<u>'The activity does not archive well': Comparing audio and written records of supervision case discussions in Children's Services</u>

<u>Introduction</u>

"*If it's not written down, it didn't happen*" (Lillis et al, 2016). This phrase will be familiar to many practitioners and managers in statutory social work services in England, who are expected to keep detailed and up-to-date written records of their professional activity. Good record-keeping is widely viewed as an integral part of good practice (SCIE, 2017), while Ofsted, the body responsible for inspecting children's services in England, places great emphasis on the importance of written records (Box 1).[1] In this paper, we discuss one particular aspect of record-keeping, namely the written case notes produced following formal supervision case discussions and placed on the child's file as a permanent record of what was discussed and agreed.

- "*Almost all inspection evidence will be gathered by looking at individual children and young people's experiences...including scrutinising electronic <u>records</u>*" (Ofsted, 2017a, p. 33).
- "*Actions are clearly <u>recorded</u>*" (Ofsted, 2017a, p. 51).
- "*The accessibility, style and clarity of case <u>records</u>* [should] *enhance the understanding that children in care and care leavers have about their histories and experiences*" (Ofsted, 2017a, p. 55).
- "*Help is provided...and <u>recorded</u> through multi-agency arrangements*" (Ofsted, 2017b, p. 12).
- "*<u>Records</u> of actions and decisions are clear and up to date*" (Ofsted, 2017b, p. 12)
- "*Decisions, all actions and engagement with the family and other professionals* [should be] *clearly <u>recorded</u>*" (Ofsted, 2017b, p. 13).
- "*Comprehensive <u>records</u>* [should be] *held and shared between agencies*" (Ofsted, 2017b, p. 15).
- "*Case <u>records</u>* [should] *reflect the work that is undertaken with children and clearly relate to the plans for their future*" (Ofsted, 2017b, p. 21).

Box 1: References by Ofsted (2017a and 2017b) to the importance of record-keeping (emphases added).

Record keeping for social workers entails writing down what they do, writing assessments and reports, writing plans, writing down information provided by other professionals and writing down the views of family members (Social Work Inspection Agency, 2010). Social work records are thought to be particularly important for children in care (Department for Education, 2010, p36 - 38). As described by one adult who was in care as a child, "*It's hard to understand the impact of being presented with a folder containing details about your life from the age of eight weeks, in my case, to 18. The whole exercise was very emotional and quite disorientating*" (Williams, 2014, unpaginated). Unsurprisingly, many children have reported feeling anxious about what information might be contained about them in their records, particularly whether they contain negative judgements or narratives (Ellis, 2016). Social work records may also be used as evidence in family court proceedings (Tickle, 2017) and to support decision-making, with Walker et al (2004) arguing "*The case file is the single most important tool available...when making*

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[1] There are twice as many references in Ofsted's single inspection framework (2017b) to record keeping (eight) than to supervision (four).

decisions" (unpaginated). In addition, the quality of a worker's written records may be used to evaluate their professional competence (Lillis et al, 2016, p. 4).

Yet this reliance on written records is potentially problematic. Thompson's (2012) work highlights the inherently complex and incomplete nature of record-keeping, arguing that attempts by practitioners to document a 'full picture' of family life will inevitably fail, given the fluctuating and contested meanings ascribed to different events, behaviours and relationships (a point reiterated more recently by Lillis (2017)). Cutland et al (2018) also found that written records are interpreted quite differently by diverse professionals and audiences, with a *"surety range* [that is] *often wide"* (p. 61). Perhaps unsurprisingly, and notwithstanding the widely-acknowledged importance of good record-keeping, it is an activity viewed with some ambivalence within the profession. According to O'Rourke (2009), many social workers believe that *"recording is on the one hand pointless, on the other hand essential"* (unpaginated), while others feel that 'doing the work' is more important than 'writing it down' (Social Work Inspection Agency, 2010). On the other hand, *"recording is a key social work task,* [central] *to the protection of children"* (Munro, 2011, p. 111). As such, the debate about how best to record social work activity is not new. In 1972, Timms argued *"The history of recording in social work is as long as the history of modern social work"* (p. 1), while nearly thirty-years-ago, social workers were (already) expressing surprise at the significance of written records for their day-to-day practice. Kagle found that newly qualified social workers in particular *"frequently* [felt] *they had not been adequately equipped…for the central role that recordkeeping plays"* (1991, p. 85). In light of these complexities, and the central place that records have in practice, better understanding how they are used should be a priority for empirical analysis.

The current study

In this paper, we describe a small study of social work records, looking specifically at what is recorded on the child's file following a formal supervision case discussion. We do so by comparing audio recordings of supervision case discussions with what is subsequently (or concurrently) written down on the child's file. Other studies of social work record keeping have tended to focus on the record itself, how it is constructed, what it includes (or does not include) and the different types of writing that social workers produce (Lillis and Rai, 2011, Hall et al, 2006). One noteworthy empirical study is that of Lillis (2017) who observed social workers (in adult services) as they produced their records, as well as interviewing them about the process of producing records. However, we are not aware of any previous studies that directly compare 'what happens' in formal supervision case discussions with what is 'written down' afterwards on the child's file.

