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PRACTITIONERS' EXPERIENCES OF THE APPLICATION OF THE SYSTEMIC UNIT MODEL

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ABSTRACT

The effectiveness of the social work profession has been questioned and the quality of the supervision process and decision-making skills. Munro, who was commissioned to review child protection in England, identified the need for change in the structure of social work practice. She stated in her final report that "Reclaiming Social Work" also known as the systemic unit model, is an example of best practice social work.

The aim of this study is to explore, from the perspectives and experiences of practitioners, the application of the systemic unit model for a better understanding of how it is applied in social work practice in one Local Authority.

This research uses a qualitative methodology and takes a constructivist approach to understand the individual's experiences. It uses two data collection methods, namely observations (at fifteen unit meetings) and in-depth semi-structured interviews (with thirteen practitioners). A thematic data analyses was applied that was adapted from both Creswell and "The Framework".

Findings evidence that, from the participants' perspective, and particularly that of Newly Qualified Social Workers, the unit structure and how the model works plays a critical role in providing them with essential support by way of reflective group case supervisions. Furthermore, participants suggest that the systemic unit model establishes a systems approach, which enhances reflective practice, the qualities and skills of practitioners and decision-making processes and facilitates shared responsibility, accountability and transparency. Findings also demonstrate that the way in which the model is implemented can impact organisational stability.

In focusing on the perspective of practitioners the study contributes to a better understanding of the importance of the interdependence of all aspects of the model and how systemic practice can support social workers to deliver enhanced social work practice.

Keywords:

Reclaiming social work; systemic unit model; systems approach; collaboration; knowledge and skills; systematisation.

ACKNOWLDEGEMENTS

DECLARATION

I confirm that this thesis, presented for the degree of Doctor of Philosophy, has been composed entirely by myself, has been solely the result of my own work and has not been submitted for any other degree or professional qualification.

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ABBREVIATIONS

ASSES	Assessment services
ASYE	Assessed and Supported Year in Employment
BASW	British Association Social Workers
CIN	Children in Need
COS	Charity Organisation Society
CSE	Child sexual exploitation
CLIN	Clinical practitioner
CAF	Common Assessment Framework
CPD	Continuous Professional Development
CSW	Consultant social worker
DCP	Department of Child Protection Australia
DfE	Department for Education
EIF	Early Intervention Foundation
EET	Education, employment and training
ECM	Every Child Matters
ERA	Experience, Reflection, Action
FMG	Female genital mutilation
GRRAACCEESS	Gender, race, religion, age, ability, class, culture, ethnicity, education, sexual orientation and spirituality
HCPC	Health Care Professional Council
ICS	Integrated Computer System
LA	Local Authority
LAC	Looked after Children
LSCB	Local Safeguarding Children Boards
NCSPRP	National Child Safeguarding Practice Review Panel
NSPCC	National Society for the Prevention of Cruelty to Children
NQSW	Newly Qualified Social Worker
PCF	Professional Capabilities Framework
SCIE	Social Care Institute for Excellence
SCR	Serious Case Reviews
SW	Social workers
SWPs	Social Work Practices
SWRB	Social Work Reform Board
SWTF	Social Work Task Force
SWWFF	Social Work Working for Families
UC	Unit co-ordinator

GLOSSARY

Accountability: A recent but now central principle of professional and organisational life in which the decisions, actions, and performance of individuals and teams are considered 'accountable'. Usually, a person's job description describes who in the organisational hierarchy they are accountable to, but often accountability is assumed ultimately to rest with the most senior manager in an organisation or political hierarchy. Arguably, accountability has replaced the concept of professional responsibility, and tends to be used in a rather negative way when things go wrong, and somebody needs to be 'held accountable'.

Active listening: A way of listening that enables you to be fully heard, especially if you have dementia or difficulties with communication. Someone who is actively listening to you will be making eye contact, not interrupting, giving you their full attention, not doing other things, and checking with you that they understand what you are saying.

Assessment: The process for identifying the needs of individual and families and reaching decisions on how to intervene.

Authenticity: The ability to behave in ways which are true to oneself and one's professional identity.

Capabilities: What you are able to do, what your strengths are, and what you might be able to do if you had support or assistance.

Case management: A way of bringing together services to meet all your different needs if you have an ongoing health condition, and helping you stay independent. If you choose this option, a single, named case manager (sometimes known as a 'key worker') will take the lead in coordinating all the care and support provided by different agencies, offer person-centred care and enable you to remain in your own home and out of hospital as much as possible.

Collaboration: This term refers to two activities – the process of working together to establish a partnership and the process of working together to achieve the desired outcomes of a partnership. The development of collaborative working will necessarily entail close inter-professional working.

Common Assessment Framework: An assessment tool developed by the Department for Education and Skills in 2004 for use by all agencies with responsibilities for children, with the aim of recording concerns at an early stage and having children with 'additional needs' for support referred to the appropriate specialist or targeted service.

Confidentiality: Keeping information about someone safe and private, and not sharing it without the person's knowledge and agreement. Any information you provide about yourself should be protected carefully and should only be shared with

people or organisations who genuinely need to know it. Your personal details should not be discussed without your agreement.

