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## **15. Moving beyond 'case-management' supervision: Social workers' perspectives on professional supervision in child protection**

*Kenneth Burns*

### **Introduction**

Child protection work is important and enjoyable work which involves hearing very painful stories from children and their families, is characterised by significant responsibilities, the work can often be with 'involuntary' service users, caseloads are sometimes high, and resources are often not sufficiently available to implement intervention plans (Stanley and Goddard, 2002; Mor Barak *et al.*, 2006; Burns, 2008, 2009). Therefore, social workers and other professionals undertaking this work require access to regular, high-quality supervision. The essential role of supervision in child protection has been emphasised in child abuse inquiries in Ireland (McGuinness, 1993; Western Health Board, 1996), in the United Kingdom (Lord Laming, 2003, 2009) and in Irish child protection policy (Office of the Minister for Children and Youth Affairs, 2010). The National Social Work Qualifications Board (NSWQB) (2005) argue that supervision is integral to service quality and public protection:

Supervision is an essential and lifelong component of professional social work. For the protection of the public and promotion of quality service, social workers require access to formal supervision that is regular, consistent and of high quality.

The importance of supervision and its centrality to good practice and service provision is also highlighted in government policy which states that 'social workers require ongoing training, support and supervision to deliver a safe and good quality service' (Office of the Minister for Children and Youth Affairs, 2009, p. 42). In this and the previous quote, and often in the supervision literature, the word 'quality' is frequently used. In this chapter the use of the word quality when referring to supervision is to denote regular supervision from a skilled and experienced supervisor that attends to all of the functions of supervision to facilitate improved outcomes for service users and meet the needs of child protection workers, rather than a managerial/quality assurance connotation of word (see Kemp, 2008).

Despite the acclaimed central role of supervision, anecdotal accounts from child protection and welfare social workers in the Republic of Ireland (hereafter,

Ireland), some limited evidence in the Irish literature (see McGuinness, 1993; Buckley, 2002), and findings from international studies (Dill and Bogo, 2009; Gibbs, 2009; Donnellan and Jack, 2010), suggest that there are difficulties with the quality and frequency of supervision provided to front-line practitioners in child protection and welfare.

This chapter begins by examining what supervision is and why supervision is important. I will then explore the various functions of supervision by presenting Hawkins and Shohet's (2000) supervision model. This model will be used as a framework to analyse the research data on supervision presented later in the chapter. A critique of research and policy in the area of supervision in child protection and welfare in Ireland is then presented. The second part of the chapter presents findings from a qualitative study that examined social workers' perspectives on professional supervision in child protection and welfare. The primary aim of the study was to examine the retention of social workers in child protection and welfare, and the research questions and interview guide reflected this core aim. However, within the job retention and social work literature, the role of supervision is often reported in study findings as one of *the* essential factors which contribute to the retention of social workers (Jacquet *et al.*, 2007; Chen and Scannapieco, 2010).

This chapter will also highlight the dearth of published primary research studies on supervision in child protection and welfare, or indeed within most areas of social work in Ireland. While the literature on supervision has categorically demonstrated the key role of supervision in child protection to protect and promote the welfare of service users and workers (Gibbs, 2009; Mor Barak *et al.*, 2009), this chapter identifies the absence of substantive policy and guidance on the provision of supervision in the newly revised national child abuse guidelines (Office of the Minister for Children and Youth Affairs, 2010). I will argue that the tendency reported in the international literature to provide 'unbalanced' and infrequent supervision which is focused on the *managerial* ('case management') function of supervision - examining the quality of the work and what needs to be 'done' on cases - appears to be replicated in child protection in Ireland. Organisational factors that contribute to this situation are analysed. In this chapter, the wide variety of methods of supervision such as reflective groups, peer or group supervision, as well as the more common one-to-one supervision with a line-manager, are acknowledged. The chapter concludes with a discussion of the options available to workers who find that their experiences of supervision within their organisation is infrequent and/or does not address all of the functions of supervision.

### **What is professional supervision and why is supervision important?**

In a definition of supervision by Ferguson which is employed in a recently published text on supervision (cited in Davys and Beddoe, 2010, p. 10), professional supervision is defined as

A process between someone called a supervisor and another referred to as the supervisee. It is usually aimed at enhancing the helping effectiveness of the person supervised. It may include acquisition of practical skills, mastery of

theoretical or technical knowledge, personal development at the client/therapist interface and professional development.

