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Abstract

The importance of supervision for social work practice is one of the most widely accepted tenets of the profession. Yet, surprisingly little is known about what happens in supervision, making it difficult to unravel what it is about supervision that makes a difference to social work practice. This paper describes the development of a framework for assessing the quality of group supervision. It focuses on one sub-category of group supervision – systemic group supervision – and draws a wider evaluation of systemic social work practice in the UK. It is based on 29 observations of "live" of supervision to illustrate differences in quality of supervisory practice.

The process of developing the coding framework was cyclical, and ultimately resulted in a three-point ordinal grouping for assessing systemic supervisory practice. Analysis of observational data assessed group systemic supervision as follows: 8 as non-systemic (28%); 12 (41%) as demonstrating some incorporation of systemic ideas into interactions, described as "green shoots" (or showing encouraging signs of development but not yet reached its full potential); and 9 (31%) supervision sessions demonstrating a full incorporation of systemic concepts and practice. What marked "systemic" sessions from "green shoots" supervision was the move from hypothesis generation about family relations and risk to children to purposeful, actionable conversations with families: the move from reflection to action. This paper supports a small but growing body of evidence about the fundamental characteristics of successful or effective supervision within children and families social work.

Keywords: Supervision; social work; child welfare; child and family social work

1 Introduction

The importance of supervision for social work practice is one of the most widely accepted tenets of the profession whether in the US, UK, Canada, Australia or Aotearoa New Zealand (Beddoe and Davys, 2016; Frey et al. 2012; Hafford-Letchfield and Engelbrecht, 2018; Hair, 2012; Wilkins et al. 2016). In the US, national guidance has been developed to support and strengthen supervision for professional social workers (National Association of Social Workers/Association of Social Work Boards, 2013) and in England, the knowledge and skills statement provides the basis for accrediting practice supervisors in child and family social work (Department for Education, 2018). Yet, the evidence base for the effectiveness of supervision is surprisingly weak with many studies failing to report the format (e.g. one-to-one), structure, focus and frequency of supervision, making it difficult to assess whether it is effective at supporting social workers think more critically and practice more purposefully with children and their families (Carpenter et al., 2013a).

Where evidence exists, workers have reported relationships between good quality supervision and capacity to define "next steps" with clients (Banuch, 1999), stronger client engagement (Bibus, 1993) and critically, two correlational studies have identified associations between worker ratings of supervisory skills and alliance with their supervisor with improved client goal attainment (de Greef, 2019; Harkness 1995). However, none of these studies were based on observations of "live" supervision between supervisors and supervisees or attempted to independently rate the quality of supervisory practice. This paper extends the evidence base by developing a method for independently assessing the quality of supervisory practice. It focuses on one sub-category of supervision – systemic group supervision or "systemic supervision" and is based on a wider evaluation of systemic social work practice within the UK (Bostock et al., 2017). It is based on 29 observations of "live" supervision and aims to provide a foundation for identifying the key domains of systemic supervision to both support future supervisory practice and its relationship with the quality of direct practice with clients.

1.2 Definitions

1.2.1 What is supervision?

What do we mean by "supervision"? The primary functions of supervision are: administrative case management; reflecting on and learning from practice; personal support and mediation in which the supervisor acts a bridge between individual staff members and the organisation (Morrison, 2005). Although these functions have been consistently identified within the practice literature (Payne 1996), there are differences both by sector and by country in how supervision is described. For example, researchers with a background in mental health and social workers in North America who provide clinical social work where counselling and psychotherapy is emphasised refer to "clinical supervision" (Bogo and Knight, 2006; Milne 2010; Spence et al. 2001). Within the UK, "clinical supervision" is most closely associated with what is understood as "reflective supervision" or supervision designed to enhance professional development through exploration of a supervisee's practice and factors influencing their practice responses (including emotions, assumptions, power relations and the wider social context) (Earle et al. 2017: 11).

1.2.2 What is group supervision?

Group supervision is a sub-category of wider supervision practice and research. Like the wider practice of supervision, the ultimate purpose of group-based formats is to provide the most effective service to clients as defined by relevant organisational and professional standards (Carpenter et al., 2013a, p.1844). However, in group supervision the organisation's mandate to the supervisor is implemented *in the group* and *through the group* (Kadushin and Harkness, 2014, p.275). Group supervision consists of regular meetings of groups of supervisees under the guidance of a supervisor (Beddoe and Davys, 2016).

One of the advantages of group supervision is that it enables supervisees to "think aloud", or reflect with colleagues, about their practice both to better understand or assess the difficulties that clients are experiencing and to improve the subsequent service provided (Beddoe and Davys, 2016). This "thinking aloud" unfolds as an interaction among supervisees and between them and the supervisor, within the

context of the group process (Bernard and Goodyear, 2009). Nevertheless, despite its promise as a model that lends itself well to reflection and enhanced critical thinking, it has received more limited attention when compared with one-to-one supervision. Where it has received attention, the overwhelming emphasis has been on the learning potential that group supervision models afford to social work students rather than qualified practitioners (Alschuler et al., 2015; Arkin et al. 2007; Bogo et al., 2004; Geller, 1995; Walter and Young, 1999; Wilbur et al., 1991) with the exception of a study of qualified practitioners conducted by Lietz (2008).