Consent: When you give your permission to someone to do something to you or for you.

Continuity of care: There are two meanings to the phrase 'continuity of care': seeing the same doctor or other care professional every time you have an appointment or having your care well-coordinated by a number of different professionals who communicate well with each other and with you. It is particularly important if you have a long-term condition or complex needs.

Data: These are the raw material, i.e. the information, which has been collected and which can be stored and analysed using one or more techniques, in order to produce research findings or outputs.

Early Intervention: A principle now widely informing service delivery in health and social care that emphasises the importance of intervening positively at an early point in the development of social, psychological, interpersonal or social difficulties. Early intervention services in adult mental health have been a particular focus of recent policy development. Early intervention has to some extent replaced the concept of 'prevention'.

Framework for the Assessment of Children in Need and their Families: The standard tool, established by the Department of Health in 2000, for identifying need and informing decisions about services and support.

Genogram: A technical word for a family tree and used as a means of helping families identify significant family members and how they relate to one another.

Innovation: Doing something in a new way, with the aim of doing it better.

Lead professional: A central person involved in providing and coordinating your care, and a single point of contact for you.

Local Safeguarding Children Boards: Boards which local authority children's services are required by statute to establish, with responsibility for coordinating the work of key agencies in relation to child protection.

Looked-after child: A child who is in the care of the local council rather than their parents, either because the child is at risk of harm or because the parents are struggling and have asked the council to be involved. Looked-after children may live away from their parents or family in foster care or in a children's home, or they may remain in their own home supervised by a social worker. The council takes on the responsibilities of a parent.

Managerialism: Refers to an ideology – prevalent within the New Public Management – that more effective and powerful forms of management will resolve a wide range of social and economic problems.

Marketization: The process via which public services are increasingly delivered in the context of competitive market conditions, or 'quasi-markets'. The relationship between commissioning and providing reflects the structure of such markets, and the requirement to tender competitively for the delivery of services shows how no organisation is completely secure about its position within the local economy of welfare – a service provided today, may be lost tomorrow in a competitive tender as a result of failure to achieve.

Outcomes: In social care, an 'outcome' refers to an aim or objective you would like to achieve or need to happen - for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you and receive support to achieve them.

Peer support: The practical and emotional help and support that people who have personal experience of a particular health condition or disability can give each other, based on their shared experience. People support each other as equals, one-to-one or in groups, either face-to-face, online or on the telephone.

Practitioner: A person who works in a skilled job such as social work, nursing or medicine, providing care or support directly to people.

Professional: A term commonly used in two distinctive ways: the sociological use (generally deployed in this book) focuses on the extent to which an occupation can be defined as a profession, and hence that its members can in turn be defined as professionals. In this analysis, professions are usually self-regulating, and require a high level of educational attainment (usually at least to degree level) to enter them. It is presumed that the professional has a distinct knowledge base and is the possessor of unique sets of skills. A more common usage focuses on the fact that professionals carry out tasks for financial reward – the distinction between professional and amateur footballers, for example.

Professionalization: The process by which an occupation seeks to become accepted as a profession, by establishing a legally restricted title, extended forms of qualifying and post-qualification education at least at graduate level, a professional association, etc. Within social work there have been clear steps in this direction in recent years, although the process has also been historically controversial.

Qualitative research: A research method which focuses on meanings and experiences, through which the research attempts to understand the lives of those being studied, their behaviour, values, beliefs and so on, from the perspectives of the people themselves. Typically, the approach of the investigation is relatively unstructured so that the research is more likely to reveal the individuals' meanings and experiences rather than impose the researchers' perspectives. Types of data

collected include semi-structured interviews, observational recordings, focus groups and illustrative vignettes.

Reflective practice: The ability to draw on a diverse range of knowledge, from both formal and informal sources, to inform professional practice.

Reflexivity: Generally associated with research practice, reflexivity refers to the ability to be critically self-reflective and to identify personal biases that influence the research process.

Relationship-based practice: An approach that ensures the professional relationship is at the centre of all interventions and that attention is paid to the inter-personal dynamics of professional encounters.

Respect: The ability to convey to someone that they are unique and valued.

Role: A goal-directed pattern of behaviour carried out by a person in a particular societal situation or within a group because both the group and the individual expect this kind of behaviour.

Serious case review: An inquiry that is organised by the local council after a child dies or is injured and abuse or neglect is suspected. Serious case reviews look at lessons that can be learned to prevent similar events occurring in future.

Service user: The term currently deployed for those people who use social services or are eligible for such services.

Whole systems approach: A perspective on social work intervention and analysis of complex situations that emphasises the need for the practitioner to maintain a focus on the interaction between all members of the 'system' that constitutes the case or problem situation. The identified service user, extended family, carers, and the variety of professional systems which may be involved all combine to produce a whole system.