All local authorities expect managers and practitioners to meet regularly to discuss their work. For the purposes of this paper, we refer to these meetings as 'supervision case discussions', and not (for example) to personal supervision discussions or more informal discussions and any subsequent records of them. Formal supervision case discussions of the type considered here serve various purposes, not least of which is 'management oversight' (Authors Own). According to Ofsted, management oversight means managers knowing individual families and regularly observing and monitoring practice (Schooling, 2016). According to at least one local authority, these case discussions should (also) involve monitoring tasks and actions, preventing drift and supporting social workers to assess risk (Wandsworth Children's Services, 2016). Following each supervision case discussion, the manager is usually required to make a record on

the relevant child's file, typically to contain a summary of the discussion and a note of any actions agreed or decisions made. Such recording practice is widespread and can be read about in more detail in any number of publicly available local authority supervision policies. For example, Kent County Council's supervision policy says, *"the recording of formal supervision sessions is the responsibility of the supervisor…in general the record should be detailed enough so that the issue, including the rationale for any decisions taken can be revisited at a later date and still be understood"* (2018, unpaginated).

From a previous study of supervision (Authors Own), we found it is often the case that this record is written during and as part of the discussion, rather than afterwards, and that the act of writing the record often interrupts the flow of conversation. This previous study prompted our interest to further explore what is included in these records, as well as what is omitted, and how they relate to the discussion itself.

Method

As part of a larger study of social work practice we obtained from one London local authority more than 200 written records (Authors Own) and 35 audio recordings of supervision case discussions (Authors Own). From these two samples, we identified ten pairs of audio recordings and written records. These pairs were identified somewhat fortuitously, as it was not our aim in the two previous studies to consider audio recordings and written records together. However, during our independent analyses of the audio recordings and written records it became apparent that ten of each were from the same supervision case discussion. From that point, it became apparent that we had available a much richer sub-set of data than we had initially anticipated. We then decided to compare what we could hear being discussed in the audio recordings with the content of the written record. As an exploratory study, we set ourselves two broad research questions – how do supervision conversations and corresponding records compare? And how do social work managers make use of these records?

Our overall analytical approach is one of qualitative content analysis (Krippendorff, 2004). As a group of three, we listened systemically to each audio recording, taking individual notes of what we heard. Our aim was to create a comprehensive record of what was discussed in the recordings, to some extent putting ourselves in the position of the supervisor tasked with creating the record, albeit with far more time than is usually the case and with the added ability to replay any sections that were initially unclear. We then combined these individual records to produce one agreed note per recording. We compared our notes with the actual written record of the supervision case discussion from the child's file, aiming to identify (i) what information from the recording was included on the child's file, (ii) what information was omitted and (iii) how similar and different our notes were from the official written record.

Thus, our analysis of the written records was undertaken not independently but *in relation* to our agreed descriptions of the audio recordings. Again, this approach is one of qualitative content analysis, having been described by Glaser and Strauss (1967) as one of *compare and contrast*, with as much attention given to the absence of information as to its presence (George, 1959). When information is left out, it is helpful to consider what shared assumptions this suggests between the author and the audience, a process described by Spradley (1979) as *abbreviating*. Price (1987) argues similarly that missing information can be useful for surfacing *underlying cultural assumptions* ('the way things are done around here').

We completed this 'compare and contrast' process for each recording and developed in discussion three over-arching themes, based upon the information we found to be consistently included and not included and the sense we made of these inclusions and omissions. We also identified a third and unexpected category of information – *included* in the written record but *not heard* in the audio recording. Finally, we organised a focus group with 13 managers (two Heads of Service, two team managers and nine deputy team managers) to discuss our themes and explore the following questions:

1. What are the key features of a high-quality supervision case record?
2. What barriers do you face, if any, when trying to produce consistently high-quality supervision case records?
3. What and / or who are your supervision case records for?
4. How do you use supervision case records in your own practice?
5. What feedback do you get about your supervision case records?

This focus group enabled us to explore and validate our themes and to generate new ideas, helping us to understand how and why the records had been created. Four of the managers who attended the focus group were part of the wider study, in that they appeared in the audio recordings and authored some of the written records. (We did not identify them as such directly within the focus group in order to protect their anonymity.) The other focus group attendees were part of the same service as the managers who took part directly in the study and so we surmised would have encountered similar challenges and issues related to supervision and recording.

Ethical approval

Approval for this particular study was granted via the ethical approval process for a wider and larger action-research project (Luckock et al, 2017) and was obtained from our University Research Ethics Committee. The local authority in question also gave permission for us to conduct the study and facilitated the collection of the audio recordings and the written records. Families were not approached directly for consent to take part in this specific study, having given their consent previously to take part in a series of observations and audio recordings of both supervision case discussions and practice sessions (meetings between social workers and parents, most often in the family home) and for researchers to access information from their child's case records. Where extracts and examples are given from audio recordings or case records, names and other potentially identifiable details have been changed.

Strengths and limitations

The major strength of our study is the inclusion of audio recordings of actual supervision case discussions and real case records. This approach is advantageous compared with the more common methods of vignettes, role plays and self-reporting because it allowed us to examine directly what happens in real practice. The findings from our study are strengthened via the use of a focus group with social work managers, helping us to validate and test the themes we identified. This focus group helped facilitate a contextualisation of the findings and contributed to our understanding of how written records are constructed and to what end. The study could have been strengthened, however, by the addition of data

from different local authorities – perhaps where other models of supervision are used. An obvious avenue for follow-up work would be to analyse the impact of specific models of supervision, such as systemic group discussions, on the transfer of information from discussion to record, as well as considering the impact of different forms of information being included or excluded from the case discussion record.

