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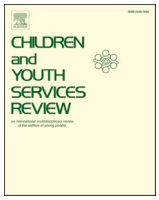

Why does systemic supervision support practitioners' practice more effectively with children and families?

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ABSTRACT

The importance of supervision for social work practice is widely accepted. This paper focuses on one type of supervision: systemic group supervision or "systemic supervision". Systemic social work practice is generally a group-based, multi-disciplinary model of service delivery that aims to work therapeutically with the whole family. Central to this model is the use of systemically-informed group supervision. This has been shown to impact positively on the quality of direct practice with families, but what is it about this type of supervision that supports frontline practitioners to practice more skillfully?

This paper is based on interviews with 49 frontline staff across five children's services departments in the UK. It identifies the key features of systemic supervision and explores why workers think that developing shared understandings of risk to children supports them to intervene more effectively with families in contact with children's services. These findings contribute to a growing body of knowledge about the practice shaping function of supervision within child and family social work.

1. Introduction

Supervision is a key element of social work practice (Hafford-Letchfield and Engelbrecht, 2018). Across the world, standards have been developed to support supervisors to provide high quality, reflective supervision (Unguru and Sandu, 2018). Such frameworks assume that there is a relationship between the quality of supervision and the quality of direct practice. Yet, few studies have explored the this relationship, making it difficult to know which elements of supervision help practitioners to think more critically and practice more purposefully with children and their families (Carpenter et al., 2013; Bogo et al., 2006; O'Donoghue and Tsui, 2015). To address this lack of knowledge, there is a growing seam of observational research that explores what happens within supervision to ascertain which aspects are beneficial or not for practitioners and for people using services (Wilkins et al, 2018).

Two recent related papers have focused on one type of supervision - systemic group supervision or "systemic supervision", supervision that is informed by the principles of systemic social work practice. The first paper drew on observational data of "live" supervision to identify both its key features and develop a method of rating the quality of systemic supervision (Bostock et al., 2019a). The second paper paired observations of systemic supervision and observations of direct practice in peoples' homes to assess the impact of supervision on shaping practice. It presented correlational data that demonstrated a statistically significant relationship between supervision quality and quality of direct practice (Bostock et al., 2019b). The current paper builds on findings from both studies to explore what it is about this type of supervision that supports practitioners to practice more skilfully. It is based on interview data with 49 frontline practitioners and examines *why* workers think that developing shared understandings of risk to children supports them to intervene more effectively with families in contact with children's services.

1.1. What is supervision?

Munson (1993: 10) defines supervision as "an interactional process in which a supervisor has been assigned or designated to assist and direct the practice of the supervisee". In other words, one of the primary functions of supervision is shaping practice. Supervision is enacted in the context of a relationship whereby supervisors and supervisees come

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together in common purpose to: "provide the best possible support to service users in accordance with the organisation's responsibilities and accountable professional standards" (Carpenter et al., 2013: 1844). At the core of this relationship is a cooperative, respectful and open dialogue. This enables supervisors to ask questions designed to develop self-reflection and enhance a worker's ability to think critically when responding to complex child protection cases (Collins-Camargo and Miller, 2010; Collins-Camargo and Royse, 2010).

In practice, supervision is shaped by the wider organisational context. In England, efforts to improve frontline practice through expanded guidance and use of key performance indicators has led to widespread criticism that the child protection system is overly focused on compliance with procedures rather than promoting the rights of children (Munro and Turnell, 2018). Within supervision, this preoccupation with performance management has undermined its practice shaping function by monitoring whether practitioners are following processes and keeping records up to date. This is at the expense of reflecting on how to best build relationships with family members and exploring ways of enabling change for children (Adamson, 2012; Ruch 2007; Noble and Irwin 2009; Wilkins et al. 2016).

