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Abstract

Objective: Using data from our evaluation of the Frontline fast-track social work training program, introduced by the Government in England, we compare the performance of the first cohort of Frontline trainees with students from regular social work programs using simulated practice. Method: Forty-nine Frontline trainees were compared with 36 postgraduate students in high-tariff universities and 30 students from a range of other regular programs. Kruskal–Wallis tests were used to compare the performance of the three groups in interviews and written reflections. Results: Frontline trainees were rated significantly higher than comparison groups for the quality of their interviewing and written reflection. Despite these higher ratings for practice quality, the Frontline trainees' rating of their own confidence in their abilities was lower than their counterparts on regular programs. Conclusions: The practice quality of Frontline graduates is promising. Longitudinal research is needed in real practice settings.

Keywords

OSCE, simulated practice, social work education, program evaluation

The Frontline fast-track training program for social workers in children’s services in England was launched in 2014 to “transform the lives of vulnerable children by recruiting and developing outstanding individuals to be leaders in social work and broader society” (Frontline, 2017). The program has several key features that distinguish it from mainstream social work programs. Firstly, it aims to recruit the highest caliber graduates into social work training, including those who have not previously considered a career in social work; secondly, it provides an intensive postgraduate course lasting only 1 year (rather than 2) to qualification, with most of the time spent in practice; thirdly, it explicitly focuses on child welfare rather than being generic in focus; and fourthly, the training is framed by one theoretical model—systemic practice—and two specific evidence-based interventions. Its structure is modeled on that of Teach First (see Hutchings, Maylor, Mendick, Mentor, & Smart, 2006), an intensive program for school teachers in England and Wales. While these fast-track programs have some support, concerns have been raised as to whether these short intensive courses can really address the training needs for what are complex and demanding professional roles (Joint University Council Social Work Education Committee [JUC SWEC] & Association of Professors of Social Work, 2013).

Frontline has a rigorous recruitment and selection process aimed at high achieving graduates. This reflects some disquiet (see Narey, 2014) about social work courses enrolling candidates with more varied and moderate academic achievements in order to widen participation to those from disadvantaged backgrounds. Access widening entails a dilemma for higher education institutions: of whether to set standards high so as to attract the “best” applicants or whether to set entry standards lower to attract those who may be suitable but lack the traditional academic prerequisites. Consequently, in the UK, minimum entry requirements for social work training programs have varied as to the “tariff” required for entry which is calculated from the school leaver’s performance in national high school exams (Holmström, 2010). This issue is especially pertinent for social work courses that are associated with an above average proportion of entrants who have not applied directly after leaving school but have used nontraditional educational routes such as access courses, which prepare mature students without the usual high school
within the local authority through contact with an academic tutor who makes regular visits to the unit to deliver bespoke teaching. The Frontline student unit seeks to draw upon best practice (see, e.g., Cross, Hubbard, & Munro, 2010) in generating a range of complex skills, professional knowledge, and understanding of evidence-based practice to produce better assessment of risk to children and identify appropriate interventions. Core to their learning experience is a systemic practice model, and they are expected to apply two specific evidence-based interventions: motivational interviewing and home-based parent training based on social learning theory.

The English Government’s Department for Education (DfE) funded the authors to undertake an independent evaluation of the pilot phase of the Frontline program (Maxwell et al., 2016). In the current article, we present findings on just one element of that evaluation, a quasi-experimental study measuring the practice quality of Frontline trainees, compared with students on mainstream programs, using standardized, simulated practice. The standardized assessment of practice, for education or research purposes, is relatively rare in social work. The evaluation drew on the work in Canada by Marian Bogo and colleagues (Bogo, Regehr, Katz, & Logie, 2009; Bogo, Mylopoulos, et al., 2009; Bogo, Rawlings, Katz, & Logie, 2014; Bogo et al. 2012) on the use of simulated practice in social work.

Simulated Practice in Learning and Assessment

Social work students on all UK programs are assessed through direct observation of actual practice with service users. However, simulated practice has the key advantage of standardization while striving to maintain workplace authenticity. It allows for the direct comparison of selected aspects of students’ practice quality in conditions where they all have much the same encounter with a person acting as a service user. This kind of standardized comparison is not possible in routine practice learning because of the wide variety of real-life encounters and assessor thresholds.

Simulated practice has been used in other educational contexts to teach and assess performance skills. Barrows (1993) introduced simulated patients to medical education in the 1960s, where he trained actors to simulate patients for both teaching and assessment. Since then, the simulated patient model has been adopted by medical schools, nursing colleges, and universities internationally. More generally, the simulation method as an approach to professional learning and assessment is associated with the provision of a variety of developmental opportunities through which students’ competence can be subject to standardized testing.