Findings

The 'unreliability' of supervision case discussion recording

The complex and wide-ranging nature of supervision case discussions means that social work supervision is an activity that *does not archive well*. This finding is similar to the claims made by Lillis (2017) in relation to the comprehensiveness (or otherwise) of written records more generally and the difficulty of capturing complex examples of social work practice and human encounters in professionalised and bureaucratic written form (p. 505). This complexity is not explicable simply by reference to a lack of time, a lack of resources, a lack of training or any supposed lack of ability on the part of the managers. Rather, even in the most benign and supportive environments, capturing the extent, meaning and significance of supervision case discussions in writing would remain a non-trivial challenge. We found examples of information which appeared to us to be significant, discussed in all ten audio recordings, that was not subsequently captured in the written record. We also found a smaller number of examples of information *included* in the written record that was *not* discussed in the audio recording. We did not interpret this to mean that any of the records were misleading or misrepresentative. Rather, we believe that the activity of supervision itself, with its nuance, layers of psycho-social meaning and emotional labour simply does not lend itself well to the written word.

When supervisors add notes to the child's file, they are not writing an objective record of what they talked about in supervision. Instead, they are trying to make sense of subjective meanings, inter-subjective meanings and organisational contexts, to name but three. Calling them 'records' might suggest a more objective quality than if they were called "subjective interpretations" or "reflective impressions" but the latter might be more accurate. As noted by de Shazer, *"Where you stand determines what you see and what you do not see; it determines the angle you see it from* [and] *a change in where you stand* [would] *change everything"* (1991, p. xx).

Our finding that records did not reflect straightforwardly what was discussed may not be surprising. Yet it may have significant implications for the practice of file auditing, inspections of children's services (insofar as they rely on written records) and for understanding decision-making. Because, even if we accept and have known for some time *in theory* that written records are to a large extent subjective and partial, that they 'tell a story' (Roets et al., 2017), *in practice* we often act as if they are (or should be) objective and complete (Lallis, 2017), that they might (with better training, more encouragement, better computer systems...) 'tell the truth' (ibid).

Three themes

In addition, we also identified three key themes, from our comparison of the audio recordings and the written records and via the follow-up focus group. We characterise these themes as follows – (1) 'progress is paramount', (2) 'modified meanings' and (3) 'searching for certainty'. Below, we discuss each one in turn, before outlining a tentative explanatory model.

(1) Progress is paramount

From the written records we examined, it appeared evident that 'progress', in one form or another, was being made in every case. When the audio recordings contained a discussion of good progress being made with the family (or the child), this was clearly captured in the written record. If a foster placement was becoming more stable, if a parent had reduced their alcohol consumption, if a home visit or meeting was completed on time, this was invariably included in the write-up (see Table 1). Yet from listening to the recordings, we also heard several discussions in which it was clear that progress was not being made, where despite the worker's best efforts they felt stuck and frustrated and where things were getting worse for the family and the child rather than improving. Almost none of this information about a lack of progress was straightforwardly captured in the records, and certainly not as clearly as when progress was being made

Audio recording extract	*Written-record extract*
Supervisor (S): Where are we at? SW: Well, things have moved on quite positively. Mum's agreed to work longer with (a specialist team) and I think they can do some good work with her, she's starting to reflect on her parenting, that was a goal we added at the meeting last week, for her to look at how the parenting she received, affects her parenting now. The goals we initially set were about Mary having a better sense of self, higher self-esteem, and tying that in with her education, and it seems that's gone pretty well because Mary is attending education, she's doing hair and beauty and doing work experience 3 days a week, at Toni and Guy's as well, which is really good and she's happy with it. S: So, she's attending college how many days a week? SW: Two days at college and three days at work experience. S: How long has she been doing that for? SW: It's been a few weeks now, she's really enjoying it. S: That's a really positive change. SW: It is. When I met with her before, she didn't see the point but what she said was, she'd got behind with her work and was blaming the school,	Planning meeting held...mother agreed to work with the service. Things are moving positively with this case – mother has started to engage. Mother has agreed to focus on a new goal...Mary is attending education and work experience...and is really enjoying this. This is a very positive change. Mother is reporting she has seen a positive change in Mary – she is getting up in the mornings and appears motivated. There has been some positive progress for Mary over the past 6 weeks. It is key that support continues to enable Mary to sustain these changes and manage any difficulties if they arise.

saying it's not my fault, it's not my fault, but we talked about how if you blame someone else, like in a job interview, you won't get very far and you need to make changes too....so she said she wouldn't mind doing hair and beauty again and that a frustration for her was that she couldn't do an apprenticeship straight away, so I noted down what she wanted and spoke about it with the school and then it all got sorted, which was really good. So now she's been enrolled at college and she's really enjoying it and mum said she's seen a massive change in Mary as well. S: What kind of change? SW: Like, she'll get up straight away, early in the morning, 6am to go to college or to work experience, she doesn't mind it and she seems happier than before. S: That is a significant change from when we had the initial meeting six, seven weeks ago. She wasn't getting up, she wasn't leaving the house.	

Table 1: An example of progress in the audio recording being reflected in the written record.

Sometimes, information about a lack of progress was presented in the written records as a lack of progress in a specific area within an overall trajectory of progress. For example, if the social worker had arranged regular 'child in need' meetings, the written record would present this as an example of progress overall, even if within the meetings, the discussion apparently revolved around how difficult things remained for the family. Or, where the family did not agree with the plan for the child or accept that professionals were right to be concerned, nevertheless the record could still indicate the plan was broadly agreed while also noting the need for further work in this area (Table 2).