1.2. What is systemic supervision?

Globally there has been a shift toward strengths-based models of practice within child and family social work. Across North America, Europe, Australia and New Zealand, children's social care services have explored new practice approaches to become more trauma-informed (Treisman, 2016), restorative (Pennell, 2006) and solution focussed (Antle et al., 2008). Indeed, many child welfare agencies now report a combination of practice methodologies as shaping local approaches to practice (Bostock and Newlands, 2020). Within the UK, many services have reformed their approach to practice in line with systemic social work principles (Bostock et al., 2017; Bingle and Middleton, 2019; Cameron et al., 2016; Cross et al., 2010; Dugmore et al., 2018; Flynn, 2019, Laird et al., 2017; McNeish et al., 2017; Pendry, 2011; Summer, 2015; Wilkins et al., 2018). In a *meta*-review of evaluations of recently introduced practice models in the UK, systemic social work practice was identified as an approach that encouraged "high quality case discussion, that is family focused and strengths-based to build families and/or young people's capacity to address their own problems more effectively" (Sebba et al., 2017: 6). Systemic social work adapts the principles and practices of systemic family therapy to the child protection context. The approach focuses on relational dynamics and peoples interactions with the wider context to understand their experiences and enable change for children (Forrester et al., 2013; Anderson and Goolishian, 1992; Bingle and Middleton, 2019; Goodman and Trowler, 2011; Pendry, 2011).

Systemic theory understands individuals as always operating in relationship to wider settings, such as the family or professional networks. Central to this orientation is considering different perspectives (Koglek and Wright, 2013). Systemic supervision is a group-based forum grounded in reflecting team methodology. It is usually, though not always, a multi-disciplinary forum with a team membership that, is usually made up of senior social workers, social workers and where available, a clinician trained in family therapy (Bostock et al., 2017; Dugmore et al., 2018). This promotes generation of multiple ideas in the construction of perspectives on a family problem and the systems around them (Andersen, 1987). This supports epistemological positioning whereby it is recognised that there is no "single unified truth", rather many ideas are presented and explored (Willott et al., 2012). In child and family social work, the purpose of group systemic supervision is to explore risk to children, with a premium placed on generating multiple perspectives, including the imageined perspectives of family members. This process of "thinking aloud" supports generation of both multiple explanations *and* possible solutions – and therefore professional actions – intended to increase children's safety (Rankine, 2019; Rankine and Thompson, 2015).

1.3. What does the social work literature tell us about systemic supervision?

There is a small, but growing UK-based literature that addresses systemic supervision. Early evaluations of systemic social work practice spotlighted the role of systemic case supervision in supporting critical thinking and shaping decision making (Forrester et al., 2013; Cross et al., 2010). More recently, the process of introducing systemic supervision into one children's services department was evaluated well by participants (Dugmore et al., 2018; Partridge et al., 2019). Another study focused on the impact of systemic approaches on group reflective supervision. Bingle and Middleton (2019) conducted an in-depth analysis of a single case discussion. They noted that while social workers were generating ideas about the family that were informed by systemic principles, there was a tension between systemic practice and the more prescriptive nature of the wider child protection system. Specifically, practitioners struggled with self-reflexivity and the desire for the "right answer", enacting pressure from the wider child protection system for "certainty to maximise child safety" (p.19).

A small suite of papers have focused specifically on the practice shaping function of systemic supervision. Assessing the relationship between supervision and direct practice involves rating the quality of skills in both practice settings. In one exploratory study, Wilkins et al. (2018) applied a framework designed to assess the quality of one-to-one supervision to group-based systemically informed supervision. They found that where supervision quality was assessed as "supportive of practice" there was a significant association with overall direct practice quality. In other words, where supervisory practice supported practitioners to reflect on the "what, why and how" of social work, direct practice quality was improved. Crucially, when compared with data collected from parents, supervision that was assessed as practice focused was associated with improved parental engagement, life ratings over time and greater alignment of goals with social workers.

These findings are critical to our understanding of the elements of supervision that are likely to be associated with improved direct practice quality and outcomes for families. Two recent papers have explored this relationship further. The first presented a framework designed to assess the quality of group-based systemic supervision based on 29 observations of systemic supervision across five children's services departments in England. It identified six essential elements: relational nature of problems; voice of the family; risk talk; curiosity and flexibility; intervention; and collaboration (see Bostock et al., 2019a).

The domains were grounded in systemic concepts but applied to supervisory practice within the child protection context. They included a focus on understanding that problems were inherently relational and that they were embedded between people rather than within people (Bateson, 1972; Cecchin, 1987). Such understanding invited practitioners to adopt a position of curiosity when exploring patterns of relating between family members and to what extent they are shaped by the wider context (Tomm, 1987a, b). This included recognising how practitioners' own identity and understanding of power differentials influenced their work with a family (Burnham, 2012; Divac and Heaphy, 2005).