Through such opportunities, students may rehearse a range of interaction and communication skills and knowledge (Aggarwal et al., 2010). When used for assessment, simulations are usually organized, so that the candidate undertakes a series of standardized interviews with the content and performance criteria determined by the level and range of performance required. Such an assessment is often described in medical settings as an objective structured clinical examination (OSCE), which “provides students with
the opportunity to be evaluated on their interpersonal and interview skills, problem-solving abilities, teaching and assessment skills, as well as basic clinical knowledge” (Rentschler, Eaton, Capiello, McNally, & MacWilliam, 2007, p. 135). The OSCE has three key features: firstly, the content is controllable and can be set to test a range of skills; secondly, there is standardization insofar as students are exposed to a controlled patient presentation and a set of circumstances that are played out uniformly rather than variously (Zayyan, 2011); and thirdly, the performance is directly observed either live or by the audio or video recording of the performance. Assessment of student performance is undertaken using a set of competence-based behavioral attributes that are considered to define professional practice within a given situation and an associated rating scale that measures student performance (Adamson, Kardong-Edgren, & Willhaus, 2013). The OSCE has increasingly been used on an international basis over the past 40 years and more recently has been introduced within nurse education (Rentschler et al., 2007), dentistry (Brand & Schoonheim, 2009, and in legal practice (Weitzer, 2004).

Within prequalifying social work education and training, there is a long tradition of the use of role-play as a simulation tool for teaching and learning (Miller, 2004; Mooradian, 2008), particularly that aimed at developing students’ knowledge base and practice skills regarding interpersonal engagement and interviewing. Historically, this has frequently involved student peers taking the role of service users so as to provide an inter-actional learning opportunity for other students in the social work role (Allen & Langford, 2008). Methods have included video- or audio-recorded role-play encounters which are then reflected upon and evaluated by the participants and by tutors (Koprowska, 2003). There is now a growing interest in building on this more traditional approach through adaptation of the OSCE to social work education and to the standardized assessment of social work students (Baez, 2005; Lu et al., 2011; Miller, 2004). Bogo and colleagues (Bogo et al., 2014; Bogo et al., 2012) are proponents of the use of the OSCE method as a relevant and contemporary strategy for social work education and commend it as an effective vehicle for the provision of practice learning opportunities and the scaffolding of student reflection in relation to these as well as the standardized assessment of student performance.

Simulated practice has its limitations. It clearly does not reproduce the embodied experience of real-life practice in real family homes (Ferguson, 2011). Simulated methods of learning and assessment have been claimed to cause high levels of stress and anxiety for students (Fidment, 2012), and to undermine the concept of holistic practice by focusing on a narrow range of skills and knowledge (Smith, Muldoon, & Biesty, 2012; Wanstall, 2010), these skills arguably being different in some respects from those required in real practice (Atkins, Roberts, Hawthorne, & Greenhalgh, 2016). Nevertheless, the advantage of standardization makes it a very useful technique for the comparative evaluation of a new social work training program.

Our study sought to measure the practice quality of Frontline trainees at the point of practice qualification. We did this using an OSCE-type performance assessment to evaluate whether social workers trained through the Frontline program were performing at a similar standard to those social workers trained through traditional programs. The evaluation methods were given ethical approval by the Cardiff University School of Social Sciences Research Ethics Committee.

Method

Participants

The first cohort of Frontline students (n = 103) were inducted into local authorities in London and Manchester some 10–11 months before the simulated practice exercise. Of these 103 students, all were invited to participate in the simulated practice and 49 (48%) agreed to take part. Two comparison groups were employed: (1) postgraduate (PG) social work students in high-tariff universities and (2) a sample of social work students from a range of other regular programs, both UG and PG. The first group (high tariff) was selected with the aim of identifying students similar to Frontline trainees in terms of academic background, as opposed to any assumption of program quality, based upon Frontline’s admission criteria of at least 300 UCAS points. The 13 English universities with the highest all subject entry tariffs (400þ UCAS points) which teach PG social work were identified from published league tables (The Guardian, 2013). We contacted academic staff in all 13 such universities and six institutions participated. At these six universities, there were 121 eligible social work PGs who were all sent study information and 36 (30%) agreed to participate.

For the second comparison group, 13 other universities, from outside the 400þ points high-tariff entry bracket, were randomly selected and approached about participation. Of these, five agreed to take part, providing collectively some 173 eligible participants. Of these, 30 (17%) agreed to participate, of whom 13 were PG and 17 UG. All participants were offered £50 in acknowledgment that they were giving up their time and in most cases doing so for an evaluation of a program other than their own. Most were also making a special journey to take part in the study. A flowchart of participants is presented in Figure 1.

For comparability with Frontline, we did not recruit students who had no child and family social work interest. All the students in the comparison groups had experienced practice learning in a child and family setting. However, the Frontline participants would have had more emphasis on practice learning in statutory children’s services work, which has a child protection orientation, than was the case for the comparison groups. Of the 200 days of practice learning, Frontline participants spend 150 in statutory children’s services work. For students on mainstream programs, the proportion will vary, but the
longest time they are likely to spend in statutory children’s services is 100 of the 200 days and for some, their child and family placement may be in a social work setting that is more focused on prevention and less on risk management.

**The Task**

Participants were assessed on their performance in two audio-recorded simulated interviews with actors, who were trained in preparation, playing the part of service users. Participants were given a single paragraph outlining a case scenario shortly before the interview and actors were given fuller information, in line with the approach taken by Bogo, Rawlings, Katz, and Logie (2014). Students were e-mailed the assessment criteria a few days before the test.