1.2.3 What is systemic supervision?

Over the past 10 years there has there has been a move towards developing new models of practice within children and families social work. In Australia, the UK and US, popular approaches have included Solution-Based Casework (Antle et al., 2008) Signs of Safety (Turnell and Edwards, 1999), restorative practice (Pennell, 2006) and motivational interviewing (Luckock, 2017). Within the UK, systemic social work practice has formed the basis for reform in many services (McNeish et al., 2017). Systemic social work practice is derived from systemic family therapy and is a relational and strengths-based approach that positions clients as experts in their unique family situation. Systemic approaches understand families as systems rather than individuals, with the family system interacting with wider economic and social systems including extended family, local community or professional systems (Forrester et al., 2013b).

Consequently, a key concept in systemic theory is considering multiple perspectives and multiple possibilities. Systemic supervision provides the pivotal practice forum for understanding risk to children and planning interventions to support families. It is the group-based forum within which cases – or children and their families – are discussed by the team. It is led by a senior social worker, known as a consultant social worker (CSW) who has supervisory and management responsibility but where available, supported by a clinician with advanced expertise in systemic practice (Dugmore et al., 2018; Cross et al., 2010; Forrester et al., 2013). This approach enables social workers to explore risk to children from multiple perspectives - including families and other professionals – and allows for both multiple explanations and multiple solutions for the problems facing families, although it is recognised in

child protection social work not all solutions are acceptable to protect the welfare of children (Koglek and Wright, 2013).

1.2.4 What is the quality of supervisory practice?

The lack of knowledge about what happens in supervision reflects a wider absence of research that looks directly at social work practice. Although there is a small but growing literature that analyses the complex interactions between social workers and service users (Ferguson, 2011; Hall et al. 2014; Koprowska; 2017; Saltiel, 2015; Winter et al. 2016), few studies have attempted to measure the quality of direct social work practice: social work practice that is "live" with service users in their home, office or other location. Most notably, Whittaker et al. (2016) describe the development of a system for rating social work communication skills. In this ground-breaking paper, they attempt to operationalise and measure seven key skills associated with the specialist task of child protection work. Four skills (evocation or change talk, collaboration, autonomy or support and empathy) were adapted from the Motivational Interviewing Treatment Integrity (MITI) code used in drug and alcohol services but extended to include skills specific to child protection social work (purposefulness, clarity of concerns and child focus). It describes both how skills were adapted and developed from the MITI, the process of coding or scoring audio recordings of direct practice and that critically, research staff were able to reach consistent agreement on quality across all seven skills. This approach demonstrates that it is possible to define and identify key skills in child and family social work and code them reliably for quality.

Having established that social work practice can be coded reliably for practice quality, what conditions– or not – support the development of "good practice" with children and their families? Although it is universally agreed that supervision is critical to the quality of direct work, supervisory practice remains an example of the "invisible trade" of social work (Pithouse, 1987). Where studies do exist, most tend to rely on statistical associations between supervision and practitioner outcomes, such as stress, wellbeing and retention (Carpenter et al., 2013a). Rarely have outcome studies reported what happens in supervision, making it difficult to unravel what it is about supervision that makes a difference to social work practice (Bates et al., 2010; Jack and Donnellan, 2010; O'Donoghue and Tsui, 2012; Berry-Lound and Rowe,

2013). So how do we "make visible" the "invisible" and what methods are required to quality assess conversations that are held within supervision?

Some studies have attempted to describe in detail what happens in supervision. Ruch (2007) undertook participant observations of supervision and noted how some discussions focused on "what and when" tasks should be completed, with others more focused on "how and why" tasks should be completed. Wilkins et al. (2016) too explored the content of one-to-one supervision using audio recordings of sessions. Both authors conclude that supervision operated primarily as a mechanism for management oversight of cases and provided limited opportunity for reflection, emotional support or critical thinking.

More recently, Wilkins et al. (forthcoming) have developed a framework for coding the quality of one-to-one supervision. The framework assesses the degree to which the supervisor demonstrates skill within the following five dimensions: analysis and critical thinking; clarity about risk or need; collaboration; focus on the child and family and support for practice. Interestingly, Wilkins et al. (forthcoming) supervision coding framework has also been applied to group supervision. In an exploratory study, Wilkins et al. (2018) explore the relationship between what happens in group supervision and how parents experience and evaluate the service they receive. In this study, they paired data from observations of group supervision with observations of direct practice. Group supervision was coded using the framework developed by Wilkins et al. and direct practice coded using the system developed by Whittaker et al. (2016). In doing so they could explore the relationship between supervisory and direct practice quality with parental service experience through questionnaire data collected from families.

They found a positive association between supervision that was rated as "practice-focused" with more skillful direct practice, particularly the use of "good authority" e.g. practice that was more purposeful, child-focused and risks to children better articulated. Quality of supervision was also compared with parental engagement, life rating and goal agreement, with scores higher for all categories where supervision was rated as "practice focused". These differences were statistically significant for goal agreement ($t(14)=-2.675$, $p=.018$) but not for the other variables. Wilkins et al.

conclude that there is evidence of an elusive "golden thread" between quality of supervisory practice, direct practice and parental engagement and goal-agreement.

However, the supervision coding framework was developed for use with one-to-one supervision. This means that it focuses primarily on the supervisor-supervisee dyad and misses the most critical feature of group supervision – the group itself. In group supervision, it is the group members – not just the supervisor - who through the process of group discussion bring in fresh perspectives on practice dilemmas. In this paper, we focus on systemic group supervision and describe the development of a supervision coding framework that identifies its key features, a method of rating its quality and report on data collected during observations of supervision to illuminate how workers develop collective, group-based understandings of risk to children.

