional supervision*. Such measuring errors are difficult to prevent and as researchers we do not have a way to know whether or not QP counsellors had e.g. a tendency to elevate their professionalism and office status. On the other hand, response bias may occur when QP counsellors reply to different questions in the same way regardless of the question's content. In other words, it is the "tendency of some people to answer a large number of items in the same way (usually agreeing) out to laziness or psychological predisposition" (Neuman 2011, 229). This may more easily happen in long and not user friendly layout questionnaires (Neuman 2011, 493; Ringdal 2013, 358-359).

Statistical conclusion validity involves the adequate use of the proper statistics analysis in order to make inferences about the sample. In other words, it involves the use of the statistical analysis which leads to appropriate predictions about the covariation between relational alliance and the independent variables. Inferences about covariance imply two

exercises: firstly whether there is a covariance or not between relational alliance and independent variables; secondly how strong the covariation is. These two exercises may lead to two possible errors, Type I and Type II error (Shadish et. al. 2002, 37).

In order to statistically predict whether there is a covariation between *affective bond* and for example *professional competences*, the null hypothesis significance test, is usually used. This test involves the formulation of a statement of probability where there is not a relationship between *affective bond* and *professional competences* in the population. The alternative hypothesis is that there is a relationship. Such type of relationships between variables are considered valid when the statistical significance is strong. In social sciences and in studies likes this one, a significance level of at least 5%, is often considered. This means that we should have at least 95% as confidence interval to keep an alternative hypothesis. Significance level expresses the probability to reject a null hypothesis, i.e. the latter is considered true when the significant level of the statistical value of that relationship is higher than 5%. A type I error occurs then when we conclude that there is a relationship between a dependent and an independent variable in the population when there is actually not one, i.e. the null hypothesis is rejected when it should be held. On the other hand, type II error will do the opposite, keep a null hypothesis when it should actually be rejected, i.e. it occurs when we conclude that there is not a relationship between the variables when there is one (Ringdal 2013, 268, 340; Shadish et. al. 2002, 42). In the present study, 5% or less is used as significance level (section 5.2.).

Another issue associated with statistical conclusion validity is missing values. Missing data can influence the validity of the study's inferences, though the cases of intern missing data were not substantial and were properly addressed in the current master thesis (section 5.3.). Therefore missing data is not expected to influence the results of this master thesis.

Another validity issue may occur at the development of multiple linear regression. The problem of multicollinearity can arise creating trouble to the validity of the interpretation of the coefficient results presented at the linear regression analysis. Multiple linear regression analysis assumes that the independent variables at the model are not highly correlated to each other, therefore regression is sensible to multicollinearity. Multicollinearity happens when one or more independent variables are highly correlated to each other. This can contribute to unstable models and to high but artificial R^2 values (Johannessen 2007, 147; Ringdal 2013, 246). If multicollinearity happens, it can lead to fake interpretations of the regressions results.

To test for multicollinearity, *Collinearity statistics* can be used. *Tolerance* indicates the percentage of variance of an independent variable that is not accounted for by the other independent variables. If tolerance values are under 0.1, it can be problematic and indicate multicollinearity at the model (Ringdal 2013, 246). In addition, the *VIF* (variance inflation factor) is also taken into consideration on *collinearity statistics*. The *VIF* measures how much of the variance of the estimated coefficients at the regression increases if there is not a correlation between two independent variables. If the *VIF* values are 10 or above there is collinearity. In case of multicollinearity it is often recommended to remove these variables from the regression analysis (UCLA 2014)[27]. The present master thesis does not present multicollinearity problems at multiple linear regression analysis (section 6.6).

Face validity is according to Neuman (2011, 212) another type of validity which is here taken in consideration. It corresponds to the recognition by the scientific community of determined items that measure determined concepts. At the present master thesis relational alliance is measured by WAI-sr which is a recognised and validated inventory scale by the scientific community (Gillapsy and Hatcher 2006).

5.7. Ethical considerations

"Research ethics refers to a complex set of values, standards and institutional schemes that help constitute and regulate scientific activity" (Forskningsetiske komiteer 2006, 5). Research ethics protect privacy of information, assure that the results accurately reflect the information provided by the study's participants and ensure their protection from all forms of abuse.

The present master thesis springs from the CMPA research project. This master thesis was already included in the main CMPA research's proposal, i.e. the CMPA research project anchored two master degree research projects like the present one. It was then approved at the same time as the main project. The research project was approved by the Norwegian Data Inspectorate and Norwegian Social Science Data Services (case no. 25275).

Access to the data material collected within the main project was made available to this master thesis with the proper anonymity and privacy, namely regarding NAV offices and the participants involved in the project. It is particularly important to underline that information about which offices participated in the study or from which region of the country

[27] SPSS Web Books, Regression with SPSS, Chapter 2-Regression diagnostics. UCLA: Statistic Consulting Group. http://www.ats.ucla.edu/stat/mult_pkg/faq/general/citingats.htm (13.04.2014).

those are from is not accessible to the development of this study. This makes it impossible to identify or recognise the QP counsellors. In this way anonymity and confidentiality is assured.

The informed consent forms were delivered and signed by all the participants in the study at the moment the questionnaires were filled out. Participants were informed of the possible advantages and disadvantages of participating in the main research project and data was collected under the norms of confidentiality and anonymity. Data material in paper format is stored and locked at *Sosialforsk* and digital data material is only accessed by the researchers involved in the main project and access is made at their office desks. The data material used in the present master thesis is stored in a file and secured by password. Sensible information about the participants was neither obtained nor used.

In the present master thesis, statistical information is not regarded as mere data but as information which regards people and their considerations. This fact is taken into account when presenting the results and approaching the different subjects. The formulation and presentation of information takes consideration for all the people involved as well as for their assessments, beliefs and meanings, presenting them with accuracy, authenticity and fidelity.

My personal role or interests have low interference in the results of the present master thesis. I have not any previous involvement or any type of commercial interest with the NAV, the QP or *Sosialforsk.* My interest is anchored to professional and academic development while my role as a researcher is to unfold the QP counsellors' meanings on relational alliance and their professional practices upon statistical analysis rules. The results reflect accurately the answers provided by the QP counsellors and data analysis is developed in accordance with validity and reliability criteria. Therefore this master thesis has been developed with impartiality since I do not have any particular part in the different involved instances.

6. RESULTS

The current chapter presents the results of this master thesis. Firstly, the descriptive results of *background* variables and *aspects of professional practice* are presented, followed by the relevant results of mean comparison's analysis between *aspects of professional practice* and *background variables*. Hereinafter the multidimensionality and descriptive results of relational alliance are presented, being followed by mean comparison's analysis. Lastly the findings of correlation analysis and multiple linear regression analysis are presented.

6.1. QP counsellors background

This section presents the descriptive results of the *background* variables of the QP counsellors' sample: *gender*, *age*, *education level* and *education type*.

The QP counsellors are predominantly women (78%) whereas men represent 22% of the sample. Their average age is 43 years old (in 2011) and men (M= 50) are older than women (M= 41). The great majority of them have higher education (94%) of which 66% hold a bachelor degree (or equivalent) and 27% hold a master degree (or equivalent). Of the respondents, 6% have secondary level education. However it is relevant to point out that respondents with secondary level education have had contact with high education institutions by taking subjects or other courses. As a variable applied in this analysis, education level is coded as *bachelor degree or less* (73%) and *master degree or more* (27%) (table 1).

Concerning *education type*, 61% of the QP counsellors have higher education in the *social work field* and 39% in *other fields of education*. Among counsellors with *other fields of education*, 12% have *Social and health educations* (social educator, welfare worker, ergotherapist and nurse), 14% have *Social sciences and pedagogy* education, 6% *Administration and Economics* education and 7% *Other* (table 1). Moreover 50% of the QP counsellors had taken relevant courses to work with the QP (table 1).

Table 1 – Descriptive analysis of QP counsellors background

		N	
Age M (SD)		**99**	**43 (10.1)**
Gender (%)		99	
	Women	77	78%
	Men	22	22%
	Total	**99**	100%
Education level (%)		99	
	Bachelor degree or less	72	73%
	Master degree or more	27	27%
	Total	**99**	100%
Education type (%)		**95**	
	Social work field	58	61%
Other fields of education	Social and health educations	11	12%
	Social sciences and pedagogy	13	14%
	Administration and Economics	6	6%
	Others	7	7%
	Total	**95**	100%
Relevant Course for QP (%)		**96**	
	Yes	48	50%
	No	48	50%
	Total	**96**	100%

6.2. Aspects of professional practice of the QP counsellors

The present section presents the descriptive results of *aspects of professional practice*. Aspects of professional practice is composed by the following variables: *workload* (no. participants), *work experience* (no. months), *quality of supervision* (scale), *professional competences* (scale) and *usefulness of QP* (scale).

Workload is measured by the total number of QP participants that each QP counsellor had by the time the questionnaire was answered[28]. Results show that each QP counsellor works on average with 14 QP participants. Although the mean is 14 QP participants for QP

[28] Questionnaires were answered between February and May 2011.

counsellor, there is a great dispersion among these results (SD= 9.5) making it relevant to mention that QP counsellors can have from 1 up to 42 QP participants. It is further important to mention that 15% of the QP counsellors answered that they had 0 (zero) QP participants. This is mainly due to the fact that these QP counsellors hadn't begun to work with the QP by the time they answered the questionnaire but were going to. Of those who replied 0 (zero) QP participants, 64% of them have experience with earlier follow-up work in a range of 10 to 144 months (up to 12 years).

In addition to the work developed with QP participants, 72% of the QP counsellors work with *other NAV clients*. It is also important to note that 27% did not reply to this question. One possible reason can be the missing response of the QP counsellors who in fact did not have *other NAV clients*. The QP counsellors with 0 (zero) *other NAV clients* may have not written down the value 0 (zero)[29] leading then to a high percentage of missing responses. Another reason may be related to the fact that there were two types of internal organisation in the NAV offices which participated in the study. At some offices the QP counsellors were organised in teams (i.e. team for QP), while in other offices the QP counsellors worked transversally (i.e. worked with various service user groups and measures).

