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1. Introduction

Supervision has been described as the “pivot upon which the integrity and excellence of social work practice can be maintained” (Hafford-Letchfield and Engelbrecht, 2018: 329). In recognition of its importance, supervisory standards have been developed to articulate and support professional supervisory practice in social work settings across the globe. Unguru and Sandu (2018) conducted a recent review of international frameworks for best practice in social work supervision developed in Aotearoa New Zealand, Australia, Canada, Romania, Singapore, the UK and USA. They found that social work supervisory guidance was relatively uniform across the world. In line with Kadushin and Harkness’ (2014) definition of supervision, they found that standards focused on the following three functions: administrative case management, including the recognition of the mediatory aspects of supervision whereby supervisors acted a bridge between individual social workers and the organisation; personal support to provide a safe space to explore the emotional impact that social work can have on practitioners and in turn, how their emotional state might be impacting their practice; and education, to enable reflection on and learning from practice with a view to identifying the best solutions and achieving positive outcomes with clients experiencing difficulties (Unguru and Sandu, 2018). Such frameworks are premised on the assumption that there is a direct link between supervisory practice and direct practice between social workers and people using social work services. Yet, international reviews of the literature on social work supervision have struggled to identify studies that explore this relationship (Carpenter et al., 2013; Bogo et al., 2006; O’Donoghue and Tsui, 2012). In part, this may reflect difficulties unraveling the distinct impact of supervision on worker practice or client outcomes, but it may also reflect an underlying preoccupation with the impact of supervision on outcomes for workers and organisations.

Where effectiveness evidence exists, most supervision research focuses on the impact that supervision makes on workers, often relying on supervisee self-reporting, rather than differences made to their practice or outcomes for clients (Banuch, 1999; Collins-Camargo and Royse, 2013; O'Donoghue and Tsui, 2015; Wheeler and Richards, 2007). For example, Lietz (2008) used self-report questionnaires to assess the impact of a newly introduced group supervision model on practitioner critical thinking. She found that the level of perceived critical thinking amongst practitioners

had increased following the introduction of the new model. However, the study did not account for whether this learning had been transferred into practice *with* and *about* families. Therefore, we cannot know if practitioners naturally perceive themselves as thinking more critically by simply being part of a project designed to help them think more critically. By interpreting supervisee perceptions in this way, rather than supervisee practice, researchers are at risk of over-attributing the impact of supervision on one of its primary functions: shaping practice. Conversely, calls from reviewers such as O'Donoghue and Tsui (2015) to focus greater attention on the impact of supervision on client outcomes, while perhaps justified, runs the opposite risk: identifying statistical associations without theorising the process through which such associations take effect.

Nevertheless, where correlational studies have been conducted, associations have been identified between worker ratings of supervisory skills and alliance with improved client goal attainment (de Greef et al., 2019; Harkness, 1995). Critically, client-focused supervision – that is supervision that used questions designed to help staff explore client's understanding of their presenting problem – was associated with improved client satisfaction with goal attainment, worker helpfulness and working alliance (Harkness and Hensley, 1991). To explore this relationship further, this paper presents correlational data on the relationship between supervision quality and direct practice quality to assess whether there is an association between the two practice areas. It tests the hypothesis that there was a positive association between supervision quality and direct practice quality, with supervision rated as higher quality associated with more highly skilled practice in people's homes and conversely, supervision rated as lower quality associated with lower skilled practice. The paper is based on an exploratory study that presents correlational data on the relationship between supervision quality and direct practice quality. It focuses on one specific sub-category of the wider supervision practice and research literature: systemic group supervision or "systemic supervision" and is based on a wider evaluation of systemic work practice in the UK (Bostock et al., 2017). The paper pairs observations of "live" systemic supervision (n=14) and observations of home visits (n=18) that were independently assessed for quality to build knowledge on the practice shaping function of supervision within child and family social work.

1.1. What is systemic supervision?

Over recent years, there has been an international move towards developing new, more therapeutically informed models of practice within child and family social work. In Aotearoa New Zealand, Australia, the UK and US, the following new approaches have evolved: restorative practice (Pennell, 2006); motivational interviewing (Luckock, 2017); signs of safety (Turnell and Edwards, 1999); and solution-based casework (Antle et al., 2008). Within the UK, systemic social work practice has been the focus for reform in many services (Cameron et al., 2016; Laird et al., 2017; McNeish et al., 2017). Systemic social work practice is informed by the principles of systemic family therapy but adapted to the child protection context. It is a relational and strengths-based approach that positions service users as experts in their unique family situation. Within systemic approaches, families are understood as systems rather than individuals, with the family system interacting with the wider economic and social context including extended family, local community or professional systems (Forrester et al., 2013).