The framework captured how 'risk talk' within systemic supervision, was guided by the understanding that no amount of knowledge will 'complete' the picture about risk to children or provide certainty about what action to take. Rather, its purpose was to support practitioners to adopt a position of 'authoritative doubt' by enabling them to reflect on what they are doing while holding in mind the central safety of the child (Mason, 1993). To hold a position of 'authoritative doubt' was dependent on supporting practitioners to maintain their professional curiosity. In systemic supervision, this was principally embodied through use of hypothesising.

The practice of hypothesising is rooted within a long tradition of co-creating understanding through reflective thought and critical reasoning (Dewey, 1933; Habermas, 1987; Honneth, 2009). Within the systemic

context, hypothesising enables practitioners to generate multiple perspectives about what might be happening within a family. Hypotheses are then used to test out different ideas with families to get their perspective (Brown, 1995). This enables practitioners to release 'news of difference' or new ideas into the system to assist families to develop new understandings of their relational patterns (Bateson, 1972). It also facilitates the voice of the child and family to be 'present' within the supervisory conversation as hypothesises evolve through feedback from family members about their wishes and feelings and interactions.

This approach was supported through 'interventive interviewing' or a use of a range of questioning techniques to facilitate reflective thinking and respectfully influence action (Tomm, 1987a, b, 1988). In systemic supervision, the generation of questions to ask family members was viewed as a central method of intervening and promoting positive change for children. These included circular questions, which enabled the practitioner and the family to explore patterns in relationships and behaviours or reflexive questions which aimed to offer new possibilities and change (Brown, 1997).

Supervisory conversations were assessed as follows:

- 8 as non-systemic;
- 12 as demonstrating "green shoots" of systemically-informed discussion;
- 9 demonstrating fully systemic practice.

Systemic supervision was distinguished from "green shoots" supervision by its link between analysis and practice, principally characterised by a shift from hypothesising to question generation to development of planned, purposeful conversations with family members. Systemically trained clinicians were identified as key in helping colleagues to plan systemically informed conversations with family members (Bostock et al., 2019a).

In a second related paper, Bostock et al. (2019b) paired a sub-sample of 14 observations of supervision with 18 audio recordings of social worker home visits to families that had been independently assessed for practice quality. Findings demonstrated a strong, positive and statistically significant association between quality of supervision and quality of overall social worker direct practice skill ($r = 0.64$; $p = .004$). Given that clinician practitioners seemed to play a central role in facilitating systemic thinking and planning systemically informed conversations, the paper analysed the impact of having a clinician present during supervision sessions. Where clinicians were present (in 7 out of the 14 sessions observed), there was a significant association between their presence and supervision quality assessments ($p = 0.02$). Critically, where a clinician was present in supervisory sessions, social workers practiced significantly more skilfully than those workers who had participated in supervision where no such clinical support was available ($t(16) = 5.73$, $p < .001$).

This paper suggested that the quality of discussion in systemically-informed supervision may be directly related to the quality of conversations that practitioners have with families. This appears to be enabled by the way in which practitioners were using supervision as a "rehearsal space" to translate hypothesises into questions, thereby actively planning their conversations with families. The current paper builds on these findings to explore what is it about this type of supervision that supports practitioners to practice more skilfully. It draws on interview data with 49 frontline social work staff and examines *why* workers think that developing shared understandings of risk to children supports them to intervene more effectively with families in contact with children's services.

2. The study

2.1. Background and context

The current study is drawn from a larger project evaluatingsystemic social work practice in five children's services departments in England (Bostock et al., 2017). Children's services departments are a branch of local government with a duty to safeguard and promote the welfare of children (Department for Education, 2018). Each department in the study was reforming its social work provision in line with a systemic social work approach, known as "Reclaiming Social Work" (RSW). RSW originally developed in the London Borough of Hackney. RSW aimed to facilitate practice that was rights-based and responsive to needs of families rather than risk adverse and preoccupied with following rigid procedures (Munro and Turnell, 2018).

A central element of the RSW model is the "systemic unit". When introduced in Hackney, systemic units consisted of five members: a consultant social worker; a social worker; a child practitioner; a unit coordinator; and a systemic family therapy trained clinician (usually split between units) (see Table 1 for role explanation). In the local authorities in the current study, units tended to larger and only three out of the five children's services departments employed clinicians. This reflected the degree to which RSW was embedded and funds available to resource the model as original ly designed. Group supervision was practiced by systemic units within unit meetings that usually happened each week. They were attended by all unit members and lasted from 1.5 to 4 h.