Work experience is achieved by the combination of the QP counsellors' experience within QP and earlier experience with similar follow-up, which is presented in months. The QP counsellors' combined work experience is on average 71 months (5 years and 9 months approximately). However results show a great variation, where the QP counsellors' work experience vary from 2 months up to 346 months (28 years) (SD= 67). When it concerns earlier experience with similar follow-up independently 72% of the QP counsellors have on average 56 months (4years) of experience. Experience exclusively within the QP is on average 15 months.

The variables *quality of supervision, professional competences* and *usefulness of QP* are standardised scales from "*1"*= never, "*2*"= rarely, "*3*"= sometimes, "*4*"= often, to *"5"* = always. These indicate the level of assessment/ agreement with each statement (item) for each scale. Variables are standardised so that each variable varies between "*1"* and "*5"*. In order to achieve these variables, the scales were extracted by factor analysis (section 5.2.). Factor analysis is developed for each variable to achieve a one-dimensional scale that theoretically and empirically represents the concepts we are measuring. When tested for reliability, these

[29] Question no. 10 b) is an open question, Annex I.

scales show good internal consistency for Cronbach's alpha test (*quality of professional supervision* α = .813; *professional competences* α = .780; *usefulness of QP* α = .828).

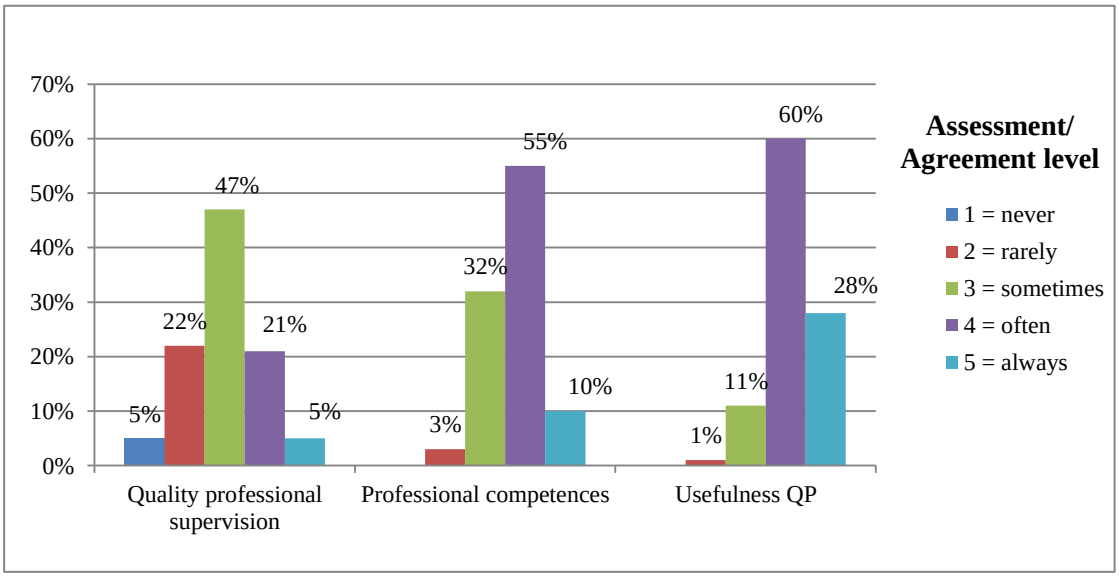
The QP counsellors' assessment of *quality of professional supervision* on the job is assessed on average with "*3*" (M= 2,96). Overall, the QP counsellors assess quality of professional supervision in the following way: "*1*" (5%); "*2*" (22%); "*3*" (47%); "*4*" (21%); "*5*" (5%) (figure 2). That is to say that the QP counsellors agree sometimes with *quality of professional supervision* statements.

The QP counsellors often agree with the statements concerning *professional competences*. It is relevant to mention that QP counsellors do not assess professional competences with "*1*" (0%) and that on average their assessment on their own competences is "*4*" (M= 3,71), (figure 2). Assessment on professional competences' statements is as follows: "*2*" (3%); "*3*" (32%); "*4*" (55%) and "*5*" (10%). The results indicate that they consider themselves competent and skilled to work within the QP and assist the QP participants.

In relation to the QP counsellors' assessment on their belief on the *usefulness of QP*, results show that the average response is "*4*" (M= 4,15). Most of the responses are divided between "*3*" (11%), "*4*" (60%) and "*5*" (28%). "*1*" shows no answers and "*2*" (1%) is seldom reported (figure 2). Thus, the QP counsellors do often agree with the scale's statements of usefulness of QP. Their assessment is relatively high since 88% of the QP counsellors often and always agree with the statements, indicating then that they do highly believe on the usefulness and purposes of the QP as an activation measure.

Figure 2 shows that *usefulness of QP* is the scale with the highest mean among the scales of aspects of professional practice. *Quality of professional supervision* is on the other hand the lowest assessed by the QP counsellors. Results show low values for standard deviations, indicating that there are not a great dispersion between results.

Figure 2 – Assessment level of Aspects of professional practice's scales – standardized scales



6.3. Comparison of means

T-test and *one-way ANOVA* are used to compare means among two variables. These tests show whether there is a statistical significant difference between the means of *aspects of professional practice* variables and *background* variables. Every variable's mean of aspects of professional practice is then compared to every mean of background's variables.

When comparing *workload* with *gender*, results show that there is a statistical significant difference ($t(92) = 3.01$; $p < 0.01$) between men ($M = 19$; $SD = 6.7$) and women ($M = 13$; $SD = 10.1$). On average, men work with more QP participants than women do, although the high standard deviation number among women reveals that women have from 1 up to 42 QP participants while men have from 1 up to 32 QP participants.

Results show also that there is a statistical significant difference between QP counsellors when it concerns *workload* and *education type* ($t(89) = -2.21$; $p < 0.05$). *Other counsellors* show higher workload than *social workers*, i.e. others counsellors work on average with 17 QP participants ($SD = 8.2$) whereas social workers work with 12 QP participants ($SD = 10.4$).

Lastly, *workload* shows no statistical significant differences between the QP counsellors regarding *age* and *education level*. This indicates that the workload is similar among the QP counsellors regardless their age and level of education.

Concerning *work experience* and *gender*, there is a statistical significant difference between men and women (t (91)= 3.09; $p < 0.01$). Among men, work experience (M= 109; SD= 85.5) is higher than among women (M= 60; SD= 56.5). Work experience is also higher among men when it concerns experience in earlier follow-up (men M= 90; SD= 86.2; women M= 46; SD= 55.3) and experience within the QP (men M=19; SD= 7.7; women M=14; SD= 9.9). Nevertheless, it is relevant to underline that there is a great dispersion related to these results, both concerning men and women.

The older QP counsellors show more work experience than the younger QP counsellors. A statistical significant difference is found between QP counsellors' *age* and combined *work experience* (F (4; 88)=5.44; $p < 0.01$). QP counsellors under the age of 40 show less work experience when comparing to counsellors between the ages of 51 to 60 years old. In other words, the QP counsellors between the ages of 51 to 60 years show a statistical significant difference in working experience when comparing with the QP counsellors under the age of 30 years ($p < 0.05$) and between the ages of 31 to 40 years ($p < 0.01$).

There are no statistical significant differences concerning the QP counsellors' *work experience* and *education level* (t (91)= -1.03; p= 0.31) neither *education type* (t (87)= - 0.94; p = 0.35), though o*ther counsellors* show in average more work experience (M= 78; SD= 67.9) than s*ocial workers* (M= 64; SD= 65.7).

The QP counsellors between the ages of 51 and 60 years show higher assessments of professional competences than the QP counsellors under the age of 30 years old ($p < 0.05$). In other words, *professional competences* show a statistical significant difference concerning QP counsellors' *age* (F (4;87)= 3.58; $p < 0.01$). 20% of the QP counsellors under the age of 30 years old assess professional competences with "*2*", whereas 30% of the QP counsellors between the ages of 51 and 60 years assess professional competences with "*5*". Age shows no other significant differences when it concerns *quality of professional supervision* and *usefulness of QP*.

When comparing these scales with *gender, education level* and *education type* none of these show statistical significant differences among the QP counsellors. In other words *professional competences, quality of supervision* and *usefulness of QP* are similarly assessed by the QP counsellors whether they are men, women, have a *bachelor degree or less*, a *master degree or more,* or are *social workers* or *other counsellors*.

6.4. Relational Alliance – Dependent variable

Factor analysis was undertaken to better understand the concept of relational alliance and how it is assessed by the QP counsellors. The pantheoretical perspective of relational alliance (Bordin 1979) refers to three dimensions: *affective bond*, *agreement on tasks* and *agreement on goals*. These dimensions have been measured and confirmed in different settings (Hatcher and Gillaspy 2006; Horvath and Greenberg 1989; Munder et al. 2010).

In the current master thesis, factor analysis shows the existence of three dimensions in conformity with the construction of WAI-sr and the pantheoretical perspective, which are identified as *affective bond*, *agreement on tasks* and *agreement on goals*. Table 2 presents relational alliance's factor analysis and how factor loading for each item is distributed within the three dimensions. Relational alliance is thus multidimensional explained and measured in the present study.

The most important finding is shown in figure 3. It clearly presents *affective bond* as the strongest dimension of relational alliance. This means that the QP counsellors' assessment on relational alliance emphasises their relationship (*affective bond*) with the QP participants. *Affective bond* explains 40% of the total variance of the relational alliance model. Although *affective bond* is the most evident dimension of relational alliance, *agreement on tasks* explains 11% and *agreement on goals* 9% of the model. These dimensions together explain 60% of the total variance explained of the QP counsellors' encounter with the QP participant.

When developing factor analysis for *education type*, i.e. factor analysis for *social workers* and *other counsellors*, results show that there are slightly differences in the relational alliance model. Within the social workers group, *affective bond* explains 42% of the total variance of the relational alliance model, *agreement on tasks* 11% and *agreement on goals* 10%. Within the other counsellors group, relational alliance model is 38% explained by *affective bond*, 13% *agreement on tasks* and 12% *agreement on goals*. These results may suggest that social workers attribute a greater explanation of relation alliance to affective bond than other counsellors.