However, in reviewing this literature, it is clear that there is no one accepted definition or preferred method of supervision. In the above Ferguson quote, there is an emphasis on the traditional and most prevalent one-to-one supervision, despite developments in the area of group and peer supervision. Notwithstanding debates on definitions of supervision, the intricacy and complexity of the process of supervision could be a chapter on its own. Supervision provides workers with a dedicated space for advice on cases, for support, and a place to progress the worker's professional development (Hawkins and Shohet, 2000). Supervision can 'contain' the child protection worker's anxieties and feelings (Wosket, 2001) generated by the complex, unpredictable and often intractable nature of child protection work, which if not addressed in supervision, can impact on a worker's thought processes and ability to think coherently (Ruch, 2007). Studies in child protection have consistently shown that professional supervision and support, and positive supervisory relationships – either with a supervisor or peers - can reduce the occupational stress experienced by social workers (Rushton and Nathan, 1996; Gibbs, 2001), contribute to employee retention (Jacquet *et al.*, 2007; Burns, 2009), positively affect morale and job satisfaction (Rycraft, 1994) and benefit service provision to users (Morrison, 2001). This link between the impact of supervision on the quality of services and care is also acknowledged in recommendation 12 of the *Report of the Commission to Inquire into Child Abuse, 2009. Implementation Plan*<sup>1</sup>.

For the employing agency, supervision is a process which facilitates an evaluation of service provision to 'clients', facilitates feedback to workers on their work; it is a way to manage workloads, and it provides a mechanism - through supervisors - for the organisation and management to acknowledge the workers' labour and to communicate that they and their work are valued.

### **Functions of supervision**

The functions of supervision have been enumerated in a number of seminal texts on supervision (for example, Kadushin, 1992; Hughes and Pengelly, 1997; Hawkins and Shohet, 2000). In this chapter I will employ Hawkins and Shohet's (2000) model, now in its third edition since its first publication in 1989, to describe the functions of supervision and use it as an organising framework to analyse the research data presented later in this chapter. Hawkins and Shohet define the three core functions of supervision - educative, supportive and managerial - as follows<sup>2</sup>:

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<sup>1</sup> Recommendation 12: 'Management at all levels should be accountable for the quality of services and care', whereby a number of these responsibilities are listed, including that 'managers should be responsible for ... Ensuring on-going supervision, support and advice for all staff' (Office of the Minister for Children and Youth Affairs, 2009, p. 40).

<sup>2</sup> The labels for the three core functions of supervision (educative, supportive and managerial) in the 2000 edition of this text, which are adopted from Kadushin (1976), are preferred to the revised labels in their 2006 edition (resourcing, qualitative and

1. *The educative function* ... is about developing the skills, understanding and abilities of the supervisees. This is done through the reflection on and exploration of the supervisees' work with their clients.
2. *The supportive function* is a way of responding to how any workers engaged in intimate therapeutic work with clients are necessarily allowing themselves to be affected by the distress, pain and fragmentation of the client, and how they need time to become aware of how this has affected them and to deal with any reactions. This is essential if the worker is not to become over-full with emotions.
3. *The managerial aspect* of supervision provides the 'quality control' function in work with people. It is not only lack of training or experience that necessitates the need in us, as workers, to have someone look with us at our work, but also our inevitable human failings, blind spots, areas of vulnerability from our own wounds and our prejudices that can affect the service we provide to clients.

In table 1, the primary foci of supervision relating to the three categories of supervision are further described by Hawkins and Shohet (2000, p. 52):

*Table 1: Primary foci of supervision*

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developmental). The rationale for this decision is that the labels in the 2006 edition are likely to be to be less recognisable to social workers as they are a departure from the labels used in most social work texts on supervision.