Students completed a 15-min written reflection after each interview, consisting of responses to eight questions on a two-page proforma, with fixed space for responses. They also completed a questionnaire about demographics, educational background, and a self-efficacy scale for the practice domains being assessed. The idea for the self-efficacy scale came from Holden, Meenaghan, Anastas, and Metrey (2002), but the statements were unique to this study, to mirror the assessment criteria headings in Bogo, Regehr et al. (2009) and Bogo, Mylopoulos, et al. (2009). Ratings for each domain ranged from 0 to 100 (lowest to highest confidence).

Each participant undertook two simulated service user interviews. Scenario 1 involved a lone mother with learning difficulties, “Lisa.” Scenario 2 comprised a 16-year-old boy, “Jakub.” These scenarios were deliberately written so as to not explicitly involve high-risk child protection scenarios, given that the Frontline participants may have had more exposure to risk management than the comparison groups. The scenarios are reproduced in Table 1.

There were five female actors available for playing Lisa and three male actors playing Jakub. Unfortunately, due to unforeseen domestic circumstances, only three of the five female actors were available to participate in the evaluation with Frontline participants. One concern would be that the evaluation ratings for students using the actors portraying Lisa who were unavailable for the Frontline interviews might have been systematically different, if there were differences in actors’ performances. To assess whether using different actors affected students’ performances in the simulated interviews, we compared the results for the different actors among the group of non-Frontline students.

**Measures**

The assessment criteria were those developed for social work OSCEs by Bogo, Regehr, et al. (2009) and Bogo, Mylopoulos, et al. (2009) in Canada. The evaluation team took the decision to pragmatically reduce the time required for the written reflection and the assessment of this from the Bogo et al. model. The criteria pertaining to students’ self-regulation and professional development were thought to be a lower priority for this evaluation so were reduced in number. The written reflection questions were reduced from the 15 in Bogo, Mylopoulos, et al.’s proforma to only 8, and the time allowed for the written reflection

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**Figure 1. Flowchart of participants.**

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<tr>
<th>Invited to participate, each group</th>
<th>Recent social work graduates invited to participate n=397</th>
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<tbody>
<tr>
<td>Frontline programme n=103</td>
<td>Mainstream programmes (PG) in higher tariff universities n=121</td>
</tr>
<tr>
<td>Participated in simulated practice exercise and data analysed</td>
<td>Mainstream programmes (UG and PG) in lower tariff universities n=173</td>
</tr>
<tr>
<td>Frontline programme n=49</td>
<td>Mainstream programmes (PG) in higher tariff universities n=36</td>
</tr>
<tr>
<td></td>
<td>Mainstream programmes (UG and PG) in lower tariff universities n=30</td>
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Lisa is a White woman in her mid–late 20s. She has moderate learning difficulties, including very limited literacy skills. Lisa was initially assessed, as having learning difficulties when she was aged 10. She attended a special school throughout her secondary school years and left at 16 without any qualifications. Since that time, Lisa has lived on benefits.

Lisa is the mother of Jimmy who is aged 3 years. Jimmy’s father is a former boyfriend of Lisa’s who has not been in touch since the early stages of her pregnancy and has never had any contact with him. Lisa thinks that he has moved away and has no contact details for him. When Jimmy was born, Lisa was still living at home with her mum and dad and some of her siblings. Lisa was allocated a council flat when Jimmy was aged 6 months (her parental home being overcrowded). Jimmy and Lisa often stay over at Lisa’s parents’ house in preference to the flat. Lisa describes their living arrangements as “back and fore.”

Independent living is quite challenging for Lisa. Her family gave her a lot of support when she first had her flat—they gave her furniture and her mum did some decorating. But Lisa does not budget her income very effectively, and this has led to her frequently running out of money. She regularly borrows from her parents and siblings for things like fuel bills. Lisa’s brother and two of her three sisters have children themselves and have passed on clothes, toys, and equipment for Jimmy. Quite often, Lisa gives these things away to friends and neighbors, however, or loses things. Lisa’s family remains supportive but does get exasperated at times with what they see as her constant need for help.

Lisa has not had a boyfriend since Jimmy’s dad. She says that she gets bored and lonely being in the flat with just Jimmy for company and as he has got older she frequently complains that she “can’t cope” with him alone. She does not enjoy playing with Jimmy and is unable to read to him. Lisa doesn’t really have a routine, and Jimmy’s mealtimes and bedtimes are often haphazard; she has no real awareness of Jimmy’s nutritional needs and usually feeds him sugary cereal or crisps (fries). Lisa is happiest when her mum or one of her sisters is around to help with looking after Jimmy. She also regularly leaves Jimmy with different family members for a few days at a time for what she calls “my time out.” Over the past few months, Lisa has started leaving Jimmy overnight with different friends who live locally. Lisa has a high turnover of friends, so the people Jimmy is sometimes left with are not people who Lisa knows at all well.

Jimmy is small for his age, and his speech is not very well-developed. Other developmental milestones are slightly delayed. For example, he is not yet fully toilet trained, and this seems to be because Lisa finds it more convenient to keep him in nappies most of the time. Also, he already has tooth decay because he is not supervised in brushing. Jimmy has become used to being cared for not only by Lisa but alternatively by different family members in their different homes. He also seems used to being left with relative strangers. When in Lisa’s sole care, Jimmy often goes unfed for periods, unwashed, and is often without appropriate clothing because Lisa has left this somewhere.

