



What Works for
**Children's
Social Care**



OUTCOMES-FOCUSED SUPERVISION: A PILOT AND FEASIBILITY STUDY

January 2020





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CONTENTS

LIST OF ABBREVIATIONS	4	Implementing and evaluating outcomes-focused supervision in children's services	23
LIST OF TABLES AND FIGURES	5	DISCUSSION	25
EXECUTIVE SUMMARY	6	Summary	25
INTRODUCTION AND BACKGROUND	7	Strengths and limitations	25
Overview	7	Implications for a future study of outcomes-focused supervision	26
Rationale	7		
Local context	7	CONCLUSION	28
The development of outcomes-focused supervision	8	REFERENCES	29
METHODS	10		
Study objectives and research questions	10		
Ethics	10		
Sampling	10		
Training and support for supervisors in the intervention team	11		
Data collection methods	11		
Analysis	13		
FINDINGS	14		
The effect of outcomes-focused supervision on supervisors and workers	14		
The effect of outcomes-focused supervision on supervision case discussions	16		
The effect of outcomes-focused supervision on families	18		
The cost and cost saving of outcomes-focused supervision	21		



LIST OF ABBREVIATIONS

BCT

Birmingham Children's Trust

CIC

Child/ren in Care

CIN

Child/ren in Need

CP

Child protection

OFS

Outcomes-focused supervision

SD

Standard deviation



LIST OF TABLES AND FIGURES

Table 1	12	Figure 1	17
Responses to data collection methods in the intervention and comparison groups		Box Plot showing the differences in the percentages of outcome-focused questions asked in supervision case discussions between the intervention and comparison groups	
Table 2	16	Figure 2	22
Supervisory Working Alliance Inventory scores at T1 and T3		Supervision case discussion duration	
Table 3	17	Figure 3	22
Use of outcomes-focused questions by supervisors		Supervision case discussion cost	
Table 4	18		
Worker ratings using the Leeds Alliance in Supervision Scale			
Table 5	19		
Worker ratings of perceived risk at T2 and T3			
Table 6	19		
Parent General Health Questionnaire scores			
Table 7	20		
Parent ratings of their most recent meeting with their social worker			
Table 8	20		
Parent ratings using the Short Working Alliance Inventory			
Table 9	21		
Unit costs			
Table 10	21		
Supervision case discussions duration and cost			
Table 11	23		
Cost of setting up outcomes-focused supervision			



EXECUTIVE SUMMARY

What is outcomes-focused supervision?

Outcomes-focused supervision (OFS) is an approach to supervision case discussions inspired by the work of Harkness and Hensley (1991). It involves supervisors asking a series of questions aimed at ensuring that social workers understand what parents and children want help with, how parents and children define the problems and challenges they face and the outcomes that parents and children want to achieve.

Study design

We used a pilot comparative study design, working with two safeguarding teams in Birmingham Children's Trust (BCT). In one of the teams, supervisors were provided with training and support to implement OFS. In the other team, supervisors provided *supervision-as-normal*. We collected data from supervisors, social workers and parents about the implementation and effect of OFS.

Sample

Twenty-one families were recruited (n=11 in the intervention team, n=10 in the comparison team). Fifty social workers took part in initial data collection (n=28 in the intervention team, n=22 in the comparison team) and twenty-nine in final data collection (n=16 in the intervention team, n=13 in the comparison team). Four supervisors from the intervention team trained in the OFS approach, while six supervisors took part from the comparison team.

Results

Qualitative feedback from social workers and supervisors in the intervention team was generally positive. Workers in both teams reported having positive supervisory relationships and these

were maintained throughout the study. Economic analysis showed that supervision case discussions in the intervention team were on average shorter and therefore less costly than in the comparison team. As part of family interviews, parents completed the short Working Alliance Inventory, a validated instrument for measuring the quality of helping relationships. Parents in the intervention team reported more positive scores (1.84; 2.29) than those in the comparison team.

Implications

The results from our study suggest that it would be possible to implement OFS on a larger scale within children's services, and to test more rigorously whether OFS does make a positive difference for supervisors, social workers and families.



INTRODUCTION AND BACKGROUND

Overview

This report describes a pilot comparative study of supervision undertaken in Birmingham Children's Trust (BCT) between September 2018 and October 2019, funded by What Works for Children's Social Care. The intervention we evaluated is called outcomes-focused supervision (OFS). OFS aims to help social workers focus their practice on what families need help with, addressing family-defined problems and achieving family-defined outcomes.

Working with BCT, we identified two long-term safeguarding teams within different parts of the city. One of these teams was selected by the Trust to be the site of the intervention in which supervisors were provided with training and support to implement OFS. The second team was included in the study as a comparison group, providing *supervision-as-normal*. From each team, we recruited a number of families to take part. We explored what happened in supervision case discussions about families, what social workers and supervisors thought about their supervision meetings and supervisory relationships, and parents' experiences of the service. We used these data to make comparisons between the intervention and comparison teams to explore what potential difference OFS might make for supervisors, social workers and for families and to consider how OFS might be implemented and evaluated in any future large-scale study.

Rationale

Our rationale for studying supervision in the context of child and family social work is two-fold. First, it is widely accepted within the profession that supervision is one of the cornerstones of good practice (Laming, 2003; Stanley, 2018). So widely held is this belief that it persists despite a

general absence of high-quality evidence to show that supervision makes any difference for families (Carpenter et al, 2013; Beddoe and Wilkins, 2019). Second, the quality of supervision provided within children's services in England is thought to be mixed at best. Several studies have found that a relatively high proportion of child and family social workers receive supervision of questionable quality (Manthorpe et al, 2015; Turner-Daly and Jack, 2017; Wilkins et al, 2017).

Recognition of these challenges is not new and several authorities in England have already implemented different approaches, with varying degrees of success (e.g. Lees, 2017). Nevertheless, it remains that case that evaluative studies of supervision in the context of child and family social work are relatively rare. There are few if any evidenced-based models of supervision for child and family social work, although this is not the case for other fields of practice (Beidas and Kendall, 2010; Watkins and Milne, 2014).

For this study, we identified an approach to supervision that can be implemented alongside or integrated with existing approaches and does not require extensive system-level changes. Harkness and Hensley (1991) have previously implemented a similar model of supervision with promising results, albeit in a different country and practice context. The objective of our study was to pilot the introduction of OFS in children's services in England and explore whether there were any signs of promise in relation to it making a positive difference for families. The study was also designed to explore the feasibility of evaluating OFS in the context of children's services.