2. Methods
2.1 Background
In the United Kingdom, social workers are the lead professionals in delivering child protective assessment and intervention. This role is generally undertaken within the context of a local authority, a local governmental organization responsible for the provision of public services within their geographical jurisdiction. Local authorities are legally required under UK law to safeguard and promote the welfare of children within their locality who are in need. The "children's services" department is the organizational branch, within each local authority, charged with delivering on these duties. Children's services' social workers, and their managers, are therefore responsible for dealing with referrals of concerns for children, assessing whether referred children are in need and/or at risk of harm and providing services to both support families and ensure children are prevented from experiencing harm.

The current study took place within five local authority children's services departments across England. Each was engaging in a process of redesigning their child welfare provision in line with a systemic social work practice model, known commonly within the UK as Reclaiming Social Work (RSW). Originally developed in the London Borough of Hackney, RSW is a whole-system reform that aims to deliver systemic practice in children's services (Goodman and Trowler, 2011). With the support of a social enterprise, Morning Lane Associates (MLA), all five had moved to

implement systemic models of practice. The current study draws on a wider independent evaluation of this service reform that was designed to assess the degree to which systemic practice had embedded and had improved practice and outcomes for children and families (Bostock et a.l, 2017).

A key element of RSW, as rolled out within the five local authorities, included a recruitment and development programme for 50 new consultant social workers known as CSWs (10 per children's services department). The CSW role is a relatively new role within the UK, introduced to recognise the importance of retaining good quality, experienced social workers within frontline practice. It enables social workers to progress in their career by taking on a more supervisory, management role while remaining case-holding and continuing to practice with children and families. In this project, CSWs were recruited to supervise small multi-disciplinary teams, known as systemic units. They were provided with a 9-day development programme that was tailored to practising systemically within the child protection social work context. The programme focused specifically on practice leadership, with a central focus on supervision and the management of systemic units. Where available, CSWs were supported to embed systemic practice by a clinician trained in systemic family therapy but maintained managerial oversight of cases.

In the original model, systemic units consisted of the following members: one CSW; one social worker; one child practitioner; one unit coordinator; and one clinician who generally works across half time across two units (see Table 1 for explanation of roles). In practice, size and make-up of units varied across the five children's services departments participating in this study. Variations reflected the degree to which RSW was embedded as well as resources available e.g. units tended to be larger and more than one social worker per unit noted (Bostock et al., 2017). Group supervision was practiced by the systemic units, in meetings known as unit meetings. Unit meetings were led by the CSW and where available, supported by a clinician. Unit meetings were viewed as an essential method of embedding systemic practice and were used to either fully replace or supplement one-to-one supervision sessions within each respective children's services department. To assess the quality of this key practice forum, a new method was developed for evaluating the

quality of systemic group supervision. This paper describes the development of this method.

Table 1: Members of a systemic social work unit

1. A consultant social worker – has a degree in social work, leads the unit, has ultimate responsibility for case decision-making and provides expertise and practice leadership.

2. A qualified social worker – who is a person with a social work degree and works directly with families to enable change.

3. A child practitioner – who may not be social work qualified but also works directly with families.

4. A unit coordinator – who provides enhanced administrative support, rather like a personal assistant and acts as first point of contact for families.

5. A clinician – who is generally a qualified systemic family therapist, providing both therapeutic input for families and also offers clinical supervision to the unit.

Forrester et al., 2013, p.3

2.2 Research Procedure

2.2.1 Data Collection

As part of the evaluation study, a total of 29 observations of supervision were assessed for quality across the five local authorities (see Table 2). Roll-out of the RSW model varied by local authority, hence systemic supervision was introduced earlier in some children's services departments than others. This is reflected in data collection, with number of observations obtained ranging from 2 to 11. Data were collected between May 2015 and March 2016.

Observations were not audio recorded but based on detailed field notes. Direct observation based on field notes was chosen to protect the confidentiality of families. Field notes were a pragmatic response to this challenge as well an established method for collecting research data. Field notes were recorded by research staff who had a good understanding of supervisory practice, including a qualified social worker and an experienced social work manager as well the lead author with a background in supervision research. Field notes were regularly reviewed by the lead author discussed in research team meetings to ensure consistency of the approach. Notes

were made contemporaneously and aimed to capture "live conversation" verbatim between participants about cases being discussed. In line with Spradley's (1980) principles of observation, researcher reflections were recorded separately, although included in final analysis to illuminate themes.

Table 2: Number of group supervision observations by local authority

Children's service department	Number of observations
Local authority 1	3
Local authority 2	2
Local authority 3	10
Local authority 4	3
Local authority 5	11
Total	**29**

2.2.2 Sampling and profile of the participants

In all local authorities, unit meetings occurred weekly and were attended by a small multi-skilled team including in some, but not all, an appropriately qualified clinician. To observe a range of unit meetings, sampling was undertaken purposively. Systemic units (n=27) were primarily based in targeted child in need (CiN) services with a further two located in assessment services (services located at the "front-door" of children's services which undertake initial assessments of risk to children).

In total, 185 frontline practitioners agreed to participate in the study across the 29 observations. Group case discussions sessions varied in the number and professional role of participants, reflecting the diversity of unit structure across the five local authorities. A median of six professionals were present at each observed supervision session; with a minimum of 4 and a maximum of 8. Total professional participants are broken down by role in Table 3. The other category included visiting professionals such as health professionals or managers from other teams.