Consequently, a key concept in systemic theory is considering multiple perspectives and multiple possibilities. Systemic group supervision or systemic supervision provides the pivotal practice forum for understanding risk to children and planning interventions to support families. It is a group-based forum whereby children and families are discussed by the team. Like other forms of supervisory practice, it is designed to provide the most effective service to clients as defined by national and organisational professional standards in social work (Carpenter et al., 2013: 1844). However, in systemic group supervision the organisation's mandate to the supervisor is implemented *in the group* and *through the group* (Kadushin and Harkness, 2014: 275). Group supervision has been identified as a model that lends itself well to enhanced critical thinking, both to better understand practice or assess the difficulties that clients face (Beddoe and Davys, 2016). However, the overwhelming emphasis within the supervision literature has been on the learning potential that group supervision models afford to 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), with the notable exception of qualified social workers by Lietz (2008). This may reflect that group supervision is less prevalent within child and family social work, hence subject to less research. Nevertheless, group supervision appears to be

gaining transaction as a practice forum within child welfare services and has been identified as a core component of some strengths-based family-centered practice models (Lietz, 2013; Lietz, and Julien-Chinn, 2017; Lietz and Rounds, 2009).

Systemic supervision is a multi-disciplinary forum generally made up of senior social workers, social workers, child practitioners and a clinician trained in systemic family therapy. It is led by a senior social worker, known as a consultant social worker (CSW) who has supervisory and management responsibility and where available, supported by a clinician with advanced expertise in systemic practice (Forrester et al., 2013; 2017; Dugmore et al., 2018; Cross et al., 2010). The purpose of this multi-disciplinary supervisory forum is to explore risk to children from multiple perspectives - including families and other professionals – and enables practitioners to "think aloud" or reflect with colleagues about their practice and suggested interventions (Beddoe and Davys, 2016). This enables practitioners to generate multiple explanations and surface multiple solutions for the difficulties 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. What is the quality of systemic supervision?

To assess the relationship between supervision and direct practice, it is necessary to define and rate practice skills evident in both forums. Wilkins et al. (forthcoming) have developed a framework for coding the quality of one-to-one supervision. Interestingly, Wilkins et al. (2018) applied this framework within an exploratory study of newly-instigated systemic group supervision and compared supervision quality with the quality of direct practice within people's homes. This framework categorizes supervision quality as "supportive of practice" - practice that is focused on the "what, why and how" of social work - and "other–focused" – supervisory practice that is lacking in curiosity and the sense that social worker's practice is his or her responsibility alone. Wilkins et al. (2018) found significant associations between systemic supervision that is supportive of practice and two dimensions of direct practice: overall practice skills and the use of good authority e.g. practice that was more purposeful, child-focused and risks to children better articulated. Crucially, they were able to triangulate data on supervisory and direct practice quality with questionnaire data collected from parents. They found that where supervision was

assessed as practice focused, parents reported higher engagement, improvements in life rating over time and greater goal agreement with social workers. These differences were significant for goal agreement but not for the other variables. Wilkins et al. (2018) conclude that this provides evidence for a “golden thread” between quality of supervisory practice, direct practice and parental engagement and goal-agreement.

These findings are critical to our understanding of the relationship between supervision and direct practice and what differentiates “good” practice in supervision. More recently, we have described the development of coding framework designed specifically to assess the quality of systemic supervision (Bostock et al., 2019). It was based on analysis of 29 “live” observations of group supervision across five local authority children’s services departments in England. Supervisory conversations were assessed as follows: 8 as non-systemic; 12 as demonstrating “green shoots” or a high incorporation of systemic ideas into interactions; and 9 supervision sessions demonstrating a full incorporation of systemic concepts and practice. To illuminate differences in practice quality, it presents qualitative data of practitioner talk within supervisory sessions. 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” (Bostock et al, 2019: 515).