Local context

The site for the study was Birmingham. With a population of just over 1.2 million people, including



a high proportion of children and young adults, Birmingham is a diverse and vibrant city. Yet it also suffers from economic deprivation, being the sixth most deprived local authority in England and with worse than national average levels of child poverty (Birmingham and Solihull Clinical Commissioning Group, 2018). These and other social problems result unsurprisingly in a high-level of family need. The recent history of children's services in the city is a troubled one, with a series of Ofsted inspections finding services to be 'inadequate'. As a result, children's services have since April 2018 been delivered by BCT, rather than by the local council directly.

Within BCT, there are thirteen family support teams, fourteen assessment and short-term intervention teams, twenty long-term safeguarding teams, twenty children in care teams, five leaving care teams, five disabled children's teams, a service for unaccompanied asylum-seeking children, a youth offending service and a fostering and adoption service.

The development of outcomes-focused supervision

The approach of OFS is based upon the work of Harkness and Hensley (1991) who together conducted a study of supervision within an American mental health centre. In their study, Harkness and Hensley provided four members of staff with *mixed-focused* supervision for eight weeks, during which they discussed administration, training and clinical work. In a subsequent eight-week period, the same workers were provided with client-focused supervision. During these sessions, the supervisor focused the conversation on client-led conceptualisations of problems and desired outcomes by asking the worker the following questions:

1. What does the client want help with?
2. How will you and the client know you are helping?
3. How does the client describe a successful outcome?

4. Does the client say there has been a successful outcome?
5. What are you doing to help the client?
6. Is it working?
7. Does the client say you are helping?
8. What else can you do to help the client?
9. How will that work?
10. Does the client say that will help?

The supervisor was not restricted to asking only these questions, but they did aim to ensure they formed a significant part of the discussion. According to Harkness and Hensley's criteria, a supervision session could be considered client-focused when at least one-third of the supervisor's questions were taken from or based upon this list. Two additional workers were provided with mixed-focus supervision for the entire sixteen-week study period.

Harkness and Hensley then collected outcomes data in relation to 161 clients, using the Generalized Contentment Scale and three dimensions of the Client Satisfaction Scale (worker helpfulness, goal attainment and worker-client partnership). For three of the four workers under the experimental condition, client ratings of worker helpfulness decreased during the eight-weeks of mixed-focused supervision, while remaining stable for the fourth worker. During the eight-weeks of client-focused supervision, client satisfaction with worker helpfulness increased for all four workers, as did client satisfaction with goal attainment and with the worker-client partnership. Overall, client-focused supervision produced a ten per cent improvement in satisfaction with goal attainment, a twenty per cent improvement in satisfaction with worker helpfulness and a thirty per cent improvement in satisfaction with the client-worker partnership. Harkness and Hensley concluded that the focus of supervision was a significant mediating factor for workers' communication, problem-solving and relationship-based skills.

In light of these findings, we hypothesised that a suitably adapted version of client-focused supervision could be implemented within children's services in England. We started by



adapting Harkness and Hensley's list of questions as follows:

1. What does the parent or child want help with?
2. How will the parent or child know you are helping?
3. How does the parent or child describe a successful outcome?
4. Does the parent or child say there has been a successful outcome so far?
 - a. Do you think there has been a successful outcome so far?
5. What are you doing to help the parent or child?
6. Is it working?
7. What else could you do to help the parent or child?
8. How would that work?
9. Does the parent or child say that would work?
10. When can we close the case / what would need to happen for us to safely close the case?

We made these adaptations to ensure that OFS discussions could focus on children and parents' perspectives, rather than only one or the other. We also decided to describe the approach as outcomes-focused rather than client-focused, mainly because the word 'client' is not in common usage in English children's services (McLaughlin, 2009).



METHODS

Study objectives and research questions

The main objectives of the study were to explore:

- The feasibility of implementing and evaluating OFS in children's services; and
- Whether there were any indications of promise in relation to the effect of OFS for supervisors, workers and / or families.

The research questions for the study were as follows:

1. How is OFS implemented and to what extent do supervision case discussions in the intervention team show fidelity to the OFS approach?
2. What difference could OFS make for supervisors and workers?
3. What difference could OFS make for families?
4. What is the cost and cost saving of OFS?
5. What outcome and cost variables are most relevant for a future large-scale trial of OFS and how feasible is it to collect these data?

Ethics

The School of Social Sciences' Research Ethics Committee at Cardiff University gave approval for the study, as did the Chief Executive of BCT. Social workers informed parents about the study and provided them with an information leaflet. If the parent gave verbal consent, a researcher subsequently met with the parent and completed a written consent form. Parents were made aware by the researcher that their participation was voluntary and of their right to withdraw from the study at any point up to the end of data collection

for their family. Researchers also obtained written consent from supervisors and social workers.

Sampling

Social work teams

Children's services in Birmingham are provided on a geographical basis, with different teams serving different parts of the city. The intervention and comparison teams operate in different parts of the city and were deemed by senior managers in the Trust to have capacity to take on a research project of this nature. The choice of which one would serve as the intervention team and which as the comparison team was made by a senior manager in the Trust. Within each team, supervisors and social workers were informed about the study via team meetings, briefing sessions and information leaflets. Social workers and supervisors were encouraged by senior managers to take part in the study but also told they did not have to.

At the outset of the study, there were four supervisors in the intervention team and six in the comparison team. Mid-way through the study (in Spring 2019), two of the supervisors from the intervention team moved to other jobs outside of BCT. By the time that two replacement supervisors had joined the intervention team, we were approaching the end of data collection with families and so decided not to train them in the OFS approach. In the comparison team, four of the original supervisors were still in post at the end of study. There was also a degree of turnover among the social workers. Of the fifty social workers interviewed at the outset, sixteen (32 per cent) had left their respective teams by the end of the study period.



Families

Social workers were initially asked to identify families on their caseloads who met the following inclusion criteria:

- At least one child subject of a CIN or CP plan
- English-speaking (whether as a first or subsequent language)
- Allocated to the worker within the past eight weeks

Social workers would then provide information leaflets about the study to the parent(s) and ask for their verbal consent to take part. Due to difficulties in recruiting families, these inclusion criteria were relaxed in June 2019, removing the need for the family to be English-speaking and to have been recently allocated to the worker. Following these changes, we intended to provide interpreters for any non-English speaking families who took part, however none did so this was not required.

Forty families gave consent to take part in the study. Eleven later withdrew for various reasons unrelated to the study itself (e.g. moving home to a different local authority) and we were unable to arrange and complete interviews with a further eight families, resulting in a final sample of twenty-one - ten in the comparison team and eleven in the intervention team.