Lisa has had the same health visitor since Jimmy was 6 months old. To date, Lisa has been accepting of the health visitor’s involvement—although she sometimes forgets appointments. More recently, however, Lisa has become rather antagonistic toward the health visitor. She has described her as “a lazy cow” who doesn’t do enough for Jimmy and Lisa and is instead “always complaining” and even as “spying on” Lisa.

Jimmy has attended Greenfields comprehensive school since his arrival in the UK. The school population is largely White British and on arrival Jakub stood out as markedly different from other pupils. Initially, his limited English and shy nature meant that Jakub engaged very little with other pupils.

He experimented a fair amount of teasing, some of which was quite hostile from pupils whose families are negative toward immigration.

Over time, Jakub has become completely fluent in the English language and reads and writes in English very competently. He has a very good school attendance record and has applied himself diligently to his studies. He is now in his final GCSE year and is expected to do well and certainly to achieve the grades required for entry to the Sixth Form College of the school. Jakub has also developed a small group of friends and associates—although he is not seen as having any particularly strong friendships and does not socialize with other pupils outside of school. Although Jakub’s school life is now more settled than when he was younger, he continues to experience periodic teasing. In the last couple of years, this has often been of a homophbic nature. Jakub does not associate at all with the girls at school.

Jakub’s parents own a small convenience store. This is open for long hours daily, and Jakub’s parents are massively preoccupied with running their business. As he has got older, Jakub has been required by his parents to spend more and more time working in the store. His parents do not show any real interest in Jakub’s educational development other than as this is relevant to his ability to work in the family business. They do not engage with the school at all.

At Greenfields, the teaching staff look kindly on Jakub. They have encouraged him to become involved in after-school activities such as the Drama Club with a view to strengthening his social relations at school. However, these attempts have been thwarted by Jakub’s parents who insist on him returning straight home after school to work in the shop. The upper school pastoral care tutor has had a number of individual conversations with Jakub in which he has disclosed:

i. His growing frustration with the constraints placed on him by his parents
ii. His ambition to stay on at school into the Sixth Form
iii. A growing sense of confusion about his sexual orientation.

Jakub has come to school today in a state of evident upset. He has told the pastoral care tutor that last evening he had the latest in a series of increasingly angry rows with his parents which culminated in him and his father exchanging blows. Jakub says that his father has told him that he must either put even more time into working in the store or get out as there will no longer be a place for him at home.

<table>
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| Jakub is a 16-year-old Polish boy who moved to the UK with his parents when he was aged 12. He is an only child, and he and his parents have no other family members in the UK. Jakub has attended Greenfields comprehensive school since his arrival in the UK. The school population is largely White British and on arrival Jakub stood out as markedly different from other pupils. Initially, his limited English and shy nature meant that Jakub engaged very little with other pupils.

He experienced a fair amount of teasing, some of which was quite hostile from pupils whose families are negative toward immigration.

Over time, Jakub has become completely fluent in the English language and reads and writes in English very competently. He has a very good school attendance record and has applied himself diligently to his studies. He is now in his final GCSE year and is expected to do well and certainly to achieve the grades required for entry to the Sixth Form College of the school. Jakub has also developed a small group of friends and associates—although he is not seen as having any particularly strong friendships and does not socialize with other pupils outside of school. Although Jakub’s school life is now more settled than when he was younger, he continues to experience periodic teasing. In the last couple of years, this has often been of a homophbic nature. Jakub does not associate at all with the girls at school.

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was reduced from 20 to 15 min for our main study (although we piloted the exercise with only 10 min per written reflection). A more recent iteration of the written reflection questions in Bogo et al. (2014) has also reduced the number of questions from earlier versions.

Although the Bogo et al. criteria had previously been subject to piloting and validation in Canada (Bogo et al., 2011; Bogo et al., 2012), they needed to be validated for use in the UK. Firstly, the criteria were mapped on to the professional capabilities framework for social workers in England, the Health and Care Professions Council’s standards of proficiency, and the chief social worker’s list of knowledge and skills for social work with children and families. Secondly, face validity for use in the UK was checked using a “Delphi” consultation which was undertaken with equally weighted groups of social work academics, practice educators, practitioners, and service users.

The Delphi method consists of a series of individual consultations with domain experts, interspersed with controlled feedback of the experts’ opinions (Dalkey & Helmer, 1963). The academics were recruited via advertisement to the JUC SWEC e-mail list. Although similar advertisements were put out for practitioners (via the College of Social Work) and practice educators (via the National Organisation of Practice Teachers), adverts did not generate sufficient interest, so practitioners and practice educators involved with a high UG tariff university MA social work program from which no participants were drawn were recruited. Service users were recruited via the user-led organization for care-experienced young people, Voices from Care. All of these participants had experience of social workers when they were looked after by the local authority and some had also been involved with children’s services as parents.