In this paper, we argued that conversations with children and families can be conceptualized as central to social work intervention. It is through planned, purposeful and focused conversation that positive change for children can hopefully be achieved. This was why the use of supervision as a “rehearsal space” to plan such conversations with families was so striking. We observed that within systemic supervision, group members would draw on the expertise of colleagues to actively plan their conversations: together they would generate questions to ask the family, imagine a family’s response and reflect on what conversational turns might keep their interaction with the family child-focused, collaborative and curious about family dynamics and risk to children. Clinicians, in particular, seemed to play a pivotal role in supporting colleagues plan systemically-informed conversations with families. We argued that this approach within systemic supervision provides the “foundation for

more purposeful, effective practice with children and families" (Bostock et al., 2019: 523). This paper explores this assertion further and poses the question: what is the impact of systemic supervision on direct practice with families?

To address this question, we pair "live" observations of supervision and audio recordings of social worker home visits to families that were independently assessed for practice quality. This approach aimed to capture and evaluate *what happens* in these two respective practice fora and explore what relationship might exist between them. These data are analysed quantitatively to identify correlations in practice quality to assess how systemic thinking and interaction *within* supervision was reflected in subsequent practice with families *outside* supervision.

2. Method

2.1 Background

In England, local authorities have specific legal duties to safeguard and promote the welfare of all children in their area (Department for Education, 2018). Local authorities are local government organisations responsible for the provision of public services within their geographical jurisdiction. Within local authorities, "children's services" are the department 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 significant harm and providing services to both support families and ensure children are prevented from experiencing harm.

The current study took place across five English local authority children's services departments. Each was redesigning their child welfare provision in line with a systemic unit 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 social work practice in children's services (Goodman and Trowler, 2011). It draws on the wider independent evaluation that was designed to assess the degree to which systemic practice had embedded across the five participating local authorities and improved practice and outcomes for children and families (Bostock et al., 2017).

A key element of the RSW model is the “systemic unit”. In the original model, systemic units consisted of the following members: one consultant social worker; one social worker; one child practitioner; one unit coordinator; and a clinician trained in systemic family therapy who worked half time across two units (see Table 1 for explanation of roles). In the current study, the size and make-up of units varied across the five children’s services departments reflecting the degree to RSW was embedded and availability of resources e.g. units tended to be larger and more than one social worker noted (Bostock et al., 2017). Group supervision was practiced by the systemic units, in meetings known as unit meetings. Unit meetings were held weekly, attended by all available members of the multi-skilled team and lasted between 1.5 and 4 hours. This was viewed as an essential method of embedding systemic practice. To assess the quality of this key practice forum, a new method was developed for evaluating the quality of systemic supervision (Bostock et al., 2019). This paper explores the impact of systemic supervision on direct practice with families.

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., 2013b, p.3

2.2 Research procedure

2.2.1 Data collection

As part of the wider evaluation study, two data collection processes ran in parallel: observations of unit meetings and observations of social worker visits to families. In total, 29 observations of unit meetings and 67 observations of home visits with families were undertaken and analysed for practice quality. Within the wider sample, a sub-sample of unit meetings (n=14) could be paired with family visits (n=18) to explore the relationship between supervisory and direct social work practice quality.

Data were collected between May 2015 and March 2016. During this period, social workers were asked to invite families with whom they were currently working to participate in the research. Observations of unit meetings were undertaken and shortly after the meeting - where families consented - researchers joined social workers on a home visit (see Figure 1). Observations of unit meetings were not audio recorded but relied on contemporaneous field notes of researchers following a structured observation schedule (Bostock et al., 2019). Subsequent visits to families were observed and audio recorded by a researcher.

Figure 1: Outline of the research process

2.2.2 Sampling and profile of the participants

Participants included both systemic unit members and families receiving a service from their respective children's services department. Table 2 details participants by type. 18 families consented to have their conversation with their social worker observed and audio recorded by a researcher for future assessment of practice quality. The 18 families were a sub-sample of the wider sample of 67 families that agreed to participate in the evaluation study; overall response rate for the 67 families that participated in the wider study was difficult to specify because social workers

who invited families to take part did not always report if a family declined (Bostock et al., 2017).

Of the 18 observed home visits, all were with at least one parent and all involved a session with a mother. Additionally, six home visits also included a father or male partner of the mother. Six also had a child present during the visit. Of the 18 social workers who participated in recordings of home visits, four were male and fourteen were female. On three home visits the social worker was accompanied by a translator. In total, 10 home visits were statutory visits carried out under English child protection law; four visits were conducted as part of “child in need”, or voluntary service provision; and a further four were undertaken as part of an initial child in need assessment to gather information and analyse the potential needs of the child or children and to assess the nature and level of any risk of significant harm.

