<u>What does supervision help with? A survey of 315 local authority social workers in the UK.</u>

Abstract

What does social work supervision help with? There are many different models of supervision and an increasing amount of research. Much of this is concerned with the content of supervision and how supervisors (and supervisees) should behave – and these are important concerns. But even more important is the question of who or what supervision helps with. Supervision is widely considered to have many different functions but in the context of UK local authority social work, must ultimately prove itself as a method for helping people who use services. This article reports on a survey of 315 social workers from UK local authorities. Most reported that supervision helps primarily with management oversight and accountability. However, the small number of practitioners who received regular group supervision and those who received supervision more frequently said it helped with a much broader range of things.

Key words: supervision; social work; children and families.

Introduction and background

What is the purpose of providing UK local authority social workers with supervision? In 1991, Harkness and Hensley argued that *"about 42,000* [American] *social work supervisors guide the practice of the profession with scant empirical literature"* (p. 506). Since then, there has been a significant growth in supervision research (including Harkness, 1987, 1995, 1997). More studies are being published about supervision now than ever before (O'Donoghue and Tsui, 2015) – and yet, Carpenter et al (2013) recently highlighted the weakness of the evidence base for supervision, particularly in relation to whether it makes a difference for people who use services.

Over the past two years, together with colleagues from [our University], we have been engaged in a series of studies about supervision in UK local authority children's services. These studies have been conducted with the aim of understanding how supervision helps create the conditions for good practice and improves outcomes for families and their children. UK government policy makers have focused recently on the difference that good supervision can make for social workers in adults and children's services, (Department for Education, 2015). For newly qualified social workers at least, this has led to a more concerted effort to provide the right kind of early career support, including effective supervision (Schraer, 2016). Nevertheless, considering the evidence from a variety of sources, there remain significant problems with the provision of supervision for UK local authority social workers (Manthorpe et al, 2015). To help make sense of the relevant literature, we considered three questions posed by Harkness and Hensley in relation to supervision research (1991) - what do supervisors talk about? Who is supervision helping? And how shall we know?

What do supervisors talk about (in UK local authority supervision)?

A previous paper by the lead author and colleagues used audio recordings of case discussions to explore directly what happens in local authority child and family social work supervision (Wilkins, Grant and Forrester, 2016). Bostock et al (2017) used similar direct observational methods to explore what happens in group supervision in five local authorities in England. The first of these studies found that in one-to-one sessions, many social workers spend a lot of time providing case updates to their supervisors, who then typically seek to 'problem-solve' by suggesting or directing (additional) actions for the worker to complete. These actions are more often agency-related (e.g. organizing meetings, writing reports, gathering more information) than family-focused (e.g. finding out what the child wants to happen or helping a parent understand how their substance misuse impairs their parenting). These findings reflect those of several previous studies. For example, Turner-Daly and Jack (2017) conducted a small-scale survey of child and family social workers and found that supervision typically focuses on case management, with only limited time for reflection. Baginsky et al (2010) found that senior local authority managers often consider supervision to be a way of gathering information from practitioners. Manthorpe et al (2015) found that many supervision sessions were dominated by discussion of individual cases, with line managers in particular describing "*case management as the main purpose...with reflection, personal development, training and encouragement seen as optional extras*" (p. 60).

Who is (UK local authority social work) supervision helping?

If managerial oversight is the dominant approach in UK local authority supervision, it is difficult to know how this approach could help support good practice or improve outcomes for families. It may however fulfil an organizational 'need' for staff surveillance (Beddoe, 2010). Alternatively, as Bostock et al (2017) found in their study, where supervision adheres more closely to a systemic model of practice, subsequent direct practice sessions with families tend to be more empathic and collaborative.

Various international studies have identified other ways that supervision can be helpful. Cearley (2004) reported that child welfare workers feel more 'empowered' when they perceive supervision to be more helpful (or perhaps vice versa). Similar findings were reported by Smith et al (2007), who surveyed ten workers and found that clinical supervision improved their self-reported knowledge of theory and practice models. Collins-Camargo and Royse (2010) also found that 'effective supervision' is associated with worker self-efficacy in practice (p. 177). Similarly, Julien-Chinn and Lietz (2015) found that when supervision focuses more clearly on a specific outcome (in their study, achieving permanent out-of-home care for the child), workers report greater self-efficacy in relation to that outcome.

In addition to these studies, Mor Barak et al (2009) conducted a meta-analysis of the relationship between supervision and worker outcomes and found that when supervision is founded on a positive supervisor-supervisee relationship and includes task-assistance and emotional support, workers report higher levels of job satisfaction, greater organisational commitment and higher levels of well-being.