The criteria were found to be compatible albeit they are only concerned with the range of capabilities which can be assessed via a simulated interview and written reflection, and they do not cover the full range of tasks encompassed by the UK practice frameworks referred to above. The criteria do not, for example, assess someone’s ability to function effectively within an organization and do not assess social scientific knowledge in depth. The Delphi group scored each of the Bogo et al. criteria on a scale of 1–10, with 1 being completely unsuitable, 10 completely suitable, and 6+ being adequate. The Delphi group agreed in the first round of consultation that the Bogo et al. criteria were acceptable for assessing qualifying social workers in England. Of the four groups, the group of practitioners were the most positive, with a mean rating across all criteria of 8.8. The least positive group were the service users, with an overall mean rating of 6.4. Three of the criteria were rated as just below the adequacy threshold by this group. Following feedback from Delphi participants, a few minor edits were made to the language in the Bogo et al. criteria to ensure their translation to a UK context. A list of the assessment criteria headings is in Table 2.

Since the study was innovative in the UK, and even in Canada the Bogo et al. criteria had not been used for the comparative evaluation of programs, the construct validity of the measures for the UK was assessed via a pilot study. Piloting of the simulated practice and written reflection was conducted with 25 PG social work students from one high UG tariff university. This group comprised 16 second-year students and 9 first-year students (21 female, 4 male). A particular aim of the pilot exercise was to establish whether the exercise showed differences between first- and second-year students, which would be expected, given that the second years had experienced an extra year of both academic and practice learning. Each student took part in the two interviews, using the same scenarios as used in the main study. Audio recordings of these interviews were rated for practice quality by two experienced practice assessors (field instructors), with both assessors rating each interview. We also received ratings, using the same scales, of students’ performance on placement (practicum) from 21 of the students’ own practice assessors from their placement settings. These ratings were based on the practice assessors’ overall views of the student’s performance on placement and not on the simulated practice exercise. The pilot exercise was also designed to identify any practical issues with the delivery of the simulated practice task.

| Table 2. Bogo et al. Criteria for Assessment of Simulated Practice. |
|------------------------|----------------------------------------------------------------------------------|
| Practice assessment    | The student develops and uses a collaborative relationship                        |
|                        | Introduction                                                                     |
|                        | Response to service user: general content and process                             |
|                        | Response to service user: specific to situation                                   |
|                        | Focus of interview                                                               |
|                        | The student conducts an assessment of the person in their environment              |
|                        | Presenting problem                                                               |
|                        | Systemic assessment                                                              |
|                        | Strengths                                                                        |
|                        | The student sets the stage for collaborative goal setting                          |
|                        | The student demonstrates cultural competence                                      |
|                        | Overall assessment of the simulated interview                                     |
| Written reflection assessment | Student is able to conceptualize their practice/make use of knowledge            |
|                        | Content: How students theoretically conceptualize substantive issues in the scenario and for their practice |
|                        | Process: How students’ past knowledge and experience impact their approach to the case |
|                        | Student is able to assess their own practice                                     |
|                        | Cognitive: What students focus on and talk about regarding their performance     |
|                        | Learning: What students focus on and talk about regarding their learning         |
|                        | Growth: What students say about how they would integrate this experience into their practice |

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Assessors

For the main evaluation study, rating of the audio recordings was done by a pool of seven experienced practice assessors. These individuals had experience of formally assessing qualifying social work students in all types of setting including child and family work. This formal assessment will necessarily have involved direct observation of practice in all these settings. Two assessors rated each recording. All assessors rated a random selection of recordings from each of the three groups, i.e., stratified randomisation was employed. They had no prior knowledge of the student or which program (i.e., Frontline or other social work degree) the participants attended. Assessors received training to ensure assessment standardization. This included the use of a recording from a previously undertaken simulated practice pilot to calibrate the appropriate rating.

Two different assessors were assigned to evaluate each of the students’ two performances during the practice interviews and the respective students’ written reflections. Each written reflection was kept together with the simulated interview it referred to for the purposes of assessment. Performance in the interviews was graded using 10 different criteria, and performance in the written assessment was graded using 6 criteria; all of these criteria are taken from Bogo, Regehr, et al. (2009) and Bogo, Mylopoulos, et al. (2009), as explained above (see Table 2). Each assessment criterion was given a rating between 1 and 5 (worst to best).

Results

Pilot Study

The range of mean scores per student, across all assessment criteria, was between 2.33 and 3.78 for the simulated interview and between 1.38 and 3.25 for the written reflection (1–5 scale). A nonparametric statistical test (Wilcoxon rank sum) was used to assess possible differences between subgroups.

There was a significant (p = .003) difference in interview quality between first and second years of .45 (d = 1.33, 95% confidence interval [CI] = [0.42, 1.23]). There was also a significant difference (p = .02) in quality of written reflection between first and second years of .35 (d = 1.33, 95% CI [-0.08, 1.89]). Both differences were in the expected direction—that is, second-year scores were higher than first-year scores. This result was taken to support the use of the tests as valid measures of social work interview skills and written reflection on an interview.

The students’ practice assessors rated their general performance on placement in relation to the same criteria. These ratings were more generous than those of the independent assessors (i.e., means > 4) and weakly correlated with them: r = .32 (p = .16) for qualities assessed in interview and r = .36 (p = .12) for qualities assessed by written reflections. Bogo et al. (2012) in their Canadian study (n = 109) found correlations with field instructors of .23 for interviews and .38 for written reflections.