Audio recording extract	*Written-record extract*
Supervisor (S): What has happened since we last met, since the last core group meeting? Social worker (SW): I've spoken to his father and his aunt, I've spoken to his mother as well about the plan and she, she, we discussed she wanted to make some, there were some things she wasn't happy with, so, we did make some slight changes...I saw Theo in school actually, we had the meeting and we all had to walk through his	Assessments to be closed in relation to [the older children]. Continue to progress the CP (child protection) plan in respect of [the youngest child]. The CP plan has now been agreed by all professionals and [the mother]. Direct work with [mother] in order for her to recognise the seriousness of the situation in respect of [the youngest child].

Audio recording extract	Written-record extract
classroom and I saw him. One of the teacher's said he's having a hard time with some of his friends, so I asked his aunt during the meeting, and I think he might have had a falling out. Theo tells me school is going well but I think he said to his mentor, she met with him twice, and he said something to her about social relationships being difficult at the moment. I also spoke to his father and he said tell Theo daddy loves him and nothing has changed just because we can't be together right now. S: Is Theo in communication with his dad? SW: He says his phone hasn't been working so they haven't really been in touch by text like they were before S: That's a shame. SW: It is a shame. I need to talk to his mum about it.	

Table 2. In this example, the audio recording indicates the mother did not agree with at least some elements of the child protection plan. The written record says only that the mother agrees with the child protection plan. There was no reference in the written record to the child's problems at school or about staying in touch with his father (issues where less progress had been made).

This apparent need to record at least some form of progress in every case would sometimes extend to holding the family responsible for any lack of progress. For example, parents were described as *"not engaging"* or children as *"not forthcoming"*. We did not find examples within the written records of the worker, the manager or the service being held even partly responsible for *"not being able to engage the parents"* or *"not being able to help the child speak openly"*, even when such issues were discussed in the audio recordings (Table 3).

Audio recording extract	*Written-record extract*
Social worker (SW): Grandma does a lot of the basic stuff in the home…but we also know mum and grandma have a bit of an acrimonious relationship. Grandma can be quite controlling. Supervisor (S): Does this rely on mother's mental health stabilising? SW: Yes. So, mum will not remember the visits. It's almost an unannounced visit every time. S: Why is she looking after these kids then?	Grandmother is essentially caring for the children, going in daily and taking the children to school and cooking for them. Unfortunately, she is not engaging with any services and seems to want to keep it in the family. A Family Group Conference is being arranged for the paternal family as the mother's family is not engaging at all. Next core group meeting is at school, father is unlikely to attend. The children are having basic needs met

SW: Because grandma is helping her, and dad takes them at the weekend.	but not all emotional or psychological needs. Mother shows warmth, but her behaviour can be erratic.
S: So, grandma goes in everyday?	
SW: Yes. Every day, taking them to school and sometimes preparing a meal but the rest, mum is coping on her own and dad has them on the weekend.	
S: Is he?	
SW: Well, unless he's on shift, but we're going ahead with the FGC (family group conference) even though mum's not interested.	
S: What about grandma?	
SW: She won't engage with me, she won't engage with the school and she won't engage with mental health.	
S: Why?	
SW: I believe it's a cultural thing, they don't trust outside professionals, it aggravates her sometimes, when we go there, she gets angry. Mum is so reliant on her and grandma will withdraw on purpose to get mum to do what she wants...and then that also impacts on mum's mental health, the stress of that.	
S: Are these kids safe in mum's care?	
SW: I would say at this moment in time, the care is good enough, but it fluctuates. They are being fed, they are going to school, they are clean. But the emotional stuff...they are not getting their emotional and psychological needs met. For me, she's managing by a thread really.	
S: If we went to court, would we be able to get an order?	
SW: Oh, I think we have the evidence. We said before dad would take them. He said he'd get his own legal advice and he has seen a solicitor.	

Table 3: An example of a lack of progress in the audio discussion ('she's managing by a thread') being presented in a more neutral way in writing ('Mother shows warmth, but her behaviour can be erratic'). Note the family being held responsible for 'not engaging' and the lack of reference to the grandma's 'controlling' behaviour and the worker's view that things are 'hanging by a thread'.

Finally, records would often take a narrow focus at the expense of a more panoramic one. Progress was recorded in relation to, most often, the previous supervision discussion (or more precisely, the written record of that discussion). Actions agreed previously were sometimes reviewed and more actions agreed. This way, progress could be demonstrated in relation to those actions, without necessarily including a wider consideration of how those actions were achieving meaningful change for the family (or not). In the focus group, the managers suggested that they used their own supervision records to remind themselves, in their next discussion, what actions had been agreed. Thus, evidence of progress could be obtained via the completion of relatively minor actions – had a home visit been completed on time? Had a referral been made to the child and adolescent mental health service? Had the GP been asked for information? – and not necessarily in relation to more significant questions – is the child safer now than before? Has the child's mental well-being improved? Does the information from the GP challenge or reinforce our hypotheses? Of course, the former set of questions are examples of tasks and activities that do 'archive well', while the more complex second set of questions do not.