<b>Purpose</b>	<b>Focus</b>
To provide a regular space for the supervisees to reflect upon the <i>content</i> and <i>process</i> of their work	Educational
To develop understanding and skills within the work	Educational
To receive information and another perspective concerning one's work	Educational/supportive
To receive both content and process feedback	Educational/supportive
To be validated and supported both as a person and as a worker	Supportive
To ensure that as a person and as a worker one is not left to carry, unnecessarily, difficulties, problems and projections alone	Supportive
To have space to explore and express personal distress, restimulation, transference or counter-transference that may be brought up by the work	Supportive
To plan and utilise their <i>personal</i> and <i>professional</i> resources better	Managerial/supportive
To be proactive rather than reactive	Managerial/supportive
To ensure quality of work	Managerial

The reproduction of this text is useful inasmuch as it clearly describes what balanced, high quality supervision would look like. In this tripartite model, high quality supervision is a process whereby the needs of, interactions between, and potential conflicts between the worker, service user, supervisor and organisation are named, processed and addressed. The supervisor is constructed as a facilitator of learning whereby a reflective approach underpins aspects of the model; the supervisor is less so an expert providing didactic direction. The potential for distress arising from the work is a central component of this supervision model. The supervisor and supervisee are encouraged to attend to both the *content and process* of their work. The model also recognises the managerial functions of supervision in the allocation and rationing of scarce resources, the management of caseloads and monitoring practice standards.

To attend successfully to these multifaceted and complex functions, supervisors require a considerable level of experience and knowledge of the work, regular training on supervision, to be in supervision themselves, have a manageable workload and sufficient time to dedicate to this critical role. Explicit in these descriptions is the *cost* which may be incurred by a party if a particular supervisory function is not attended to. For example, by attending to the *supportive* function, supervision provides a way for the worker to articulate, respond to and process how their emotional labour with clients has affected them and not to become overwhelmed

by their emotions (Hughes and Pengelly, 1997). Similarly, Davys and Beddoe (2010, p. ?) argue that ‘to avoid becoming overwhelmed or wrung out by the emotional material which is brought by the supervisee to supervision’, it is essential that supervisors are also contained through their own supervision process (see also conclusion section in Ferguson, Chapter 10). This is particularly salient in child protection work where research has shown that the work can be experienced by workers as stressful. Dill and Bogo (2009) argue that when supervision is attentive to and addresses each of the three inter-related functions of supervision, the service provided to users is more effective.

It has been argued that the professional support and development functions of supervision within social work have been lacking, with too much focus on managerial surveillance (Gibbs, 2001; White and Harris, 2007). What policy and practice advice is there to guide supervision in child protection in Ireland, and what does Irish research say about the efficacy of supervision and compliance with these policies and guidelines?

### **Irish research and policy on supervision in child protection**

Despite the importance and stated significance of supervision in child protection, a search of the leading peer-review research databases did not return a single study that examined this issue in an Irish context. One study was identified which examined the introduction of reflective learning tools into hospital social work peer supervision groups (Dempsey *et al.*, 2008). A further search of the Children Acts Advisory Board’s research databases<sup>3</sup> identified one chapter that reported on the findings a Postgraduate Diploma in Child Protection and Welfare thesis from a decade ago (Buckley, 2002). An additional review of the table of contents of Irish child protection and welfare books identified one other related chapter which examined a child protection and welfare team’s experience of setting up a reflective practice group and the incorporation of reflective practice within individual supervision (Walsh, 2008). Within the profession’s journal – *The Irish Social Worker* – were located an on-line study of social workers’ supervision (Peet and Jennings, 2010) and the findings of a Master’s thesis which examined the embedding of ‘team-based performance management’ model within social work supervision (Hanlon, 2008).

The on-line survey of 157 Irish Association of Social Workers members undertaken by Peet and Jennings (2010) found that nearly 60% of social workers in the survey described their supervision as ‘sporadic’ (undefined term), 6% were not in receipt of any supervision at all, and only 37% had access to monthly supervision. Unfortunately, this exploratory paper did not further stratify the results for social workers in child protection and welfare. In Hanlon’s (2008) study, respondents indicated that ‘case-management activities’ within supervision dominated, and that the high ratio of supervisors to supervisees and social workers’ large caseloads were

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<sup>3</sup> These research databases can be accessed through the CAAB website: <http://caab.ie/Research/publications-database.aspx> (see

Chapter 12 for links to similar international resources).

critical barriers in the provision of quality supervision. Overall, there is a very limited literature on supervision in Ireland and beyond what is cited here, there are no known *comprehensive* national research studies that examine supervision in child protection and welfare. However, the situation appears only marginally better in the international literature, where a review of literature on supervision by Collins-Camargo (2005, cited in Dill and Bogo, 2009, p. 90) found that there were few empirical studies on supervision in social work and there was ‘little emphasis on supervision in child welfare’.