Table 3. Characteristics of Simulated Practice Participants

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frontline</th>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>N of participants</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>35 (71%)</td>
<td>25 (69%)</td>
<td>22 (73%)</td>
</tr>
<tr>
<td>Male</td>
<td>14 (29%)</td>
<td>11 (31%)</td>
<td>8 (27%)</td>
</tr>
<tr>
<td>Mean age</td>
<td>26</td>
<td>29</td>
<td>38</td>
</tr>
<tr>
<td>Average weekly hours of part-time work during course</td>
<td>1</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Not applicable or missing</td>
<td>4 (8%)</td>
<td>2 (6%)</td>
<td>2 (7%)</td>
</tr>
<tr>
<td>Found demands of course on top of part-time work difficult</td>
<td>5 (10%)</td>
<td>16 (44%)</td>
<td>15 (50%)</td>
</tr>
<tr>
<td>Primary carer of child</td>
<td>0 (0%)</td>
<td>8 (22%)</td>
<td>13 (43%)</td>
</tr>
<tr>
<td>Found demands of on top of caring responsibilities difficult</td>
<td>3 (6%)</td>
<td>9 (25%)</td>
<td>13 (43%)</td>
</tr>
<tr>
<td>N/A or missing</td>
<td>2 (4%)</td>
<td>3 (8%)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Average Universities and Colleges Admissions Service points of top three A levels</td>
<td>346</td>
<td>293</td>
<td>235</td>
</tr>
</tbody>
</table>

Group 1 = PG students at high tariff universities
Group 2 = UG and PG students at other universities

Interrater reliability was acceptable for the pilot, with intraclass correlation coefficients of .702 (Interview 1), .732 (Interview 2), .645 (Written Reflection 1), and .715 (Written Reflection 2), all with a p value of <.001. Scenario 1 scores correlated with Scenario 2 scores: moderately for the interviews (r = .56, p = .004) and more strongly for written reflections (r = .74, p < .001).

In addition to the scoring, feedback was sought from students, actors, and assessors. Feedback from assessors suggested that the questions asked of participants to prompt the written reflection needed to be slightly modified. The time allowed for the written reflection was adjusted from only 10 min in the pilot, which participants felt was too short, to 15 min for the main study.

Main Study

All three groups of participants had higher numbers of female than male students (see Table 3—between 69% and 73%). Frontline participants tended to be younger, with a mean age of 26 years. The age difference was most notable between Frontline and the other universities group, whose mean age was 38. Both comparison groups were more likely than Frontline...
trainees to have caring responsibilities and part-time work in addition to the social work program. Frontline participants had the highest levels of UG results and for UCAS tariff, General Certificate of Secondary Education (GCSE, age 16 public exams) English and Mathematics grades. The high-tariff PG group had better A-level results and more A*-A grades in English and Mathematics GCSE than the other universities group. A* and A are the top two categories of GCSE, with pass grades being A*, A, B, C, D, E, F, and G. The other universities group, however, had a higher proportion of students with first-class degrees (i.e., in the top 15% of students, approximately) than the high-tariff PG group.

Comparisons were made between the final grades achieved on social work programs by those taking part and the rest of their cohorts, using aggregate data, to assess sampling bias. There was no significant difference between participants and nonparticipants for either Frontline or the high-tariff PG group.

There was, however, a significant difference (Wilcoxon rank sum test $z = 2.62, p < .01$) for the other universities group. This was explained by a higher proportion with first-class degrees among the simulated practice participants than in the rest of their cohort.

Using the Kruskal–Wallis test, it was established that there were no statistically significant differences between different female actors in rating of the non-Frontline students for either the audio, $\chi^2(4) = 4.30, p = .37$, or written assessments, $\chi^2(4) = 4.90, p = .30$.

For the audio assessments, the intrarater agreement was good: intraclass correlation coefficients of .66 for mean ratings in the Lisa interview and 0.49 for the Jakub interviews. Similar results were found for the interrater agreement in the written task (.62 for Lisa and .69 for Jakub). Cronbach’s $\alpha$ results for scale reliability were .92 for the interview ratings and .88 for the written reflection ratings.

**Interview and written reflection ratings.** Results from the three groups were compared to ascertain whether Frontline trainees differed from students on regular programs with regard to the quality of interview skills and written reflections. For ratings of both simulated interviews and written reflections, the overall mean ratings were combined for both the Lisa and Jakub interviews (Table 4). Although nonparametric tests (Kruskal–Wallis) were used to compare groups, we present means and standard deviations (SDs) in Table 4, as these summary statistics are widely understood. Frontline trainees had higher ratings for interview quality, with mean scores as follows: Frontline 3.77 ($SD = 0.36$); high-tariff PG group 3.25 ($SD = 0.47$); and other universities group 3.09 ($SD = 0.53$), $\chi^2(2) = 39.56, p < .001$.

Frontline trainees also had higher ratings for written reflection quality, with mean scores as follows: Frontline 3.30 ($SD = 0.47$); high-tariff PG group 3.02 ($SD = 0.55$); and other universities group 2.72 ($SD = 0.53$), $\chi^2(2) = 21.76, p < .001$.