(2) Modified meanings

As well as demonstrating progress, the written records also served to modify and filter the meaning of the audio discussion. This occurred in three primary ways – simplifying, distancing and sanitising. A relatively significant amount of time was spent during the discussions trying to find the right words to describe someone or something, explicitly for the purpose of writing it down. For example, in the written record, it might say, *"the older child has challenging behaviour, which his mum is finding hard to manage"*. Yet from the audio recording, we would hear an in-depth discussion of what the social worker had observed and been told about the child, and an analysis of what the child's behaviour might mean or result from (see Table 4). In the focus group, managers said they often used jargon and short-hand as a way of saving time and acknowledged how this could make it harder for the reader to interpret what they meant, particularly for people external to the organisation (and thus not familiar with the local culture). While other professionals from the same service could quite easily interpret this short-hand and what kind of discussion it might suggest, those from outside the authority, including children and young people, parents and carers, (new) employees and Ofsted inspectors, might not be able to make sense of it quite so easily.

Audio recording extract	Written-record extract
Social worker (SW): Mum would say, Alice doesn't want to do anything with her, she's not going to want to do those things with me. But what I found out from Alice is that she wouldn't maybe going for a coffee. Because mum is getting a sense of rejection from Alice, but actually Alice feels the same from her mum, and feels her sister is more favoured over her. Ideally, Alice would like to have	Young person is presenting with challenging behaviours and mother is struggling to contain her behaviour. Mother struggles to manage young person's behaviour and young person is at risk of edge of care and not attending education.

a good relationship with her mum but finds it hard to articulate what she wants. Supervisor (S): Do you think there's anything else preventing mum from spending more time with her? SW: I think she gets frustrated with Alice. The way mum would speak about Alice and Kylie, it was like Kylie can do no wrong and Alice can be really violent and aggressive. But last week, she said Kylie went into Alice's bedroom without asking and Alice got annoyed and messed up her sister's room and they got into a fight. I think before, mum would have just blamed Alice, but she seemed more able to see both sides. And it was pretty bad, the fight, I think Alice had a split lip and Kylie hit her head on the wall, it was pretty bad. But she seemed to accept that if Alice had done something like that, she might have phoned the police but now she's trying to deal with it more calmly. It was pretty bad, but I can see why Alice might feel it's always her fault and mum just didn't want to get involved before, so it just carried on.	

Table 4: An example of how complex discussions heard in the audio recording are not always captured in the written record.

Another feature was the use of language to distance the manager (and worker) from what they were writing down. Many of the records were composed using the passive voice, with an absence of "I" or "we", similar to Lillis' (2017) findings in relation to adult services. Instead of writing "*We believe the child is at risk of significant harm due to mother's mental health problems*" or "*I believe the child is at risk of significant harm due to mother's mental health problems*", the records were more likely to say, "*The child is believed to be at risk of significant harm because of his mother's mental health problems*". The latter formulation begs the question – believed by whom and might anyone believe differently.

Finally, in the focus group, the managers told us how they often 'sanitised' their own records to make them more palatable for multiple audiences. One manager said, "*We go through a process of 'nice-ing' them up*". For example, the manager and social worker might feel quite strongly about the parents and make clear (negative) judgements about their parenting capacity (as heard from the audio recordings). In the written records, these discussions were likely to be modified and expressed in quite different language (Table 5).

Audio recording extract	*Written-record extract*

Supervisor (S): You've met mum and the four kids, you attended the core group, the visit's late but you'll see them on Monday? Social worker (SW): Yes. Mum came into day and left a message for me to go there. S: So, mum came into day with no appointment? Did you ask her why? SW: She said because she's missed so many appointments and was panicking over it. S: The thing with mum is, she does like to provide a lot of excuses. This is something she has said before. This is not adding up. What did she say to that? SW: I don't know S: Did you ask her? SW: No. S: What's your analysis of the situation? SW: It needs more analysis. S: What's your initial take on it, I know you've only had it for a few weeks? SW: I'm not sure. I need to read the file more, it's hard when you're seeing things without context, it looks to me like the home has made good progress, but I think she spends a lot of time in sessions trying to get out of doing more sessions. S: Spot on. SW: How long is this going to be, when will this be over? It's about are the changes going to stick. S: And that's the big thing, she can make small changes, but she can't sustain anything. SW: She wants to rush the whole process. S: Does she? Gosh. SW: She's just half-hearted about things, isn't she? Is that her personality? I know she's also got a learning disability. But she's slightly lazy too. S: What's another word for indicates? Suggests.	The children's visit is currently late…due to [mother's] poor engagement and also SW being on annual leave. SW has attempted home visits but there was no answer. [Mother] visited the office today and the SW drug-tested her. Mum is still presenting as reluctant to engage with services as she often tries to get out of appointments and makes excuses about why she can't attend. Mum has asked when SW involvement will end, which suggests to us that she may be of the view everything is fine and there is nothing that needs to be addressed, this indicates her limited insight into our concerns.

Table 5. An example of the audio discussion containing more forthright language than the modified meaning of the written record. Note also the focus on parental lack-of-engagement as a reason for lack of progress.

(3) Searching for certainty

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In concluding this section, the written records demonstrated the importance of certainty. Very few of the records contained ambiguous or uncertain information, at least not to the extent we heard in the audio recordings. There was an emphasis in the records on things that *definitely happened* (a meeting took place, a visit was completed, a referral was made) or generic statements with which it would be hard to disagree (Table 6).