How do we know that (UK local authority) supervision is helping?

Harkness and Henley's third question is the most challenging. For example, Smith et al (2007) concluded that despite providing workers with an additional 420 hours of clinical supervision, "[we] *cannot demonstrate* [that this] *improved client services*" (p. 15 – 16). As Harkness says, this is problematic because "*client outcomes must shape* [our] *context* [and our] *helping must truly help*" (1995, p. 72).

To explore how (or whether) supervision is helping, many studies have used self-report methods. When studying a new model of supervision, Lietz (2008) asked American child welfare workers to rate the quality of their supervision and their own critical thinking skills pre- and post-implementation. Likewise, McPherson et al (2015) conducted "*in-depth interviews with 10 supervisees and 10 child protection supervisors*" (p. 19) to explore their understanding and experiences of 'effective supervision' (see also Lietz et al, 2014). Such approaches tell us a great deal about the subjective experience of supervision, but are of more limited value for evaluating whether supervision is helpful. Mor Barak et al's (2009) describe this limitation as follows:

> "*A...limitation* [of self-report] *stems from the potential for mono-method bias..., which is a typical risk when study respondents are the source of information for both the predictor and the outcome variables...[B]ecause most studies are potentially subject to mono-method bias, there may be some inflation in the results. In addition, since studies do not model all potential control variables, causality is in further doubt.*" (p. 26).

In other words, if we ask the same respondents to evaluate the quality of their supervision *and* to tell us how effective it is, we must be cautious when interpreting the results. Comparing self-report methods obtained independently can be more reliable. For example, Harkness (1995) compared practitioner ratings of supervisory skills and client ratings of outcomes and found that skills of empathy and problem-solving in supervision were associated with client ratings of generalized contentment and goal attainment respectively (p. 69 – 70). Another challenge for the UK is that many key studies of supervision have taken place in other jurisdictions, most often in America, and there are significant differences between social work in the USA and the UK (Lassetter et al, 2017), as there between the UK and other European countries (Bradley and Hojer, 2009). In Kadushin's (1974) seminal survey, the respondents

worked in a range of settings quite different from UK local authorities, including psychiatric-mental health agencies and in schools. This suggests we need to be cautious when applying these international findings to a UK context and as noted above, a recent UK systematic review found the evidence base for supervision to be surprisingly weak (Carpenter et al, 2013).

Background to the study

Through our own research, and that of others, we became interested in the apparent predominance of a problem-solving, agency-focused approach to supervision in many, if not all, local authority social work teams (Wilkins, Grant and Forrester, 2016). This prompted us to explore what other approaches to supervision are possible in this context and we organised this survey as one approach among several others. As noted above, self-report methods are limited in their ability to tell us what happens in supervision or how supervision relates to outcomes. Thus, it is not our aim here to describe what happens in supervision or to demonstrate its effectiveness. Rather, we want to understand what UK local authority social workers say their supervision helps with and to explore the associations, if any, between different approaches to supervision and self-reported levels of helpfulness.

Design

There are many existing ideas about what constitutes 'good supervision' in social work and various self-report measures are available (Wheeler and Barkham, 2014). However, we are not aware of any published measures that relate specifically to UK local authority social work.

Hanna and Potter (2012) asked 11 supervisors to describe the characteristics of good supervision and identified the following elements – clarity of mission, diversity, a clear sense of identity and embeddedness within a larger practice community. Other studies have described the characteristics of 'the good supervisor' (McPherson et al, 2015; Zinn, 2015) and Kadushin (1992) provides a helpful overview of the key shared elements:

- Good supervision is based upon free and full reciprocal communication, encouraging the expression of authentic feeling (p. 337), providing an empathic understanding and acceptance of the supervisee (p. 173), and supporting the supervisee's empathy for the client (p. 178 – 179);
- Good supervision has a problem-solving orientation based on consensus and cooperation (p. 337);
- Good supervision requires a positive relationship between supervisor and supervisee based on consultation and psychological safety p. 337);
- Good supervision is evaluative (p. 173 – 174, p. 178), educational (p. 171 – 180) and provides structured feedback (p. 338).

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- Good supervisors are available, accessible, affable and able (ibid, p. 339).