Figure 3 – Factor Analysis of Relational Alliance

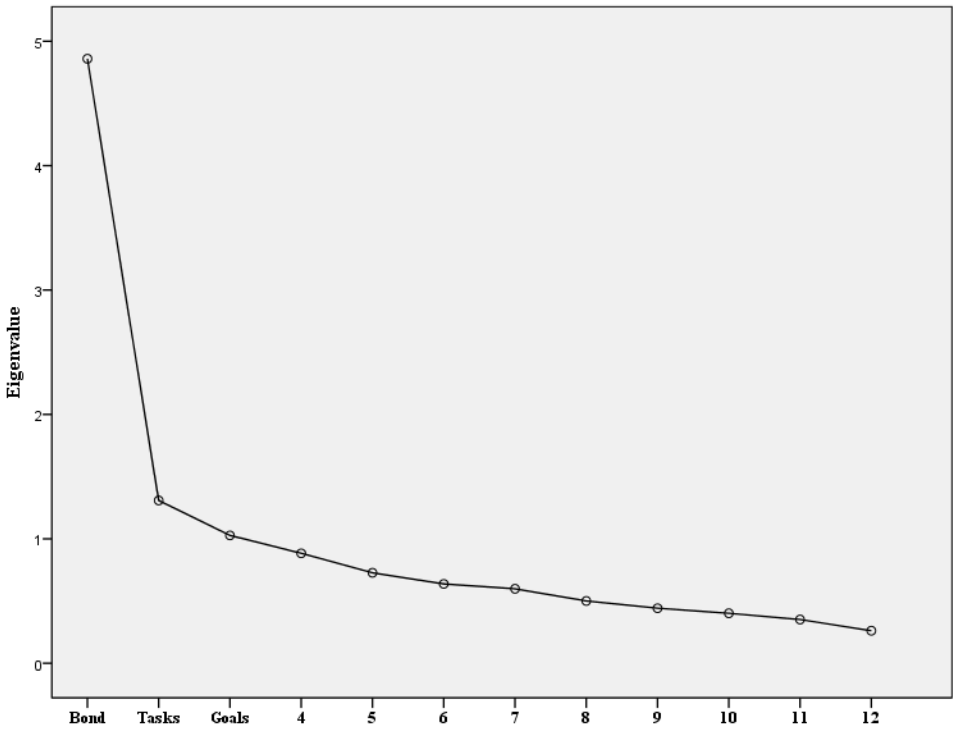


Figure 3 shows the eigenvalues of the scales for the entire sample, i.e. all QP counsellors. *Affective bond*, *agreement on tasks* and *agreement on goals* show eigenvalues above 1, being then considered eligible as relational alliance dimensions. All dimensions show high loadings at the rotated component matrix (> 0.54 and < 0.84) (table 2).

Table 2 shows means and standard deviations for each item of each dimension of relational alliance. It also shows which items correspond to each dimensions of relational alliance and their factor loading. Factor loading above 0.55 (good)[30] was the general rule for selection of the dimensions' items (chapter 5.2.). Table 2 shows that *affective bond* is composed by 5 items[31]: 11.B; 11.F; 11.H; 11.J; 11.L, which present good and very good factor loading results (> 0 .54 < 0.78). *Agreement on tasks* is composed by 4 items: 11.C; 11. D; 11. E; 11.K, with good and excellent factor loading values (> 0.54 < 0.82). And finally *agreement on goals* is composed by 3 items: 11.A; 11.G, 11.I, with good to excellent factor loading values (> 0.55 < 0.84). Moreover Cronbach's alpha test has been applied for each dimension, showing good internal consistency for all of them (*bond* $\alpha = 0.769$; *tasks* $\alpha = 0.748$; *goals* $\alpha = 0.717$).

[30] Tabachnick and Fidell general rule (Johannessen 2007, 170).
[31] Section 5.1.1. and Annex I.

Table 2 - Relational alliance rotated component's explanation [a]

		Relational Alliance (1 – 5)		
	M (SD)	**Bond**	**Tasks**	**Goals**
		3.9 (0.40)	**3.6 (0.46)**	**4.1 (0.53)**
11. A- The QP participant and I work together to set goals for the QP participant.	5 (0.64)	0.169	0.183	**0.743**
11. B- I feel that the QP participant appreciates me	4 (0.55)	**0.718**	0.315	-0.069
11. C- The QP participant and I agree on what is important for the QP participant to work with	4 (0.55)	0.348	**0.546**	0.333
11.D- I believe that what the QP participant does with me will help the QP participant to achieve the desired changes	4 (0.62)	0.114	**0.743**	0.093
11. E- What we do in our meetings gives the QP participant new ways to regard his/her problems	4 (0.66)	0.018	**0.829**	0.168
11. F- The QP participant and I respect each other	4 (0.52)	**0.548**	0.159	0.253
11. G- The QP participant and I work towards goals we have agreed on	4 (0.71)	0.231	0.114	**0.846**
11. H- I believe that the QP participant likes me	4 (0.47)	**0.788**	-0.088	0.241
11. I - The QP participant and I have reached a good understanding on which changes would be good for him/her	4 (0.61)	0.263	0.476	**0.551**
11. J - The QP participant believes that the way we work with the problems is right for him/her	4 (0.62)	**0.631**	0.359	0.235
11. K - A result of these meetings is that the QP participant is more aware of how he/she can change	3 (0.60)	0.428	**0.592**	0.134
11. L - QP participant feels that I care about him/her when he/she does things I do not like	4 (0.60)	**0.678**	0.130	0.269

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 5 iterations.

Table 2 and figure 3 shows how the QP counsellors often agree with relational alliance statements (items), whether it concerns *affective bond*, *agreement on tasks* or *agreement on goals*. Each dimension shows a mean of 4 in a likert-type scale (1 - 5), with relatively low standard deviations (*bond* SD = 0.40; *tasks* SD = 0.46; *goals* SD = 0.53). *Affective bond* varies from "*3*" (22.2%) to "*5*" (4.4%), whereas 73.3% of the QP counsellors assess affective bond with "*4*". When it concerns *agreement on tasks*, the QP counsellors rank it in the following way: "*3*" (32%), "*4*" (62%) and "*5*" (6%). And finally *agreement on goals* is assessed by "*3*" (15%), "*4*" (59%) and "*5*" (26%). None of these dimensions present percentages with "*1*" (0%) neither "*2*" (0%). Agreement on goals is the dimension with highest percentage of always ("*5*"), whereas agreement on tasks shows the highest percentage of sometimes ("*3*"). Affective bond has the highest percentage of often ("*4*") in the likert-type scales.

Table 3 shows how the *background* variables (*age*, *gender*, *education level* and *education type*) relate to relational alliance (comparison of means). The results show differences between QP counsellors' *age* and *affective bond.* Older QP counsellors assess affective bond higher than younger QP counsellors. Affective bond is higher assessed the older QP counsellors become, although these difference between age groups are not statistically significant. Existing differences for agreement on tasks ($F(4; 85) = 1.15$, $p = 0.34$) and agreement on goals ($F(4; 85) = 0.97$, $p = 0.427$) are not statistical significant.

Men and women assess relational alliance in the same way (M = 4). There is not a statistical significance difference concerning *gender* in this sample (*bond* $t(88) = 0.42$, $p = 0.67$; *tasks* $t(88) = 1.22$, $p= 0.23$; *goals* $t(88) = 0.07$, $p = 0.94$).

The QP counsellors' assessment on relational alliance shows no statistical significance difference between *education level* as well (*bond* $t(88)= 0.02$; $p = 0.99$; *tasks* $t(88)= 0.79$; $p = 0.43$; *goals* $t(88)= 0.18$, $p= 0.86$). That is to say that, QP counsellors with *bachelor degree or less* and QP counsellors with *master degree or more* assess relational alliance similarly. Although affective bond, agreement on tasks and agreement on goals are evenly assessed among education level (M = 4), it is relevant to mention that affective bond is not once assessed with "5" (0%) by QP counsellors with a master degree or more. On the contrary 6% of the QP counsellors with bachelor degree or less assess affective bond with "5". Moreover, QP counsellors with bachelor degree or less assess both agreement on tasks (6%) and agreement on goals (28%) higher (i.e. with "5") than QP counsellors with master degree or more (*tasks* (4%); *goals* (17%).

When comparing relational alliance with *education type,* results do not show statistical significant differences between *social workers* and *other counsellors* (*bond* $t(85)= .91$, $p= 0.36$; *tasks* $t(85)= 1.69$, $p= 0.09$; *goals* $t(85)= 0.24$, $p = 0.81$). Social workers show slightly higher assessments with "5", concerning affective bond (6%) and agreement on tasks (6%), when comparing to other counsellors (3%). However, when it concerns agreement on goals, other counsellors present slightly higher assessment with "4" (62%) and "5" (27%) when compared with social workers, "*4*" (59%); "*5*" (25%).

Table 3 – Mean comparison: Means and standard deviations of relational alliance and background variables

		Relational Alliance					
		Bond		**Tasks**		**Goals**	
		3.9	**(0 .40)**	**3.6**	**(0.46)**	**4.1**	**(0.53)**
Gender	Men	3.9	(0.39)	3.7	(0.45)	4.1	(0.51)
	Women	3.9	(0.40)	3.6	(0.45)	4.1	(0.53)
Age	<30	3.7	(0.61)	3.5	(0.66)	3.9	(0.74)
	31 – 40	3.8	(0.33)	3.5	(0.35)	4. 1	(0.47)
	41 – 50	3.9	(0.32)	3.6	(0.48)	4.1	(0.48)
	51 – 60	3.9	(0.39)	3.8	(0.49)	4.3	(0.55)
	> 61	4.2	(0.26)	3.8	(0.20)	4. 1	(0.43)
Education level	BA degree or less	3.9	(0.42)	3.6	(0.45)	4.1	(0.54)
	MA degree or more	3.9	(0.33)	3.5	(0.47)	4.0	(0.46)
Education type	Social workers	3.9	(0.39)	3.7	(0.45)	4.1	(0.54)
	Other counsellors	3.8	(0.41)	3.5	(0.42)	4.1	(0.46)

Notes: *** p< .001; ** p< .01; * p< .05.
Mean and standard deviation values for each group of each background variable towards *affective bond, agreement on tasks* and *agreement on goals.*

6.5. Correlation Analysis – Association between variables

The purpose of correlation analysis is to understand the association between the variables which compose this master thesis research model (chapter 4.). Correlation analysis shows which variables are associated, and the direction and strength of that association. Pearson's r is the measurement of association which indicates the direction and strength of the association. It varies between -1 and + 1 and 0 (zero) indicates no association at all. Pearson's r is analysed under the general rule suggested by Johannessen (2007), i.e. > 0.50 (very strong); 0.30 – 0.40 (relatively strong) and < 0.20 (weak) correlation.