Audio recording extract	*Written-record extract*
S: What is mum doing?	This has been a difficult transition for Neville. Neville finds it difficult to ask for help. It is recognised by the professional network that this is a very difficult time for him.
SW: She's not doing anything because she doesn't want him to be in residential care.	
S: We said at the last meeting, they should try and build a relationship with mum and Neville but there is a limit to what they can do. Are you going to visit her?	
SW: We have a placement planning meeting, so she can come to that. I need to organise that. The key worker is on leave though. I think it's difficult to engage him properly, he finds making decisions difficult, he just shrugs his shoulders.	
S: I wonder if we give him options rather than just open questions, if that might work?	
SW: But his options are residential care or go home.	
S: Yeah but I wonder if we look at options within that.	
SW: What are his options now though, it's only two options?	
S: It is residential care or back home. But maybe the IRO can ask him, he might respond differently to a new person. We can ask what you need to make this work. Sometimes that can be helpful.	
SW: He's torn really. He can't tell mum he doesn't want to go home so he won't tell me either. He's struck, really and then we're asking him what he wants all the time.	
S: It's how we get to engage with him and think about it.	
SW: He was there for the last meeting and he met with his key worker last week.	
S: When are you going to see him next?	

SW: After this I'm going to call home and see if he's there and if not, try the residential home. S: What about if he's at home? SW: I worry if he goes back home he will just stay there. S: In the last meeting, he said he knew being at home was not a good place for him, that residential care was right so it's how we can help him do that,. SW: Yeah but later he just shrugs his shoulders. It's hard to ask a teenager to say they don't want to be at home. I don't think he's trying to be difficult, I think he genuinely doesn't know what would help him. The previous placement didn't work, a whole group of professionals couldn't help him to even stay a few nights a week. I think it's all part of his mental health, his undiagnosed depression.	

Table 6. An example of the written record containing relatively generic statements, compared to the more complex and curious discussion heard in the audio recording.

In addition, we found within the audio discussions a commitment to completing and logging previously agreed actions even where they were no longer relevant or appropriate. For example, if it was recorded previously that the worker should refer a family to a particular service, the manager very often (and understandably) wanted to review this action and ensure it had been completed. In many cases, this surely represents good management oversight. However, even when from the audio recording it was evident that the worker was now unclear why such a referral was necessary or how it would help, the manger was often still keen to ensure it happened. In these cases, the phrase "*if it's not written down, it didn't happen*" (action followed by record) was insufficient to describe what we heard. Rather, managers and workers behaved as if "*once it is written down, it needs to happen*" (record leading to action). This approach made it harder for previously agreed actions to be revisited and amended, even in the light of new information.

There was also a more general sense of a lack of curiosity expressed within the written records (in contrast to the audio recordings, where there was more often a much greater willingness to probe and ponder). Managers and social workers might ask questions, speculate and form hypotheses within their discussions but hardly any of this appeared in the write-up. In the focus group, managers said they were conscious of the need to separate fact from opinion and that it sometimes felt 'too risky' to write down more ambiguous information. The act of writing it down made the information seem 'more real' and thus more potent. For example, if a social worker hypothesised that the child might be a victim of physical abuse, unless there were concrete facts upon which to base this suspicion, it would likely go unrecorded. Similarly, in audio discussions where it was clear the manager and social worker disagreed, the record

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would nevertheless present a consensus, avoiding acknowledgment of the potential for ambiguity or for differences of opinion and interpretation between professionals.

Discussion: an explanatory model

To try and make sense of these three themes, we constructed a three-level model of proximal, distal and ultimate reasons, inspired by Flay et al's (2009) theory of triadic influence. We developed this model in relation to the question - why are social work supervision records constructed in these ways? These explanations are based partly on what managers told us in the focus group and partly on our own discussions, hypothesising and theorising after the event (Figure 1).
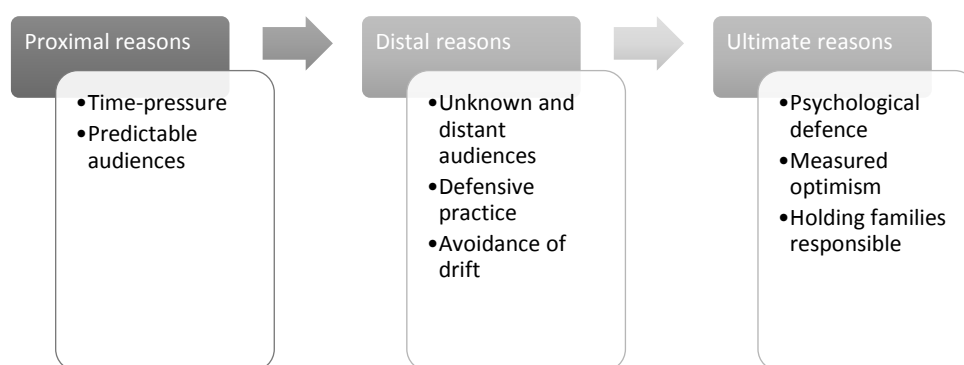
Proximal reasons	Distal reasons	Ultimate reasons
•Time-pressure •Predictable audiences	•Unknown and distant audiences •Defensive practice •Avoidance of drift	•Psychological defence •Measured optimism •Holding families responsible

Figure 1: A model to explain the content and nature of social work supervision records.