Training and support for supervisors in the intervention team

The four supervisors in the intervention team attended a programme of training and monthly action learning sets to support their use of OFS. Initial training consisted of two half-day workshops, completed in September and October 2018, during which the supervisors were introduced to the OFS approach and discussed how it differed from supervision-as-normal. Following these workshops, the same supervisors were invited to attend monthly action-learning sets (60- to 90-minute sessions), during which they listened to extracts from audio-recordings of their own supervision case discussions and reflected on how they and their colleagues were using the

OFS approach in practice. Each supervisor was also provided with individual feedback following each audio-recorded supervision session. This consisted of a document listing all the questions asked by the supervisor, with each one categorised as either outcomes-focused or not-outcomes-focused. The lead author of this report (DW) provided the training and action learning sets and the feedback sheets.

Data collection methods

We used a mixture of methods to collect quantitative and qualitative data over three time points:

- T1: Collection of baseline data from social workers and supervisors (September/October 2018)
- T2: Collection of family data from parents and social workers (May to September 2019)
- T3: Collection of endpoint data from social workers and supervisors (October 2019)

In addition, we collected data related to the cost of OFS and supervision-as-normal throughout the study.

Methods related to social workers and supervisors

In September and October 2018, T1 interviews were conducted with social workers and supervisors and in September and October 2019, T3 interviews were conducted with social workers and focus groups with supervisors. In their initial interviews, social workers and supervisors were asked for their views about the role of the supervisor and the functions of supervision. These interviews were used to establish the likelihood of supervision in either team already being outcomes-focused prior to the start of the study. For the second set of interviews and focus groups, social workers and supervisors were asked about their experiences of taking part in the study and for those in the intervention team, their experiences of implementing OFS. At both time points, social workers were also asked to complete the Supervisory Working Alliance Inventory (Efstation et al 1990).



Methods related to supervision case discussions

To explore the impact of OFS on supervision case discussions, we collected audio-recordings of supervision case discussions from both teams at T2. Supervisors administered their own recordings using a digital Dictaphone provided by the research team. We also asked social workers to complete a feedback form after each audio-recorded supervision discussion, including the Leeds Alliance Supervision Scale (Wainwright 2010).

Methods related to families

To explore the impact of OFS on families, we asked social workers to fill in case questionnaires

at T2 and T3. These included questions about the level of risk and need for the family and about the worker’s experience of supervision and support more broadly. We also completed interviews with parents at T2. These included standardised measures such as the Short Working Alliance Inventory and the General Health Questionnaire, and more general questions about their experiences of children’s services, the relationship between the parent and the social worker and about goals for the work.

Table 1 provides an overview of the methods used at each point in time, and the number of responses for each one.

Table 1. Responses to data collection methods in the intervention and comparison groups

Data collection method	Intervention group	Comparison group	Total
T1			
Qualitative interviews with supervisors	4 supervisors	6 supervisors	10 supervisors
Qualitative interviews with social workers	28 social workers	22 social workers	50 social workers
Social worker personal characteristics and Supervisory Working Alliance Questionnaire	27 social workers	22 social workers	49 social workers
Training session cost questionnaire	Two half-day workshops	n/a	n/a
T2			
Social worker supervision feedback form	11 social workers	9 social workers	20 social workers
Audio recording of supervision	11 supervisions	10 supervisions	21 supervisions
Social work case questionnaire	11 cases	9 cases	20 cases
Family interview with parent(s)	11 parents	10 parents	21 parents
Action learning set cost questionnaire	Seven action learning sets	n/a	n/a
T3			
Focus groups with supervisors	4 supervisors (1 focus group took place in June prior to 2 supervisors taking up new jobs)	4 supervisors (3 from the original sample and one new supervisor)	8 supervisors



Qualitative interviews with social workers	16 social workers	13 social workers	29 social workers
Social worker Supervisory Working Alliance Questionnaire	14 social workers	12 social workers	26 social workers
Social work case questionnaire	10 cases	9 cases	19 cases

Analysis

Qualitative Data Analysis

Qualitative data obtained from interviews and focus groups were analysed using Ritchie and Spencer’s (1994) framework approach. This involves a systematic process of shifting, charting and sorting material according to key issues and themes. The interview and focus group schedules were used as a starting point for the framework and emergent issues used to develop additional analytical themes. The final version of the framework was applied to the data in its textual form using NVivo.

Qualitative data in relation to family and social work goals were analysed using thematic analysis (Braun et al, 2019) to produce a narrative account for each family, including identification of the similarities and differences between parent-identified goals and social worker-identified goals.

Audio recordings of supervision were analysed by a team of three researchers (DW, SA and WO’C), two of whom were familiar with the study (DW and SA) and one of whom was not (WO’C). Recordings were first transcribed by an independent company. All of the questions asked by the supervisors were then extracted from the transcripts and listed at random in one spreadsheet. This preparatory work was undertaken by the coder unfamiliar with the study to ensure that each question could be blind-coded without the coders knowing whether it originated from the intervention or comparison team. These steps were taken to help mitigate the potential bias of the two familiar coders, who otherwise may have recognised whether the transcripts were from the intervention or comparison teams. All three researchers then independently rated each question as being outcomes-focused or not outcomes-focused. In cases where not all three researchers agreed, majority coding was used. For each question

rated as outcomes-focused, the researchers also nominated which question from the OFS list of questions they thought it most similar to. The questions were then reassembled into their respective transcripts and an overall count made for each case discussion. For each case discussion, we then calculated what proportion of questions were outcomes-focused.

Quantitative Data Analysis

1. Statistical analysis

Quantitative data were collected on paper or electronically via Qualtrics and analysed using SPSS. Quantitative analysis was mainly limited to descriptive and bivariate analysis. As a pilot study with a small sample size, significance tests were not carried out unless a bivariate analysis indicated high levels of difference between the intervention and comparison teams. Where this occurred a non-parametric, Independent Samples Kruskal-Wallis Test was carried out.

2. Economic analysis

Data about the number, duration and attendance of training and action learning sets were collected throughout. Time inputs were multiplied by staff unit costs using the national unit costs of health and social care compendia (PSSRU 2018), University pay scales and BCT pay policy information.

To estimate the cost of supervision case discussions, the length of each audio recording was applied to the staff unit costs for the supervisor and social worker, and an estimate made of the mean cost alongside an appropriate measure of uncertainty.

The currency used is pound sterling (£), with 2018 as the reference financial year. No discounting has been applied as all costs occurred within the study period, which did not exceed a one-year time horizon.