In UK local authorities, ideas about good supervision are shaped, in child and family services, by the paramountcy of the child's welfare (Reece, 1996) and, in adult services, by the paramountcy of individual wellbeing (Snell, 2015). Within the context of UK local authority social work, good supervision must therefore ensure focus is kept, in children's services, on the needs of the child (London Safeguarding Children Board, 2017) and, in adult services, on the wellbeing of the adult client. Good supervision should also help social workers think analytically and reflectively about their work, especially in relation to risk and harm (Children's Workforce Development Council, 2010, p. 36 and p. 49). Good supervision should also support social workers emotionally (Research in Practice, 2014) and support the quality of their practice (Goulder, 2013), while not overlooking the importance of good case management too (Keen et al, 2013, p. 78).

More practically, we have been working with one central London authority to help develop their model of child and family social work practice., including the development of a coding framework for practice skills (Whittaker, et al, 2016). To help embed this model (Luckock et al, 2017), we are currently developing a complementary framework for supervision. Through workshops and individual interviews with supervisors and social workers, we have sought to develop a shared understanding about the key elements of good supervision between researchers, supervisors and practitioners. Happily, the elements generated via this process reflect many of those drawn from the wider literature (Table 1).

Good supervision should provide:

1. A forum for collaborative and client-focused decision-making;
2. A space for analysis and reflection;
3. A clear focus on the needs of the client (adult or child, depending on the area of practice);
4. Support for the quality of the worker's direct practice;
5. Emotional support for the worker;
6. Clarity about risk and need.

Table 1: Characteristics of good supervision in the context of UK local authority social work.

The six dimensions in Table 1 formed the basis for our survey. A series of statements were generated in relation to each dimension by the authors, in collaboration with colleagues, and piloted with a small group of social workers (n=20) in a different local authority, leading to several refinements (Table 2).

As the survey was to include social workers from children's services and adult services, several statements were phrased differently depending on the area of practice. For example, if the respondent worked in adult services, they were asked about 'the needs of the adult client' and if they worked in children's services, they were asked about 'the needs of the child'. Respondents

were asked to consider each statement in relation to their main form of supervision in relation to a five-point scale from 1 (strongly disagree) to 5 (strongly agree).

Respondents were also asked to provide some basic information about their organization, their role, their team and their different forms of supervision. Respondents were not asked to provide information about themselves (e.g. age, ethnicity, gender), partly because we wanted to ensure complete anonymity and partly because previous surveys of local authority social workers have adopted a similar approach (e.g. Manthorpe et al, 2015).

Statements organised by dimension
Decision-making
My supervision helps me make clear decisions.
My supervisor and I make decisions together.
My supervisor tells me what to do.
Analysis and reflection
My supervision helps me explore different hypotheses and ideas
My supervision provides critical challenge for my thinking and decisions.
My supervision helps me to think about theory and research in relation to my work.
Focus on the needs of the adult client
My supervision helps me think about things from the client's perspective.
My supervision helps me understand how difficult life can be for some clients.
My supervision helps me to help clients going through a difficult time.
Focus on the needs of the child
My supervision helps me think about how problems in the family might be affecting the child.
My supervision helps me think about things from the child's perspective.
My supervision helps me focus on what is best for the child.
Quality of direct practice
My supervision helps me understand *why* I need to do things (not just what I need to do)
My supervision helps me understand *how* I need to do things (not just what I need to do)
My supervision helps ensure the quality of my practice.
Emotional support
My supervision helps me think about how emotions are affecting me.
My supervision helps with the emotional impact of my work.
My supervisor does not understand what it is like to be a social worker.
Clarity about risk and need
My supervision helps me think more clearly about risk.
My supervision helps me think about immediate risk and longer-term risk.
My supervision helps me think about how risks relates to the service user.

Table 2: A list of statements used in the survey, organised by dimension.

Sampling and procedure

Information about the survey was posted on the Community Care website between January and February 2017. In total, 386 surveys were initiated by practitioners and 315 completed. 105 managers also completed the survey and their responses will be reported elsewhere. Not every respondent answered every question in full.

Ethical approval

Ethical approval for the study was granted by our University Research Ethics Committee in November 2016. As the survey asked for no personal details or information, it was not thought to involve any complex ethical issues. Respondents were provided with the contact details of the lead author if they wanted to discuss any aspect of the study (no one did).

Analysis

The mean score from each set of three statements was used to provide an overall score for each dimension, with some statements reverse coded depending on content (Table 1). Responses were entered into SPSS for analysis. Descriptive statistics were used to describe the sample and for a preliminary analysis of the results. One-Way ANOVAs and post hoc pairwise comparisons were conducted to identify statistically significant differences between groups for several variables including role, form of supervision, and frequency or duration. In relation to the post hoc test procedures, when variances between groups were equal, we used the Hochberg's GT2 procedure (to account for the unequal sample size of the groups), and when group variances were unequal, the Games-Howell procedure (Field, 2013).