Table 4 shows that the significant associated variables are relational alliance (*affective bond*, *agreement on tasks* and *agreement on goals*), *professional competences*, *usefulness of QP*, *work experience* (among aspects of professional practice) and *age* and *gender* (among background variables).

Table 4 – Means, standard deviations and correlations of the study's variables

	Correlation (N=99)	M (SD)	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
Background Variables	1. Gender [a]	2 (.42)	1											
	2. Age (years)	43(10.08)	-.37***	1										
	3. Education level[b]	1 (.45)	-.10	-.04	1									
	4. Education type[c]	(.48)	-.24*	.11	.15	1								
Aspects of professional practice	5. Workload (participants)	14 (9.48)	-.24*	.26*	-.09	.23*	1							
	6. Work experience (months)	71 (64.84)	-.30**	.42***	.10	.12	.19	1						
	7. Professional Competences (1 - 5)	4 (.57)	-.17	.29**	.10	.11	.16	.36***	1					
	8. Quality of Supervision (1 - 5)	3 (.85)	-.00	-.04	.03	-.01	-.09	.02	.05	1				
	9. Usefulness of QP (1 - 5)	4 (.58)	.03	.08	-.11	-.07	.13	.10	.36***	.25*	1			
Relational Alliance	10. Bond (1 - 5)	4 (.38)	-.04	.28**	-.00	-.07	.13	.28**	.46***	.07	.36***	1		
	11. Tasks (1 - 5)	4 (.43)	-.13	.26*	-.08	-.13	-.00	.16	.33***	.10	.38***	.54***	1	
	12. Goals (1 - 5)	4 (.50)	-.01	.17	-.02	-.01	.06	.19	.46***	.07	.39***	.56***	.55***	1

Notes: *** p< .001; ** p< .01; * p< .05. [a] 1-Man; 2- Woman. [b] 0-BA or less.; 1-MA or more. [c] 1- social workers; 2- other counsellors.

Relational alliance variables are very strongly and positively associated to each other. *Affective bond* and *agreement on goals* are strongly and positively associated (r = 0.559; p< 0.001) and *agreement on tasks* is strongly and positively associated both to affective bond (r = 0.542; p< 0.001) and to agreement on goals (r = 0.549; p< 0.001). Thus when QP counsellors' assessment on affective bond increases their assessment on agreement on tasks and agreement on goals also increases. The QP counsellors' assessment of affective bond, agreement on tasks and agreement on goals is highly and strongly associated with their assessment of each other.

Relational alliance is furthermore associated to variables within *aspects of professional practice*, such as *usefulness of QP* and *professional competences*. Relational alliance shows positive and relative strong association with usefulness of QP (*bond* r = 0.357; *tasks* r = 0.383; *goals* r = 0.385; p< 0.001) and professional competences (*bond* r = 0.464; *tasks* r = 0.332; *goals* r = 0.457; p< 0.001) with a statistical probability of association of 99,9%. In other words, the QP counsellors' assessment on relational alliance increases when their assessment on *usefulness of QP* increases (or vice-versa). The same happens with *professional competences* assessment. When the QP counsellors' assessment on professional competences increases relational alliance assessment also increases because they are positively associated. The opposite may also occur: if one of these variable's assessment decreases the other one will also decrease (this is still a positive correlation).

These correlations indicate that there is a strong association between relational alliance and *usefulness of QP*, suggesting that when QP counsellors highly believe on the usefulness and purposes of the QP as an activation programme, they highly assess relational alliance with the QP participant. The same situation happens with *professional competences*. The more QP counsellors consider they are competent and skilled to work within QP and assist the QP participants in their self-sufficiency process, the higher they assess relational alliance.

Relational alliance shows moreover a positive and moderate association with *work experience* (*bond* r = 0.283 p< 0.01). However it is important to underline that *affective bond* is the only variable among relational alliance that shows statistical significant association with work experience. Work experience is in addition associated with *professional competences* itself (r = 0.363 p< 0.05) and thus it seems reasonable that the more work experienced counsellors are, the more professional competences they may obtain (or vice-versa). Since professional competences variable is strongly associated with relational alliance it is fair to say that *work experience* is more associated with *affective bond* than with the other variables. This may suggest that there is an association between relationship expertise and skills with affective bond within the sample of QP counsellors.

The same occurs with *age*. Both *affective bond* and *agreement on tasks* show positive and moderate association with age (*bond* r = 0.283 p< 0.01; *tasks* r = 0.257 p< 0.05). The elder QP counsellors are the higher they assess affective bond and agreement on tasks in relational alliance. Age is also associated with *work experience* and *professional competences* indicating that the association between *age* and *affective bond* and *agreement on tasks* may be affected by *work experience* and *professional competences*. It is understandable that older QP counsellors may have more work experience and more professional competences than younger ones.

Regarding *aspects of professional practice* it is important to mention that *quality of supervision* shows no association with the majority of the variables except a positive and moderate association with *usefulness of QP* (r = 0.248; p< 0.05). This may indicate that when QP counsellors assess quality of the supervision high their assessment on the usefulness of the QP is also high. This means that a good supervision on the job is associated with high assessment of usefulness of QP as an individualised activation measure. Furthermore, the QP counsellors' assessment on *usefulness of QP* increases as *professional competences* increases. Their association is relatively strong and positive (r = 0.362; p< 0.001), indicating that

usefulness of QP is associated with quality of supervision, professional competences and relational alliance.

Lastly, on *aspects of professional practice*, *gender* is associated with *workload, work experience* and *education type*. These associations are negative and moderate ones, indicating that men QP counsellors have more work experience than women, as well as more workload. This is not a strange association since men are older that women ($r = -0.379$; $p < 0.001$) and thus there is a higher possibility for more work experience and professional competences. Concerning *education type*, results show information that, on one hand the majority of *social workers* are women and on the other hand that *other counsellors* have more *workload* than social workers ($r = 0.23$; $p < 0.05$). These results have also been also mentioned at mean comparisons analysis (section 6.3.).

Education level is the only variable with no associations at all, showing no statistical significance in the entire model. This may in fact be due to a non-significant difference between education levels among the QP counsellors' sample.

It is important to stress that there is no causality between this variables in correlation analysis. These associations do not express causality or which variable may come first in time thus influencing others. A more differentiated association between variables is developed in multiple linear regression analysis, in the next section.

6.6. Multiple linear regression analysis – Associations on Relation Alliance

Multiple linear regression shows a more distinguish association between variables, i.e. what type of association *affective bond* and *usefulness of QP* have when the other variables of *aspects of professional practice* and *background* variables are controlled for. Therefore multiple linear regression analysis was developed in two steps. Background variables were introduced as the first model (model 1) and aspects of professional practice as the second model (model 2) (table 5).

When tested for collinearity, i.e. testing that the independent variables were not measuring the same phenomenon and contributing to an artificial R^2, the multicollinearity test was developed for regression analysis (section 5.6.). The multicollinearity test shows good results (relational alliance: tolerance = > 0.710, VIF = < 1.408).

Table 5 – Relational alliance and Aspects of professional practice among QP counsellors, linear regression analysis

		Relational Alliance					
		Bond		**Tasks**		**Goals**	
		Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
Background Variables	1. Gender [a]	0.051	0.084	-0.082	-0.099	0.075	0.097
	2. Age	0.012**	0.006	0.011*	0.008	0.010	0.003
	3. Education level[b]	0.027	0.002	-0.051	-0.061	-0.001	-0.039
	4. Education type[c]	- 0.079	- 0.032	- 0.152	- 0.088	- 0.016	0.077
Aspects of professional practice	5. Workload		0.001		-0.006		-0.003
	6. Work experience		0.001		6.018-005		0.000
	7. Professional Competences		0.206**		0.123		0.327***
	8. Quality of Supervision		0.005		0.008		-0.005
	9. Usefulness of QP		0.139*		0.236**		0.218*
Adj. R^2		0.056	0.226	0.060	0.178	- 0.008	0.204

Notes: *** p< .001; ** p< .01; * p< .05 [a] 1-Man; 2- Woman [b] 0- Bachelor or less; 1- Master or higher; [c] 1- social workers; 2- other counsellors.

Table 5 shows that the explanatory power of the model increases significantly from the first model to the second one. Model 2 explains relational alliance to a higher degree than model 1. Model 2 explains 23% for *affective bond,* 18% for *agreement on tasks* and 20% for *agreement on goals*, whereas model 1 did not explained more than 6% for *affective bond* and *agreement on tasks* and 0% for *agreement on goals* (adj. R^2).

Model 1 shows a statistical significant association between *age* and *affective bond* and *agreement on tasks* however, this association is no longer statistically significant in model 2. This indicates that age shows an association with relational alliance in the model 1 when variables such as *gender, education level* and *education type* are controlled. However when all variables are controlled such as in model 2, age is no longer statistically significant. *Professional competences* assume thus the major association. In correlation analysis age and professional competences were positive associated. Multiple linear regression analysis suggests though that *professional competences* is significantly associated with relational alliance, rather than age.

Professional competences show thus substantial associations with *affective bond* and *agreement on goals*. The QP counsellors who demonstrate high assessment levels of professional competences also show high assessment levels of affective bond and agreement

on goals. For every increase in professional competences' assessment there is a 21% increase in the assessment on *affective bond* (β 0.206 p< 0.01) and a 33% increase in *agreement on goals* (β 0.327 p< 0.001). Pertinently, professional competences are not associated with *agreement on tasks*, being the higher increase in *agreement on goals* (chapter 7.).