FINDINGS

In this section, we present our findings in relation to the following five areas:

1. The effect of outcomes-focused supervision on supervisors and workers
2. The effect of outcomes-focused supervision on supervision case discussions
3. The effect of outcomes-focused supervision on families
4. The cost and cost saving of outcomes-focused supervision
5. How might outcomes-focused supervision be evaluated in future?

The effect of outcomes-focused supervision on supervisors and workers

To understand the effect of OFS on supervisors and workers, we first wanted to establish the extent to which supervision in either team may already have been outcomes-focused and to assess the quality of the working alliance between workers and supervisors. To this end, we undertook interviews (with social workers and supervisors) and administered the Supervisory Working Alliance Inventory (with social workers) in both the intervention and comparison team at T1 and T3.

Interviews with workers and supervisors at T1

The qualitative interviews at T1 were used to understand how both supervisors and workers felt about the role of the supervisor and the purpose of supervision at the start of the project. These identified five major themes:

1. Supervisor as manager – what are you doing?
2. Supervisor as counsellor – how are you?
3. Supervisor as outsider– what do you think?

4. Supervisor as available – what do you need?
5. Supervisor as over-worked – is that everything?

These themes were common across both teams.

Supervisor as manager - what are you doing?

Social workers and supervisors alike were clear that one of the key roles of the supervisor and functions of supervision is to provide a forum for worker accountability to the organisation. Supervisors noted the influence of both internal and external drivers, including quality assurance audits and Ofsted inspections. Accountability and management oversight were said to be the “core business” of formal supervision meetings, the most important of its various functions. This was not necessarily viewed as problematic. For some workers, the oversight provided in relation to case management was a welcome feature of supervision, even though the process of ensuring oversight appeared largely to be formulaic across different supervisor-supervisee dyads.

Some interviewees said that because of the significant legal powers exercised by social workers, they understood the need for this kind of monitoring. These processes, for some, provide a form of safety for families and reassurance for the worker that they are doing the right things. However, there were also workers who highlighted the ‘tick box’ nature of this approach and did not feel that it helped their practice or made a difference for families. These workers tended to say that supervision was too task-focused and provided little more than a superficial check-in.

Supervisor as counsellor - how are you?

The second key function of supervision and role of the supervisor is to attend to the wellbeing of workers. Social workers discussed the difficulties



of their job, the day-to-day challenges they faced and the emotional impact of the work. Some workers talked about “feeling swamped” due to their workloads and the complexity of family problems they encountered. Due to high workloads, not every worker said they had sufficient time in their supervision to talk about both casework and personal well-being – and because of the dominance of accountability, it was often well-being that ended up being de-prioritised. Despite these challenges, the majority of respondents said their supervisor did regularly ask about their personal well-being and most felt well supported.

Supervisor as outsider - what do you think?

Social workers also talked about how helpful it was when their supervisor provided a different perspective about their practice or about a particular family. For some, this was the main way that supervision had a positive influence on their practice. This might involve checking whether the worker and supervisor were “on the same page” about a family or whether the worker needed further guidance. Social workers said they appreciated a degree of challenge from their supervisors and this often left them feeling reassured about what to do next.

This outside perspective was viewed as particularly useful for more complex cases, and when cases felt “stuck”, meaning that the worker felt unsure about what they should do next or even about what they were trying to achieve and why. By discussing different ideas with their supervisor, workers could often gain (or regain) a sense of clarity and focus.

Supervisor as available - what do you need?

Social workers particularly valued the availability and accessibility of their supervisors. Social workers said that this level of availability provided them with reassurance that they were never alone in having to make decisions. They noted how this support was particularly important in times of crisis. Likewise, supervisors prided themselves on having an “open door policy” and a visible presence in the office.

Supervisor as over-worked - is that everything?

A common experience for many workers was a lack of time for reflective supervision. Workers said the main reason for this was high workloads. Social workers also said that the dominance of accountability and case management, not in BCT but in English child and family social work more generally, had contributed to a general neglect of reflective practice in the profession. A task-orientated approach was felt by some workers to be in direct conflict with a more reflective style – you can do one or the other, but not both. External pressures inevitably meant that time for reflection was put to one side in favour of case-management and accountability.

These findings suggest that supervision was not outcomes-focused in either team prior to the start of the study. Although many social workers were positive about the difference that supervision made for their practice, not one said that supervision helped them think about parent or child-defined problems and outcomes.

Qualitative interviews with workers and supervisors at T3

At the end of the study, from follow-up interviews with workers and focus groups with supervisors in the intervention team, we can identify some changes in the practice of supervision as compared to the themes identified from T1. These include changes in the focus of supervision case discussions, more time for reflection, and a greater emphasis on the needs and goals of the family. Supervisors said they found themselves using at least some of the OFS questions in relation to families not otherwise involved with the study, because they found them to be helpful – especially in relation to what parents and children might actually want help with. However, the same supervisors also noted that the OFS questions could feel quite prescriptive when used on their own and it was important to combine them with other topics and questions within supervision. For some, this felt like it resulted in them having longer discussions than would otherwise have been the case. Thus, in relation to the five themes identified above, the subsequent interviews found



that OFS made a difference in relation primarily to the third theme of 'what do you think?'. Using the OFS questions helped workers consider what parents wanted help with and what they were doing to help the family. For some workers at least, this also resulted in more reflective supervision discussions.

Supervisory Working Alliance Inventory at T1 and T3

The Supervisory Working Alliance Inventory was completed by social workers in both teams at T1 and

T3. It is designed to measure the working alliance between workers and supervisors and consists of two subscales, Rapport and Client Focus. Higher scores indicate a more effective working alliance, with normal scores for this measure being 5.85 for Client Focus and 5.44 for Rapport (Efstation et al, 1990). At T1, 49 social workers completed the measure, 27 in the intervention team and 22 in the comparison team. At T3, 26 of these workers repeated the measure, 14 from the intervention team and 12 from the comparison team (Table 2).

Table 2. Supervisory Working Alliance Inventory scores at T1 and T3

		T1 scores all social workers in samples at T1		T1 scores for social workers who remained in the sample at T3		T3 scores	
		Intervention (n=27)	Comparison (n=22)	Intervention (n=14)	Comparison (n=12)	Intervention (n=14)	Comparison (n=12)
Rapport	Mean (SD)	6.05 (0.89)	5.95 (0.80)	6.23 (0.75)	6.23 (0.69)	6.31 (0.80)	6.33 (0.56)
Client Focus	Mean (SD)	5.87 (0.99)	5.88 (1.00)	6.07 (0.88)	6.20 (0.72)	6.05 (1.07)	6.36 (0.56)

These data indicate that social workers in both teams were in broad and positive agreement about the quality of their supervisory relationships both before and after the study period.