Table 3: Role and number of participants in unit meetings

Role	Number
CSW	28

Social worker	86
Child practitioner	12
Clinician	13
Unit coordinator	28
Other	18
Total	**185**

2.2.3 Overview of observed supervision sessions

Observed unit meetings lasted between 1.5 and 4 hours, with an average duration of just under 3 hours (2.88). In total observations covered a total of 270 case discussions, with an average of 9 case discussions per supervision session. On average case discussion lasted 25 minutes.

All cases involved multiple and complex issues, including parental mental health problems, parental alcohol and drug misuse, criminal behaviour of parents, poverty, housing and immigration issues. Risks faced by children included emotional abuse, including witnessing domestic abuse and/or criminal behaviour such as drug dealing, neglect, sexual abuse and exploitation and physical chastisement.

2.2.4 Ethics

The wider study received ethical approval via the Faculty of Health and Social Sciences' ethics committee from the lead author's university (reference number IASR 25/14). At the beginning of the group supervision session, units were informed of the purpose and method of the research and the university's policy of anonymity and confidentiality for both themselves and the families that they discussed. They decided, collectively, as a group whether they wished to participate.

2.3 Developing the supervision quality framework

Given the paucity of established literature on systemic social work practice within children and families social work, and the compounding lack of research evidence on how to assess the quality of social work supervision, the onus was placed on the research team to develop an entirely new framework for observing group

supervision. This framework aided researchers observe and subsequently, evaluate the quality of systemic supervision sessions.

The development of the framework for assessing quality had three stages:

1. initial development, including consultation with stakeholders
2. application of the framework during "live" observations of supervision
3. assessment of observational data to arrive at a quality rating.

2.3.1 Stage 1: Initial development

Initial development was based on three inter-locking features: pilot observations of group supervision; a review of the literature; and interviews with expert stakeholders. Ten pilot observations of supervision sessions across the participating local authorities were undertaken. Pilot observations were unstructured in nature and were carried out to gain familiarity of the phenomenon under research. At this point, researcher field notes included initial impressions of the observed sessions such as focus of discussions, how participants interacted and general comments on "climate" within the sessions e.g. the degree to which they felt collaborative. While invaluable in developing a structured observation methodology, data from these observations were ultimately not included within the 29 reported observations of supervision.

Researchers also reviewed literature on systemic social work practice. Although little empirical evidence about systemic social work supervision was identified, as noted above, this review identified the importance of exploring risk to children from multiple perspectives to generate ideas – or hypotheses – about a family's situation to invite change for children (Goodman and Trowler, 2011; Koglek and Wright, 2010). Such understandings were used to frame discussions during subsequent interviews with experienced systemic practitioners.

Researchers also conducted focused interviews with experienced practitioners and educators in systemic family therapy and systemic children and families social work practice (n=4). Two practitioners were MLA Associates, one of whom led the CSW recruitment and development programme; this programme included modules on working together as a systemic unit and supervisory practice within unit meetings.

Interviews were focused on ascertaining what experts believed were the fundamental building blocks of effective systemic group supervision within the child protection context. Interviews then progressed to identifying what observable behaviour or "talk" would be indicative of these domains being present. In this way, the process of developing the framework was cyclical rather than linear, with each method of investigation informing future research encounters.

2.3.2 Stage 2: Application of the framework to "live" supervision

Findings from the initial development stage identified six essential domains of systemic group supervision: relational nature of family problems; voice of the child and family; risk talk; curiosity and flexibility; intervention; and collaboration (see Table 4). The domains were used to structure the development of an observation schedule, with each domain briefly described to guide researcher observation. Researchers made verbatim notes, using the language of participants to provide concrete examples of how each domain was enacted in case discussions.

Table 4: Domains of systemic group supervision

Dimension	Description
Relational nature of problems	Are identified "problems" being considered within the context of a system? To what extent are the relationships **between** people discussed? To what extent are these linked to wider systems (community, schools, ethnicity etc.)? How do workers see themselves in this situation? Are they thinking about their own professional position within the system and how this affects relationships?
Voice of the family	Is the family "present" in the conversation? Are the child's needs, wishes and feelings incorporated into the conversation? Were the views of different parties considered, and if they different, how did workers discuss resolving these differences in perspective?

Risk talk	How is "risk" raised and discussed? Is it viewed as a static label (e.g. a person being a risk) or are risks discussed as dynamic and understood within relational context? How do actions and inactions impact on risk within the family? Did the unit talk about family strengths?
Curiosity and flexibility	In what ways do participants demonstrate curiosity about families? Do they have fixed ideas or challenge taken-for-granted assumptions? Do they explore multiple possibilities and perspectives, including those of the child and family (which may in turn not be unanimous)? How do they approach practice dilemmas or unknowns? How is the group generating new ideas or hypotheses?
Intervention	How do participants develop their hypotheses into clear, actionable conversations with families? Is there clarity of purpose about how these conversations will influence the family system and effect change for children? Conversely, if it was agreed not to intervene, in what way was this connected to their understanding of the family and wider systems?
Collaboration	What evidence is there that the group was working collaboratively? Who were the most vocal and did this differ between practitioner role? How were ideas being shared and received? Where workers challenged each other, how was this done and was this responded to?