The supervision policy outlined in *Children First: National Guidelines for the Protection and Welfare of Children* (hereafter, *Children First Guidelines*) (Office of the Minister for Children and Youth Affairs, 2010, Section 6.1) is comprised of an exceptionally brief section which is limited in detail. In a separate section of the *Children First Guidelines* (5.11.1), the least ambiguous statement regarding supervision can be found: ‘All practitioners must receive regular supervision from an appropriate line manager’ (pp. 46-47), where ‘regular supervision’ is undefined. Some guidance on the frequency of supervision can be found in policy documents from the profession (National Social Work Qualifications Board, 2004; Irish Association of Social Workers, 2009) and a new Health Service Executive (HSE) (2009) policy on supervision, which all define regular supervision as being once a month. The HSE policy recognises that newer workers will require more frequent supervision, whereas the NSWQB (2004, p. 27) induction framework is more explicit in stating that supervision should be weekly for workers ‘who are taking up their first job or who are lacking in knowledge and skill in the area that they have been employed in ... [and] reduced to once a month by the end of the induction period’. A recognition of the need to make special provision to support newly-qualified social workers in child protection is also included in recommendation number 50 of the government’s Ryan Report implementation plan (to be implemented by January 2011), which states that ‘The HSE will establish a mandatory year of limited caseload, supervision and support for newly-qualified social workers...’ (Office of the Minister for Children and Youth Affairs, 2009, p. 70).

Regarding the qualitative aspects of what supervision should address, section 6.1.3 of the *Children First Guidelines* offers the following guidance:

It is essential that managers of all disciplines involved in child protection work acknowledge the levels of actual or potential stress that may affect their staff and take steps to address any problems. These steps may include:

- (i) adequate and regular supervision of staff;
  - (ii) regular review of caseloads;
  - (iii) acknowledgement of positive achievement;
  - (iv) provision of opportunities for professional development, such as training, staff rotation, special assignments;
  - (v) development of inter-agency links;
  - (vi) putting in place the necessary arrangements and procedures to ensure the safety and security of child welfare and protection staff
- (p. 54).

Within this section one can discern elements of the inter-related managerial (administrative), supportive and educative functions of supervision. However, the guidance provided in this section is far from comprehensive and therefore limited in its ability to guide practitioners and supervisors. The new *Children First* Guidelines also recommends that the HSE should put in place a ‘staff supervision and support policy’ (p. 54). The *National Child and Family Services Staff Supervision Policy* (Health Service Executive, 2009), published before the revised *Children First* Guidelines, has many important characteristics including a directive to supervisors to ‘ensure that there is equal emphasis on each of the four functions of supervision [Morrison]’ (p. 7), but this policy is yet to be implemented. It is regrettable that a more comprehensive supervision policy was not incorporated within the *Children First* Guidelines document whereby staff supervision and support would have received greater prominence and recognition. Its inclusion may have facilitated greater uniformity of implementation under recommendation number 20 of the Ryan implementation plan (p. 55) and benefited if the *Children First* Guidelines were placed on a statutory footing (see Shannon, 2010). Having analysed key research and policy on supervision in Ireland, the next section describes key aspects of the study’s methodology prior to presenting the findings on social workers’ experiences of supervision in child protection and welfare.

## **Methodology**

35 participants who were working as social workers or senior social work practitioners in child protection and welfare in one HSE Area were interviewed. 30 of the participants were women; 5 of the participants were senior social work practitioners; the median age on the day of interview was 33; all of the participants were professionally qualified social workers; 7 were born outside of the Republic of Ireland; the median practice experience of participants in child protection and welfare social work was 4 years (average = 6 years), and 27 (77%) of the participants had spent all of their professional career thus far working in child protection. To preserve anonymity, the HSE area and teams are not identified. Pseudonyms are used for all of the social workers quoted.

An informed consent process guided the collection of the data. Interviews were recorded and transcribed, and the data was coded using a qualitative data-analysis software programme (*Atlas 5.2*). The transcripts were analysed using a grounded theory method (Charmaz, 2006) and the findings are presented in the form of ‘thick description’ by reproducing quotes of verbatim data.

There were a number of limitations with this study. Firstly, due to resource limitations, only social workers from one HSE area were interviewed. Secondly, the study sample only included social workers and senior social work practitioners, therefore social work supervisors were not part of the study sample. A third limitation is that while copious amounts of rich data were collected on supervision in this study, it was not an exclusive study of supervision. A fourth limitation is that the data on

frequency of supervision is limited to a small number of social workers and caution should be exercised in generalising from this data.