The effect of outcomes-focused supervision on supervision case discussions

In addition to exploring how the OFS approach might affect the relationship between supervisor and social worker and the nature of supervision from the perspective of those involved, we also looked more directly at the impact on supervision case discussions. Evidence about this is derived from two main sources:

- Audio-recordings of supervision case discussions at T2
- Feedback forms completed by workers at T2

Audio-recordings of supervision case discussions at T2

Our analysis of the audio-recordings found a marked difference between the intervention and comparison teams in relation to the proportion of outcomes-focused questions posed by supervisors in supervision case discussions (Table 3, Figure 1).



Table 3. Use of outcomes-focused questions by supervisors

		Number of questions asked in supervision case discussions	Percentage of questions that were outcomes-focused
Intervention N=11	Mean (SD)	39.4 (13.2)	34.6% (10.4)
Comparison N=10	Mean (SD)	42.2 (31.3)	8.4% (3.6)

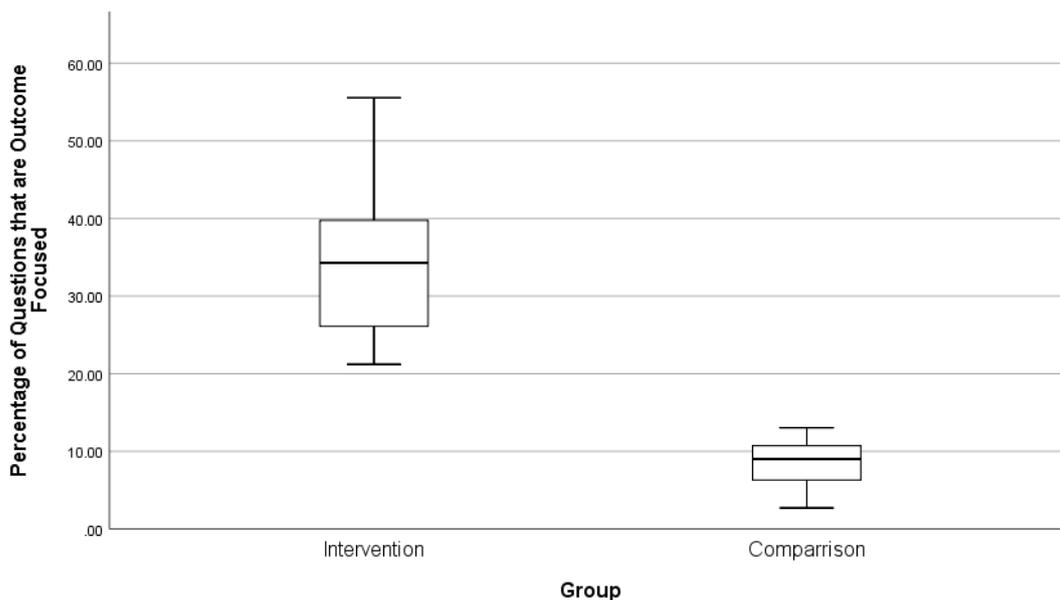


Figure 1. Box Plot showing the differences in the percentages of outcome-focused questions asked in supervision case discussions between the intervention and comparison groups.

OUTCOMES-FOCUSED SUPERVISION / A PILOT AND FEASIBILITY STUDY

Because of the size of this difference between the teams, an Independent Samples Kruskal-Wallis Test was carried out and found to be significant at the <.001 level.

These data show that recorded supervision case discussions in the intervention team were characterised by the use of more outcomes-focused questions. The most outcomes-focused discussion in the comparison team comprised 13.04 per cent outcomes-focused questions (3 out of 23). The least outcomes-focused discussion in the intervention team comprised 21.21 per cent outcomes-focused questions (14 out of 66). Using Harkness and Hensley's criteria - that the supervisor needs to ask at least one-third outcomes-focused questions in order for the discussion to be characterised as outcomes-

focused - none of the audio recordings from the comparison team met this threshold, whereas seven of the twelve did from the intervention team. Supervisors in the intervention team used the full range of OFS questions, with the most frequently used questions being as follows:

- What does the child or parent want help with?
- What else could you do to help the parent or child?
- How does the parent or child describe a successful outcome?
- Do you think there has been a successful outcome so far?
- What are you doing to help the parent or child?



Feedback forms at T2

Workers were asked to complete feedback forms following each audio-recorded supervision case discussion, including the Leeds Alliance in Supervision Scale (Wainwright 2010). This includes three sub-scales: Approach, Relationship, and Meeting supervisee's needs. An additional sub-scale checks whether the session is representative of other supervision sessions or whether it has been somewhat unusual. Higher

scores indicate more positive results and greater representativeness (Table 4).

These data show that social workers in both teams were in broad and positive agreement about the quality of their supervision case discussions in relation to Approach, Relationship, and Meeting supervisee's needs. The audio-recordings we collected were also found to be broadly representative of supervision discussions more generally.

Table 4. Worker ratings using the Leeds Alliance in Supervision Scale T2

Group		Approach	Relationship	Meeting supervisee's needs	Representativeness
Intervention	Mean (SD)	9 (0.74)	9.33 (0.65)	8.75 (0.75)	7.17 (1.80)
	N	12	12	12	12
Comparison	Mean	9.22 (1.09)	9.33 (0.71)	9.25 (0.71)	7.11 (2.76)
	N	9	9	8	9

The effect of outcomes-focused supervision on families

As a pilot study, we looked for signs of promise in relation to OFS making a positive difference for families, but also considered what methods might be most suitable were OFS to be evaluated in a larger study. Three main sources were used to derive information about the effect of OFS on families:

- Case questionnaires completed by workers at T2 and T3
- Interviews with parents at T2
- Interviews with workers and focus groups with supervisors at T3

Case questionnaires

In case questionnaires, workers were asked to rate their overall level of concern in relation to each family (Table 5).



Table 5. Worker ratings of perceived risk at T2 and T3

		Intervention T2 n=12	Comparison T2 n=9	Intervention T3 n=10	Comparison T3 n=9
Overall Concern	No concern	-	-	1 (11%)	1 (12.5%)
	Low or medium concerns	7 (87.5%)	6 (86%)	7 (78%)	6 (75%)
	High concerns	1 (12.5%)	1 (14%)	1 (11%)	1 (12.5%)
	No response	4	2	1	1

These data show that workers from the two teams had broadly similar levels of overall concern at T1, and that at T3 worker-rated levels of concern broadly remained the same.