Results show further that the QP counsellors' assessment on *usefulness of QP* is substantially associated with relational alliance. QP counsellors with high assessment levels of usefulness of QP show also high assessment levels on relational alliance, when the other variables are controlled. For every increase in usefulness of QP's assessment, affective bond assessment increases 14% (β 0.139 p< 0.05), agreement on tasks increases 24% (β 0.236 p< 0.01) and assessment on agreement on goals increases 22% (β 0.218 p< .05). It is interesting to notice that agreement on tasks is the scale with the higher increasing for every assessment increase in usefulness of QP.

It is also interesting to dwell on the following associations despite that they are not significant. *Agreement on goals* shows no significant associations at all in the first model and shows negative associations with *education level*, *education type*, *workload* and *quality of supervision*. It is equally interesting to think over these associations which may suggest that the higher *education level*, *workload* and *quality of supervision* are, among *other counsellors*, the lower agreement on goals is assessed on average, when controlled for the other variables in the model.

Moreover negative associations are particularly relevant when it concerns *agreement on tasks*, even though they are not statistically significant. *Agreement on tasks* shows negative and relative high associations with *gender*, *education level*, *education type* and *workload*, distributed along both model 1 and model 2. This suggests that higher education level and higher workload amongst female other counsellors are associated with lower assessments of agreement on tasks on average.

7. DISCUSSION

The current master thesis has attempted to contribute to the study of the QP counsellors' understanding of relational alliance with the QP participants and to what extent aspects of professional practice in the QP are associated with relational alliance. To achieve these purposes, data was collected by means of a survey in 18 NAV offices in Norway (N=99), and have been statistically analysed.

New developments within activation policies are characterised by the individualisation perspective which carries a shift in the QP counsellors' professional practices, role and ultimately identity from an expert role to coach or facilitator. QP counsellors work in a tailor based way by involving, motivating and cooperating with service users to adjust the QP to their needs and wishes. By fitting the QP to service users' circumstances, QP counsellors strive, in collaboration with the service users, to reach employability and employment. Hence, relational alliance is a relevant factor to study in the encounter between the QP counsellor and the service user in the QP context.

Multidimensionality of Relational alliance in QP

The results of the present master thesis have shown that QP counsellors assess relational alliance as a multidimensional concept, composed by 3 dimensions: *affective bond*, *agreement on tasks* and *agreement on goals*. This finding is in accordance with the pantheoretical working alliance theory and the structure of alliance model of Bordin (1979), the construction of the WAI (Horvath and Greenberg 1989) and with earlier research (Hatcher and Gillaspy 2006; Munder et al. 2010; Safran and Wallner 1991; Tracey and Kokotovic 1989).

The main finding is related to the multidimensional aspect of relational alliance. Although the QP counsellors assess relational alliance as multidimensional, the *affective bond* dimension is the strongest. Relational alliance explains 60% of the encounter between the QP counsellors and the QP participants in QP, from which 40% is explained by the *affective bond* dimension. *Agreement on tasks* explains 11% and *agreement on goals* 9% of the alliance between them. These findings *per se* indicate that the QP counsellors regard the human relationship as an essential aspect of social work practice in the context of individualised activation – the QP. These findings support earlier research which indicates that the relationship between the professional and the client is an important factor in professional

intervention, more than the methodology of intervention (Horvath et al. 2011; Horvath and Symonds 1991; Krause, Altimir and Horvath 2011).

In addition, the *affective bond* dimension is constituted by 5 items while *agreement on tasks* is constituted by 4 items and *agreement on goals* by 3 items. This may occur for several reasons. One possible reason is the importance attributed to the human relationship in social work practice by the QP counsellors. By considering bonding with the QP participant a factor of great importance in professional practice, it seems coherent that QP counsellors may also interpret/associate more items of WAI-sr with *affective bond* dimension. The QP counsellors work with human behaviours and thus professional relationship is an important component of social intervention, justifying in a way the QP counsellors' weighing of *affective bond*.

Another possible reason may be associated with the controversy on the pantheoretical working alliance structure, i.e. whether relational alliance is actually composed by two or three components. The QP counsellors' considerations may mirror concerns raised by earlier research on the two components structure of relational alliance instead of three. That is, it may be associated to the dilemma of measuring relational alliance where the concepts *agreement on tasks* and *agreement on goals* are not distinctive enough in some practices (Andrusyna et al. 2001; Guédeney et al. 2005; Hatcher and Barends 1996).

Thus, these results mirror a structure of relational alliance which may indicate that it is challenging to differentiate between goals and tasks in social work practice within the QP, especially when the QP counsellors work within relationships. The relationship can be regarded as a method, a tool, a way to achieve a goal and a goal in itself (Levin 2004, 83). The QP counsellors create, in collaboration with the QP participants, individualised and tailored programmes based on a holistic and comprehensive approach where the participants' resources are stimulated and limitations, circumstances and wishes considered. The QP implies that QP counsellors enable the participants' social inclusion and active participation in labour market, through his/hers involvement, motivation and accountability (meld. st. nr. 9 2006-2006). This process may entail multiple goals and tasks, which may not be simple to differentiate in practice, since e.g. accountability can be regarded as a task in the enabling process of employment or as a goal in itself. Tasks and goals may thus vary in accordance to each QP participant while the major social political goal is employment.

Another issue to consider as a possible reason for the distribution of the items of relational alliance in the current sample is the construction of the adaptation of the WAI-sr to

the T1 questionnaire. Further considerations are discussed in the section 7.1. limitations of the study.

Multidimensionality of relational alliance is similarly assessed by *social workers* and *other counsellors* in the current sample, i.e. both consider relational alliance multidimensional and *affective bond* the strongest dimension. However *social workers* seem to consider that *affective bond* (42%) explains more in relational alliance in comparison with *other counsellors* (39%). On the other hand, *other counsellors* consider that *agreement on tasks* and *agreement on goals* explain more in relational alliance than social workers. These results indicate how social workers and other counsellors consider the dimensionality of relational alliance and which of its dimensions has the most relevance in the encounter with the service user. This may be due to the understanding of the different statements of relational alliance and the academic and professional background of social workers and other counsellors. However, when it concerns their level of assessment of relational alliance, both social workers and other counsellors assess *affective bond*, *agreement on tasks* and *agreement on goals* in the same way. In other words there is no statistical significant difference concerning education type (M=4). This suggests that relational alliance is an important factor in the encounter with service users within activation services in Norway, despite the type of education background of the QP counsellors.

Considering the assessment of relational alliance of all QP counsellors, results show that they often agree with the relational alliance statements (items), assessing the three dimensions with a mean of 4 in a Likert type scale from "*1"*= never to "*5"*= always. *Affective bond* shows the highest percentage (73%) of "*4*"= often, *agreement on tasks* shows the highest percentage (32%) of "*3*"= sometimes and *agreement on goals* shows the highest percentage (26%) of "*5*"= always. Thus it is possible to conclude that QP counsellors regard relational alliance with the QP participants as positive (M=4). These results are associated with the way QP counsellors regard relational alliance within social work practice in the QP. It may also be related to how QP counsellors regard their professional role and identity and how they articulate their discourses, which moves between social work profession discourse and the individual activation context discourse (Møller 2012; Røysum 2012).

Additionally results show that there are no statistical significant differences between relational alliance assessment and *gender* or *education level*. This means that both male and

female QP counsellors assess relational alliance in the same way. This is also the case for education level. QP counsellors with *master degree or more* or *bachelor degree or less* assess relational alliance similarly. However, there is a difference in the assessment based on *age.* Older counsellors assess *affective bond* higher than younger QP counsellors, although the difference is not statistical significant. These results may be associated with an increase in professional competences and experience in working with follow-up in individualised services and not so much with age, as multiple linear regression analysis suggests.

Aspects of professional practice in QP & Relational alliance

Results indicate further that *aspects of professional practice* explain better relational alliance than *background* variables. There is no evidence that *background* variables are statistically significant regarding *relational alliance*, i.e. there is no association between *gender*, *age*, *education level* or *education type* with relational alliance. The e*ducation type* results seems to be in accordance with earlier research which shows that there are no significant differences between social workers and non-social workers when it concerns the outcomes of the intervention (Rubin and Parrish 2012). These results reinforce the idea that the human relationship is perceived as a relevant concept within individualised activation services regardless education background.

Aspects of professional practice shows a statistically significant association with relational alliance, explaining 23% of *affective bond*, 18% of *agreement on tasks* and 20% of *agreement on goals*. Two aspects of professional practice are associated with the QP counsellors' assessment on relational alliance. This means that two of the five specific hypotheses of the current master thesis were verified (chapter 4.). This indicates that an increase in *professional competences*' assessment in the QP is associated with an increase in relational alliance assessment as well as an increase in the belief of the *usefulness of the QP* as an activation measure is associated with an increase in relational alliance assessment. In this way, *professional competences* and *usefulness of QP* are positively associated with relational alliance. However, there is no evidence, in this current study, that *workload*, *work experience* and the *quality of professional supervision* on the job are associated with relational alliance.

Professional competences show substantial associations with *affective bond* and *agreement on goals,* and none with *agreement on tasks*. These results may suggest once again that there is difficulty in distinguishing between tasks and goals within the QP context and

that the QP counsellors associate the assessment of their own *professional competences* with the goals of the intervention, as well as with the human relationship with the QP participant. This is to say that QP counsellors consider that high professional competences are associated to good relational alliance, whether it concerns the direct emotional and human relationship or the capacity of achieving the goals in collaboration within the intervention.

The current results stress the importance of relationship skills integrated in social work practices in the activation context. It seems that the QP counsellors develop follow-up within the individualised activation programme using the human relationship as an essential part of the intervention. This process implies the use of skills, knowledge and self-awareness in the encounter with the service user. The positive association between *professional competences* and *affective bond* and *agreement on goals* is also in accordance with earlier research that shows that a positive relationship between the social worker and the service user is associated to the social worker's professional skills (Del Re et al. 2012[32]; Guédeney et al. 2005; Platt 2008; Shulman 1991; Trotter 2002).