From: Wilson, K. 'Glossary', in Wilson, K., Ruch, G., Lymbery, M. and Cooper, A. (2008) Social Work: An Introduction to Contemporary Practice, Harlow: Pearson Education

*Glossary - skillsforcare.org.uk https://www.skillsforcare.org.**uk**/Site/**Glossary**.asp*

Chapter One

"Great things are not done by impulse, but by a series of
small things brought together" - Vincent van Gogh

1.1 Introduction

This research is born out of my need to understand, from the practitioners' perspective what it is like to work in the systemic unit model, (also known as the "Reclaiming Social Work" model or "Hackney model") and how the systemic unit model is applied in practice. The primary intention of this research is to gain knowledge and insight of practitioners' experiences and perspectives of the application of the systemic unit model and thus this research does not address the quality of services or the views of service users.

I worked in South Africa as a project manager in social work where I observed the uniqueness of social workers' individual needs; social workers' different levels of competencies, experiences and skills; personalities; the value of effective supervision and support; the extreme demands, level of individual responsibilities and challenges of the profession. My interest in this new model of social work practices began as I finished my master's degree in England on the topic of supervision. I was introduced to the systemic unit model as a supervision model. At the time across the United Kingdom reviews and enquiries had taken place around the high-profile deaths of children, particularly Victoria Climbié who died in 2000 and Peter Connelly who died in 2007. It seems that the ability of social workers to protect children had become the focus of media attention. The responses in the media had a far-reaching impact on the social work profession, which led to a "blame and shame" culture and a profession characterised as uncertain, insecure and defensive (Shoesmith, 2016). As a result, social workers' decision-making skills were placed under critical examination, along with increased challenges as to the quality and effectiveness of supervision and the effect of bureaucracy on social work practice in social workers' daily work (Laming 2009; Parton, 2010; Munro, 2011a; Goodman and Trowler, 2012). Thus, in May 2010

when a new Coalition government was elected in order to demonstrate their particular approach, and to show that they were taking action with respect to the crisis in the social work profession the new Secretary of State for Education, Michael Gove, commissioned Munro in June 2010 to review and report on the effectiveness of child protection procedures. Thus, it seems that not only have politics an impact on social work policy and practice, but change is often initiated when there is a change in government as the new government needs to be seen to take effective action.

1.2 The systemic unit model (Reclaiming Social Work/Hackney model)

Prior to Munro's *Review of Child Protection: Final Report, A Child-centred System* (2011b), Goodman and Trowler, two experienced child protection practitioners, were concerned about the poor quality of social work they had seen and became determined to work out how to run a service that could offer effective help to children, young people and their families (Munro, 2012). Thus, in 2005, Goodman and Trowler started to explore forensically how leaders of the social work profession could enable good social work practice to flourish (Goodman and Trowler, 2012). Goodman and Trowler developed a different operational system for child and family statuary social work from design to delivery in 2008 as a pilot study in Hackney, a London borough (Goodman and Trowler, 2012). This operational system was known as the "Hackney" model or "Reclaiming Social Work" model, which has also become known as the systemic unit model. In 2010, this operational system was evaluated by a team of researchers, which included Munro by Human Reliability Associates and the London School of Economics and Political Science (Cross, Hubbard and Munro, 2010). It was found that with this model there was a re-establishment of family focus in statutory social work, openness and support and that the model produced an organisational culture of reflective learning and skills development (Cross, Hubbard and Munro,2010; Goodman and Trowler, 2012). In developing the systemic unit model, two questions were asked by Goodman and Trowler (2012):

- 'How do we want our social workers to help people?'
- 'How should the organisation support workers to do these things?"
  (Forrester et al., 2013, p. 187).

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The focus and main objective of the reorganisation was the creation of new social work units in which social workers could function within a small multi-skilled team. The intention was reflective group case supervision; professionals would share case responsibility and use their different skills to understand cases, conducting weekly unit meetings in which they would discuss, debate, and reflect on their cases before making joint decisions. Such a way of working would also relieve the pressure on individual social workers through the sharing of cases (D'Arcy, 2013). Goodman and Trowler (2012) stated that:

> "The unit meeting is also the main mechanism for case supervision that is, discussion, debate, reflection and decision-making. Group managers who line-manage consultants regularly attend unit meetings so that they can hear and judge the quality of professional discussion and decision-making"
> (Goodman and Trowler, 2012, p.19).

Thus, the focus of this way of working was on better case reviews, improved services, prevention of abuse and supporting children staying in the family for which unit meetings were the main tool. In the unit meetings practitioners were to describe their work, reflect on and discuss cases, make collaborative decisions, and provide each other with support.

The "Reclaiming Social Work" initiative aimed to improve the quality of child protection services to achieve high-quality social care for vulnerable children and families and work towards introducing high standards of professional practice by means of improved reflective and analytical thinking (Cross, Habbard and Munro., 2010; Goodman and Trowler, 2012; Munro, 2012). The development of the systemic unit model and what it entails are discussed in more detail in Chapter Three.

Having been piloted in the London Borough of Hackney in 2008, the systemic unit model was implemented as a social work modality for the future and spread to other Local Authorities. Goodman and Trowler formed Morning Lane Associates in 2010 and led the implementation of the systemic unit model. The model was implemented in other authorities, such as the Isle of Wight, Buckinghamshire and Bedfordshire in 2011 and Cambridgeshire in 2012. The Local Authority in which this study was

conducted commissioned Morning Lane Associates for assistance in introducing the systemic unit model between 2010 and 2013 (Jones, 2015).