Interviews with parents at T2

Interviews with parents sought to collect data about the sorts of issues or difficulties that the family were experiencing, and how parents rated the quality of their relationship with their social

workers. Parents were also asked about their recent health and well-being using the General Health Questionnaire (GHQ-12). This is a measure of psychiatric morbidity, with responses provided on a four-point scale. Positively phrased items were coded 0-0-1-1 and negatively phrased items were coded 0-1-1-1 (Hankins, 2008). Higher scores indicate the presence of more problems for parents (Table 6).

Table 6. Parent General Health Questionnaire scores

Group	Mean (SD)
Intervention (n=10)	4.4 (3.03)
Comparison (n=9)	5 (2.78)

In our sample the scores are slightly higher for the comparison team, indicating that these parents reported having more health problems than those in the intervention team.

Two measures were then used to explore the relationship between the parent and the social worker. In the first of these, parents were asked to rate their most recent meeting with their worker in relation to the working relationship, goals and topics covered, the worker’s approach or method, and the meeting overall. Higher scores indicate a more positive experience (Table 7).

These data show that parents were generally positive about the way their worker managed their most recent meeting. Parents from the intervention team were more satisfied in relation to the worker’s approach, the methods used by the worker and ‘overall’. Parents from the comparison team were more satisfied with their relationship and with the worker’s approach to goals and topics of discussion. However, these differences are relatively minimal.



Table 7. Parent ratings of their most recent meeting with their social worker

Group		Relationship	Goals and topics	Approach or Method	Overall
Intervention N=11	Mean (SD)	7.91 (3.21)	8 (2.76)	8.36 (3.04)	8.64 (2.94)
Comparison N=10	Mean (SD)	8.8 (1.69)	8.8 (2.39)	8 (2.67)	8.1 (2.81)

Parents were also asked to rate the quality of their relationship with the social worker using the Short Working Alliance Inventory. This measure contains three subscales, Goal, Task and Bond.

Each subscale contains the mean of four items scored from 1 to 7, with lower scores indicating a more positive experience (Table 8).

Table 8. Parent ratings using the Short Working Alliance Inventory

Group		Task	Bond	Goal
Intervention (N=11)	Mean (SD)	1.80 (1.04)	1.98 (1.50)	1.73 (1.03)
Comparison (N=10)	Mean (SD)	2.58 (1.30)	2.08 (1.14)	2.20 (1.21)

These data show that parents in the intervention group gave consistently more positive scores than parents in the comparison group.

Finally, parents were asked about their goals for the work and what they thought their social worker's goals might be. We asked workers about their goals directly using the case questionnaire so that we could compare between the parent's stated goals, the worker's stated goals, and the parent's perception of the worker's goals. In both teams, there was some evidence of alignment between them. However, this tended towards the general rather than the specific. Parents were likely to say that their worker's goal was the same as their goal, but this was not necessarily so. In some cases, their goals were quite different. For example, in one case the parent said her main goal was financial (to pay off existing debts) and thought this was also her social worker's goal. However, the worker said her goal was to address

the parent's alcohol use. Comparing between different goals was made more complicated by the fact that workers' goals were often quite general, whereas parents often had more specific goals in mind. In one case, the parent's goal was for their child to attend college more regularly, while the worker's goal was to reduce the risk of criminal exploitation in relation to the same young person. While these goals are not necessarily contradictory (attending college regularly may be one way of reducing the risk of criminal exploitation), yet they are not the same either – the worker's is more general and the parent's more specific. We identified this pattern repeatedly across both teams and in the majority of cases.



Interviews with workers and focus groups with supervisors at T3

Supervisors in the intervention team said they thought the OFS approach could lead to workers taking a different approach in practice, particularly in relation to outcomes. Workers were said to be more focused on achieving positive change with families and talked more explicitly about what needed to happen in order to close the case. Similarly, some workers said that the OFS questions helped them think more clearly about what they were trying to achieve with the family. Some workers selected families to take part precisely because they felt they needed this kind of additional clarity, and supervisors said that the OFS questions were helpful when cases otherwise felt “stuck”.

The cost and cost saving of outcomes-focused supervision

Evidence about the cost and cost-saving of OFS is derived from two main sources:

- Audio-recordings of supervision case discussions at T2
- Training and action learning set cost questionnaires completed at T1 and T2

To estimate the cost of supervision case discussions and the cost of implementing OFS, hourly staff costs were obtained from University pay scale information, the PSSRU (2018) and BCT’s pay policy. Low, median and high hourly costs were calculated for the senior lecturer (DW) who facilitated the training and action learning sets, and in relation to BCT supervisors and social workers (Table 9).

Table 9. Unit costs

Staff	Low	Median	High
Senior lecturer	£27.56/hr	£29.67/hr	£31.94/hr
Social worker	----	£17.63/hr	----
Supervisor	£22.19/hr	£24.85/hr	£27.73/hr

Cost and duration of supervision case discussions

These unit costs were applied to the audio-recordings of supervision to calculate the mean

cost of supervision case discussions in the intervention and comparison teams (Table 10).

Table 10. Supervision case discussions duration and cost

Group	Duration (minutes)		Cost (£)	
	Mean	Std Error	Mean	Std Error
Intervention	21.98	3.71	£15.55	£2.63
Comparison	32.35	5.84	£22.91	£4.13



These data show that supervision case discussions in the intervention team were shorter and less costly than in the comparison team. Assuming supervision case discussions take place for each family at least monthly, the cost saving over a one-year period would be £88.23 per family. If each social worker worked with 30 families in the year (a relatively low estimate) and the cost

savings were replicated across their caseload, this would result in a cost saving over a one-year period of £2,646.90 per social worker, or £132,345 per year if applied to all 50 social workers in the original sample. However, when plotting the mean duration and cost using 95% confidence intervals (Figures 2 and 3), the difference between the two teams is less clear.