In previous research there is no evidence of any particular skill being more important than others to the positive outcome of the intervention of social workers. However, it seems that social workers, who are clear about their role, understand the service user perspective and focus on the positive aspects are more likely to have better outcomes (Trotter 2002, 48). The QP is a right of the service user where his/hers needs and wishes are taken into account to develop a tailored approach which fits the service users' circumstances. This means that the QP counsellors have to focus on the present and "here and now" situation to enable the service user's right to work and to be self-sufficient. This requires that the QP counsellor collaborates with the service user highlighting his/her view of the present situation and promoting his/hers strengths and positive features as well as of his/her current situation. The current master thesis results suggest thus that the QP counsellors who consider having high professional competences are able to develop a good relational alliance.

QP counsellors believe that the *usefulness of QP* is positively associated with *affective bond*, *agreement on tasks* and *agreement on goals*. This means that a positive assessment on the belief of the usefulness and purpose of the QP is associated with a positive relational alliance. The QP counsellors who believe on the potentiality of individualised and tailored activation programmes seem to consider that they have a positive relational alliance with the

[32] Meta-analysis which concerns therapists and patients.

QP participants. These results suggest that social workers who incorporate the individualised activation policies discourse and practices (Møller 2012; Røysum 2012) show positive relational alliance with QP participants. These results may be further associated with previous research which shows that social workers may be inclined to work harder if they experience that the service user is changing or the intervention is producing change, thus feeling rewarded for their efforts. Though the opposite may also occur, the service user can make further efforts due to his/her perception and experience of the social worker's efforts and commitment (Maiter, Palmer and Manji 2006).

The main findings of the current master thesis, that of associations concerning *professional competences* and *usefulness of QP* with relational alliance and the importance of *affective bond* attributed by the QP counsellors, raise several considerations. One consideration is related to the fact that social work practice within the QP is considerably different from the therapeutic context in which WAI-sr was developed. In contrast to therapy, QP counsellors work with relational alliance within an institutional, socio-political, market oriented and statutory regulated context which frames the QP counsellors' aspects of professional practice and may influence relational alliance. Relational alliance may be complex to measure in a context where the outcomes of the intervention may have multiple associations and change over time. The delivery of individualised activation services may be influenced by systemic issues constraining relational alliance. However, relational alliance in social work practice within activation context seems to be very much associated to the affective bond and human connection of the relationship, rather than to the development of tasks or to the achievement of goals (from the QP counsellors' perspective). It seems also that the QP counsellors who incorporate the individualised and tailored perspective of the activation policies, i.e. which believe in the purpose of activation and in the increase in the quality of life through the QP, show a positive relational alliance with the QP participant.

Another consideration is connected to previous literature which suggests that the social workers' role within activation policies is associated with increasing legal, administrative and management procedures that shift the spotlight from the service users' needs to the needs of the governments (Howe 1998, 45). The NPM characteristics have influenced social work practices within social services and increased bureaucratic work and the number of caseloads, impacting professional practices and discretion (Sainsbury 2008; van Berkel et. al. 2010; Wright 2006). However there is evidence that social workers within activation services internalise the socio-political discourse of activation and believe on its

potentialities for the service users. Social workers' professional role might be characterised by individualised activation policies but it is also directed to the service user identity (wishes) first and thereafter to service users' problems (needs) (Møller 2012). The results of the current master thesis show in addition that despite the individualised activation policy framework, QP counsellors consider the *affective bond* with the QP participant the most important factor of the intervention. This finding contradicts the tendency of professional practices towards NPM styles of management within activation services, suggesting that the QP counsellors' practices emphasise the use of relationship in social work within the NAV.

One more consideration concerns the role and identity of social workers within activation services which has been influenced by the developments of activation policies (chapter 2.) The role of social workers within the Norwegian social services has been diverse and changed through time, i.e. it has been characterised by ambiguities (Stjernø 1981) and should be regarded in a non-static perspective. It is rather challenging to affirm that the role of social workers within the Norwegian social services has changed after the implementation of individualised activation policies, because under a non-static perspective this role or roles are in constant change, as for social work. Social work is a profession which is not defined by one perspective or one practice, it is in constant redefinition as for it is "influenced by others, by social need and social change, and by its internal discourses about its nature" (Payne 2006, 2). Nonetheless, it seems that relationship is central to the development of social work since the earliest theorists and regardless the type of professional practice. The QP counsellors reaffirm this perspective by considering that *affective bond* is the strongest dimension in the interaction with the QP participant with the NAV.

Another consideration is related with the ambiguity of working both in a systemic and individualised way. QP counsellors develop individualised programmes within activation policies, taking in consideration the environment the service user is part of and also the more systemic perspective of employability. This means that QP counsellors ought to combine the service user's needs and wishes with the needs and wishes of the labour market and activation policies. This requires that QP counsellors promote employability through an active collaboration with the service users. This idea raises the question of whether service users in activation programmes are capable to fully (re)enter labour market. Previous research shows that service users of the NAV and the QP have complex life situations with multiple difficulties (Reichborn-Kjennerud 2009; Schafft and Spjelkavik 2011) raising the question of to what extent the QP participants actually are able to actively participate in society. This may

simultaneously be connected to the idea of "creaming" service users, where the "easier" to employ are part of activation programmes and others can be standing between different programmes or be considered for disability benefits.

Finally, the individualisation perspective which characterises the activation services, regards individuals as responsible for themselves. This implies that the protection of the service user is achieved under certain behaviours, attitudes and/or motivation for work. The individualisation perspective attributes the responsibility for employability and social participation to every single individual. Thus the service user is responsible for its own market value. In the case of unemployment and non-(re)integration in the labour market, the responsibility may be seen as on the individual as well. This is in part due to society, government and social policies proportioning the conditions for inclusion and participation of the individual. This can lead to the idea that it is the service users' own fault if they do not achieve employment and self-sufficiency. In a way, there is a dismissal of the social welfare state and a raise of the workfare state, which implies that individuals have to compete with each other to qualify for limited resources and service provision. For some groups of people with more disadvantages it can be hard to (re)enter labour market and to thrive (Valkenburg 2007, 38). This may transmit the idea that despite that social policies try to empower people by meeting service users in an individualised and tailored way, they are in a wider spectrum associated with the needs of reducing governmental expenditures and the needs for marketization rather than with the protection of the individual.

7.1. Limitations of the study

As with most studies, limitations of research should be addressed. One limitation of the current master thesis is related to the idea that social phenomena are challenging to study through quantitative research, especially when it concerns complex micro-mechanisms such as those in the QP. There are limitations to the generalisation of the results of the present master thesis to all the QP counsellors in Norway. Since data is not entirely representative of the population, it is difficult to say whether these results can be widespread to all the QP counsellors in Norway or to other social workers within activation services.

In this master thesis only associations between variables were analysed and not causable relations. In a cross-sectional study like the current one it is difficult to infer cause-effect relations between variables because there is no absolute way to consider whether the

changes in e.g. *affective bond* are directly due to *professional competences*. This is because it is not possible to define which variable comes first in time and that no other explanation is plausible for that association. Non-linear associations between variables are not detectable in the present analysis with the methods used.

Along such a cross-sectional study, relational alliance is not measured through time. Consequently it is not possible to make considerations on how relational alliance is assessed by the QP counsellors within a determined period of time or along the period of the QP with the QP participants. The present master study captures only how QP counsellors assessed relational alliance in a specific moment in time (2011).

Possibly relevant factors that may influence relational alliance, such as e.g. working methods/approaches of the QP counsellors in follow-up of the QP participants in QP, were not analysed in this work. Instead, it attempts to isolate determined aspects of professional practice within the QP to look at the positive associations between them, in accordance to earlier research. This limitation is also associated to the fact that the current master thesis is developed under the cluster-randomised effect evaluation of CMPA, making use of the T1 questionnaire, which was constructed with a different purpose than this master study. This implies that the present master thesis made use of potentialities of the construction of the questionnaire in order to develop the present thesis.

The WAI-sr included in the T1 questionnaire was adapted to the QP context (Malmberg-Heimonen 2014, 57). Therefore it is pertinent to consider the possibility that this may have influenced how the QP counsellors interpreted and understood the content of each statement. Courtesy bias is also to be considered in this case. There is no possible way to say whether QP counsellors applied a tendency to answer the relational alliance items based on social, cultural or professional desirable norms, where relationship has come up as a fundamental matter.

Furthermore, the fact that WAI-sr is commonly used to measure relational alliance between the therapist and the patient can be seen as a limitation, since this inventory has been little applied in the social work context, despite the fact that is it of current interest. One might also question why the HRI (Helping Relationship Inventory) developed to measure the relationship between social workers and clients, was not chosen in this context. However WAI is constructed based on the pantheoretical approach of working alliance and there is

contradictory evidence that shows that WAI is a versatile tool for assessing the relationship between social worker and service user in social worker settings (Guédeney et al. 2005).

In the current master thesis, as for the T1 questionnaire, the assessment of relational alliance is achieved from the perspective of each QP counsellor towards all their QP participants. This may lead to another critique. WAI-sr is often used to assess relational alliance between one social worker and one service user. The present master thesis uses therefore a general assessment which may influence the positive outcomes in relational alliance as for it is not individually assessed. As research shows, relational alliance varies in accordance to each individual and it is not sure neither plausible that one social worker has the same type of relational alliance with all the QP participants. Either way, the results of the present master thesis show that in an overall perspective QP counsellors consider that their relational alliance with QP participants is positive and important to the individualised activation programme.

Finally, a common critique to the use of WAI-sr as a measure of relationship lays on the lack of its provision of information on the QP counsellor's behaviours, skills or knowledge which might enable or constrain a good relational alliance (Coady 1993, 295).