1.3 Context of Munro Review of Child Protection

As mentioned earlier, the Secretary of State for Education, Michael Gove commissioned Munro to review three main principles for improving child protection:

- Early intervention.
- Trusting professionals with greater transparency of their work and accountability in social work practice.
- Removing bureaucracy – to enable practitioners to spend more time on frontline practices (Munro, 2010).

Munro (2011a) analysed child protection services, looking at the child protection system as a whole. Thus, the interaction of individual policies, assessment tools and management practices were examined to assess how it affected the quality of frontline practice (Munro, 2011a). Employing a systems analysis, the review revealed that previous efforts to reform social work with children and families had created an unbalanced system where performance indicators and procedures gradually destroyed the space for creative, professional work (Munro, 2011a).

Thus, the focus was on process as the driver rather than creative, relationship based social work practice. Bureaucratic demands and rigid timescales hindered social workers from engaging constructively and flexibly with families (Munro, 2011a). Munro (2011a) found that social work practice was not effective as the focus was too much on risk avoidance and compliance. Hence, in research and enquiries into child deaths and serious injury, it is not surprising that it was identified that the same issues recurred, for example, poor communication, lack of information sharing between professionals and agencies, inadequate training, supervision, and staff support, high caseloads, too much bureaucracy and a "shame and blame" culture in the social work profession (Munro, 2012; Goodman and Trowler, 2012; Steele and Shabde, 2014; Shoesmith, 2016).

Munro (2010), identified the need for change in the structure of the social work profession and in social work practice. Munro said that she had learned from local

leaders, managers and frontline practitioners, who improved professional practice by making innovations and creating a learning culture (Munro, 2011b). Munro stated:

> "The Social Work Taskforce (2009) report and my review of child protection (Munro, 2011b) helped to refocus attention on developing professional expertise to help families. Revisions to social work training, reductions in the degree of centralised prescriptions and changes to the criteria and methods of inspection should help social work agencies...." (Goodman and Trowler, 2012 p. 10).

The analytical journey of Munro's report is discussed in more detail in Chapter Three.

In the Munro Review of Child Protection: Final Report, A Child-centred System (2011b), the Reclaiming Social Work Model, or as it is referred to in this study, the systemic unit model, was heralded as a best practice design (Goodman and Trowler, 2012, p. 11). Hence, Broadhurst and Mason (2014) argue that with the development of the systemic unit model and the publication of the Munro findings and recommendations in Munro's final report (2011b), current social work practice in England are developing into a post-Munro climate that calls for a reclaiming of face-to-face practice.

With this background knowledge my interest in the systemic unit model developed and I wanted to understand practitioners' experiences and perceptions of what it is like to practice social work in the systemic unit model and how the systemic unit model is applied in practice. In reading the literature for an understanding of what the systemic unit model is. At the time amidst the literature which included other articles, there were five evaluation studies directly addressing the implementation of the systemic unit model. They were the following studies: Cross, Hubbard, and Munro, 2010; Forrester, et al., 2013; D'Arcy 2013; Wilkinson, et al., 2016 and Sebba, et al., 2017, which focused on the value of the implementation of the systemic unit model. These evaluations of the systemic unit model were conducted in different Local Authorities looking at the structure, limitations, strengths and outcomes for children, young people and families.

1.4 Research questions and research framework

From this, I identified that these studies do not sufficiently explain how the systemic unit model is applied in practice nor do they discuss the perspectives and experiences of practitioners in the unit in any depth. My research questions therefore are:

1.   How is the systemic unit model applied in social work practice?

2.   What are the experiences and perspectives of practitioners on the application of the systemic unit model in one Local Authority?