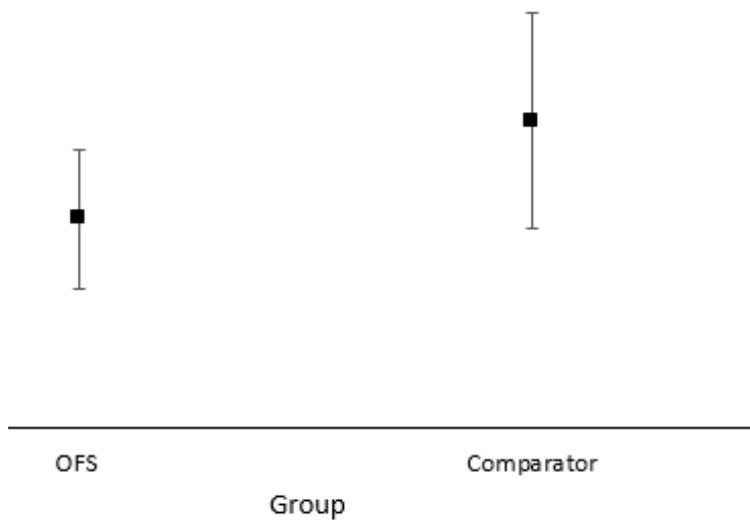


Figure 2. Supervision case discussion duration

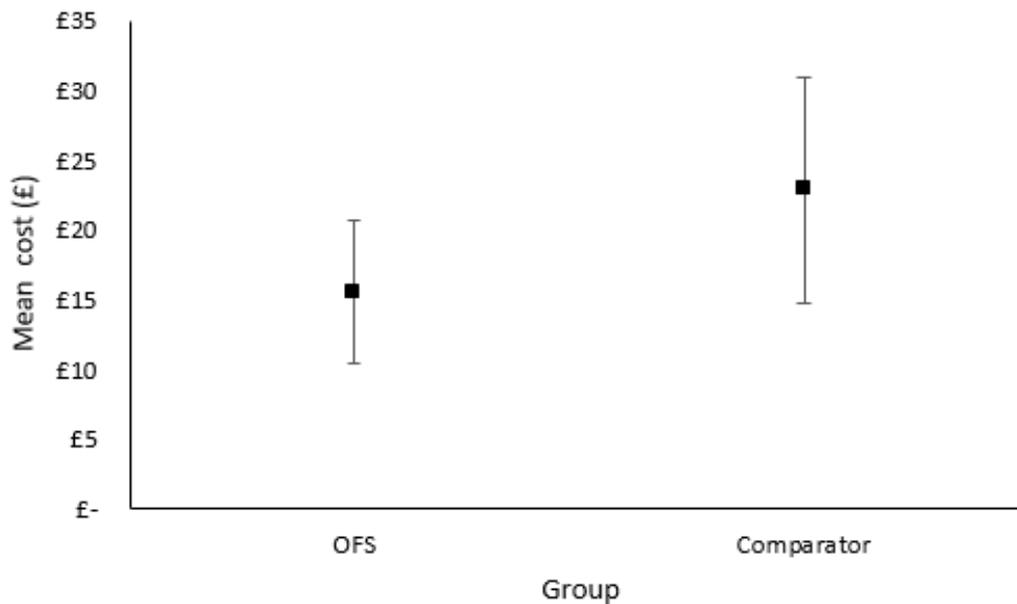


Figure 3. Supervision case discussion cost



Cost of setting up outcomes-focused supervision

Using data gathered via cost questionnaires completed after the training and action learning sets, we calculated the cost of implementing OFS

over a one-year-period (Table 11). Other than travel and staff costs, no other costs were incurred.

Table 11. Cost of setting up outcomes-focused supervision

Session	Duration (hr)	Supervisors	Travel cost	Low	Median	High
Training	4.25	3	£68	£468.03	£511.00	£557.33
ALS 1	1.5	4	£29	£203.62	£222.78	£243.45
ALS 2	1.5	4	£29.15	£203.62	£222.78	£243.45
ALS 3	2	3	£29.15	£217.40	£237.62	£259.42
ALS 4	2	4	£29.15	£261.77	£287.33	£314.89
ALS 5	1.5	3	£29.15	£170.34	£185.50	£201.85
ALS 6	1	2	£29.15	£101.09	£108.53	£116.55
ALS 7	1	2	£29.15	£101.09	£108.53	£116.55
Total				£1,726.94	£1,884.07	£2,053.50

Implementing and evaluating outcomes-focused supervision in children's services

One of our objectives in this study was to explore the feasibility of implementing and evaluating OFS on a larger scale. Evidence about this objective was gathered throughout the study in various forms, but most directly from interviews with workers and focus groups with supervisors at T3.

For the majority of workers and supervisors in both teams, the challenges they identified relate primarily to the evaluation of OFS, while in relation to implementation the only significant problem noted was that of finding sufficient time to attend training and action learning sets.

In relation to the evaluation of OFS, workers and supervisors in both teams suggested that the biggest challenge was the recruitment of families. For some, this was because families were often in

difficult or crisis situations and the social worker was reluctant to ask them to take on additional 'work' or because the families themselves declined. For others, the difficulty arose because of insufficient incentives for families to take part. Where families were recruited to the study, workers often attributed this to their own positive working relationship with the parent(s) in question.

For the workers, most were either neutral or positive about the experience of taking part in the study, with several commenting that doing so encouraged them to reflect on the purpose of their own supervision case discussions. Some also noted that the additional demands of the study in relation to data collection were challenging to balance with their day-to-day workloads.

Some of the workers, especially those who had been in their respective teams throughout the study, noted that there was a delay between the initial briefings they were given and the start of family recruitment and data collection. Initial



briefings and baseline interviews took place in September and October 2018, whereas data collection did not start in earnest with families until early 2019. This delay was in part caused by an Ofsted inspection of BCT in November and December 2018, which unavoidably became the focus for senior managers and many other members of staff besides and we took at the time a pragmatic decision to place the study on hold until after the inspection. This delay caused a loss of momentum and for some workers it felt like we were starting the study anew in 2019. In addition, some of the families recruited prior to the delay subsequently left the study before data collection could begin.

A number of workers and supervisors made recommendations about how the study might have been improved or how a similar study could be undertaken differently in future. In relation to the additional work involved, workers suggested that a formal reduction in caseloads or the provision of some extra capacity within the team would have been beneficial, for example additional hours from an administrator to help with family recruitment and data collection. Some workers felt they did not know enough about the study, particularly if they

joined BCT after the start of the study period, and so felt they were not sufficiently involved in the planning and organisation of it. Some particularly motivated workers would have liked the opportunity to recruit more than one family to the study and felt restricted by the criterion that only one family should be recruited per social worker. Also in relation to family recruitment, the option of having an interpreter for non-English speaking families should have been made available from the start, rather than introduced part-way through in response to recruitment difficulties. Finally, the case questionnaires and parent interviews should have suggested a broader range of options in relation to the reason for children's services involvement, beyond parent-related problems, for example child sexual exploitation or county lines involvement.

Aspects of the study that worked well included the availability of regular meetings between researchers and the two teams, and the monthly action learning sets for supervisors in the intervention team. Having the opportunity to listen back to audio-recordings of supervision case discussions and reflect on what worked well was said to be particularly helpful.