7.2. Implications to further research

The present master thesis contributes to unveil the current interest for further research on the theme of relational alliance, particularly within activation services which are characterised by the new trends of individualisation and NPM features. The findings of this master thesis indicate that QP counsellors regard the relationship with the QP participants as an important factor within activation services. Therefore it is relevant to study relational alliance after the implementation of the CMPA in the NAV and compare the present results. This is particularly pertinent when it comes to the understanding of relational alliance in time, i.e. to understand if QP counsellors attribute the same importance to *affective bond* over time (T2 from 2012). It is also important to understand how the professional training programme, CMPA, might have impacted the QP counsellors' competences towards relational alliance. The other *aspects of professional practice* are equally interesting to explore in this perspective.

Since relational alliance has been considered as non-static in earlier research within psychotherapy (Topor and Denhov 2012) it is pertinent to develop further research on this

matter within activation services. It is of current interest as well to understand how QP counsellors manage time for each QP participant and the time employed to build up relational alliance along the intervention.

Furthermore, it is equally interesting to explore how QP participants assess relational alliance and compare to the QP counsellors results. Previous research shows that there are differences in the assessment of relational alliance when it concerns counsellors and clients' perspectives. Considering that QP counsellors regard the *affective bond* as the strongest factor in relational alliance, it is therefore relevant to study the development and sustainment of relational alliance through time from both perspectives within the context of activation services in Norway. This will lead to a wider understanding of which factors contribute to a good relational alliance and to the positive outcomes within individualised activation services.

Finally, the social work field ought to direct its attention to the importance of relationship within the new settings of social work practice in individualised activation services. Further research on the usefulness and validation of WAI within social work might contribute to the understanding of the importance of the social worker in the construction of a positive relational alliance and to the outcomes of the social work practices.

CONCLUSION

The QP is an individualised activation programme which intends to provide activation, employment and better life quality to its participants. The development of the QP follows international trends in activation policies, particularly individualisation, by placing the participant at the centre and tailoring measures to individual circumstances. The QP implementation depends on the interactions of the QP counsellors with the QP participants. The main findings of the current master thesis highlight the QP counsellors' perspective on *relational alliance* within the QP context and contribute to the understanding of the importance of the QP counsellors in the implementation of activation policies.

The QP counsellors consider relational alliance as a multidimensional concept, constituted by *affective bond*, *agreement on tasks* and *agreement on goals*. These dimensions confirm the pantheoretical conceptualisation proposed by Bordin (1979). The QP counsellors consider the *affective bond*, i.e. the human relationship with the QP participant, the strongest dimension within relational alliance when compared with agreement on tasks and agreement on goals. This suggests that within the QP context, *affective bond* is the most important factor for a positive relational alliance and a possible positive outcome of the QP counsellors practices. Results contribute furthermore to the understanding of the QP counsellors' *aspects of professional practice* by showing that *professional competences* and the QP counsellors' belief on the *usefulness of QP* as an activation programme, are associated with a positive relational alliance. These results indicate that relational competences for professionals who work within individualised activation services ought to be emphasised.

The QP counsellors are the faces of the individualised activation policies within the NAV in Norway. They play an important role in the implementation of the QP since they are the bridge between social policies and service users. A good relational alliance seems to be associated to positive outcomes in different interventions. This emphasises that the positive outcomes within individualised activation services may be associated with the human aspects of the relationship social workers establish with service users rather than with the efficiency of social services. Therefore, the current master thesis has sought to focus on the importance of relational alliance within individualised activation programmes particularly at a time where social work practices are characterised by marketization, bureaucracy and managerialism.

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ANNEX I – The Questionnaire (T1)

Høgskolen i Oslo
Gruppe for inkluderende velferd
Stenberggate 29
Postboks 4, St. Olavs Plass
0130 Oslo
Ira Malmberg-Heimonen, tel. 22 45 36 46, Ira.Malmberg-Heimonen@sam.hio.no
Simon Innvær, tel. 22 45 35 78, Simon.Innvar@sam.hio.no

Hei!

Dette er det **første spørreskjemaet for KVP-veiledere** i undersøkelsen "Helhetlig oppfølgning i kvalifiseringsprogrammet". Spørreskjemaet er sent til veiledere på kontorer som er valgt med i Arbeids og velferdsdirektoratets satsning om Helhetlig oppfølgning av deltakere i kvalifiseringsprogrammet.

Det er viktig at alle KVP veiledere på disse utvalgte NAV-kontorer fyller i spørreskjemaet som er sent av oss.

Spørreskjemaet handler om ditt arbeid med deltakere i kvalifiseringsprogrammet.

Vennligst les også det vedlagte informasjonsskrivet om undersøkelsen.

Vennligst fyll ut spørreskjemaet og vedlagt samtykkeerklæring (grønn blankett). Send utfylt spørreskjema og samtykke-erklæring til Høgskolen i Oslo i vedlagte frankerte svarkonvolutt.

Les hvert spørsmål nøye. Tenk igjennom hva du vil svare og **kryss av/ringe in** svaralternativet som passer best med dine meninger.

Takk for at du deltar i undersøkelsen!

IP_____

Spørreskjema til veiledere som deltar i prosjektet "Helhetlig Oppfølging av Brukere i Kvalifiseringsprogrammet (KVP)"

1. Dato: _____/_____2011	**2. Nav-kontor_____**
3. Kjønn: ☐ Mann ☐ Kvinne	**4. Fødselsår:** 19_____
5. Utdanningsnivå: (kryss av for høyeste nivå) ☐ Grunnskole ☐ Videregående skole ☐ Bachelor eller tilsvarende (3 år) ☐ Master eller tilsvarende (4 år eller mer) ☐ Annet, spesifiser_____	**6. Utdanning: (kryss av alle som passer)** ☐ Sosionom ☐ Vernepleier ☐ Barnevernpedagog ☐ Velferdsarbeider ☐ Annet, spesifiser_____
7. Har du tatt relevante kurs for ditt arbeid i Kvalifiseringsprogrammet? **a)** Ja ☐ Nei ☐ **b)** Hvis ja, hvilke kurs? _____	**8. Har du tidligere arbeidet med oppfølging av brukere som kan sammenliknes med KVP?** **a)** Ja ☐ Nei ☐ **b)** Hvis ja, hvor lenge? _____ år _____ måneder
9. Hvor lenge har du arbeidet med oppfølging av brukere i kvalifiseringsprogrammet? _____ år _____ måneder	**10. Hvor mange brukere har du per dags dato?** **a)** i Kvalifiseringsprogrammet? _____ brukere **b)** i NAV utover KVP-deltakere? _____ brukere

Nedenfor finner du utsagn som beskriver arbeidet du gjør med KVP-deltakere. Til høyre for hvert utsagn er det en 5 punkts skala. Denne angir i hvilken grad utsagnet gjelder for deg. For eksempel hvis det aldri gjelder for deg, setter du en ring rundt 1. Hvis det derimot alltid gjelder for deg, setter du en ring rundt 5. Er det et sted mellom disse to ytterpunktene, setter du en ring rundt et av de andre tallene som du synes passer best. Vi vil be deg svare mest mulig åpent om hvordan du opplever ditt arbeid med deltakere i Kvalifiseringsprogrammet. Når du leser setningene, så tenk på hvordan du oftest opplever og føler i forhold til KVP-deltakerne. KVP-deltakerne vil ikke få se hva du har svart på disse spørsmålene.

11. De neste spørsmålene handler om relasjonen mellom deg og KVP-deltakerne som du er veileder for.

		Aldri	Sjelden	En del ganger	Ofte	Alltid
A	KVP-deltaker og jeg samarbeider om å sette mål for KVP deltaker.	1	2	3	4	5
B	Jeg føler at KVP-deltaker setter pris på meg.	1	2	3	4	5
C	KVP-deltaker og jeg er enige om hva som er viktig for KVP-deltaker å arbeide med.	1	2	3	4	5
D	Jeg mener at det KVP-deltaker gjør sammen med meg vil hjelpe KVP-deltaker til å oppnå de forandringene som ønskes.	1	2	3	4	5
E	Det vi gjør i møter med KVP-deltaker gir henne/ham nye måter å betrakte sine problemer på.	1	2	3	4	5
F	KVP-deltaker og jeg respekterer hverandre.	1	2	3	4	5
G	KVP-deltaker og jeg arbeider mot mål som vi er blitt enige om.	1	2	3	4	5
H	Jeg tror KVP-deltaker liker meg.	1	2	3	4	5
I	KVP-deltaker og jeg har kommet frem til en god forståelse av hva slags forandringer som vil være bra for KVP-deltaker.	1	2	3	4	5
J	KVP-deltaker mener at den måten vi arbeider med problemene på er riktig for henne/ham.	1	2	3	4	5
K	Et resultat av disse møtene er at KVP-deltaker er mer klar over hvordan hun/han kan forandre seg.	1	2	3	4	5
L	KVP-deltaker føler at jeg bryr meg om han/henne selv når KVP-deltaker gjør ting som jeg ikke liker.	1	2	3	4	5

12. Spørsmålene under handler om oppfølgingsarbeidet i møte med KVP-deltakerne.

		Aldri	Sjelden	En del ganger	Ofte	Alltid
A	Jeg forbereder meg til samtaler med deltakere i KVP ved å gå gjennom det vi ble enige om på forrige møte.	1	2	3	4	5
B	Jeg forbereder meg til møtene med KVP- deltakere fordi jobben krever det.	1	2	3	4	5
C	Jeg har for mye å gjøre til å kunne sette av tid til å forberede meg godt til møtene med KVP-deltakere.	1	2	3	4	5
D	I møtene kommer vi frem til klare konklusjoner og avtaler om hvem som skal gjøre hva og når.	1	2	3	4	5
E	Like etter møtet med KVP-deltakere evaluerer jeg møtet skriftelig.	1	2	3	4	5
F	Jeg legger vekt på å anerkjenne KVP-deltakernes situasjonsbeskrivelse.	1	2	3	4	5
G	Jeg stiller åpne spørsmål i samtale med KVP-deltakere for å få dem til å fortelle om sin situasjon.	1	2	3	4	5
H	Jeg oppsummerer underveis i samtalen for KVP-deltaker det som hun eller han forteller meg.	1	2	3	4	5
I	Jeg speiler tilbake KVP-deltakeres tanker og følelser for at de skal tenke over hva de har sagt.	1	2	3	4	5
J	Jeg speiler tilbake KVP-deltakeres tanker og følelser for å sikre at jeg har forstått dem riktig.	1	2	3	4	5
K	Når KVP-deltakere snakker om å forandre noe, så griper jeg tak i det.	1	2	3	4	5
L	Når KVP-deltakere snakker om å forandre noe, så utforsker jeg det videre ved å oppsummere kjernen i det de har sagt.	1	2	3	4	5
M	I møte med KVP-deltakere fokuserer jeg mer på deres styrker og ressurser enn på deres hindringer og begrensninger.	1	2	3	4	5
N	KVP-deltakerne er aktive i utarbeiding og gjennomføring av sin plan og sitt program.	1	2	3	4	5