A total of 88 staff members participated in 14 observations of unit meetings (see Table 2). To observe a range of unit meetings, sampling was undertaken purposively. Systemic units (n=12) 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 and undertake initial assessments of risk to children). An average of 6.3 professionals were present at each observed supervision session; with a minimum of 5 and a maximum of 8. Response rate was 100% with all units and unit members agreeing to participate in the observation.

Table 2: Participants by type

Supervision		**Home visits**			
Professionals	**N**	**Family members**	**N**	**Professionals**	**N**
CSW	14	Mother	18	Male social worker	4
Social worker	37	Father/male partner	6	Female social worker	14
Family practitioner	4	Children and young people	6	Interpreter	3
Clinician practitioner	9				

Unit coordinator	14
Other	10

2.2.3 Analysis

Observations of unit meetings and observations of family visits were analysed using two bespoke coding frameworks. Structured observations of supervision and recordings of family visits were analysed independently. To further minimize bias, researchers were “blind” to which supervision sessions were paired with which family visits. The pairs were only matched once statistical analysis was to be undertaken to explore the relationship between supervision and direct practice with children and their families.

2.2.4 Coding framework for systemic supervision

The process of developing of the coding framework for systemic supervision had three stages: 1) initial development, including consultation with experts in systemic social work practice; 2) application of the framework during “live” observations of supervision; and 3) assessment of observational data to arrive at a quality rating. This process identified six essential domains of systemic supervision: relational nature of problems; voice of the family; risk talk; curiosity and flexibility; intervention; and collaboration (see Table 3 for an explanation of each domain). Quality was assessed using the following three-point ordinal scale: “non-systemic” where the session had no indication of systemic interaction and conversation between participants; “green shoots” or sessions that showed encouraging signs of development and demonstrated 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; and systemic supervision sessions demonstrating a full incorporation of systemic concepts and practice, principly characterised by a move from hypothesis generation to clear and actionable conversations with families. Observational data was “blind” reviewed twice for quality by three members of the research team and individual researcher assessments collated. Coding was focused on the overall conversation between unit members and quality assessed according to the number of systemic domains

covered in depth during the supervisory session. Analysis of individual assessments of quality revealed a high level of agreement between researchers, perhaps reflecting the collaborative process of knowledge building as team about supervisory pratice quality (for a full explanation of the process of developing the coding framework, please see Bostock et al., 2019).

Table 3: 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?

Bostock et al., 2019: 519

2.2.5 Coding framework for family visits

Recorded observations of direct practice were coded for key social work skills using a more established coding framework (Whittaker et al., 2016). This assesses social work skills across six categories: collaboration, autonomy, empathy, clarity of concerns, child focus and purposefulness. Each of the seven dimensions are coded on a five-point scale, with 3 being the 'anchor' or starting point and practice being rated as more or less skilled than that (Whittaker et al., 2016). Three of these skills domains (empathy, collaboration and autonomy) are drawn from the work of Moyers et al. (2010) who developed a reliable and validated integrity measure of how practitioners demonstrate core therapeutic skills and values in the area of Motivational Interviewing. A further three skills categories (purposefulness, child focus and clarity about concerns) were developed to capture the unique position of social workers in making appropriate use of authority in their work with families (see Whittaker et al., 2016 for further discussion). These additional categories seek to describe the balance of care and control in social worker interactions with clients. Therefore, the coding framework employed allows for the analysis of "relationship-

building" skills (an aggregate of collaboration, autonomy and empathy) and "good authority" skills (purposefulness, clarity of concerns and child focus) in capturing a holistic evaluation of the social work task (Forrester et al., 2018). Coding was undertaken by research team staff who had undertaken 60 hours of training to reach inter-rater reliability. Researchers who observed a family visit did not code the recording of this visit to minimise any potential for bias. Coders continued to participate in weekly coding sessions and 10% of all practice recordings were double coded to prevent drift in application of quality assessments (Whittaker et al., 2016).

2.2.6 Quantitative analysis

All quantitative data was entered and analysed on SPSS (version 22). Bivariate correlations (Spearman's rho) were conducted to explore relationships between the skill level demonstrated by practitioners during home visits and the quality of supervision sessions that they attended and support of a clinician that they received. Results are reported as means and standard deviations (*SD),* and correlation coefficients; statistically significant associations ($p<.05$) are indicated. The small sample size skewedness was tested through visual examination of distribution. Given the marked skewedness toward lower scores in the practice data as well as the limited ordinal range, we chose to use Spearman's as a more robust non-parametric test. When analysing the impact of clinician presence within supervision sessions on levels of direct practice skills shown by workers, independent samples t-tests were applied to the dataset.