## **Findings**

In the interviews, several recurring and inter-related themes emerged regarding social workers' supervision. These themes included: a) frequency of supervision; b) the dominance of 'case-management' (managerial) type supervision; c) factors which impacted on effective supervision, and d) supervision and the induction of newly-qualified and new workers in child protection and welfare.

### *Frequency of supervision*

Despite organisational, professional and national policy guidance on the importance of regular supervision, participants on all teams described long periods where they had no structured supervision or had very short supervision sessions. Social workers in the study reported 'formal' supervision frequencies ranging from 60% of participants who received supervision every 4-6 weeks; 20% who received supervision bi-monthly; and 20% who receive supervision every three months+, a figure that also includes one social worker who had not been supervised in the preceding six months prior to interview:

Twice in seven months ... I had it more than the rest of the team ... They only had it once (Jenna).

The last time I had supervision ... [was] a few months ago maybe for half an hour (Holly).

Formal supervision would be maybe once every two to three months (Nicole).

I hadn't had supervision for about six months, partially because it hadn't happened between us, partially because I consciously decided to avoid it [identifying reason removed] (Deborah).

The regularity of supervision varied within teams and between teams. However, about 60% of social workers were receiving supervision on at least a 4-6 basis and were often happy with the approach to supervision:

The amount now is probably absolutely correct for the position that I am in at the moment. It's monthly (Caoimhe).

I get regular basically every month say. Some people don't get supervision for three months (Aoife).

The supervision is, is outstanding and supportive and I think that's part of what keeps me going (Shauna).

In the study, social workers differentiated between ‘formal’ or ‘structured’ supervision, which they defined as a dedicated time between 45 minutes and 2 hours with their supervisor, principally to discuss progress and to-do/action items on their cases (see next section), and ‘informal’ supervision which they described as frequent but short consultation times with their supervisor. For most social workers, even those who had limited access to ‘formal’ supervision, they described an open-door policy amongst most supervisors for frequent ‘informal’ consultations that they found supportive and often described as a type of supervision:

I mightn’t have had supervision for a few months alright ... sitting down, that kind of supervision, [but] it doesn’t mean that I wouldn’t have consulted a lot ... so that’s supervision too (Shannon).

Several months have passed now since I had my last supervision. That is compensated by the fact that in theory there is an open-door policy that you can go in and address your supervisor (Clodagh).

When social workers did receive ‘formal’ supervision, to what extent did this supervision address the Hawkins and Shohet’s functions of supervision and the good practice standards outlined in the *Children First Guidelines*?

*Dominance of managerial function: ‘We don’t have supervision, we have case-management’*

A recurring feature of most social workers’ interview transcripts was their use of the phrase ‘case-management’ to describe their supervision. The following is a small selection of illustrative quotes from social workers describing their supervision as case-management:

Supervision is fine, but a lot of that is case-management (Nicole).

We don’t have supervision, we have case-management (Tara).

My view of the supervision that is available is very negative. First of all, it’s not supervision, it’s case-management (Denise).

What did social workers mean by describing their supervision as case-management? Case-management supervision was described as discussing what had happened and what needed to be done on social workers’ cases: a dominance of the *managerial* function with an over-emphasis on administrative tasks. Social workers were very aware of the limitations of this managerial approach to supervision and the fact that the other *educational* and *supportive* functions of supervision were not being sufficiently addressed. Simon, Laura, Grace and Aoife explain:

Supervision is seen as what are you doing on your cases and here is new cases (Simon).

I feel that they are treating us like, more or less a number and that number should have 20.5 you know families in a case load, it's very much, there's nothing kind of, oh how are you and or how are you managing at the moment (Laura)?

There is case management, but even case management is impossible. You don't even get enough of case management, there is absolutely no emotional, what I call emotional supervision available (Grace).

[The] quality is very good as far as direction and cases goes. Not very good personally, but brilliant professionally ... direction [is] excellent and I get an awful lot of informal supervision. [Supervision] is not about what, how a case made you feel, what happened to you, are you stressed out, no, it's not about anything like that. It's about what you haven't done (Aoife).