Proximal reasons

It is an obvious truth that managers in Children's Services departments are often over-worked and under-resourced. That this is obvious makes it no less true or worth repeating. In the focus group, one manager said, "*if we had more time, we would write better records* [of supervision case discussions]". When people are placed under pressure and given insufficient time to complete their work to a high-standard, they will inevitably look for short-cuts where they believe it is safe to do so. This is not something unique to social work and might include something as simple as writing 'DV' instead of 'domestic violence' or it might include using labels that mask complexity such as 'non-engagement' or 'difficult behaviour'.

One of the challenges in creating good written records of supervision case discussions is that they have many different potential audiences, in part because they are widely believed to be such an important part of the overall record. In the focus group, managers listed the following (in no particular order):

- Children
- Parents
- Wider family members
- Family court judges
- Children's Guardians
- Barristers
- Solicitors
- Ofsted inspectors
- Senior managers
- Other frontline managers
- Their future selves
- The allocated social worker

- Other social workers

In addition, these audiences might use these records for different purposes. The managers in our focus group identified the following (again, in no particular order):

- As part of the public inspection of children's services
- For internal audit and management review
- As part of potential serious case reviews
- As an 'aide memoir' for the allocated social worker
- As an 'aide memoir' for the supervising manager
- As evidence that actions have been agreed and monitored
- To provide an overview of the case
- For the child to read in future.

When faced with limited time and oft-competing purposes, which audiences did managers say they prioritised? All of the managers in our focus group were universally in agreement that the primary audience they have in mind when writing records of their supervision case discussions are Ofsted inspectors and senior managers (in that order). In practice, this meant they focused on recording procedural information and noting where actions had been agreed and completed. The managers were aware, of course, that writing records for these audiences inevitably results in the records being less useful for other audiences. Yet they did so knowingly, because as one manager said, *"you have no time to record everything and so only certain salient things make it into the notes. We cut corners because we have to."* Thus, having a range of potential audiences is in itself a challenge, because it is difficult to know how one record could satisfy all of them. It is natural to prioritise and make sure the records at least satisfy the 'most important' audiences – by evidencing progress and using short-cuts to save time (often 'modifying meaning' as a result).

Distal reasons

Although the managers in our focus group highlighted the relative importance of some audiences (e.g. senior managers and Ofsted inspectors) over others (e.g. children and parents), there is a depth to this explanation that goes beyond the problem of limited time. Complexity arises not only because the number of potential audiences is relatively high, but because it is not possible to predict with any degree of certainty in advance which of these audiences will actually read the record. Instead, there are different degrees of probability in relation to which audiences will read the record and which will not. It is easy to imagine, for example, that many of the written records we looked at would have been different if the author *knew for certain* that the subject child would in ten or twenty years' time ask to read his or her file. But although every manager in the focus group knew that the child *may* read his or her records, they also believed the likelihood of this happening was relatively low in individual cases.

Consider the number of children referred to Children's Services (one in five according to Bilson and Martin, 2016) and the relatively small (albeit increasing) proportion of children who become looked after (0.66 per cent of the total child population in England; Department for Education, 2017). The chances of any one child coming into care, even after they have been referred to Children's Services, is relatively low. The proportion of children in care who subsequently ask to read their own records must be

lower still. This suggests that the odds of *this supervision record* ever being read by the child - or any member of his or her family - is low. In comparison, the chances of the record being read by a senior manager as part of an internal file audit or by an Ofsted inspector is much higher.

Similarly, there is the question of chronological distance. Even if the child does read the record, this will probably not happen until many years later. On the other hand, internal audits and Ofsted inspections are routine. Not only are senior managers and inspectors more likely to read the record, they are more likely to do so within a shorter timeframe, when the manager responsible is still employed within the same authority and can be held responsible for what they have written. Faced with a choice between unknown (and relatively powerless) audiences in the distant-future and known (and relatively powerful) audiences in the near-future, it is entirely predictable that managers would choose to focus on the latter rather than the former. In her study of record-keeping in adult social services, Lillis (2017) also noted the importance of temporality, albeit she argued that social workers were more concerned with *"near time"* whereas *"far time is a more central concern of managers who may be called on retrospectively to account for all actions taken"* (p. 505). However, our arguments are similar in that we both found managers are often concerned primarily with the demonstration of accountability in their written records. In principle, for social workers and supervisors within Children's Services, the child and their family are the most important people to consider when writing any record. In practice, they may appear somewhere lower down the list of priorities.

A further distal reason for the nature of these supervision case discussion records is defensive practice. Managers in our focus group said they wrote their supervision records in part as a form of 'insurance' in case anything bad should happen. This might include such routine occurrences as a file audit or being selected as part of an Ofsted inspection. In such cases, senior managers and inspectors would expect to see evidence of management-oversight – and so managers sought to provide evidence of management oversight in their records. Yet this explanation extends well beyond the question of internal audit or external inspection. Social workers and managers described being acutely aware of the potential for something to go horribly wrong for the children and families they worked with. In the most extreme cases, this might lead to a Serious Case Review (SCR). Although we do not have precise figures, the likelihood of this happening in relation to any one case must be very low (given that in 2017, X children were referred, and X Serious Case Reviews collated on the NSPCC website). Hence, the chances of anyone reading the record as part of a SCR might be similar to – or even lower than – the chances of a child reading their own record. But there is a crucial difference. Although the chances of both events are low, the potential consequences are different. SCRs will of course be exceptionally and most difficult for the family involved. But they can also be difficult for professionals too, albeit to a lesser extent. An SCR may be career-ending, especially if the case is reported in the local or national media. On the other hand, there may be no impact on the author of the record if the child reads it (if only because the manager will not often know the child has read it). Both events – a SCR and a child reading their own records – are unlikely but one has a high chance of causing a direct impact on the author, even if it happens many years later, while the other does not (Figure 2). Thus, it would not be surprising if record-keeping behaviour in relation to supervision case discussions were organised more in relation to the former than the latter.