Limitations

There are two main limitations to this study, in addition to the limitations common to all self-report surveys (e.g. social desirability bias; Van de Mortel, 2008). The first main limitation relates to our use of convenience sampling, meaning we do not know how representative our sample is of the wider population. The second main limitation is the lack of personal data we collected, which limits our ability to analyse any potential relationship between demographics and views of supervisory helpfulness.

Findings

Most respondents worked for a local authority (n=279). Over two-thirds worked in child and family services (n=241) and most of these in child protection teams (n=114). The majority of adult and mental health respondents said they worked in 'generic' (n=18) or 'other' (n=24) adult teams. Most respondents described their role as 'social worker' (n=185), with smaller numbers of 'newly qualified social workers' (NQSWs; n=42) and 'senior social workers' (n=88; Table 3).

<Insert table 3 here>

Table 3: Summary of sample demographics (n=315) split by area of work, i.e. Adult and Mental health services and Child and Family Services.

The main form of supervision, for nearly 90 per cent of respondents, was one-to-one supervision with a line manager. Although a sizeable minority said they also received other forms of supervision, including group and clinical, these were rarely considered to be the main form (Table 4). Most respondents said they had monthly supervision lasting between one hour and ninety minutes (Table 5).

	Receive this form of supervision?	Main form of supervision?
One to one with a line manager	293 (66.6%)	194 (87.8%)
Group supervision	79 (17.9%)	11 (4.9%)
One to one with someone other than a line manager	37 (8.4%)	9 (4.0%)
Clinical supervision	20 (4.5%)	0 (0%)
Peer supervision	5 (1.1%)	0 (0%)
No supervision	4 (0.9%)	n/a
Other	2 (0.45%)	7 (2.2%)

Table 4: Main forms of supervision and other forms of supervision.

Frequency	N	Duration	N
Weekly	7 (2.2%)	30 minutes or less	8 (2.5%)
Fortnightly	15 (4.8%)	30 to 60 minutes	48 (15.2%)
Every three weeks	14 (4.4%)	60 to 90 minutes	122 (38.7%)
Monthly	183 (58.1%)	90 to 120 minutes	94 (29.8%)
Less often	91 (28.9%)	Longer than 120 minutes	42 (13.3%)

Table 5: Frequency and duration of supervision

Respondents were then asked what their main form of supervision helped with. 244 (77%) respondents said supervision helped with management oversight, 185 (59%) said it helped with task clarity and 203 (64%) said it helped with adherence to timescales. A significant proportion also said it helped with analysis (n=86; 27%) and emotional support (n=96; 30%). When asked what their supervision helps with the most, the majority said management oversight (n=123; 39%), task clarity (n=63; 20%) or adherence to timescales (n=58; 18%). A small minority said it helped mostly with analysis (n=15; 5%), emotional support (n=8; 2.5%) or the quality of their direct practice (n=4; 1%; Table 6).

Area of practice	Supervision helps with this	Supervision helps with this the most
Management oversight	244 (77.5%)	123 (39%)
Adhering to timescales	203 (64.4%)	58 (18.4%)
Task clarity (knowing what to do)	185 (58.7%)	63 (20%)
Emotional support	96 (30.5%)	8 (2.5%)
Analysis and reflection	86 (27.3%)	15 (4.8%)
Quality of direct practice	60 (19%)	4 (1.3%)
Other	28 (8.9%)	18 (5.7%)
None of these things	21 (6.7%)	24 (7.6%)

Table 6: What does supervision help with?

Respondents were asked to consider the statements in Table 2 above. The mean score for each group of three statements was used to give an overall score for each dimension (Table 7). The highest scoring dimensions (with scores of three or more on a five-point scale) were - focus on the client (3.14) or the child (3.01), clarity about risk and need (3.09) and the quality of direct practice (3.06). The lowest scoring dimensions were analysis and reflection (2.38), emotional support (2.85) and decision-making (2.89).

Area	N	Min.	Max.	Mean	Std. deviation
Focus on the needs of the client (for Adult and Mental Health social workers)	299	1.00	5.00	3.14	.988
Clarity about risk	305	1.00	5.00	3.09	1.02
Quality of direct practice	309	1.00	5.00	3.06	.886
Focus on the needs of the child (for Child and Family social workers)	232	1.00	5.00	3.01	1.01
Decision-making	305	1.00	5.00	2.89	.920
Emotional support	309	2.33	3.67	2.85	.430
Analysis and reflection	304	1.00	5.00	2.38	1.01

Table 7: To what extent does supervision help with these dimensions of practice?