Using Cohen’s $d$, the effect sizes for interview quality were substantial: 1.33 ($97.5\% \text{ CI } [0.78, 1.88]$), Bonferroni correction) when comparing Frontline with the high-tariff PG group and 1.57 ($97.5\% \text{ CI } [0.97, 2.18]$) when comparing Frontline with the other universities group. For the written reflections, the effect sizes were also large: 0.55 (Frontline vs. high-tariff PG group, 97.5\% CI [0.04, 1.06]) and 1.17 (Frontline c.p. other universities, 97.5\% CI [0.60, 1.75]).

Frontline trainees had lower mean confidence ratings compared to the other two groups (Table 4). Frontline participants’ mean ratings were 5.1 and 8.0 points lower (on a 0–100 scale) than students from high tariff and other universities, respectively. These group differences were statistically significant ($p < .001$). This means that the differences in confidence ratings between the three groups were quite substantial relative to the random variation in ratings within each group. The effect sizes of the difference in mean confidence levels between Frontline and the two others groups were modest: $-0.55$ for Frontline versus high-tariff PG group ($97.5\% \text{ CI } [-1.07, 0.02]$) and $-0.80$ for Frontline versus other universities ($97.5\% \text{ CI } [-1.35, -0.24]$).

**Matched results.** To reduce the effect of Frontline’s highly selective recruitment, a matched sample was constructed of Frontline participants and individuals from other programs based on educational qualification (Frontline = 17, matched group = 49). Results from matched analysis on educational qualifications (Table 5) showed a difference in confidence ratings which bordered on significance. On average, Frontline participants had lower mean confidence ratings by 4.6 on a scale of 0–100 ($p = .05, d = -0.53, 95\% \text{ CI } [-1.11, 0.05]$). There was

### Table 4. Overall Mean Scores by Participant Group.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean (Standard Deviation)</th>
<th>Test Statistic (Kruskal–Wallis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall rating of practice skills by assessors (1–5)</td>
<td>Frontline (n = 49) 3.77 (0.36)</td>
<td>Group 1 (n = 36) 3.25 (0.43)</td>
</tr>
<tr>
<td>Overall rating of written reflection by assessors (1–5)</td>
<td>3.30 (0.47)</td>
<td>3.02 (0.55)</td>
</tr>
<tr>
<td>Overall self-efficacy (0–100)</td>
<td>70.71 (9.00)</td>
<td>75.84 (9.90)</td>
</tr>
</tbody>
</table>

Group 1 = PG students at high tariff universities
Group 2 = UG and PG students at other universities

There was, however, a significant difference (Wilcoxon rank sum test $z = 2.62, p < .01$) for the other universities group.
Table 5. Simulated Practice Results: Matched Samples.

<table>
<thead>
<tr>
<th>Academic Entry Criteria for Frontline Experience of Simulated Practice</th>
<th>Paid Work During program</th>
<th>Caring Responsibilities</th>
<th>Written Assessment</th>
<th>Confidence (0–100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td>Test Statistic</td>
<td>Mean (SD)</td>
<td>Test Statistic</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Interview rating (1–5)</td>
<td>49</td>
<td>3.77 (0.36)</td>
<td>$\chi^2(1) = 24.92$</td>
<td>49</td>
</tr>
<tr>
<td>Written reflection rating (1–5)</td>
<td>17</td>
<td>3.30 (0.42)</td>
<td>$\chi^2(1) = 18.21$</td>
<td>49</td>
</tr>
<tr>
<td>Confidence (0–100)</td>
<td>16</td>
<td>75.27 (7.57)</td>
<td>$\chi^2(1) = 3.96$</td>
<td>48</td>
</tr>
</tbody>
</table>

*Kruskal–Wallis test.*

There was still strong evidence that Frontline participants had higher mean ratings of interview quality. The difference in mean ratings was 0.53 ($p < .01, d = 1.41, 95\% CI [0.79, 2.02]$). However, there was no clear evidence that Frontline participants did better on the written assessments. Frontline participants had mean ratings of written reflection quality that were only 0.17 points higher on a scale of 1–5, and this difference was not statistically significant ($p = .31$).

Further matched analyses were conducted, with non-Frontline students matched on variables that are expected to potentially affect the student experience of the social work program (Table 5). These were caring responsibilities and outside paid work commitments. In these cases, only non-Frontline students without these external or domestic commitments were compared with Frontline trainees. Participants were also matched on prior experience of simulated practice, with only those non-Frontline students who reported some prior experience of simulated practice with actors being compared with Frontline trainees. After each of these matchings, Frontline participants still had higher scores for both interview rating and written assessment; all of these differences were statistically significant.

**Discussion and Applications to Education**

This study uses simulated interviews for assessing the performance of social work trainees. This is the first time to our knowledge this has been done within a research project in the UK, although a few social work programs use simulated practice as a pedagogical tool. We found that these methods are relatively straightforward to employ in a research study and have produced results that suggest Frontline trainees have skills for interviewing clients which are better than the skills of those who have come through traditional training programs. Interestingly, our study also found that the Frontline trainees were able to reflect better on their performance but were less confident. The simulated practice exercise did not cover all aspects of the social work role, but it does suggest high quality of practice from Frontline trainees in those areas that were tested.