These questions with my own ontological and epistemological position guided the development of my research design (see figure 1 below). My study is explorative and interpretative in gaining an understanding of the phenomenon, therefore a qualitative study with a constructivist approach is most appropriate, employing observation and semi-structured interviews with open-ended questions as data collection methods and employing a thematic data analysis. Denzin and Lincoln (2011) suggest that qualitative studies are explorative and focus on the interpretation of the phenomena in their natural settings to make sense in terms of the meanings individuals bring to these settings. Thus, in answering these questions, with a constructivist approach I will draw on multiple perspectives. Social constructivist theory maintains that how people act and how they understand their world results in people developing their own particular meanings relating to their personal experiences and interactions with each other (Creswell, 2013). In essence my research aims to capture what happens in day-to-day practice when the systemic unit model is implemented and to improve understanding of the application of the systemic unit model from the perspectives and experiences of practitioners undertaking social work as a unit. I therefore purposively worked with all practitioners in three systemic units. Hence, I conducted semi-structured interviews with practitioners (n=13) in the three units and carried out observations (n=15) of unit meetings.
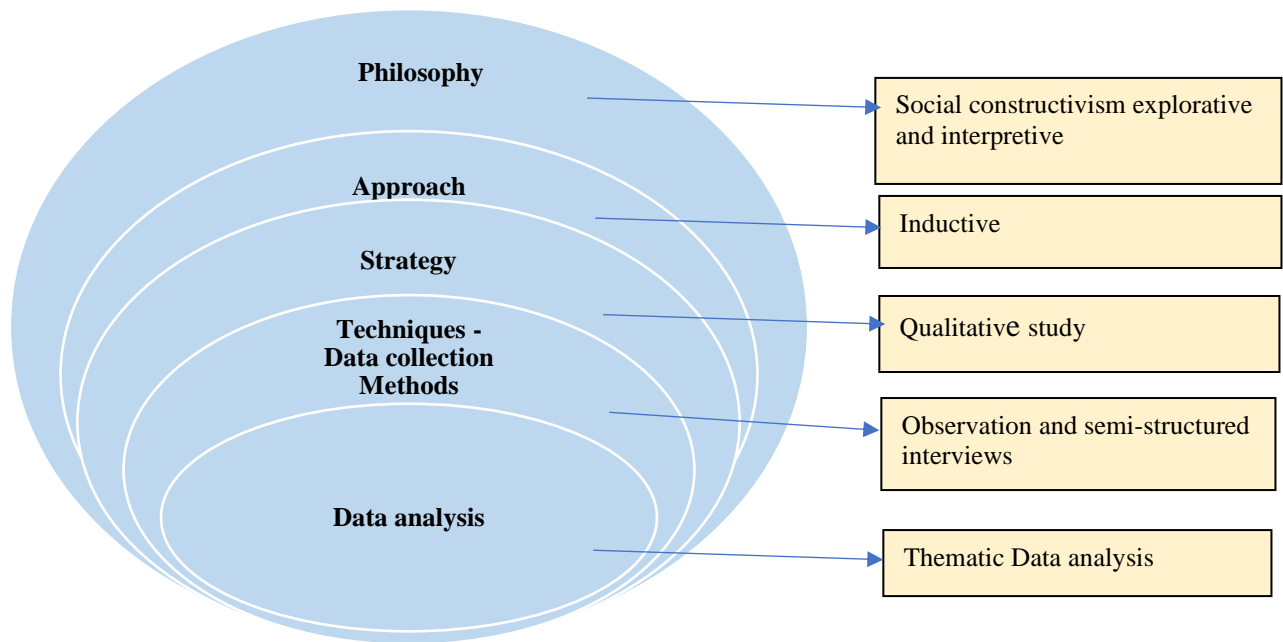
Figure 1: Research framework

1.5 Significance of this study

Although various studies (Cross, Hubbard, and Munro, 2010; Forrester, et al., 2013; D'Arcy 2013; Wilkinson, et al., 2016 and Sebba, et al., 2017) evaluated the implementation of the systemic unit model in terms of outcomes, there is little reported on the experiences and perspectives of practitioners working in the unit model as a unit. This research brings a critical contribution to the literature as it illuminates the relative importance of the structure of the unit, and the importance of the interactions and dynamics of practitioners working in the systemic unit model. The ultimate purpose and contribution of this study is to better understand and inform practice through a detailed understanding of practitioners' perspectives and experiences of applying social work practice in the systemic unit model.

Throughout this study quotations from practitioners are presented to demonstrate their views and perspectives and to illuminate the discussion and conclusions. As this study is exploratory in design, there is no claim for the

generalisability of the findings, but the methodology and methods may be used by others who wish to undertake similar studies in different contexts.

1.6 Outline of study

In Chapter 2 I explore in more detail the drive towards reclaiming social work and the rationale for the development of the systemic unit model. I start with a summary of historical developments in social work to provide a background on major changes in social work practice. Thereafter I explore the drive towards the change in child protection procedures in England, which led to the "Reclaiming Social Work" initiative, referred to in this thesis as the systemic unit model.

In Chapter 3, I explore the organizational change, the analytical journey of developing the systemic unit model, the implementation of the model and how the systemic unit model works in practice. The theoretical underpinning of the systemic unit model contributes to the development of my conceptual framework, which I present at the end of this chapter.

In Chapter 4, I critique five previous evaluation studies of the systemic unit model from 2010 until 2017; from these I identified core topics in social work practice relating to the systemic unit model. Hence, for a better understanding of the systemic unit model, I explore the literature pertaining to these core topics; leadership; supervision; reflective practice in social work; proactive child protection and prevention; practitioners' qualities and skills; group dynamics; office and work environments; and stress and anxiety in social work practice.

In Chapter 5 I begin by revisiting the study's research questions, aims and objectives before explaining and justifying the exploratory qualitative methodology strategy of enquiry and why a social constructivist ontological framework was chosen. I describe the ethical considerations, the sampling techniques that were employed and provide information about the population and the participants. I then provide an overview of a pilot study that was conducted. The chapter goes on to discuss the data collection methods that were used, including an explanation of the observational and in-depth interviewing techniques. I describe reviewing the data collected and

how it was processed and analysed in order to achieve an accurate and valid estimate of qualitative results for this phenomenon. I explore the issue of quality assurance within qualitative research, in particular authenticity and trustworthiness and the impact of reflexivity.

In chapter 6, I present my findings. I describe the ways in which unit meetings function and the themes that emerged from the data. The three major themes that emerged from the data were:

- Support
- Multiple perspectives
- Organisational change

Under each theme I have identified and discussed subthemes, which are supported with evidence from the participants' experiences and perspectives.