We found no significant differences for these scores in relation to employer (local authority, charity or health services); area of work (adult and mental health services or child and family services); or team. We did find significant differences in relation to worker role, main form of supervision, and frequency and duration.

Worker role

An analysis of variance (ANOVA) comparing responses in relation to worker role (NQSW, social worker or senior social worker) yielded significant variation among groups for the following dimensions - quality of direct practice (F(2,306)=4.35, p=.014), focus on the needs of the client, (F(2,296)=3.33, p=.037), focus on the needs of the child (F(2,229)=6.02, p=.003), clarity about risk and need (F(2,302)=5.14, p=.006) and decision-making (F(2,302)=5.72 p=.004). The Games-Howell post hoc tests revealed that the NQSW group was significantly different from the other two groups at p<.05. These results show that NQSWs rated their supervision as more helpful compared with more experienced workers (Figure 1).
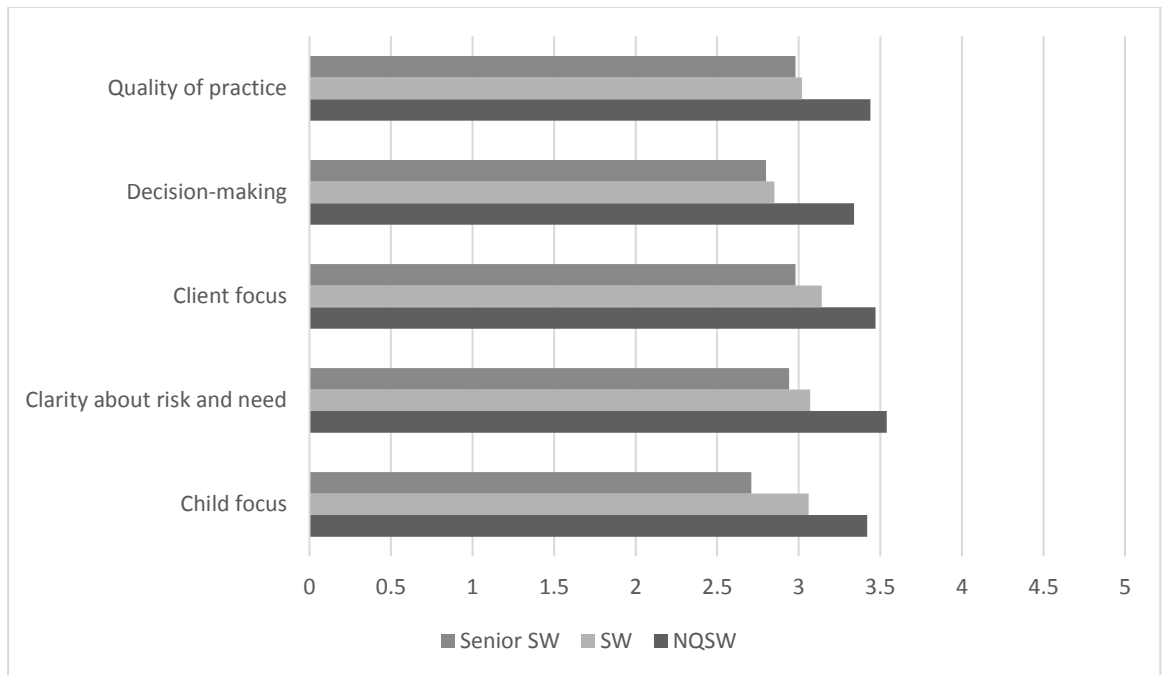
Figure 1: Differences in ratings of helpfulness by role.

Main form of supervision

An analysis of variance (ANOVA) in relation to the respondent's main form of supervision showed a significant difference between groups for analysis and reflection (F(3,210)=3.02, p=.031). Post hoc (Hochberg's GT2) tests revealed that group supervision was rated as more helpful for analysis and reflection than one-to-one supervision with a line manager (p<.05). However, this result must be interpreted with caution due to the small size of the group who said group supervision was their main form (Figure 2).
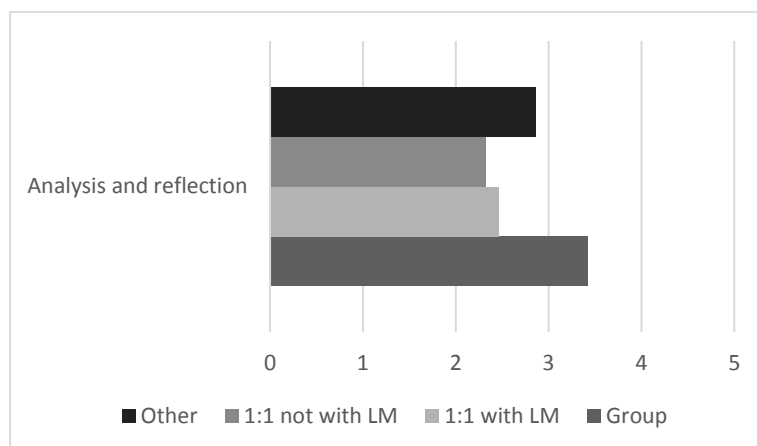

Figure 2: Differences in ratings of helpfulness by main form of supervision.