3. Ethics

The wider study received ethical approval via the Research Institute's ethics committee from the lead author's university (reference number IASR 25/14). Verbal consent was obtained prior to the family visit observation and written consent confirmed at the end once families were fully aware of the information that they were consenting to share via their recording. They were informed of their right to withdraw at any point up to the end of data collection and to have all their research data deleted. At the beginning of the group supervision session, units were informed of the purpose and method of the research and the boundaries of confidentiality for both themselves and the families that they discussed explained. They decided, collectively, as a group whether they wished to participate.

4. Findings

What relationship did we find between the quality of systemic supervision and quality of family visits? The following sections provide our assessment of supervisory practice quality, direct practice quality and how they are related. We also report on what difference the presence of a qualified clinician makes to *both* ratings of supervision and direct practice quality.

4.1 What is the quality of systemic supervision?

Using the systemic supervision coding framework outlined above, the 14 supervisions sessions were coded as: 4 non-systemic; 5 green shoots; and 5 systemic. Practitioners who participated in the supervision sessions undertook 18 subsequent home visits. This means for each supervisory session observed, between 1 and 3 associated subsequent home visits were undertaken (with a mean of 1.3 home visits per supervision session). In other words, one or more home visits related to each supervisory observed. Of the 18 visits, 5 home visits were associated with non-systemic supervision; 5 home visits with supervision assessed as “green shoots”; and 8 with systemic supervision.

4.2 What is the quality of direct practice in people’s homes?

The 18 home visits were analysed using Whittaker et al.’s (2016) coding social work skills rating system. As outlined above, this system assesses social work skills across six categories: collaboration, autonomy, empathy, clarity of concerns, child focus and purposefulness. Each dimension is coded on a 5-point scale, where “1” denotes a very low level of direct practice skill and “5” an extremely high level. The scale uses 3 as the ‘anchor’ or starting point and practice rated as more or less skilled than that (Whittaker et al., 2016). Table 4 details both the range of scores within skills category and also an ‘overall direct practice skill’ score, representing an aggregated average of all six skills domains. For overall practice skill, the mean ranged from 1.83 to 4.17 with an overall average of 2.92.

Table 4: Whole-sample skills profile

Skills category	N	Minimum	Maximum	Mean	SD
Collaboration	18	1.00	5.00	3.06	1.26
Autonomy	18	2.00	3.00	2.89	0.32
Empathy	18	1.00	5.00	2.94	1.39
Purposefulness	18	1.00	4.00	2.89	0.96
Clarity of Concerns	18	1.00	4.00	2.83	0.92
Child Focus	18	2.00	4.00	2.89	0.76
Overall direct practice skill	18			2.92	0.77

4.3 What is the relationship between supervision quality and direct practice?

To assess the relationship between supervision and quality of direct practice with families the associations between the two independently assessed variables were analyzed. We hypothesized that there would be a positive and statistically significant association between the quality of supervision social workers had participated and the quality of direct practice that those same workers used in home visits to families.

4.3.1 Relationship between supervision and overall direct practice skills

Analysis supported this hypothesis, demonstrating a strong, positive and statistically significant association between quality of supervision and quality of overall social worker direct practice skill (r = .64; p = .004). Workers who had participated in group supervisions that had been assessed as non-systemic scored the lowest in overall practice skill of the three skills categories (m = 2.2; SD = 0.25). Those who had participated in supervisions assessed as “green shoots” scored higher (m = 2.90; SD = 0.85), while those workers who had participated in supervisory sessions assessed as fully systemic scored higher still (m = 3.38; SD = 0.62).

4.3.2 Relationship between supervision and relationship-building skills and use of "good authority"

Non-parametric associations were also carried out between supervision quality and the two sub-aggregates of the practice coding framework: "relationship-building skills", an aggregate of collaboration, autonomy and empathy and skillful use of "good authority" an aggregate of purposefulness, clarity of concerns and child focus. These sub-aggregated categories were derived from (Forrester et al., 2018) to describe and conceptualize the often-dichotomous nature of social the work task; walking a balance between building rapport, trust and confidence and establishing boundaries and maintaining focus on the needs of the child or children (Bell, 1999; Calder, 1995; Ferguson, 2011). Table 5 demonstrates that both of these categories were also found to be significantly positively associated with supervision quality, with a moderate association between supervision quality and authority-based skills (r = .50; p = .035) and a strong association between supervision quality and relationship-building skills (r = .67; p = .003).