Chapter 7 presents the discussion of the findings, with an interpretation of findings in the context of the literature review. The topics identified from the findings are:

- A systems approach
- Promoting qualities and skills development
- Systematisation of processes.

Chapter 8 the conclusion, begins with the study's contribution to knowledge, followed by implications for practice, implications for further research, and the strengths and limitations of the study. Finally, I reflect on my five-year PhD journey.

At the end of the thesis I include the appendixes which contain the documentation accrued through the research journey, including the ethical approval, examples of the interview schedule, the observation template, the participant information sheets, consent forms and an example of coding a transcript.

Chapter Two

Understanding the context

In this chapter I explore in more detail the drive towards reclaiming social work and why and how the systemic unit model was developed. I start with a summary of historical developments in social work to provide a background to changes in social work practice. Thereafter, I explore the drive towards the change in child protection in England, which led to the "Reclaiming Social Work" initiative also known as the systemic unit model, as well as ways of facilitating improvements in child protection.

I will refer to social work practice where the systemic unit model is not applied as the "traditional social work model". In the traditional social work model, I understand that frontline social workers work in teams, although they do not work closely with their peers but operate separately and independently with each child/family and receive managerial and supervision advice individually. In traditional practice the team structure consists of more than five practitioners; individuals are not required to work together with the same intensity as would be required within the systemic unit model.

By contrast, in the systemic social work practice model practice is organised in units; the unit is the most distinctive component of the systemic unit model and consists of multidisciplinary groups of practitioners who undertake work with their respective cases as part of a unit. Informed by systemic theory, the units are working systemically as they work with the families; hence, this is a more collaborative team-based approach with all practitioners being familiar with all the cases in the unit (Goodman and Trowler, 2012). Thus, the approach is grounded in partnership and collaboration and therefore is relational and strength-based; multiple perspectives and multiple possibilities are central concepts such that the risks to children are explored from multiple perspectives (Koglek and Wright, 2013).

2.1 Historical developments in social work in England

In the mid-19th century the Charity Organisation Society (COS) came into existence and is viewed as the originator of social work and as a way of tackling poverty (Lewis, 1995; Roberts, 2003). The COS focused on the family using a scientific approach and provided a key foundation for the development of social work as a profession in Britain (Smith, 2002). Up until this time individuals were blamed for their poverty, and their circumstances were described as self-inflicted. However, the COS believed that giving out charity without investigating the problems behind poverty created a class of citizens that would always be dependent on alms giving and therefore aimed to restore individual self-sufficiency and responsibility (Smith, 2002). Thus, the COS emphasised a scientific approach, leading to investigation, registration and supervision of applicants for charity. The thinking at the time was that charity was administered according to certain principles, which encouraged independence and strengthened character (Woodroofe, 1962). Criticism of the principles of the COS was that it was a purely reactionary individualist organisation and critical of government intervention (Vincent, 1984; Briggs, 2006). The focus of the COS was on individual casework, which is an approach that is still evident in contemporary social work (Clark and Newman, 1997; Bisman 2004; Lymbery, 2005).

Applying strict methods, values and professional procedures the COS transformed philanthropic practice from unskilled duty to an organised professional service, with structures and systems (Clark and Newman, 1997). Methods included assessments of circumstances and a plan of action created by the caseworker for intervention or referral. A systematic and consistent organisational structural framework was established to help those who qualified as 'in need'. It was apparent that there were three key principles in social work: individualistic/therapeutic (individual case work), administrative (social administration) and collectivist (social action) (Clark and Newman, 1997). Whilst these three principles still exist today as the basis of good social work practice (Lymbery, 2005), the literature reveals that there has been a continuous search for change and restructuring of social work practice (Laming 2009, Munro 2011b; Parton, 2010; Goodman and Trowler, 2012; Ferguson, 2014).

At the same time the state's role changed substantially in relation to the individual's welfare. Within the 20th century extensive legislation on major social problems were implemented, which resulted in social workers being given administrative and therapeutic roles (Munro, 1992). Additionally, the social work profession is sensitive to changing societal circumstances and policies (Trappenberg, Kampen and Tonkens, 2019) such as the advent of psychological casework in the 1920s, in the 1960s a move towards democratisation, in the 1990s marketization and in the recent past, welfare retrenchment (Trappenberg, Kampen and Tonkens2019). Parton (2010) argues that social work policy changed in significant ways in the 1990s as childcare developments were increasingly subject to "politics of enforcement" and the drive to "modernise, rationalise, managerialism and order (Parton, 2014). Thus, the social work role had become highly prescriptive, depending on technology, and cost containment, resulting in deskilling the social worker roles (Dustin, 2016). Practice inquiries into children's deaths became prominent in the media and social workers became the object of criticism, and consequently it became necessary for the government to be seen to be making changes to social work (Reder and Duncan, 2004; Munro 2011a; Ferguson, 2014).