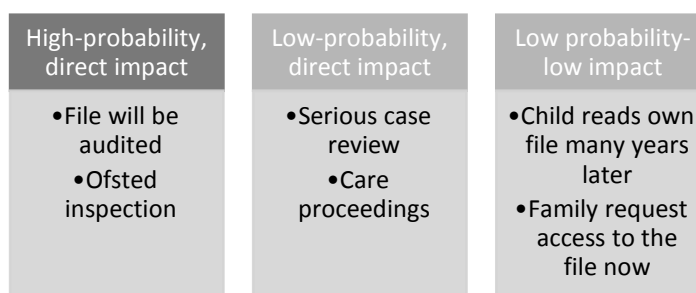| High-probability, direct impact	Low-probability, direct impact	Low probability-low impact
• File will be audited • Ofsted inspection	• Serious case review • Care proceedings	• Child reads own file many years later • Family request access to the file now

Figure 2: A hierarchy of probability and impact in relation to written records of supervision.

Which is not to suggest whatsoever that managers were unaware of the possibility that the child might read their own file, nor uncaring about what that experience might be like - far from it. The managers in our focus group were very conscious that some of the information they knew about families would be upsetting if read by the child. Reading that a member of your family was suspected of child abuse would be emotionally painful for any of us, and even more so if you were the alleged victim. As a result, managers said they often tried to sanitize (or 'nice-up') the records, where possible, to avoid the chance of upsetting family members and especially children unnecessarily (a process we have referred to above as 'modified meanings').

Ultimate reasons

The final level of our model seeks to articulate the reasons that might underpin those already outlined above. By necessity, this section is somewhat speculative. First, we propose that many managers and social workers seek to defend themselves from the reality that they cannot always help every family, because the result of being unable to help every family is that some children will be hurt or even killed. In order to sustain their role, especially in the absence of emotionally nurturing organisations, it is necessary to ensure the painful truth of this reality does not intrude too often into conscious thought. Second, this defensive process contributes to two further processes. First, families are held responsible for not responding appropriately to offers of professional help (Liebenberg, et al., 2015) and second, social workers and managers seek to maintain and project a sense of optimism about the potential for change, even in the most apparently hopeless of circumstances.

Within many of the audio discussions, it was evident how committed social workers and managers were to helping children and families, to the extent that we did not hear any explicit consideration of the fact that social services might not be able to help everyone. Social workers and their managers seemed to consider themselves 'the service of last resort'. While other services could 'refer on' or close the case if they felt their intervention was not working, this option did not seem readily available for social services (in practice, if not in law). If so, this creates a unique kind of pressure. If social services cannot help the family and cannot ensure the child is safe, then no-one can. As Cecchin, Lane and Ray have noted, *"The belief that we can help everyone is romantic and naïve* [and yet] *we do not like to be put in a position of impotence. We are always looking for the opportunities to be loyal both to the institution and to the client"* (1994, p. 33). Explicitly accepting that social services might not be able help every family means accepting there will always be children hurt and killed by members of their own family. This is a difficult truth to acknowledge, and even more so when it is your job to help (Bandura, 1989). When change is not forthcoming, managers and social workers tended to respond either with optimism ('we have to keep

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trying, maybe something will change soon') or by holding the family to account ('if only they would engage with us and understand our concerns, things could be different').

Conclusion (and a simple recommendation for practice)

There are no easy answers to the question of how best to record supervision case discussions in writing. It is widely assumed that important discussions take place in supervision and critical decisions are made and this alone justifies the importance of keeping good records. It is also important to note that supervision is far from limited to the kind of formal case discussions we have considered in this study. Good supervision is as much about the quality of a relationship as it is about the nature and content of formal conversations. Nevertheless, formal supervision meetings are an important component and are invariably the focus of audit activity in various forms. There has long been a discussion within the profession about how best to record social work activity, including supervision, and how to evidence various key elements of it, including management oversight, reflection, analysis and the 'voice of the child'. What we found in this study, albeit from a small sample, is that none of these things are necessarily easy to record, and that even when the supervision case discussion itself contains high-quality reflection, analysis and child-focus, these things may not be captured in writing. Thus, their absence from the record should not be taken as evidence of their absence in practice.

Because changes to the context in which managers produce their records may influence the production of them, we propose a practical recommendation for addressing at least some of the issues raised. If we are correct in our hypothesis that the quality and content of written records is related to the managers' understanding of expected audiences and time-scales, changing the relationship between the records and these audiences should lead to changes in the way the records are constructed. For example, if children and other family members are routinely invited to read supervision case records (and perhaps records of home visits too), not in principle and many years after the event, but pro-actively and within days or weeks of it being written, this certain knowledge of an audience should change how the record is written. Of course, there may be unintended (negative) consequences of such a change, perhaps an increase the use of more sanitised language or the keeping of two sets of records (one to be shared and one to be kept private). But there may also be beneficial consequences, such as an avoidance of more judgemental language, while the practice of explicitly holding families (solely) responsible for a lack of progress might also diminish (at least in writing). How much these changes in written records would reflect meaningful change in analysis and thinking is open to debate.

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