Frequency of supervision

We grouped responses in relation to frequency into three categories. Sessions that took place more often than monthly we labelled high frequency (n=36). Sessions which took place less often than monthly we labelled low frequency (n=91). Monthly sessions we labelled typical frequency (n=183). Comparing between these categories, we found significant differences for all of the dimensions - quality of practice (F(2,301)=24.74, p=.000), analysis and reflection (F(2,296)=14.01, p=.000), focus on the client (F(2,292)=17.13, p=.000), child focus (F(2,227)=17.91, p=.000), clarity about risk (F(2,298)=19.68, p=.000), emotional support (F(2,301)=7.29, p=.001) and decision-making (F(2,297)=20.23, p=.000). Post hoc (Hochberg's GT2 and Games-Howell) tests found the more frequent the supervision, the more helpful it was felt to be across all these areas (p<.05; Figure 3).
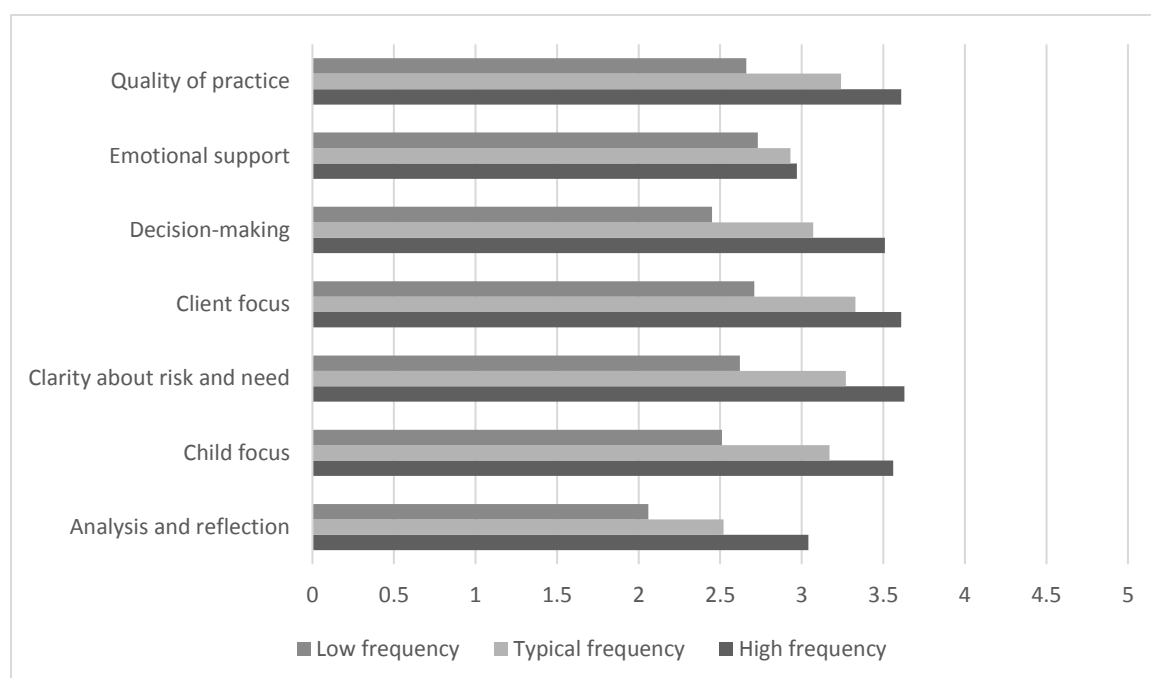

Figure 3: Differences in ratings of helpfulness by frequency.

Duration of supervision sessions

For duration, as with frequency, responses were grouped into categories. Supervision sessions between 60 and 90 minutes we labelled typical duration (n=122). Sessions shorter than 60 minutes we labelled short duration (n=56). Sessions between 90 and 120 minutes we labelled long duration (n=94) and those longer than 120 minutes we labelled very long duration (n=42).