In this and the previous section, social workers described their supervisors as very supportive in the sense of being available for regular short consultations and providing direction on cases on a day-to-day basis. However, they also described how their expectations of supervision and support through addressing the *supportive* function within supervision, whereby there is an acknowledgment of the impact on workers of child protection work, a containment of their anxieties, and an addressing of the emotions raised by this often difficult work, were not being adequately met. Hawkins and Shohet (2006, p. 58) argue that 'not attending to these emotions soon leads to less than effective workers, who become either over-identified with their clients or defended against being further affected by them ... this in time leads to stress and ... 'burn-out''.

### *Barriers to effective supervision*

Key themes within the data which social workers identified as impacting on the quality and frequency of their supervision included: the size of their caseloads, the size of their managers' caseloads, cultural issues within teams, and the skill and competence of their supervisor.

I previously reported that social workers in these teams were responsible for on average 40+ children each (Burns, 2008). Sophia and Hannah explain the impact of such high caseloads on supervision:

I have 30 cases. I get supervision for an hour and a half once every six weeks. If I talked non-stop without drawing a breath you wouldn't... I know you wouldn't go through the whole 30 cases - there is so much to talk about you know (Sophia).

I have 24 cases [families], which is a lot because they are big cases. I mean you sit in supervision at nine-thirty in the morning and by one o'clock, 'cause I talk a lot, you have gone through all the cases so there really isn't any time for you know: how is that affecting you (Hannah)?

In Hannah's quote it is possible that the supervisor didn't have the skills or awareness of the need to 'slow' the social worker down to explore what her needs were, set priorities for this and subsequent supervision sessions, and structure shorter more effective sessions. On the other hand, the quantity of work arising from social workers' large caseloads can mean that social workers prioritise the managerial (administrative) function at the 'cost' of getting their own professional needs met:

I am in there for the...the two hours or whatever it is, I...I am looking to kind of get things sorted with...with my cases, you know. And that's my priority when I am in there ... you kind of forget a little bit about your own needs ... we don't necessarily stand up for what we need ourselves as kind of professionals like (Kelly).

Within Kelly's quote one can see elements of Morrison's (1997) Professional Accommodation Syndrome<sup>4</sup> where the social worker maintains secrecy by not speaking out about the impact of the work on them and does not articulate, or feels that she is not permitted within this team to articulate, what she needs from supervision. Social workers in the study reported that their team leaders (supervisors) were supervising up to 8 workers, which equates to approximately 320 children (8x40) for which supervisors had some level of overseeing. Grace in her interview is indicative of many social workers' accommodation of the constraints on their supervisors due to large numbers of cases and how she believes this can have a negative impact on the quality of supervision and decision-making:

There is no time. It is not even the managers' or supervisors' fault because they [are] managing seven to eight different, you know, different people at a time. You just can't do it. [The] supervision process is so rushed, that like the poor supervisor has 20 or 30 other things in his or her mind and they will go along with what seems to come out first of their mind. Oh, we will do this, sure we have to go for a care order, we have to do this, but if you could take more time and to really assess the situation you would probably come up with a more feasible answer (Grace).

Ava suggests that the culture within child protection social work inhibits addressing the emotional aspect of this work (supportive function):

It's stressful because child protection is difficult work to do emotionally ... I think there is this sort of almost missionary zeal in child protection work

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<sup>4</sup> In this model, Morrison, drawing on the work of Roland Summit's Child Sexual Abuse Accommodation Syndrome, argues that child protection workers can experience stress not just from the direct work with clients but also from how the employing agency responds 'to the strong, but normative feelings and fears which such work engenders. Normative anxieties become pathologised in such agency cultures, and solutions if restricted to the provision of counselling, serve to reinforce the same message that only 'inadequate' workers complain' (Morrison, 1997, p. 19). The five stages of accommodation are: 1) Secrecy, 2) Helplessness, 3) Accommodation and entrapment, 4) Delayed or unconvincing disclosure, and 5) Retraction.

where you think you know, God, I can't...I can't spend time looking at...having the luxury of looking at what I feel myself in this situation. Even though it might actually sort the whole fucking thing out, do you know. Because I may be going badly wrong with people and even contributing to the problem, or certainly at least not ...not helping, because of how I am approaching it, or how I am feeling about it, or how I am reacting to it. It's more important that we look at our feelings in child protection than any other area. But we can't let ourselves do it. I think we are not letting ourselves do it (Ava).