Not only was there a much broader focus on concern about what caused harm to children, but also what the role of professionals and official agencies should be. Parton (2010) stated that this thinking resulted in the introduction of a range of new systems, with a heavy reliance placed upon top-down forms of performance management. Consequently, the role of social work in children's services was marginalised and social work practice shifted from relationship-based practice to a more procedural and regulatory approach. Social workers' professional judgements were undermined by performance tasks resulting in the loss of professional individualism, de-professionalism and managerialism (White, 1997; Harris, 1998). Thus, the profession entered a period of the managerialism, de-professionalization, modernisation, bureaucratisation, "McDonaldization", marketization and privatization. Dustin's (2016) research, "The McDonaldization of Social Work", demonstrated that social workers felt McDonaldized in the same way as other public sector workers. McDonaldization is a metaphor for the delivery of goods and services employing the

principles of a famous fast-food chain, hence the application of business principles (Ritzer, 1993) such as efficiency, calculability, predictability and control (James, 2004; Dustin, 2016). As a result, the McDonaldization of social work involved the standardising of services, bureaucratic rules and manuals prescribing accepted procedures and techniques with the emphasis on managerial control over professional discretion (James, 2004). This led to social workers being controlled through administration and performance tasks, resulting in an increase in paper output and a decline in direct work with children (Harris and White, 2009). Munro (2011), stated that the emphasis had been on the conscious cognitive elements of the task of working with children and families, by collecting information and making plans. This managerialism approach has also been called the "rationalist-technical approach" (Munro, 2011). Harris and White (2009) claim that managerialism led to a split culture between social workers and managers with an attitude of "us" and "them". According to Harris and White (2009), this situation brought unhappiness into the workplace, resulting in work stress and dissatisfaction, with an increase in the number of social workers leaving the profession. Harris and White (2009) stated that in modernised social services, managers no longer share the professional concerns and commitments of the social workers they manage. The manager's focus is on the implementation of policy and organisational effectiveness rather than outcomes for service users. However, there is evidence that some managers were strongly committed to professional social work and professional values whilst recognising that managerialism can play a powerful and influential role (Harris and White, 2009).

Thus, in 1999 the government announced the establishment of "Serious Case Reviews" (Rose and Barnes, 2008). One aspect of these serious case reviews is that they should reveal problems with professionals' assessments.

In line with the marketisation agenda set in the 1980s by the governments of Margaret Thatcher and promoted further throughout the late 1990s and early 2000s by Tony Blair's 'New Labour', the privatization of children's services in areas such as residential children's homes and independent fostering agencies took place (Cardy, 2010). Cardy (2010) stated that the launch of the "Quality Protects" programme in 1998, followed by the Care Standards Act, 2000, the Children (leaving care) Act 2000,

"Every Child Matters" 2003, and the Children Act 2004, were the beginning of the government's modernization agenda of children services. Building further upon the Labour Government's modernization and the marketization and privatisation agenda for children's services, was the Children and Young Persons Act 2008 (Cardy, 2010). This Act allowed Local Authorities in England and Wales to "outsource their 'corporate parenting' function of social work services for children in public care to private or independent 'Social Work Practices' (SWPs)" (Cardy, 2010, p.430). Munn, (2014) stated that the full implication of privatisation of sensitive areas of children's services had not been explored and would put children at risk. Munn (2014) echoed the fears of academics and other senior social work professionals, by expressing her concerns about outsourcing child protection work (Jones, 2015). Jones (2015) was strongly opposed to the privatisation of child protection and the idea was abandoned (Hatton, 2015) although the rest of social care, such as social work with adults, has been privatised in some areas, (Jones, 2015). However, there were ongoing concerns about the role of the social worker in the protection of children and the deaths of children created a call for a new approach. As one looks at all these factors together it seems that these different factors play a role in the constant change in social work services and therefore also results in inconsistency in social work practice models in the different local authorities.

2.2 Significant events in the context of the development of the systemic unit model

After the death of Victoria Climbié in 2000 a range of concerns of local and central government had emerged; low public esteem for the social work profession, low staff morale, serious problems in the recruitment and retention of social workers and lack of communication and liaison between the multiple agencies involved (Lane, Munro and Husemann, 2016; Chisnell and Kelly, 2016). The importance of effective joint working between agencies and professionals to safeguard children from harm and to promote their welfare had been emphasised in Laming's review (Laming 2003) on the death of Victoria Climbié in 2000. Consequently there was a shift from a primary focus on child protection to safeguarding children (Harris, 2006), the difference being that child protection is seen as one aspect of safeguarding whereas safeguarding is a more holistic approach to improving the overall well-being of all children (Harris,

2006; France, Munro and Waring, 2010). This follows the outcomes of the Government's Green paper, "Every Child Matters: Change for Children", 2003 the precursor to the Children Act (2004) (Harris, 2006). Thus, the objective of safeguarding is the improving of the overall well-being of all children, particular those in disadvantaged communities, drawing on the five outcomes of Every Child Matters (2003) namely: "be healthy; be safe; enjoy and achieve; make a positive contribution; and achieve economic well-being" (Harris, 2006, p 5).