Table 5: Relationship between quality of supervision and relationship-building and authority-based skills

	Quality of Supervision	Relationship-building Skills	Authority-based skills
Quality of supervision	1.00		
Relationship-building skills	.67**	1.00	
Authority-based skills	.50*	.66**	1.00

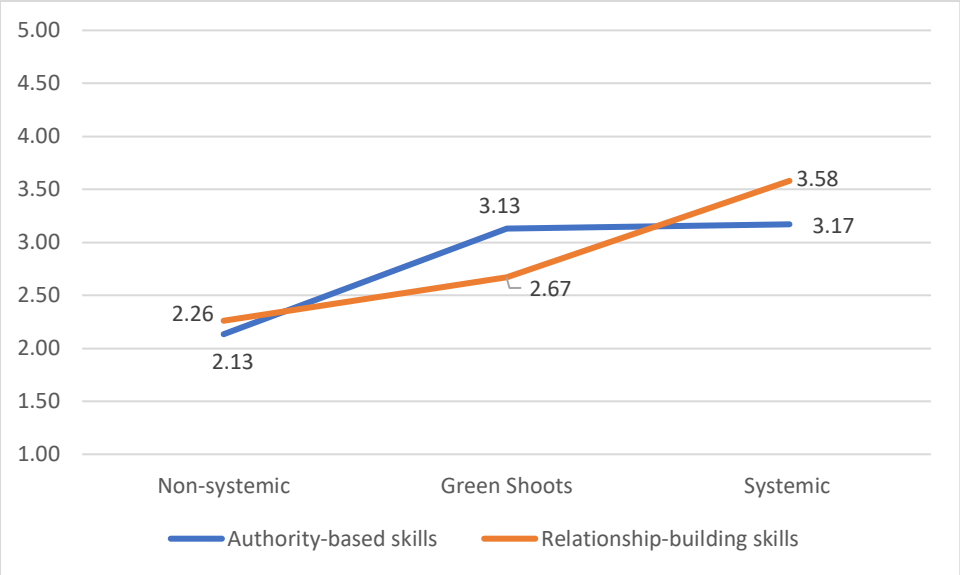
**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Interestingly, although both skills were positively associated with the quality of supervision that workers had received, they followed distinct patterns (see Figure 2). When examining authority-based skills only, the biggest difference between the three supervision quality categories was between those workers who had received non-systemic (m = 2.13; SD = 0.51) and "green shoots" (m = 3.13; SD = 0.90) supervision. The difference in authority-based skills between workers who had received supervision assessed as "green shoots" and systemic (m = 3.17; SD = 0.69) was marginal. Conversely, when examining relationship-building skills only, the opposite pattern emerged, wherein social workers who had received "green shoots"

supervision (m = 2.67; SD = 0.97) scored slightly higher than those workers who had received non-systemic supervision (m = 2.26; SD = 0.43). However, those workers who had received systemic supervision scored, on average, nearly one point higher on the coding skills framework (m = 3.58; SD = 0.68).

Figure 2: Level of Social Worker Skill in Relationship-building skills and Authority-based Skills by type of supervision received



4.4 Relationship between clinician input and social work practice

Given that clinician practitioners seemed to play a central role in facilitating systemic thinking and conversations during supervision sessions (Bostock et al., 2019), we were interested to determine how supervision and social worker practice quality might be associated with having had the input of a clinician. We hypothesized that: supervision sessions where a clinical practitioner was present would be more highly rated than those where a clinical practitioner was absent; and that worker skills would be positively associated with having a clinician present during supervision.

4.4.1 Numbers of clinicians present in supervision

Clinicians were present in half (7) of the 14 supervision sessions observed. As discussed previously, these 14 sessions pertained to 18 direct observations of practice. Of the 18 social workers observed, 8 had participated in supervision

sessions where there was no clinician present and 10 social workers having participated in supervision sessions where a clinician was present.