3. Method

3.1. Research participants

To understand practitioners perspectives on why group supervision shaped direct social work practice with families, systemic unit members were purposively sampled by role. Roles included practice leadership positions (CSWs and clinicians) and social workers who worked directly with family members. Due to their focus on working primarily with children or providing business support to the unit, the views of child practitioners and unit coordinators were collected more generally about systemic practice (see Bostock et al., 2017). In total, 49 frontline practitioners who had participated in group supervision agreed to be interviewed. They were identified opportunistically and all those asked, agreed to take part. Most respondents were CSWs (28) who headed systemic units, 14 were social workers and 7 were clinician practitioners (see Table 2). Data were collected between May 2015 and March 2016.

3.2. Data collection

All participants were interviewed as part of the wider evaluation study. The majority of interviews were one-to-one, bar the exception of three group-based interviews undertaken for convenience due to the availablity of practitioners. The interview structure was the same for one-to-one and group-based formats and focused on a wide range of factors relating to practitioner experience of embedding systemic social work practice. Respondents were asked to identify key components of RSW, examples of how it had influenced their practice and what helped or hindered it embed organisationally. Group supervision was identified by participants as a critical component that shaped their practice.

Table 1
Members of a systemic social work unit.

A consultant social worker – leads the unit, in some cases, with all children allocated to them and ultimate responsibility for case decision-making.
Social worker – works with families to enable change for children.
Child practitioner – works directly with families, primarily children but may not be social work qualified.
Unit coordinator – provides extensive administrative support to unit members, and acts as first point of contact for families.
A clinician – usually a qualified systemic family therapist, providing therapeutic input for families and clinical supervision to the unit.
Forrester et al., 2013, p.3.

Table 2
Number of participants by role.

Participant type	Number
Consultant social worker	28
Social worker	14
Clinician	07

Interviews lasted on average for 60 min. All interviews were digitally audio recorded and transcribed by a professional service.

3.3. Data analysis

Interview transcripts were uploaded to Nvivo 11. Our approach to analysis was phased, iterative and initially undertaken by two members of the research team (Braun and Clarke, 2013). In phase one, all data relating to supervision were identified by author two and organised by the six domains of systemic supervision (relational nature of problems; voice of the family; risk talk; curiosity and flexibility; intervention; and collaboration). At this stage, two additional codes concerning previous experiences of supervision and the role of practice leadership were identified. Author one reviewed the thematic analysis undertaken by author two and detailed notes were shared for discussion. Overall themes were debated and any divergent themes noted, such as early tensions within the group format.

Phase two analysis was undertaken in preparation for this manuscript. The first author re-read the transcripts to ensure that all systemic concepts and practice (e.g. hypothesising, examples of interventive questioning) had been identified. During this phase, findings were discussed repeatedly in relation to the wider literature on systemic practice. Further analysis focused on the inter-relationships between systemic concepts, systemic supervision and systemic practice with family members. This surfaced a new coding category about how practitioners used systemic ideas and strategies to support family members shift their thinking and generate sustainable change within their family system. In the final phase, the first author shared written reflections on how themes were interconnected and interpretation discussed and agreed by the research team (Nowell et al, 2017). To further ensure credibility of analysis, drafts of this manuscript were reviewed by a senior research colleague external to the team but experienced in systemic social work practice.

4. Ethics

The wider study received ethical approval via the Research Institute's [anonymised] ethics committee from the lead author's university (reference number IASR 25/14). Participation in interviews was voluntary and anonymity guaranteed to staff, bar any safeguarding concerns raised that identified a child might be at risk and interventions not in place.

5. Findings

Where working well, supervision plays a critical role in shaping practitioners' interactions with family members. Observations of systemic supervision suggest that there is something about this type of supervision that supports workers to practice more thoughtfully and collaboratively with colleagues to plan the next steps with families. What is it about the dynamic in group-based systemic supervision that enables workers to "think aloud" about risks to children and how best to work more effectively with families? The following section explores practitioners' perspectives about the unique features of systemic supervision.