2.3.3 Stage 3: Assessing quality of supervision

The third stage analysed researcher field notes to develop a framework through which the present – or future – observations could be evaluated. To minimise researcher bias, all identifiable information relating to the researcher, particular local authority or particular systemic unit were removed. In addition, researchers did not

review their own field notes. Each researcher "blind" reviewed 9 or 10 observation records.

At this stage, it was agreed by the research team to loosely classify the observation records as "higher quality"; "medium quality"; and "poorer quality". "Quality" in this context refers to our initial assessments of the standard or rank order of supervision e.g. better or poorer quality rather than inherent attributes or "qualities" associated with supervision. Each reviewer made their own notes on themes and applied the above quality rating to each record reviewed. Once reviewed, the reasons for classification were discussed and differentiating features identified. In this way, researchers were able "compare and contrast" themes within the data, as well as explore the significance of absence of data as is its presence (George, 1959; Glaser and Strauss, 1999). For example, some limitations with the research data were identified: there was often an absence of verbatim notes within observation records assessed as "poorer quality", perhaps reflecting more limited case discussion by group members – it's hard to record what's missing in conversation. Nevertheless, based on these discussions, the following three-point ordinal system for describing and rating quality was devised.

This system categorised systemic supervision in the following rank order:

1. **Non-systemic**: Descriptions of the group supervision indicated a session had no indication of systemic interaction and conversation between participants.
2. **Green shoots**: Those observation records that described a high level of systemic interactions across five out of the six domains, most notably the use of hypothesising to explore risk to children from multiple perspectives, including families and other professionals.
3. **Systemic**: Those observation records that described a high level of systemic interactions across all six domains, principly characterised by a move from hypothesis generation to clear and actionable conversations with families.

The term "green shoots" is a widely used metaphor in the UK that refers to signs of new growth. It is most closely associated with signs of economic growth but is used more generally to indicate optimism about any type of early development. In this

context, "green shoots" is used to describe supervisions that were assessed as showing encouraging signs of systemic practice but yet to reach their full potential.

The 29 observation records were reviewed again for a second time and quality assessed using the newly developed three-point scale. Individual researcher assessments were collated and coding scores compared. This revealed a high level of agreement across the categories. This agreement perhaps reflects the process of collaborative knowledge building as team about supervisory practice quality. It also enabled the research team to say with some confidence which unit meetings were operating systemically and importantly, articulate and agree the reasons why.

For a session to be assessed as systemic, the following features were recorded:

- Patterns of family relationships and narratives were actively explored

- Family relationships were set within the wider social context

- Child and family focus were present within the conversation

- There was clarity around potential risks to the child/ren

- Discussion was curious and reflective e.g. open to different ways of thinking about the family

- Generation of different hypotheses and/or evidence of challenging established theories about the family

- Development of hypotheses into clear and actionable conversations with families

- Discussion was collaborative and involved all group members, although recognised that unit coordinator may not always fully contribute.

Where systemic group supervisions were assessed as "green shoots" all the above elements were observed, bar one crucial aspect: the development of hypotheses into clear and actionable conservations with families. Group supervisions that were assessed as "non-systemic" were: markedly less curious about family relationships; made fewer attempt to generate hypotheses; and actions process-based e.g.

arrange a visit with the child at school (see Table 5 for summary of quality ratings by domain).

Table 5: Supervisory quality assessment by domain

	Non-systemic	Green shoots	Systemic
Relational nature of family problems	✗	✓	✓
Voice of the child and family	✗	✓	✓
Risk talk	✗	✓	✓
Curiosity and flexibility	✗	✓	✓
Intervention	✗	✗	✓
Collaboration	✓/✗	✓	✓

3 Findings

How did we rate the meetings that we observed and what did we hear in group supervision that supported our conclusions? The following sections provide our assessment of supervisory practice quality and provide examples by domain of the three different quality categories: "non-systemic", "green shoots" and "systemic".

3.1 What is the quality of group supervision?

The quality rating of supervisory conversations was grouped as follows: 8 as non-systemic (28%); 12 as showing a demonstrable incorporation of systemic ideas into interactions (41%); and 9 supervision sessions demonstrating a full incorporation of systemic conversations and practice (31%). These groupings reflected the degree to which unit meetings – or group systemic supervisions – were operating systemically.

Across the study sites, the structure of unit meetings was remarkably similar. In each of the meetings observed, the social worker would present their case, often pose a dilemma for the group to consider such as how best to approach the family or how to progress engagement in an area where the practitioner was feeling "stuck". However, there were marked differences in how participants understood the relational nature of problems and how this influenced subsequent risk assessment, critical analysis and action planning with children and families.

3.2 Relational nature of problems

This domain sought to capture an inherent aspect of systemic social work: that problems and conflict are viewed as being the result of patterns of behaviour between people and groups, rather than as located *within* any one individual. A central locus of these dynamics is of course the family, both immediate and extended, but observers were also directed to consider and record ways in which observed supervision sessions extended this to wider systems, such as the immediate community and schools.

In this example, a young person had attempted suicide through a drug overdose. There were significant mental health issues in both the child and parent generations of the family, including schizophrenia and anxiety disorders. The CSW invited the social worker to draw a genogram on a flip chart at the front of the meeting room. This outlined the significant relationships in the family, but also highlighted that there were several significant persons of whom the unit knew nothing about. The CSW commented that: "*we can see that we don't know enough about this family, there's lots of question marks, but now at least we can see those gaps*".