4.4.2 Clinician presence and supervision quality

Of the 4 supervisions sessions coded as non-systemic, none had clinicians present during the sessions. Of the 5 assessed as “green shoots”, 2 had a clinician present during the group case discussion. Finally, of the sessions coded as systemic all had clinicians present during discussions. Put another way, of those supervisions where a clinician was present during the session (n=7), none were coded as non-systemic, two were “green shoots”, and 5 were rated as fully systemic. Of those supervision sessions where a clinician was not present (n=7), 4 were non-systemic, 3 were “green shoots” and none were fully systemic. Statistical analysis (two-sided Fisher's exact test) confirmed that there was a significant association between the presence of a clinician in supervision sessions and supervision quality assessments (p = 0.0152).

4.4.3 Relationship between clinician presence in supervision and social work practice skills

An independent-samples t-test was conducted to compare overall social worker skills and relationship-building and authority-based skill when a clinician had been present in supervision sessions and when there had been no clinician present in that worker’s supervision session. Table 6 shows that there was a highly significant difference between the two groups for overall social worker skill ($t(16) = 5.73$, p = .001), relationship-building skills ($t(16) = 5.62$, p = .001) and authority-based skills ($t(16)$, p = .003). in other words, where a clinician was present in supervisory sessions, social workers practiced significantly more skillfully than those workers who had participated in supervision where no such clinical support was available.

Table 6: Relationship between social worker skills and the presence of a clinician in supervision

	Clinician Present		**Clinician not present**		**T test result**		
	Mean	SD	Mean	SD	t value	DF	p-value
Overall social worker kill	3.47	.53	2.23	.33	5.73	16	< 0.001

Relationship-building skills	3.60	.56	2.17	.50	5.62	16	< 0.001
Authority-based skills	3.33	.67	2.29	.60	3.43	16	= 0.003

5. Limitations of the study

This is a small-scale, exploratory study carried out in specific locations and times. Replication with a larger sample in different settings is necessary before high confidence can be placed on the results. We were reliant on social workers' negotiating access to interviews with families, and this may have contributed to some selection bias. There was some clustering, with some supervision having more than one practice episode associated with it. The sample size precluded statistical methods to address this, such as multi-level modelling. However, the level of clustering was small with only 4 supervisions having two observations. The categorization schemes for both supervision and quality of practice are comparatively new and might benefit from further refinement and testing for validity. It is also not possible in this study to know whether there is a "social desirability" bias, with participants seeking to show "good" supervision or practice. This might make the correlations we identified stronger than in non-researched situations.

A correlation does not demonstrate causation as powerfully as other designs, such those with strong counter-factuals. A particular issue is that the quality of supervision and the quality of practice may have both been caused by some other factor, in part or in whole. For instance, perhaps good supervision happened in units where workload was not high and CSW's were strongly committed to good practice. It is likely that there are unknown other factors that might increase the correlation.

The practice framework had origins in Motivational Interviewing, though it has been developed to identify key general elements of good social work practice. Nonetheless, it did not seek to identify specific components of systemic practice. One might hypothesis that a practice framework specifically designed for systemic practice might identify still larger correlations.

Given these limitations the main contribution this study therefore makes is to open up a relatively new and certainly underexplored field. Further studies, exploring similar links with larger samples or using methods such as randomized controlled

trials to evaluate the impact of changes in supervision on both quality of practice and outcomes for children and families, would be logical next steps.

6. Discussion of findings

So, what do these findings mean for social work supervision with families and supervision more generally? First, we found a statistically significant association between staff supervision and the quality of direct practice in people's homes. Previous research on the effectiveness of supervision has tended to focus on organisational and staff-related outcomes, such as retention rates and social worker well-being rates (Carpenter et al., 2013; Bogo et al., 2006; O'Donoghue and Tsui, 2015). This paper suggests that the quality of discussion in systemically-informed supervision – that is, supervision assessed as "green shoots" or fully systemic – may be directly associated with the kinds of conversations that practitioners have with families. This reinforces findings from Wilkins et al. (2018) and are part of a small but growing evidence base that explore what happens within supervision and what are common domains of successful supervisory practice.

Wilkins et al. (2018) introduce the helpful concept of "practice-focused supervision" as a means of describing supervision that explicitly supports practitioners' practice more effectively with children and families. Where supervision was "practice-focused" that was related to higher overall social work skills and the skills of "good authority" but not related to relationship-building skills of collaboration, empathy and practice that promote a sense of autonomy or choice for clients. Our paper demonstrates a significant association between systemically-informed supervision in both good authority *and* relationship-building skills. This perhaps reflects that the local authorities that we were studying were further along in their transformation journey toward systemic social work practice and practice but also methodological considerations – we assessed quality of supervision using a framework specifically designed to capture the group-based nature of systemic supervision – the importance of the group itself. In group supervision, it is the group members – not just the supervisor-supervisee dyad - who through the process of group discussion develop collective, group-based understandings of risk to children.