Within this quote the social worker is critical of herself and her colleagues for contributing to an unhealthy culture that places barriers to their engagement with a more effective model of supervision where there is an emphasis and investment on all of the functions of supervision. However, a further analysis of this quote drawing on Morrison's Professional Accommodation Syndrome emphasises that the team/agency culture is one where workers internalise the failures of their agency to provide appropriate supports and/or they are not 'allowed' to set the work context with reference to the [often] demanding nature of child protection work. Furthermore, there is a dilemma about telling the truth about their situation: the social worker might be constructed as not 'coping' or being unprofessional (accommodation and entrapment). Shannon suggests a further explanation as to why the supportive and educative functions of supervision are not addressed adequately:

With the team leader now I haven't gone into the personal developmenty [sic.] sort of place with him. Whereas the one before that I started to do that. And then I suppose I got annoyed that ....I started to do that with somebody else, and you commit...it's a kind of risk thing and it's a trust thing and also....and you commit, and then the person disappears after three months. So I haven't...I thought there is no point in going back to there...with this person just see how it goes for a while....do you know, because you put energy and time into stuff (Shannon).

In Shannon's and other interviews, social workers spoke about trusting their supervisors and how this impacts on supervision, whereas some social workers said that they go 'outside' to get the 'balance' of supervision that is not provided within the team. Social workers further described how the *educative* function of supervision - opportunities to examine the worker's skills, professional development, and effectiveness with service users - was often described as the final quick item at the end of supervision, although it was mostly not discussed at all.

Finally, some social workers questioned their supervisors' skills base and the training needs of supervisors and supervisees in the area of supervision training. For example, Sophia and Anna said:

Is there a course for team leaders? I am not...I am not knocking people at all, but I am just saying there is a lack of uniformity in the way supervision is approached by team leaders (Sophia).

I think they supervise too many people and I think they need more training and like I think it needs, they need to be a lot more training for supervisors and maybe for the supervisee as well (Anna).

In Sophia's quote, like Ava's earlier, it is interesting that she prefaces her critical comments which may suggest a reticence in asking for the supervision she needs or a unwillingness or inability of being openly critical of her supervisor and the quality of her supervision. These quotes suggest a need to re-examine a practice with the HSE of promoting practitioners to management posts without providing them with adequate training, supervision within their role, and the resources to effectively carry out their responsibilities as supervisors. The skills, competencies, and responsibilities of line-management are quite different to practice and supervisors need to be inducted, mentored and trained into this role: it can't be assumed that a good practitioner will make a good manager/supervisor.

#### *Supervision and support for newly-qualified social workers*

Throughout the study, many social workers described very poor or non-existent induction procedures for new staff when they first entered child protection and welfare in this HSE area (see Burns, *In Press*). These interviews took place before the Ryan Report policy recommendation number 50, but after the publication of the NSWQB (2004) induction framework. Notwithstanding these policies, there would still have been a recognition within teams - given the demands of this work - to 'protect' new and newly-qualified staff. Caoimhe, a newly-qualified graduate in her 20s, described how during her 'crucial' first six months in the job she was rarely supervised, and her quote and the next quote from Mya raise critical questions about the culture within some child protection teams:

In my first week when I eventually had to get some guidance [from her team leader], I got 'short thrift', and I was to get on with it, that's what a social worker does. So, I thought to myself right, obviously I'm not going to get any support from you so I went elsewhere and I got it from my co-workers and more senior members of the team. Only for them, I probably would have walked out after the first week ... So, that was for a period of about 6 months, basically there was no support, there was no supervision, when I did have supervision it was more often than not cancelled, it was never rescheduled, six months of this. This is the most crucial phase of becoming a child protection social worker and I had nothing. When I did have it, the supervisor talked about themselves and twiddled with my cases on the computer (Caoimhe).

Mya, a colleague of Caoimhe who now wants to stay, but for the first six to nine months regularly thought about leaving, described her 'induction' into child protection and welfare:

There was virtually no induction. The induction, induction quote unquote that was there was just a joke ... off you go. It really was that. No exaggeration! And

it's, it's extremely daunting ... I was crying going in to work. I was crying going home. I was having nightmares. I was, it was one of the worst times I think I've, I've experienced in my life in terms of stress levels ... When your starting out in [name of social work department] is, is done on an *ad hoc* basis you know. There's no kind of consistency you know and it's almost a culture thing. I don't know if it's, it's, you know, sink or swim and if you're able to swim, then you're great and you can stay (Mya).