An important question remains, namely, is it the selectivity of Frontline that is responsible for superior performance in simulated practice or is it the training model that emphasizes direct practice skills? It is not possible for the evaluation to answer this question decisively. We attempted to address this by matching participants on Frontline’s minimum academic requirements, but this is far from a perfect matching. Within the approximately 2,000 applicants to Frontline’s first cohort, only around 1 in 20 were selected. The selection process was rigorous, involving psychometric testing and simulated interviews with service users which were set up to be particularly challenging. Matching on minimum academic requirements could not, therefore, account for all the selection effects.
The matched results are nonetheless interesting. Interview quality was rated as clearly higher in Frontline graduates, whereas the difference in quality of written reflection was not statistically significant. Numbers were small after matching, and this difference may well have been significant in a larger sample. However, the much clearer difference in interview quality could potentially be interpreted as supporting the emphasis on direct practice skills in the Frontline training model such as including motivational interviewing in the curriculum and giving percentage marks for quality of practice. It could possibly offer support for other aspects of the Frontline model, for example, the concentration on one practice model (systemic) or the quality of practice learning, but it is only possible to speculate about reasons for the difference, given that selection effects cannot be eliminated.

We found lower confidence ratings, or self-efficacy, for Frontline trainees, despite their higher scores in simulated practice. It may be testament to their sophisticated qualities of reflection that they have less faith in their own abilities. It may also relate to their experience of being in an intensive practice environment from a very early stage in their 1 year of training, as compared to the 2 or 3 years of regular PG and graduate social work training.

The use of simulated practice in social work education and assessment provides a unique opportunity for trainers to observe students’ actions and behaviors in a variety of situations or simulated exercises. When coupled with OSCE, simulation provides an enhanced and more objective method of assessment which has the unique ability to develop and assess not just the skills needed to apply knowledge practically but also interpersonal skills and self-awareness; giving it a distinct advantage over traditional teaching and assessment methods.

It should be noted that the simulated practice consisted of only two client scenarios, whereas ideally more would be used—for example, Bogo et al. (2011) in their original study used five scenarios. Also, the numbers taking part were relatively small. Some feedback was received from those who decided not to take part. Reasons given included feeling “assessed out” by the end of their program and, for the comparison groups, the inconvenience of making a special trip back to university to take part in the simulated practice. In terms of academic achievement, the sample was representative of its cohort for Frontline and the high-tariff PG group but not for the other universities—in this group, those participating were disproportionately high achieving in their final academic grades. It was not possible to fully match students for child and family practice learning experience, as Frontline is avowedly specialist, so trainees are likely to have a larger proportion of their time in child and family settings than is the case for mainstream students. Another limitation was that some important practice competencies, such as functioning effectively in an organization and working across professional boundaries, were not tested in the simulated practice exercise. The written reflection task was brief and did not allow for in-depth reflection and application of theory.

The level of agreement between assessors in the main study, though good, was lower than found in medical OSCEs (Besar et al., 2012). However, it should be noted that the OSCE model is well established in medicine and novel to social work in the UK. Using the same assessors across all three groups served to minimize any potential bias. A final limitation to note is that in the pilot study, the correlations between independent assessors and the students’ practice teachers were not significant at the .05 level. The correlations were weak, as were similar correlations in Bogo et al.’s (2012) study, but may well have been significant in a larger sample. Bogo et al. also found practice teachers to be more generous in their scores than independent assessors, and given these authors’ skepticism about the objectivity of practice teachers’ ratings of students they have a preexisting relationship with, we did not think this nonsignificant correlation (in a sample of only 25 students for the pilot study) fundamentally challenged the validity of the test.

The evaluation results offer some support for the Frontline program, although it is not possible to determine which aspect—recruitment and selection or training model—is more responsible for the enhanced practice quality. Further research is needed to disentangle the effects of these different elements as well as to assess other aspects of practice that the simulated practice did not cover. Evidence from real practice settings would be important. The longer term outcomes of the Frontline program need to be tested, including the impact on clients. It is worth noting that the selectivity, at least initially, has reduced diversity in the student body in comparison with mainstream programs, with the first two cohorts of Frontline having fewer ethnic minority trainees, fewer whose parents were not graduates, and more who attended private schools (Maxwell et al., 2016). Diversity in the student body will be important to assess longer term. The OSCE-type assessment developed by Marian Bogo and colleagues has proved a useful method useful for the comparative evaluation of social work programs. This work could be taken further, for example, with specific criteria developed for practice specialisms in addition to the generic qualities already covered by the criteria.

The evaluation points to a number of important issues for social work education which could be explored in future studies. Does focusing on technical skills specific to a practice area create a proficient professional that can manage in a very complex and highly charged environment? Can OCSE be integrated into standard social work programs to help students and teaching staff assess progress and identify areas for additional effort? Does Frontline’s training model address the perceived lack of integration between university education and practice settings and does it raise the standards of the practice experience? Finally, it is important to consider the longer term effect of new fast-track training schemes such as Frontline on traditional programs, as there are some indications that their student recruitment may be affected, even in prestigious universities.
(see Stevenson, 2017). Much of the social work research base depends on university staff who are largely funded by student fees, so if recruitment to traditional courses is affected, the wider impact on academic social work needs to be considered.

**Authors’ Note**

Data from the simulated practice exercise are available in the UK Data Archive for anyone affiliated to a UK university to download and analyze.

**Declaration of Conflicting Interests**

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**References**