Using these categories, we found significant differences for the following dimensions - quality of practice (F(3, 304)=9.71, p=.000), analysis and reflection (F(3,299)=8.75, p=.000), focus on the client (F(3,294)=8.91, p=.000), child focus (F(3,227)=10.09, p=.000), emotional support (F(3,304)=4.08, p=.007), clarity about risk (F(3,300)=16.37, p=.000) and decision-

making (F(3,300)=7.46, p=.000). Interestingly, post hoc tests (Hochberg's GT2 and Games-Howell) revealed it was 'long' supervision sessions that were significantly different from 'short' sessions (p<.01), rather than 'very long' sessions. This suggests that increasing the length of supervision may provide diminishing returns beyond a certain point (Figure 4).
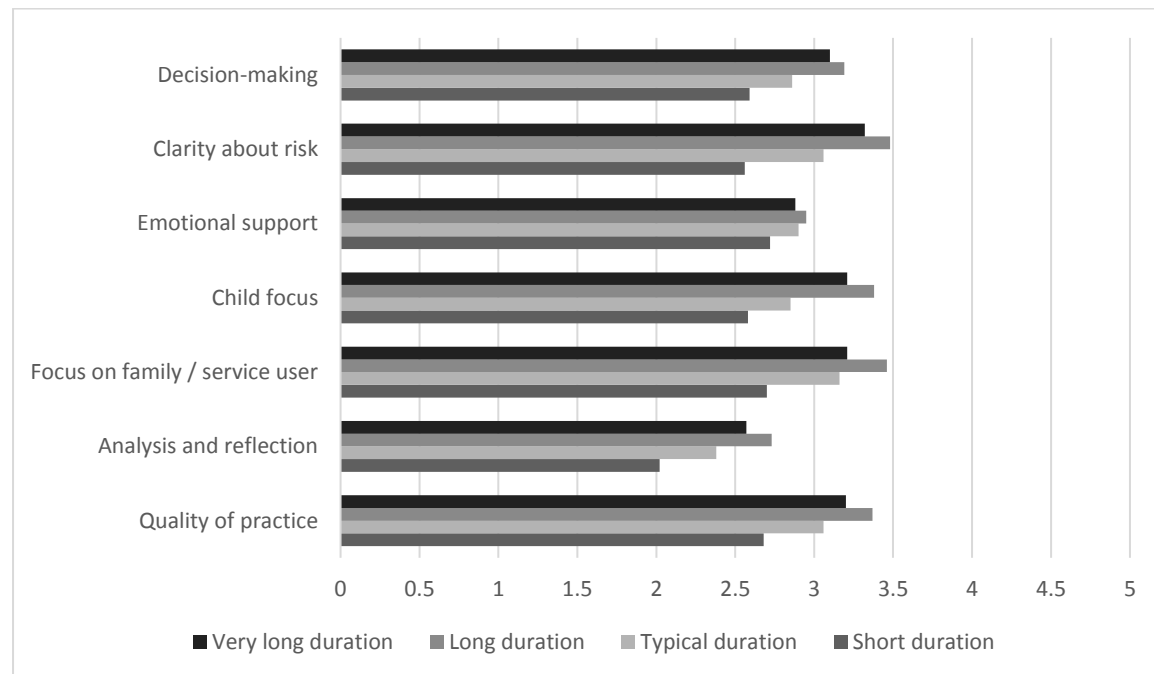

Figure 4: Differences in ratings of helpfulness by duration.

Summary

In summary, the following groups rated their supervision as more helpful in a range of ways - newly qualified social workers, those who said group supervision was their main form, and those with more frequent and longer (but not 'very long') sessions. This begs the question of whether there is homogeneity between these groups – and indeed, we found that NQSWs are likely to report more frequent and longer supervision sessions than more experienced colleagues (Tables 8 and 9). However, NQSWs were also less likely to say group supervision was their main form, albeit based on very small numbers (Table 10). In addition, group supervision seems to take place more frequently than other forms but is not necessarily any longer (Tables 11 and 12). These findings suggest that at least part of the reason why many NQSWs say their supervision is more helpful is simply because it is more frequent.

	Frequency category		
Role	More often than monthly	Monthly	Less often than monthly
NQSW	18 (43.9%)	17 (41.4%)	6 (14.6%)
Social worker	14 (7.6%)	114 (62.2%)	55 (30.0%)
Senior social worker	4 (4.6%)	52 (60.4%)	30 (34.8%)

Table 8: Comparing role and frequency of supervision.