DISCUSSION

In this section, we summarise the study findings, review its strengths and limitations and consider the implications for a possible future larger-scale study of OFS.

Summary

The main objectives of the study were to explore:

- The feasibility of implementing and evaluating OFS in children’s services; and
- Whether there were any indications of promise in relation to the effect of OFS for supervisors, workers and / or families.

In relation to the first of these objectives, taken holistically our data indicate that OFS might be helpful for supervisors and workers by enabling supervision case discussions to focus on different aspects of family life than often happens in supervision-as-normal. We have clear evidence from the audio-recordings of supervision that case discussions in the intervention team were more outcomes-focused than those in the comparison team. It is reasonable to hypothesise that the combination of training, monthly action learning sets, and individual feedback prompted supervisors in the intervention team to ask more outcomes-focused questions. To the extent that one considers a focus on family-defined problems and outcomes to be useful, this would count as promise of a beneficial impact.

In addition, a number of supervisors and workers identified that the use of OFS questions in supervision helped them think about families in a different way, and to consider what it was the parents actually wanted help with. This was felt to be particularly helpful in relation to “stuck” cases, where the worker and supervisor felt unsure about the best way to proceed or what they were trying to achieve. These changes were achieved without

compromising the positive supervisory working alliances found in both teams at the outset of the study.

In relation to families, given the small sample size and pilot nature of the study we need to be very cautious about drawing any conclusions. In relation to many of the measures we used, we found no consistent differences between the teams. Only by using the Short Working Alliance Inventory did we find a consistent difference, with more positive scores for the intervention team. The Short Working Alliance Inventory aims to measure the quality of the collaborative partnership between professional and ‘client,’ often involving a consensus about goals, confidence in and commitment to the work and a relationship of trust (Horvath, 2018). As our sample size of families was small, we cannot be confident of this effect and there is not enough evidence to conclude that the OFS approach influenced this difference. Nevertheless, it is reasonable to theorise that the OFS approach could improve the quality of working alliance between social worker and parent, as it was found to in Harkness and Hensley’s original study.

In relation to cost, we also found some suggestion of a beneficial effect. The lower mean cost of supervision case discussions in the intervention team suggests there may be a cost saving associated with OFS, perhaps as a result of the discussion being more focused and therefore often shorter.

Strengths and limitations

The study has a number of strengths, and several limitations. Limitations include a potential lack of generalisability to other local authorities. We do not know whether OFS would work the same way in other teams or in other authorities with different



systems, contexts and practice models. We also do not know how comparable the supervisory practice we observed in BCT is with other parts of the country, although there is some evidence to suggest it may not be entirely atypical (Wilkins, Forrester and Grant, 2017). There was a degree of staff turnover in both teams between the start and end of the study. While this is not unusual for children's services, it does mean that there was a lot of attrition from the study. Most significantly, two of the four supervisors in the intervention team moved onto other roles midway through the study. It is difficult to quantify how this may have affected the findings.

In addition, we did not in this study seek to evaluate the training component of the OFS approach, which itself has a relatively weak evidence base. Further work would be needed to explore to what extent the training provided is effective in changing the behaviour of supervisors over a longer-period and what adaptations would be needed to strengthen the likelihood of making a positive difference for families, for example by adding a clear experiential emphasis and by including social workers and supervisors together, rather than focusing solely on supervisors.

Finally, we were able to include only a small sample of parents and no children. If we had interviewed children and young people, no doubt we would have learned a great deal from their unique perspectives (Stabler et al, 2019). We did initially hope to interview children, however due to the challenges we faced in recruiting enough families, this did not prove possible in the end.

Alongside these limitations, the study also has strengths. First, we have included families in a study of supervision, which is unusual in the social work literature. We also used a variety of methods to help triangulate our findings, for example using self-report measures alongside audio-recordings of supervision, the latter of which were blind-coded by a team of three researchers. Similarly, we asked parents and workers to give their views of goal setting independently from one another, enabling us to compare between the two.

Implications for a future study of outcomes-focused supervision

The results from this study could suggest that the OFS approach merits further testing within children's services. There are indications that implementing the OFS approach is reasonably straight-forward and the qualitative feedback from social workers and supervisors is generally positive. There are also some signs of promise in relation to the effect of OFS on families, particularly in relation to the working alliance between parent and social worker. The OFS approach may also prove to be cost-effective, if our early findings about a cost-saving can be substantiated. Further work is needed on the training and support provided, to develop a more experiential approach (rather than the didactic methods employed for this pilot study). This further work would also need to consider how the OFS approach itself might be improved with reference to other similar models, such as the 'objectives approach' (Gonsalvez et al, 2002).

A randomised controlled trial with a larger sample of supervisors would enable us to test more rigorously the influence of OFS in changing supervisory practice. Having a larger sample of supervisors would also help mitigate against the likely experience of staff turnover, as we found in this study. A larger sample of supervisors would also result in a much larger sample of families. In Harkness and Hensley's study, they had a sample of 161 service users and the aim in any future study within the context of children's services should be to match or exceed this total. Given the difficulties in family recruitment, consideration would need to be given to the use of a smaller set of instruments (e.g. the Short Working Alliance Inventory, Client Satisfaction Questionnaire and General Health Questionnaire) and the use of remote data collection methods (e.g. administration of the parent survey via the internet rather than in-person).

The cost analysis carried out as part of this pilot study was limited and only considered the direct costs of OFS including the cost of supervision case discussions, training and ongoing support. Whilst these are all important variables and there



is an indication of impact on supervision length and thus cost, further research would be needed to confirm this. Future cost-effectiveness studies should explore the use of routinely collected data as a primary source for any economic evaluation and only use self-report cost questions to supplement any gaps in these.



CONCLUSION

This pilot and feasibility study set out to explore how the OFS approach could be implemented and evaluated in the context of children's services in England. Overall, the OFS approach was delivered and generally received well by supervisors and social workers. We found evidence that it can change supervisory practice in relation to the kinds of questions asked by supervisors about families. We also found some indications that it may have a positive impact on some elements of family experience, albeit the sample size is too small to draw any confident conclusions. Nevertheless,

these findings suggest that it would be possible to conduct a larger randomized controlled trial of OFS, to evaluate the impact on supervision and provide stronger evidence in relation to families. Such a study could also test the feasibility of using other outcome measures to explore the link between differences in supervision and outcomes for families, with a particular view to ensuring that such data collection is made more light-touch, to ensure the recruitment of a sufficiently large enough sample.



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