5.1. Reflective space

Without prompting from researchers, practitioners reflected on their previous experiences of one-to-one supervision and compared them with their current experiences of group-based systemic supervision. They outlined how their experience of one-to-one supervision models were typified by an emphasis on reporting and bureaucracy. This manifested as having to "prove what I've done" to supervisors, at the expense of reflexivity and understanding how the wider context, including practitioners' own professional and personal identify shaped work with families:

> It's very different because the unit model itself is so much better, because one-to-one supervision, even with a good supervisor, was pretty atrocious. You spend all your time [on], "what you have done, when did you do it, have you done this, have you done that?" Not an awful lot of time of thinking about why you're doing it, which I think is more key and also, what you bring to the case, how they make you feel, how you make them feel, all of those kind of things (Social worker, LA5).

In this way, much of the feedback from these workers reflects wider research on supervision, whereby managers focus on performance management, inviting workers to report back and evidence their work. This style of supervision was viewed as actively undermining a more curious approach to practice by limiting opportunities to explore the relational nature of problems. This contrasted sharply with their experience of systemic supervision, which represented an opportunity to slow the pace of the job and really create space to think together – rather than asking managers for a view - about what might be going on for children and their families:

> I think the biggest thing here is we're taking that little bit more time. It doesn't seem like a conveyor belt process. We're thinking, "OK let's think this through a little bit more". And as a result of that, I think the quality's better, because you're thinking it through better and it's not just the one person doing it and then giving it to a manager who has a general overview (CSW, LA5).

Practitioners also emphasised the importance of systemic supervision to "embedding thinking in a different way". It was described as pivotal to ensuring systemic practice became part of the "fabric of what we do" in everyday interactions with children and their families. They understood that while extensive systemic training had been provided, systemic concepts were "challenging" to practice with families. Practitioners identified systemic supervision as a critical space to support them to reflect on this learning and consider how they might apply it to their practice:

> Even though a lot of the workers have had systemic training, I think the biggest barrier I found was having that head space to think about what I've learnt … And that's where I do think the supervisions are really key, to help workers with that (CSW, LA2).

5.2. The advantage of multiple perspectives

A key concept in systemic theory is considering multiple perspectives and a range of possible solutions that may be related to them. However, some initial tensions were noted concerning the culture shift from private one-to-one supervision to the public forum of group-based systemic supervision. This was experienced by some practitioners as "quite exposing to have to talk about your cases and then have other people join in discussions". Nevertheless, tensions seemed to dissipate as participants experienced the benefits of surfacing "different perspectives and different voices and different ideas" about complex family systems. This was enabled through use of systemic concepts and tools, such as genograms to provide a pictorial representation of a family system. The presentation of genograms created with family members helped

practitioners reflect on patterns of belief and behaviour that may be multi-generational. When presented in supervision, they helped generate ideas about family relationships:

> We use genograms as an opportunity to reflect and really unpick, explore what's going on. We look at their relationship with the family. We look at the family system, what else do we need to know about the family? (CSW, LA2).

Drawing on the perspectives of colleagues was noted repeatedly by practitioners as supporting critical thinking and enabling them to maintain a position of curiosity. Practitioners welcomed "seeking fresh ideas" to "give you a different outlook". It enabled them to be "more courageous about departing from the formula" or preconceived course of action. This included challenging their own professional assumptions about how best to respond to a family's unique situation:

> I think it gives you an alternative perspective to consider, rather than just ploughing along and jumping to the solution. You can fall into the trap of, "this is just another domestic abuse case and so this is how we are going to work it". Now we're trying to think a little more about what it is about this family that means that this keeps happening (CSW, LA1).

In systemic supervision, this was principally enabled through hypothesising. The value of hypothesising resonated strongly with practitioners. It was consistently mentioned across interviews as a foundational concept in systemic practice. Within supervision, hypothesising was used as a way of generating multiple perspectives about what might be happening within a family system to support next steps:

> There is a lot more time reflecting on what's going on for the family, what could be happening, hypothesising and what you might want to try out next, because you've got half a dozen of you, you've got lots of different heads there, thinking about what could be going on (Social worker, LA5)

The development of hypotheses was particularly welcome when practitioners felt "stuck on one approach". It was understood that "fixed thinking" could undermine their work with families, hence seeking fresh perspectives was highly valued. They described presenting a "practice dilemma" or "key issue" to the professional group to support them to progress their work with a family; work that they would undertake alone in home visits rather than collectively as a group. In the following extract, the worker highlights the benefits of multiple perspectives to enhance critical reflection:

> I think what I find most useful about it, is we often as social workers get stuck and we've got a set idea and those ideas might come from somewhere in our own self and it's very hard to *sometimes* move that and think of something different to try and understand a family. When you're in a unit and you have three or four different people inputting into your scenario, you often get a wealth and breadth of information that you wouldn't think of on your own. So, hearing from other people has got to broaden your own mind and I find that really helpful … Sometimes I've found quite surprising because actually, they've hit the nail on the head, but it wasn't the nail I was trying to hit, so it's maybe think again (Social worker, LA4).