	Duration category			
Role	Short	Typical	Long	Very long
NQSW	6 (14.2%)	15 (35.7%)	14 (33.3%)	7 (16.6%)
Social worker	33 (17.9%)	65 (35.2%)	62 (33.6%)	24 (13.0%)
Senior social worker	17 (19.3%)	42 (47.7%)	18 (20.4%)	11 (12.5%)

Table 9: Comparing role and duration of supervision.

	Main form of supervision			
Role	Other	1:1 with line manager	1:1 not with line manager	Group
NQSW	0 (0.0%)	29 (87.8%)	3 (9.0%)	1 (3.0%)
Social worker	5 (4.0%)	112 (89.6%)	4 (3.2%)	4 (3.2%)
Senior social worker	2 (3.1%)	53 (84.1%)	2 (3.1%)	6 (9.5%)

Table 10: Comparing role and main form of supervision.

	Frequency category		
Main form of supervision	More often than monthly	Monthly	Less often than monthly
Other	0	4 (80%)	1 (20%)
1:1 with line manager	24 (12.5%)	119 (61.9%)	49 (25.5%)
1:1 with not line manager	1 (11.1%)	5 (55.5%)	3 (33.3%)
Group	7 (63.6%)	2 (18.1%)	2 (18.1%)

Table 11: Comparing main form of supervision and frequency.

	Duration category			
Main form of supervision	Short	Typical	Long	Very long
Other	2 (28.5%)	3 (42.8%)	0 (0.0%)	2 (28.5%)
1:1 with line manager	34 (17.5%)	74 (38.1%)	64 (32.9%)	22 (11.3%)
1:1 not with line manager	2 (22.2%)	3 (33.3%)	1 (11.1%)	3 (33.3%)
Group	0 (0.0%)	2 (18.1%)	3 (27.2%)	6 (54.5%)

Table 12: Comparing main form of supervision and duration.

Discussion

There are many possible answers to the question of who or what supervision helps. But ultimately, it must surely serve the purpose of helping people who use services (Shulman, 1982). In Shulman's view, supervision should be considered as part of a three-link chain: supervision –> practice –> outcomes.

However, to be helpful for people who use services, supervision must also help social workers, albeit only as a means to an end. The results from this survey can be seen as both encouraging and discouraging. Many respondents said supervision is 'most helpful' for management oversight and accountability and 'least helpful' for decision-making, emotional support, analysis and reflection. It would have been better to find the exact opposite and it is hard to see how supervision that focuses on management oversight and accountability *to the exclusion of much else* can ever be truly helpful for people who use services. And yet, there were some respondents who rated their supervision as more helpful in more practice-related ways - those who received group supervision and those who received more frequent supervision.

It is important to acknowledge that working as a supervisor or social worker in a UK local authority presents particular challenges. Although a significant programme of reform continues unabated, especially in Children's Services (Department for Education, 2016), it remains the case in many areas that practice systems are too often defensive (Whittaker and Havard, 2016), significantly under-resourced (Doward and Menin, 2017) and unhelpfully overly-scrutinised (Jones, 2017). Comparative international research shows that such problems are not inevitable (Bradley and Hojer, 2009) – although there are no easy solutions either – and it is important to acknowledge that supervision can never be considered independently from wider practice systems and neither is it the cure for everything that ails social work.

If we want to provide supervision that helps, the results of this survey suggest it should be provided more frequently and more often in the form of a group discussion. The utility of group supervision in the UK has been given added recent weight by Bostock et al's (2017) finding that group supervision is already working well in several authorities. But in whatever form supervision is provided, there is no good reason to focus on anything other than providing a high-quality service and constantly reviewing how best to help people who use services. Changing the focus of supervision, where necessary, need not necessarily involve complicated models and whole-system changes (although these can help). Instead, focusing on how best to help people can be as straight-forward as making sure supervision discussions include a focused consideration of what help they want, how they want to achieve it and what they say is already helping. Harkness and Hensley (1991) suggest basing 'client-focused' supervision on the following questions:

1. What does the client want help with?
2. How will you and the client know you are helping?
3. How does the client describe a successful outcome?
4. Does the client say there has been a successful outcome or an improvement?
5. What are you doing to help the client?
6. Is it working?
7. Does the client say it is working?
8. What else can you do to help?
9. How will that work?
10. Does the client say that will help?

Conclusion

To help people effectively, it is widely assumed – if not empirically well-supported – that social workers need good supervision. Developing an evidence base for supervision and how it helps to improve outcomes is challenging (Fleming and Steen, 2004), not least because there are many different ideas about what good supervision 'looks like'. The idea of considering supervision

primarily as a way of helping people who use services, rather than serving the needs of the organisation or even of practitioners, may help lay the ground work for a clearer empirical underpinning (O'Donoghue et al, 2017).

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