Despite the absence of a formal induction system, social work colleagues appear to play a key role in inducting new colleagues. Claire, an experienced social worker when she started work in child protection, similar to Mya's comment previously, found that in the absence of a formal induction process it was the support of her colleagues that helped her to stay:

I wouldn't have survived if it wasn't for them [co-workers] as much as I've said I feel I'm a competent social worker. In, in that environment the, the newness of it and the difficulties that are involved, difficulties that are involved with the high numbers, with a different legislation, with different services that are not available in [name of area], I don't think I would have lasted at all (Claire).

There are a number of possible explanations that the organisation or teams may put forward to explain this situation: high referral rates, large caseloads, insufficient resources, high ratio of supervisors to supervisees, an expectation that new graduates should be fully 'formed' professionals, and so on. Unfortunately, as supervisors and senior managers were not interviewed, their perspectives on this and other issues raised in this chapter were not collected and therefore this chapter represents an incomplete depiction of supervision within this HSE area.

### **Concluding comments**

The data presented in this chapter suggests that this HSE area's compliance with national policy on supervision is far from optimal and that there is a considerable work to be undertaken if it is to meet the practice principles outlined the *Children First* Guidelines and its new staff supervision policy (Health Service Executive, 2009). Moreover, the dominance of the *managerial* function of supervision, often to the exclusion of the other functions of supervision, is concerning given the emphasis in policy, inquires and research on supervision's centrality to good child protection and welfare practice and service provision.

Whatever the possible explanations for the supervision practices in this HSE area, the impact of such practices are unacceptable and place social workers under considerable, unnecessary strain and must impact on the quality of service provided to users. As up to 6 out of every 10 newly-qualified social workers begin their career in child protection in Ireland (see Burns, 2009), the full and consistent implementation of recommendation 50 of the Ryan Report implementation plan is of paramount importance.

The research findings presented in this chapter and the stated absence of any primary Irish research studies strongly suggest that a national comprehensive research study on supervision in child protection and welfare is necessary. Regarding the findings associated with social workers' perspectives on supervisor support, a study by Dill (2007) which examined the impact of stress on child welfare supervisors highlights how supervisors are *also* at risk of burnout and/or compassion fatigue; this is a situation which would severely undermine their capacity to provide support and supervision. Due to their daily contact with social workers, supervisors are best positioned to convey through their actions whether the organisation is supportive, values social workers' contributions and cares about their welfare. These points further highlight the importance of future studies including social work supervisors in their sample and how essential it is for the HSE to make provision for the supervision and support needs of supervisors (team leaders and principal social workers) in child protection and welfare.

While this chapter presented some critical perspectives from social workers regarding their experiences of supervision in child protection, there were also some grounds for optimism. 60% of these social workers were receiving some kind of supervision - if only case management - on at least a 4-6 weekly basis, and there were social workers who described satisfaction with the quality of their supervision. Since the completion of this study, there has been growing interest and progress made on these child protection teams - often collectively with team management - to address perceived deficits in their supervision through locating reading materials to improve the quality of individual supervision and the setting up of peer supervision, reflective learning and/or case discussion groups. It would be interesting to return to these groups to examine whether they were able to address their stated goal of addressing deficits in their supervision or whether they replicated the dominant 'case-management' approach which characterised their individual supervision. However, despite the growing interest in these approaches to supervision, they are not provided for in the organisation's new supervision policy (Health Service Executive, 2009).

Other initiatives described earlier in the chapter to introduce reflective practice within individual and group supervision (Dempsey *et al.*, 2008; Walsh, 2008) are important as the reflective approach emphasises the learning process in supervision and also addresses some of the limits to the tripartite model of supervision (Ruch, 2007; Davys and Beddoe, 2010). To address perceived deficits in their supervision identified by its members, the IASW set up a national social work supervision initiative whereby experienced supervisors make themselves available for 'outside' supervision to other members for a fee. This is also a welcome initiative with many positive aspects to commend it; however, there are also important reported issues with this type of 'outside' supervision that will need to be addressed in its roll-out (see Davys and Beddoe, 2010). Close attention to the progress of these initiatives may yield important learning and suggest options for individuals, groups and teams that wish to improve supervision practices in their area.

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