5.3. Managing risk and uncertainty

Addressing risk to children from a systemic perspective appreciates that professionals must navigate tensions between adopting a position of knowing how best to act based on agreed "facts" or "the truth" and "not knowing", curiosity and uncertainty. Systemic supervision offers the opportunity to manage these tensions, moving between "deciding how to act" and adopting a position of "authoritative doubt". Practitioners noted that traditionally they had tended to focus on "description and decision making". This was at the expense of reflecting on what they are doing while holding the safety of the child in mind by, "not thinking about *why* that description worries us and what we are going to do about it". In systemic supervision, practitioners were invited to "slow down" decision making and use their professional curiosity to accept that their perceptions did not represent "the truth"; rather they were just one explanation within a range of possible explanations and perspectives:

> It is hard when you are assessing risk and you have a lot of cases and you don't have enough space in your head, so you think, "Mum's a nightmare". But, we're not asking, "what do we mean 'nightmare?'' You can slow down those ways of making decisions. They are all statements of truth as if that is the way it is. If we change the way we see it, what would happen then? Does she think that you [the practitioner] are pretty frightening? Is there a cultural issue? What is that about? I would hope that we get better at assessing risk, and clearer about why we are making the decision we make, whilst making sure that we keep *ourselves* in the decision making (Clinician, LA5).

Practitioners reiterated the advantage of drawing on multiple perspectives when considering risk to children. They highlighted the importance of sharing responsibility around risk as a group, drawing on the perspectives of others to confirm or challenge their thinking. This reduced their sense of "isolation and the burden of holding risk alone" and enabled them to more confidently "sit with the safe uncertainty". In this way, systemic supervision offered a space for workers to unpack their perceptions and check out their concerns with colleagues:

> I think rather than risk ever being minimised, it's more emphasised, and the reason I'd say that is, because previously you hold a lot of risk for yourself and you're making your own assumptions about what you think is risky and what is not. When you've got five or six other voices around the table, saying to you, "right, actually, I wouldn't accept that" and then wondering why it's not acceptable, you've got more eyes on the case (CSW, LA4).

In supporting practitioners become more open to the influence of other perspectives, systemic supervision provided a space for other views to be stated and heard. Critically, this included the perspective of the family themselves. Practitioners noted a shift in their practice away from a "first order" or expert position - that relied on "telling parents what they had to change" to protect their children – toward "second order" positioning – in which they tried to create intrinsically motivated change. This enabled them to be mindful of "premature certainty" which might lead to misunderstandings and explore *with* the family their perceptions of risks rather than "going in and giving them a tick box of things to do". In the following extract, the worker contrasts the use of "written agreements" to manage risk with the "real desire" to explore the family's perspective on their unique situation:

> Rather than a bit of a first order approach of, "sign this piece of paper that says that Dad can't come in the home because of whatever reason", which obviously did used to happen, it was quite a tried and tested social work tool, "please sign this written agreement or we'll seek legal advice" … [now] there's a real desire, for want of a better word, by workers to try and truly find out what's happening in a family system, obviously in the systemic context, it's about the family driving that (Social worker, LA4).

However, practitioners noted the difficulties of trying to practice systemically within the wider child protection that remained risk adverse and punitive. They described how "systemic ideas were diluted" by the focus on "compliance" with performance management systems designed to demonstrate concrete certainty in relation to risk. In practice, this manifested as "one minute we're looking at hypothesising and then the next minute I've got a list of, 'you haven't done this, you haven't done that, you haven't done the other' from senior management". Navigating these tensions, was experienced as "frustrating" and slowed the embedding of systemic supervision.

5.4. Moving from first order to second order work with families

To explore the family's own perceptions of risk, a different approach was required to plan difficult conversations with families. They recognised that while "first order" approaches were invoked to provide "safe certainty" that risk was being managed, they were often counterproductive and undermined the development of trusting working relationships. By imagining herself as a family member, this practitioner highlights that hearing difficult news delivered as an edict, could lead to defensiveness:

> I think people think that to be really strong about risk, you need to just tell families "you're doing sh*t things, this is going wrong, sort it out". But you're doing it in a way that people can't hear it - if someone said that to me, I'd be like "f*ck off, why are you talking to me like that?" - there's something about the way you say hard things (Social worker, LA4).