Relationships between members of the family were considered and the CSW reflected: "*I'm curious about what are the intergenerational stories about mental health; what happens when the child tries to talk about how she is feeling?*" and "*how does mother respond to the possibility that her child may have mental health issues?*" While a social worker wonders: "*how has mental health been framed to mother and how may this impact on her own responsibilities to [child], which leaves [child] feeling unsupported?*" (systemic supervision, LA5). Such questions enabled the workers to focus on the inter-relationships between family members but also how narratives around mental health problems may have been constructed within the family network.

In non-systemic supervisions, practitioners made noticeably fewer mentions of the relationships between family members or how the wider context might be impacting on children and their families. For example, '*discussion focused on the mother and how she dealt with stress around her housing situation [the family had been moved*

for their own safety]. Children were only briefly mentioned. No mention of the father or extended family and little discussion of family as part of the wider system, apart from the impact of housing decisions' (non-systemic supervision, LA1, researcher notes). Such lack of attention to the relational nature of problems tended to individualise difficulties, miss the importance of context and crucially, side-line the experience and perspective of children and young people.

3.3 Child and family focus

Children and families were not invited to participate in unit meetings. Therefore, understanding their unique family situation, experiences and perspectives was presented via the lens of safeguarding professionals tasked with protecting their interests. Child – and family – focus was made tangible via attention to potential risks but also through hypotheses generation and planning conversations with families. In this example, practitioners reflected on how best to assess risk and manage a child's wishes and feelings when confronted with pressure from in this case, Court.

The Family Proceedings Court [the Court that deals with family matters such as disputes between parents concerning the upbringing of children in the UK] had asked the social worker to support contact between a child and their father. However, the worker was conflicted about their role. The social worker described the child as *"visibly anxious"* while the Court decided about residency arrangements and was *"visibly relieved"* when the mother was awarded residency on a full-time basis. The social worker commented, *"I've said to [child] that I am not going to force her to see her father, it's her choice at the end of the day"*. The clinician responded by asking: *"are you saying that you think her dad could be detrimental to this child's welfare?"*. The social worker affirmed this, prompting a discussion about the "unknowns" in the relationship between father and child (systemic supervision, LA5). Discussing what children might be thinking and feeling and the nature of family relationships rippled through such conversations. This contrasts with non-systemic supervision which tended to be more parent-focused and task or procedurally-based.

3.4 Clarity about risk to children

One of the critical features of child protection practice is the demand to continually assess risk, make decisions and act to minimise harm to children. Observers were

directed to record **"risk talk"** within group supervision sessions, including what issues were raised as risks and how these risks were viewed. In unit meetings assessed as systemic or green shoots, risk was viewed as dynamic rather than as "static" or a "known fact" and emphasis placed on exploring risk from multiple perspectives, including drawing on expertise held by family members and other professionals. In these conversations, there was an active focus on known risks, exploration of family strengths as well as identifying "unknown" factors or uncertainty.

In the following example, social workers were supporting a sibling group that had experienced intra-familial sexual abuse. However, the social worker acknowledged that they still did not fully understand the family's view of sexual abuse or how power was understood and experienced in the family. The worker identified that there was a specific gap in knowledge about how the youngest child in the family was thinking and feeling. At the same time, the clinician noted the strengths and reminded the group of their previous work with the family and observed: *"the children have got something good from this family"* (systemic supervision, LA4).

The clinician asked the case-holding social worker, *"what is the risk in this case?"* The social worker identified that there was a risk associated with a recent friend of the mother, a man who had a previous conviction of attempted murder of a then partner. The CSW advises the social worker to undertake a deeper risk assessment of the relationship and offered some guiding questions to ask the mother: *"What did you think when you found out? Why would you stay with him after finding out? How do you see the place of the children in this relationship? What support do you need?"*

This contrasts with practice in non-systemic unit meetings. In the following example, a "risk direction tool" was used to score parental risk on a scale of 1 – 10. The tool prompted members to think about a series of risk factors such as "inadequate or neglectful parenting", "parental drug or alcohol use" etc. and protective factors, such as "protective adults in the child's life" and "support services" in place. Assessments were entirely based on professional judgement and no attempt made to hypothesis about what might be happening for the child within the family. The researcher noted *'I wonder what children and families would think of their "scores", if told them, or*

asked to score themselves? This wasn't mentioned and so I presume isn't the case' (non-systemic supervision, LA1, researcher notes).

3.5 Curiosity and the role of hypothesis generation

The domain curiosity and flexibility asked observers to capture evidence of how members of supervision groups discussed their understanding of the case. Given the interpretivist and social constructivist theoretical perspective of systemic practice, hypothesising was an importance feature of unit meetings and enabled participants to generate multiple perspectives on risk and different explanations of *why* relationship patterns might be occurring within the family. In systemic unit or "green shoots" meetings, conversation was open and curious about family relationships and workers willing to have their perspectives challenged. The group worked together to think reflexively about risks to children and what family members might be thinking and feeling about their unique situation – as well as how their own thoughts and feelings might be impacting on their practice.

Such conversations were marked by their curious stance with practitioners encouraged to think critically about their assessment of the family situation. It was typical to hear practitioner start questions with *"I'm curious about…."* In the following example, the children had been experiencing neglect and a decision had been made to move the case into Public Law Outline, the legal stage before formal care proceedings. The social worker described feeling 'stuck' and at a loss about to engage further with the family, recognising that her own feelings were preventing her think clearly: *"There's something they do to me – I feel less clear"*.