13. Hvilke tilnærminger (fremgangsmåter, metoder eller teknikker)bruker du i samtale med KVP-deltakerne?

Skriv inn her:

14. Spørsmålene under handler om samarbeidet med andre aktører i arbeidet ditt med KVP-deltakerne.

		Aldri	Sjelden	En del ganger	Ofte	Alltid
A	Jeg synes samarbeidet med andre aktører (f. eks. lege, ruspoliklinikk, tiltaksarrangør, DPS, boligkonsulent, private nettverk) om konkrete KVP-deltakere fungerer bra.	1	2	3	4	5
B	I samarbeid med andre aktører (f. eks. lege, ruspoliklinikk, tiltaksarrangør, DPS, boligkonsulent, private nettverk) får vi til å jobbe mot et felles mål for KVP-deltaker.	1	2	3	4	5
C	KVP-deltakers egen situasjonsforståelse er viktig for beslutninger som tas i møtene med andre aktører (f. eks. lege, ruspoliklinikk, tiltaksarrangør, DPS, boligkonsulent, private nettverk).	1	2	3	4	5
D	KVP-deltaker har en aktiv rolle i samarbeidsmøtene.	1	2	3	4	5
E	Jeg bruker nettverkskartlegging som verktøy i arbeidet med å lage plan og program for KVP-deltakere.	1	2	3	4	5
F	Jeg involverer KVP-deltakernes private nettverk i oppfølgingsarbeidet.	1	2	3	4	5

15. Hvilke samarbeidspartnere (f. eks. lege, ruspoliklinikk, tiltaksarrangør, DPS, boligkonsulent, private nettverk)samarbeider du <u>godt</u> med?

Skriv her og begrunn:

16. Hvilke samarbeidspartnere er det <u>vanskeligst</u> å samarbeide med?

Skriv inn her:

17. Hvilke tilnærminger (fremgangsmåter, metoder eller teknikker)bruker du i møte med samarbeidspartnere (f. eks. lege, ruspoliklinikk, tiltaksarrangør, DPS, boligkonsulent, private nettverk)?

Skriv her og begrunn:

18. Hvor ofte har du den <u>siste måneden</u> brukt tid på følgende dokumentasjon i arbeidet med deltakere i kvalifiseringsprogrammet? Sett kryss ved alternativet som <u>passer best</u>.

	Daglig	1-3 g pr uke	2-3 g pr mnd	1 g pr mnd	Ikke i det hele tatt
Arbeidsevnevurdering					
Skriftelig plan					
Egenvurderingsskjema					
Notat/Journalføring					
Ukes/månedsprogram					

19. Spørsmålene under handler om forvaltnings- og dokumentasjonsarbeidet i KVP.

		Aldri	Sjelden	En del	Ofte	Alltid
A	Jeg dokumenterer systematisk oppfølgingsarbeidet som jeg gjør med deltakerne i KVP.	1	2	3	4	5
B	Jeg dokumenterer fortløpende hendelser som er relevante for KVP-deltakernes situasjon i programmet.	1	2	3	4	5
C	NAVs IT-verktøy fungerer godt for dokumentasjons-arbeidet med KVP-deltakere.	1	2	3	4	5
D	Jeg tar utgangspunkt i KVP-deltakers behov og ønsker når vi skal lage skriftlig plan.	1	2	3	4	5
E	Jeg oppdaterer og justerer KVP-deltakers plan etter faktisk fremdrift.	1	2	3	4	5
F	Jeg sikrer at dokumentasjonsarbeidet avspeiler sammenhengen mellom mål, aktivitet og tiltak.	1	2	3	4	5
G	Jeg skrifteliggjør KVP-deltakeres ønsker og behov, samt oppgaver som skal utføres videre.	1	2	3	4	5
H	I dokumentasjonsarbeidet skiller jeg tydelig mellom fakta, KVP-deltakers vurderinger og mine vurderinger.	1	2	3	4	5
I	Jeg utarbeider plan i samarbeid med KVP-deltaker.	1	2	3	4	5

20. Spørsmålene under handler om veiledning i jobben og faglig støtte på kontoret.

		Aldri	Sjelden	En del ganger	Ofte	Alltid
A	Jeg kan ved behov få veiledning i spørsmål som gjelder KVP-deltakere.	1	2	3	4	5
B	Veiledningen på kontoret hjelper meg til å vedlikeholde og utvikle mine ferdigheter som KVP-veileder.	1	2	3	4	5
C	Jeg får god veiledning, der vi trener konkret på ferdigheter som er viktige i oppfølgingsarbeidet.	1	2	3	4	5
D	Jeg drøfter spørsmål og beslutninger som gjelder KVP-deltakere med mine kollegaer.	1	2	3	4	5
E	Jeg deltar på faglige samlinger med KVP-veiledere fra andre Nav-kontor.	1	2	3	4	5
F	Faglige samlinger med KVP-veiledere fra andre Nav-kontor hjelper meg til å gjøre en bedre oppfølgingsjobb.	1	2	3	4	5
G	Jeg får god faglig støtte fra min nærmeste leder ved Nav-kontoret.	1	2	3	4	5
H	Jeg får god støtte fra øverste leder ved vårt Nav-kontor.	1	2	3	4	5
I	Fylkesmannen er involvert i KVP-veiledningsarbeidet ved vårt Nav-kontor.	1	2	3	4	5
J	Faglig uenighet på vårt kontor når det gjelder oppfølgingsarbeid, hindrer oss i å jobbe helhetlig med KVP-deltakerne.	1	2	3	4	5
K	Arbeids- og velferdsdirektoratet følger opp sitt ansvar innen KVP på vårt kontor.	1	2	3	4	5

21. Hvor ofte får du veiledning i jobben som KVP-veileder?

_____ ganger i måneden.

22. Spørsmålene under handler om opplæring og kompetanse i KVP.

		Aldri	Sjelden	En del ganger	Ofte	Alltid
A	Jeg får opplæring i oppfølgingsarbeidet med KVP-deltakere.	1	2	3	4	5
B	Jeg har god nok faglig kunnskap for å kunne bistå KVP-deltakere i å nå sine mål om arbeid.	1	2	3	4	5
C	Jeg har god nok faglig kunnskap for å kunne bistå KVP-deltakere i å oppnå bedre livskvalitet.	1	2	3	4	5
D	Jeg føler meg kompetent til å kunne bistå KVP-deltakere i å nå sine mål om aktivitet.	1	2	3	4	5
E	Jeg har tilstrekkelig kunnskap om arbeidsmarkedet i vår kommune til å kunne bistå KVP-deltakere i å nå sine mål om arbeid.	1	2	3	4	5
F	Jeg har fått opplæring som gir meg god kompetanse i arbeidet med KVP-deltakere.	1	2	3	4	5
G	Det er høy kompetanse blant KVP-veilederne ved vårt kontor.	1	2	3	4	5

23. Spørsmålene under handler om nytten av, hensikten med og gjennomføringen av KVP ved ditt kontor.

		Aldri	Sjelden	En del ganger	Ofte	Alltid
A	KVP er nyttig for å få deltakerne ut i arbeid.	1	2	3	4	5
B	KVP er nyttig for å få deltakerne i aktivitet.	1	2	3	4	5
C	KVP er nyttig for å styrke deltakernes livskvalitet.	1	2	3	4	5
D	KVP er så vagt og uklart at det er vanskelig å vite hva vi egentlig skal gjøre i vårt veiledningsarbeid.	1	2	3	4	5
E	Ved vårt kontor fungerer KVP i henhold til målsettingen om skreddersøm av tiltak for deltakerne.	1	2	3	4	5
F	KVP dreier seg mer om å få deltakerne i arbeid og aktivitet enn om at de skal få økt livskvalitet.	1	2	3	4	5
G	Innenfor NAV er det vanskelig å jobbe med utgangspunkt i KVP-deltakernes ønsker og behov.	1	2	3	4	5

24. Spørsmålene under handler om din mestring og tilfredshet i jobben som KVP-veileder.

		Aldri	Sjelden	En del ganger	Ofte	Alltid
A	Jeg er tilfreds med jobben som KVP-veileder.	1	2	3	4	5
B	De krav som stilles til meg som veileder i KVP, overgår min kapasitet.	1	2	3	4	5
C	Jeg takler godt konflikter som oppstår med KVP-deltakere.	1	2	3	4	5
D	Jeg er engasjert i mitt arbeid som KVP-veileder.	1	2	3	4	5
E	Jeg har behov for mer kompetanse for å løse de utfordringene som jeg møter i oppfølgingsarbeidet med KVP-deltakere.	1	2	3	4	5

25. Hva tror du er viktig for at deltakere i KVP skal nå målene sine om <u>arbeid, aktivitet og/eller bedret livskvalitet?</u>

26. Vi vil også be deg om å svare på to påstander om denne undersøkelsen.

		Helt uenig				Helt enig
A	Dette spørreskjemaet var i det store og hele lett forståelig.	1	2	3	4	5
B	Dette spørreskjemaet var i det store og hele relevant for mitt arbeid.	1	2	3	4	5

27. Er det noe mer du vil si om oppfølgingsarbeidet med KVP-deltakere, som vi ikke har spurt om, eller har du tanker om dette spørreskjemaet som du vil dele med oss, så kan du skrive det inn her:

Skriv inn:

TAKK FOR AT DU SVARTE PÅ SPØRRESKJEMAET!

Svarfrist: 8. februar!