How do we theorise the relationship between systemic supervision and more skilled direct practice? What conditions are required to enable practitioners practice more systemically with children and families? In systemic social work practice, change is facilitated by encouraging reflexivity, or thinking about how beliefs and circular patterns of behaviour within families affect others. Enabling expression of different viewpoints is an important tool for introducing change into a system, creating new possibilities for the future (Koglek and Wright, 2013). Social workers who practice systemically support families to mobilise their own problem-solving resources by encouraging them to think in a reflexive, more relational way about problematic patterns within the family. Thinking reflexively, and acting differently in light of those insights, is at the heart of systemic social work practice and viewed as a key mechanism to support change for children. This is why the use of systemically-informed supervision as a "rehearsal space" to plan conversations with families may support "isotropic transfer" that is, the transfer of ideas or practice in one forum into another, in this case from conversations in supervision into conversations with children and families (Tapsell, 2018).

Interestingly, there appears to be something about the way in which systemic leadership is operating within supervision that enables practitioners to practice more skillfully with families. The inclusion of clinicians within systemically informed supervision appears to improve *both* quality of supervision and quality of direct practice. This perhaps reflects a number of inter-related variables, including the importance of multiple perspectives with systemic supervision combined with the clinician's enhanced knowledge and skills about systemic practice. Critically, even within a group-based format, it appears important that there is a leader who is helping the group with the task of turning hypotheses into actions and rehearsing conversations – in this study, it appears to be the clinician but could in theory be a systemically trained social worker or team manager. Given increased interest in multi-disciplinary working, this finding adds to a growing body of knowledge on the role workers from allied professions may play within family-centered, strengths-based child and family social work (Bostock et al., 2018; Forrester et al., 2017).

A key question to ask is: does it matter? Specifically, what different does this level of impact make? It may be statistically significant, but how significant might it be for

practitioners? First, our findings suggest that high quality supervision has a fairly large impact on practice. Previous studies using the same practice coding scheme identified that intensive training had an impact of about 0.5 on the same five-point scale (Forrester et al., 2018). This suggests good quality supervision is an important influence on the quality of practice.

More recent research has found statistically significant links between the practice skills identified here and key outcomes for families, such as goal attainment and their rating for quality of family life (Forrester et al., 2019). There was also a statistically significant link to fewer children entering care. The quality of practice as measured using this practice framework seems likely to make a difference to outcomes that are important for parents, families and services. However, the quality of practice is not simply a means to an end. As public involvement in family life is not usually voluntary, as citizen's families' have the right to respectful and purposeful practice. The quality of practice is an intrinsic good. Therefore, it seems important to find strong links between the quality of systemic supervision and the quality of practice.

7. Implications and conclusions

Once a social worker has left the "rehearsal space" of supervision, they join with families in home visits, supporting them to protect the welfare of their children, often in poor functioning and improvised circumstances. In these practice moments, social workers are often quite literally entering the unknown and acting alone. Ferguson (2018) argues that there is "no blueprint for home visiting" rather: "*social workers have to make their own practice by improvising their ways into and through the home. This requires practitioners to act much more on the basis of knowledge, skill, intuition, ritual and courage than bureaucratic rules and to be craftspeople and improvisers. Social workers have to 'make' their practice* (Ferguson, 2018: 68).

Supervision constitutes a vital bridge between the public realm of child protection procedures and the private realm of the home. It may be the last interaction with the organizational sphere before entering into the domain of the personal; and may be the first port of call upon return. In this sense supervision, and its potential impact on practice, offers an unrivalled opportunity to shape, support and guide practice.

Crucially, supervision acts as an axis in the child welfare system and is tasked with balancing bureaucratic and procedural necessity with the craft of ‘practice making.’

In this paper, we have demonstrated the potential for systemically-informed supervision to support and shape “practice-making”. Being able to “step-into” and consider practice ahead of “live” interactions with families may support workers to craft their intentions and rehearse reflexivity. Once in a direct practice situation, there is no “blueprint” that a social worker can rely on - nor should there be - but being able to reflect on and evaluate one’s own understanding and approach ahead of stepping into the unknown offers a potentially powerful tool in supporting workers to make purposeful and creative use of these interactions to improve outcomes for children and their families.

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