The relationship between each child and parents was discussed and the group invited to generate hypotheses and questions: *"I'm curious about why mum is neglecting her children?"; "If she knows they are being used is it easier to keep them at a distance?"; "Who protected her as a child?"; "What does protection mean to her?"; "Does she avoid [engaging] as a way of protecting herself from having to talk about things?"* (systemic supervision, LA4). Hypotheses were designed to support the social worker practice more reflexively with the family and support positive change for the children.

In unit meetings that were assessed as non-systemic, conversations were markedly less curious and fewer attempts were made to generate hypotheses e.g. *'workers appear closed to new ideas because it may increase their workload'* (non-systemic supervision, LA3, researcher notes).

3.6 Moving from hypotheses to actionable conversations with families
The defining feature of systemic unit meetings was the move from hypotheses to actionable conversations with families. A range of actions were observed including exploring family relationships through use of genograms to active pre-planning of conversations. In these discussions, actions were directly linked with hypotheses and the focus of social work intervention discussed e.g. *"what are you hoping to explore in this next visit?"* (clinician) to which the social worker responded, *"what makes these changes different now, as compared to changes made previously?"* (systemic supervision, LA5).

Planning interventions in this way enabled practice to be more purposeful, with social workers invited to think about questions beforehand and prepare follow-up questions, depending on how families responded to questions posed. In this example, the group generated hypotheses about *why* a teenager mother was struggling to look after her baby on a limited basis:

"Is the mum's position as youngest child impacting on her ability 'to be an adult for one day a week'?" (Consultant social worker)
"Is she feeling guilty for not being able to parent her baby?" (Social worker).

Drawing on these hypotheses, the clinician suggested several circular questions; circular questions are designed to facilitate thinking about the perspectives of others in relationships. These questions were developed to help the social worker have a conversation with the mother about her goals and help her think systemically about relationships within her family e.g. *"what would your mum say if she was here?"* and *"what would the baby say?"* (systemic supervision, LA4).

In non-systemic supervision, actions were either not made obvious to the observer or were largely process-driven, fact-finding exercises such as arrange another visit to

the school. In meetings that were assessed as green shoots, interventions tended to be more inconsistently linked with hypotheses generated. There were also isolated examples of this in systemic unit meetings. For the example, in the Public Law Outline case described above, discussion became *'bogged down in what the parent needed to do in the lead up to court proceedings and what would happen if she didn't do these things'* (systemic supervision, LA4, researcher notes). This perhaps reflected the inherent tension experienced by social workers attempting to practice more systemically within the wider more adversarial child protection system. In other words, it was more difficult to practice collaboratively with families when the Courts had directed what parents needed to do in the best interests of their child or children.

3.7 Collaborative nature of unit meetings

The systemic unit model is premised on collaborative, curious and open discussion about children and their families and collective decision-making around cases. Given the group dimension of supervision sessions – a key aspect that marks it apart from more traditional forms – the observation schedule also directed researchers to capture evidence of collaboration between different members of the group. In systemic supervision, conflict is actively managed by promoting the generation of hypotheses, challenging assumptions about families and focused on modifying practice accordingly. Collaboration in this context was more than about simply "getting on with each other" but rather about fostering respectful discussion to ensure the best support for children and families.

In this example, the CSW, case-holding social worker and clinician debate how best to support a child subject on a child protection plan. The CSW suggests that given the paternal grandfather is a significant figure in the child's life, the social worker might consider approaching him to explore his experience of the family and what support he might be able to offer the child. The social worker is resistant to this idea, advising that the child's father has been clear that he does not want the paternal grandfather to be involved.

The CSW approaches this in different ways: at first advising that since the child is subject to a child protection plan, the social worker can require that she has contact with the grandfather. The social worker is reluctant to pursue this course of action,

reflecting that she has spent time building a relationship with the family and doesn't want to jeopardise this by *"bulldozing over them with an authoritarian approach"*.

The discussion continues with the clinician suggesting that rather than feeling that she has to gain access to the grandfather, the social worker could consider what kind of conversations with the child's father might lead to a conversation about speaking to the grandfather. The discussion concludes with the CSW advising the social worker*: "I want to be able to relieve you of feeling that you <u>have</u> to come back next month and have had that conversation with the grandfather… [rather] I want you to be curious about that relationship with this Dad"* (systemic supervision, LA4).

Even in non-systemic unit meetings, collaboration was observed and discussion invited e.g. *"my score is a 3 but you can disagree"* (non-systemic supervision, LA1). However, collaborative discussion was often more limited, perhaps because units were functioning less well as group. In some cases, the CSW appeared to struggle with managing domineering group members which served to limit discussion and in other cases, because the CSW dominated discussion and decision-making at the expense of the group.

3.8 Non-judgmental practice

One of the most striking features of systemic supervisions was not only the collaborative but also non-judgmental nature of discussion, even in the most emotionally charged situations. This was not captured on the original structured observation schedule but recorded as a consistent feature of systemic supervision. In the following example, the baby was due to be removed at birth due to concerns about parental mental health and child welfare. The group agreed to divide the multitude of procedural tasks to share the emotional responsibility. The discussion is concluded with a reminder by the clinician to avoid becoming enmeshed in a *"fixed narrative of hopelessness, [this case] is problem-saturated, so we will need to look for tiny bits of hopefulness"* (systemic supervision, LA4). The opportunity to challenge taken-for-granted assumptions, manage professional thoughts and feelings and share responsibility as a group underlined the collaborative - but also non-judgmental - nature of supervision that was operating systemically.