To support them say "hard things" more effectively, practitioners would draw on hypothesises developed in group systemic supervision to release "news of difference" within family visits. This was the practice of introducing new ideas into the system to assist families develop insight into their relational patterns. This was supported through "interventive interviewing" or use of systemically-informed questioning techniques to facilitate change. In the following extract, the social worker describes a move from a more authoritarian conversation with parents about risks to children to a more therapeutic approach that enabled parents to think differently and enact change for their children:

> You are very much saying what the risk is and you're using [risk] scaling questions and you're using reflexive questions, and the way you do that can enable someone to hear some tough stuff in a way that elicits change. Rather than just saying, "you're doing really badly as a parent, change yourself', because you're not enabling them to see things differently, you're not trying to understand what's going on in the wider system that maybe contributing to that particular presentation (Social worker, LA4).

5.5. Planning interventions with families

An important element of systemic supervision is the way in which group members used this as a rehearsal space to actively plan conversations with families. Once a social worker has left the public space of group supervision, they join family members alone in the private realm of the home. In social work, conversations with children and their families are central part to the intervention. Practitioners consistently reported using group supervision to "plan the work more" and discuss the "sorts of conversations we want to have with families". Practitioners' would draw on the knowledge and experience of colleagues to "formulate questions" to ask families on their next visit. Such questions enabled them to test hypothesises and ensure that they were "equipped to intervene on the next visit and that intervention to be purposeful". This was contrasted with their previous experience of action planning that tended to rely on "information gathering" and "making referrals" to the other agencies:

> We look at the background, strengths, what are we worried about? Our hypothesis and the plan. So previously our plan would be things like "make a referral to this agency" – and we still have a bit of that – but we're also trying to bring in how we test our hypothesis and what specific questions we are going to use with that family (CSW, LA1).

Planning their interventions – or conversations – in this way was identified as providing the foundation for more purposeful and effective practice with children and families:

> One of the things that we do now is we plan questions beforehand. So previously, I would have just gone out perhaps and just, you know, think up questions as I go along. [Now] we're *thinking* about questions beforehand. We're thinking about their responses and we're preparing ourselves for, if it's "yes" or if it's "no", how we respond to either one? There's more purpose to the visit. Just thinking about what we want to get out of that visit (CSW, LA2).

They identified a series of interventive questions that were designed to enable family members to think reflexively about their situation by drawing attention to the perspectives of others. The interviewing technique most consistently named was "circular questions". Circular questions enabled practitioners and family members to reflect on relational patterns of beliefs and behaviour. Such techniques were practiced with colleagues in group supervision before being introduced with families:

> I've had two families just recently, where the grandparents have died, and it's been such a key thing. One of them is the case we discussed this morning and the family are really distraught because they were really close to the grandparents and now, they seem to be arguing and it's becoming a frustrating situation. So, we discussed about [asking them] "what do think, if that [grandparent] was still here, what do you think they would say now?' That was such a powerful thing to do (Social worker, LA1).

5.6. Clinician support

Practitioners recognised that systemic practice and associated "interventive questioning" techniques was challenging to embed when making their own practice within family visits, "we get all these wonderful questions and then it's just trying to remember how you phrase the questions". Drawing on their clinical expertise, clinicians supported social work practitioners embed such systemic techniques into their practice with families. This was highly valued, particularly given most respondents were relatively new to systemic social work practice. In this way, systemic supervision offered the opportunity for clinicians to pose questions that challenged practitioners to think and practice differently:

> We had a family who were one of our resistant, more hostile families and a social worker who was struggling to get through the door for more than about two minutes before being ejected. We used our clinician to support the group generate hypothesises about the parent's resistance and generate some new questions. The social worker went out feeling a bit sceptical about whether it would work and then came back saying, "Oh actually I've been out and I've been there for an hour and a half and we had a conversation" (CSW, LA4).