4 Discussion

Supervision is one of the core accepted processes of the social work profession, within services to adults and with children and families. Given this widespread acceptance, it is striking that there is little research evidence on what actually occurs within supervision and what elements of these interactions are beneficial or not to a range of stakeholders; not least professionals themselves and critically, for people using services. In the absence of understanding what happens *within* supervision sessions, researchers are left with a "black box" (Nidhra and Dondeti, 2012) whereby the phenomenon is understood only by its input (attending supervision session(s)) and output (differences in worker either internally or behaviourally). This dearth of knowledge leads to significant difficulties when then attempting to untangle and understand studies of impact and effectiveness. That is, without a means of assessing quality, or at least fidelity to a particular model of practice, researchers cannot reliably infer that a category of intervention has actually taken place or has taken place to any degree of either uniformity or adequacy (Rowe et al., 2013).

This paucity of research knowledge has wider and more profound consequences in practice; without an evidence-based understanding of what models and practices within supervision are most helpful to social work practice, social work agencies will continue to be at a loss as to *how* to best utilize the supervision space to support their workers and service users (Wilkins et al., 2018). Furthermore, practitioners and service leaders cannot implement intended service and practice changes to any degree of reliability if they are not equipped with the means to assess and evaluate whether changes are actually taking place and formatively review progress.

While there is a small body of literature on group supervision that identifies its potential for practice learning for social work students (Alschuler et al., 2015; Arkin et al. 2007; Bogo et al., 2004; Geller, 1995; Walter and Young, 1999; Wilbur et al., 1991), group supervision has received less attention within the literature on child protection social work (Leitz, 2008). Furthermore, it has continued to be a sub-category that is devoid of study that seeks to understand and evaluate what happens within supervisory sessions in terms of theoretical frameworks relevant to the mode of group supervision being investigated (Carpenter et al., 2013a; Wilkins et al. 2016).

This meant that the research team were required to inductively design and apply a novel observation framework to 29 "live" observations of supervision.

Several limitations should be noted in the current study. First, the majority (72%) of observations were made in LA3 and LA5. This reflected the realities of "real world research": LA2 and LA5 did not fully implement the unit structure until toward the final months of the evaluation study, while an extended period of researcher sickness limited opportunities to observe unit meetings in LA1. Secondly, the observation schedule was better able to capture what was said – rather than not said by participants – it's hard to make field notes on missing features. Finally, although field notes are a tried and tested method of collecting research data, the use of audio-recordings of supervision may have aided analysis of both non-systemic and systemic interactions. Nevertheless, the observation and analysis framework was an effective method to capture and code key features occurring within supervision that were indicative of systemic thinking and practice. In generating a basis for differentiating between the quality of observed supervisions, the research team began the formation of an evaluative system for understanding systemic supervision as "non-systemic", "green shoots" and "systemic" supervisory practice.

5 Implications and conclusions

As systemic practice continues to be rolled out by social work service providers across the UK and Europe (Aaltio and Isokuortti, 2018; Cameron et al., 2016; Dugmore et al., 2018; Laird et al., 2017; Wilkins et al., 2018), these findings are significant in providing a foundation for beginning to refine our understanding of systemic social worker practice and what mechanisms support its implementation and effectiveness (Bostock et al., 2017; McNeish et al., 2017). For practitioners, the findings of the current study also provide a platform upon which to develop and understand systemic supervision within their own organizations and teams.

The current study also adds to a small but growing body of evidence that indicates that there may be more fundamental characteristics of successful or effective supervision within children and families social work. For example, Wilkins et al. (2018) note that where supervision sessions scored well within the domain "support for practice", subsequent direct practice with families was improved. This builds on

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and supports findings from our wider evaluation study that where supervision was assessed as "green shoots" or "systemic", practice quality was significantly better (Bostock et al., 2017). These findings are critical to our understanding of the relationship between supervision and direct practice and what differentiates "good" practice in supervision.

So, what it is about effective supervision that creates "support for practice"? We found that the most noticeable feature of systemic supervision was the way in which group members were able to use this as a "rehearsal space" to plan conversations with families. Although there is a strong emphasis on reflective practice within the literature on social work supervision, the importance of moving from reflection to action remains underdeveloped (Earle et al. 2017).

In social work, conversations with children and families can be conceived as central to the intervention. This means that the way in which workers communicate with families is critical to their engagement with children's services. This is why the focus on planning questions to ask families was so striking. Workers would draw on the expertise of colleagues to actively plan their conversation with families: they would identify questions to ask, imagine how a family might respond and reflect on their options in response. This provides the foundation for more purposeful, effective practice with children and families.

This paper contributes to a small but growing number of studies that explore what happens within supervision and what are common domains of successful supervisory practice. This is particularly interesting, given the different theoretical and perspectives and research approaches taken, and may give credence to further exploration into a fundamental definition and description of "good social work supervision". This opens up opportunities to explore supervision as a dynamic and interactional process, rather than a "black box" of input and output and presents significant opportunities for future research and practice. This includes investigating the impact of supervision quality on quality of direct practice with clients and assessing whether the conversations that are held with supervision are indeed transferred into conversations with children and families. With an expanded and evolving vernacular to define and explore our object of study, we – practitioners and

researchers – are better equipped to understand *how* supervision impacts practice and outcomes for children and families in contact with child protective services.

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