The move from group-based reflection to conversations actioned with families by individual social workers is a defining feature of systemic supervision. Clinicians supported practitioners "pitch" questions in a way that enabled trusting relationships to develop with family members to, "open up the possibility that, 'here is somebody who wants to understand me and actually, I want to have a bit of understanding of what is going on in my life'". This was type of supervisory task assistance was experienced by workers as practical but also a powerful means of engaging with families:

> Having the clinician there is great because she gives you ideas on questions you might use, the strategies you might use and that really helps. She comes out on visits if we need it, but sometimes it's just having those discussions which can really help you think about what you might say and how you might say it (Social worker, LA4).

6. Discussion of findings

Group supervision has been identified as a model that lends itself well to enhanced critical thinking, but what does a systemically

informed way of thinking and reflection add to group-based supervisory conversations? Communication and relationships are at the core of social work, it is foremost a practice of language and conversation; central to the job of social work is talk and interaction. Systemically informed practice appreciates that every action is an intervention and provides a conceptual framework and language for understanding the family system through the lens of hypothesising, circularity and curiosity (Cecchin, 1987). Within the current study, practitioners reported that supervision offered a critical reflective space to reflect on and embed systemic principles into their everyday practice with children and families. Interestingly, even within group-based supervision there was a role for practice leadership. Previous research has highlighted that the inclusion of clinicians within systemically informed supervision appeared to improve *both* quality of supervision and quality of direct practice (Bostock et al., 2019b). For practitioners, clinician's enhanced knowledge and expertise about systemic practice played a vital role in helping them shape systemically informed talk within the child protection context.

Traditionally, training of systemic family therapists has involved the use of "team behind the screen" method (Haley, 1976). Using a one-way screen, this approach enables supervisors to directly observe family dynamics and provide "live" feedback to supervisees, offering new perspectives that could be immediately shared with families (Summer, 2015). Within the current study, the "team behind the screen" could be conceived as the team within the room. The power of multiple perspectives, including bringing the voice of the child and family into supervision was woven through conversations that respectfully attempted to understand the relational nature of problems, identify risks to children and highlight where knowledge was opaque or unknown. This enabled a shared sense of responsibility around risk, ameliorating worker's worries of working with children and families experiencing trauma in what were often, difficult and impoverished circumstances. In this way, the team within the room provided an important source of emotional insulation for worker's as they left the public sphere of supervision and entered the private realm of the home.

Embodying the team within the room once alone in someone's home was facilitated by a focus on planning conversations with families. The use of supervision as "rehearsal space" is a defining feature of systemic supervision (Bostock et al., 2019a, b). Practitioners' would draw on the expertise of colleagues to "formulate questions" designed to test hypothesises generated in group supervision to ensure that their interactions with families were more purposeful. Practitioners reported that rehearsing interventive questioning and "news of difference" before releasing new ideas into the family system, enabled them to support families to think in a more reflexive, relational way about problematic patterns within their family. In this way, systemic supervision was fundamental to "practice making" and offered "an unrivalled opportunity to shape, support and guide practice" (Bostock et al., 2019b: 8).

7. Implications and conclusions

Practitioners report that systemic group supervision has the potential to change professional thinking and practice with children and their families, moving away from more adversarial approaches to more relational and collaborative conversations with families. Where working well, there is something about the team within the room that enables workers to think differently, challenge pre-conceived ideas and progress when the complexity of cases overwhelming. Within systemic supervision, this manifests as careful and thoughtful talk *about* families that at least in theory, should transfer as more careful and thoughtful conversations *with* families.

The quality of systemic group supervision is associated with the quality of direct practice in people's homes (Bostock et al., 2019b). This suggests that parallel processes are operating whereby "isomorphic transfer" or the transfer of ideas or practice in one forum into another is occurring (Tapsell, 2018). Where it exists, observational research suggests that "thematic transfer" from clinical supervision to therapy with clients can be marked (Milne et al., 2003). In a small-scale study, thematic transfer has also been identified between systemically-informed supervision and conversations with children and families (Menon et al., 2020). Investigating further the relationship between supervisory talk and direct practice talk with clients presents an opportunity to better understand how social work talk and interaction can improve outcomes for children and families.

CRediT authorship contribution statement

Lisa Bostock: Conceptualization, Methodology, Investigation, Formal analysis, Supervision, Project administration, Writing – original draft. **Louis Patrizio:** Conceptualization, Methodology, Investigation, Formal analysis, Writing – original draft. **Tessa Godfrey:** Investigation, Writing – review & editing. **Donald Forrester:** Funding acquisition, Supervision, Writing – review & editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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