The *'Every Child Matters'* programme, included the Common Assessment Framework for professionals working with children and families in England (White, Hall and Peckover, 2008; Chisnell and Kelly, 2016). Through the Children Act 2004, statutory changes were made with the emphasis on multi-agency cooperation by introducing *Working Together to Safeguard Children*, the creation of Children's Services as a distinct entity and the establishment of Local Safeguarding Children Boards (LSCBs) (France, Munro and Waring, 2010; Chisnell and Kelly, 2016). One of the aims of the LSCBs which were set up by Local Authorities in accordance with section 13 of the Children Act 2004, was to ensure that frontline practitioners had a clear understanding of roles and responsibilities for safeguarding, and that this should be disseminated within and across agencies (France, Munro and Waring, 2010). The LSCBs were responsible for coordinating and ensuring the effectiveness of the work of partner bodies to safeguard and promote the welfare of children (Munro and France, 2012) and for serious case reviews, now called reviews of serious child safeguarding cases (NSPCC,2018).

The Local Authority Chief Executives, Directors of Children's Services, Local Safeguarding Children Boards (LSCB) chairs and senior managers within organisations were commissioned to provide services for children and families. This included social workers and professionals from health services, adult services, the police, academy trusts, education, youth justice services, and the voluntary and community sector organisations that had contact with children and families (HM Government, 2015). The policy makers claimed that children are best protected when professionals are clear about what is required of them individually, and how they need to work together. The policy aim was to help professionals understand what they

needed to do and what they could expect of one another in working to safeguard children. The aim was to promote a child-centred and coordinated approach to safeguarding and the policy clearly stated that safeguarding was everyone's responsibility. This policy shift introduced terminology such as assessment, need and safeguarding, moving away from investigation, abuse and protection. Despite this, Ferguson argued in 2014 that frontline social workers performance is highly investigative.

Chisnell and Kelly (2016) argue that child protection policies are influenced and driven as a reactive response to tragic high-profile cases that drew attention to failings in child protection systems. However, when there is concern as to the way in which practitioners worked together to safeguard a child, resulting in the death or serious harm of the child, the "Local Safeguarding Children Boards (LSCB)", now called the "National Child Safeguarding Practice Review Panel" would conduct a multi-agency review of the circumstances of the child (DfE, 2018). At the centre of discussions in these serious case reviews are subjects such as inadequate professional skills, lack of effective supervision and resources, poor inter-professional communication, excessive bureaucracy and the need to improve the training of social workers. An important objective was to identify from the reviews any lessons for policy and practice at a national level (Rose and Barnes, 2008). It has been stated that it is crucial to learn from these inquiries, and to build on the core lessons (Reder and Duncan, 2004; Brandon 2008; Rose and Barnes, 2008). Hence, child homicide has been a key influence on childcare policy and practice over the last three decades, with a particular focus on the assessment, management and monitoring of situations where children are at risk and are on associated inter-agency working plans. These findings indicate that the current policy and practice focus upon procedures and performance in safeguarding children may not address successfully the complex needs of those adults who may pose a risk to children (Stroud 2008).

Yet it seems that policies and recommendations suggested by these serious case reviews have never been implemented satisfactorily (Reder and Duncan, 2004; Laming, 2009). Brandon, Dodsworth and Rumball, (2005), argue that it appears that the lessons to be learned from these inquiries are not in policy modifications but

revolve around guidance and better training in observing children and families, and talking to children and other practitioners. However, in contrast, Shoesmith (2016) agreed with Stroud, (2008) that no inquiry "…. has attempted to provide any detailed understanding of the phenomenon or about those who commit it...", but instead the focus is on professional failures.

Many tragic outcomes are the result of reasoning errors in assessment processes and the ability of practitioners to assess situations (Brandon, Dodsworth and Rumball, 2005). Although Munro (2002) has suggested that assessment reasoning should be improved, it was not explained how (Munro, 2002; Dale, 2002). However, Munro (2002) stated that there is a need for a theoretical framework and a mind-set that helps practitioners' process information as part of their assessments. There is also a warning about the sensible use of assessment tools, by using tools as a contribution to inform and supporting practitioners in serving children and families. In addition to using tools as a contribution to inform and support practitioners' information gathering and analysis, practice must be based on an integration of data from various methods of assessment, different practitioners, different occasions, different locations and a varied group of respondents (Bentovim, 2009).

By reviewing the inquiries into the deaths of Victoria Climbié (2003) and Peter Connolly (2009), Ferguson (2009) claimed to have identified the core problems of child protection at that time. Ferguson (2009) identified that social workers spent more time in the office conducting case management than undertaking home visits. Ferguson (2009) stated that what was absent from most social work and child protection literature, policy, and discussions about practice, was the paying of attention to the core experience of actual social work; he said "not enough attention was given to what social workers do, where they do it and their experience of doing it" (Ferguson 2009 p 471). The home visit is by far the most common method through which children and families are seen and actual child protection work takes place; it is by this means that most preventative care and protection takes place (Ferguson, 2014). The home visit gives an opportunity for the social worker to observe and interact with children and family members in their usual environment and assess whether there are concerns (Ferguson, 2014; Payne, 2014).

Ferguson (2014) then conducted a study called, *"What Social Workers do in Performing Child Protection Work: Evidence from Research into Face-to-Face Practice"*. Ferguson (2014) reported that, despite over four decades of advanced recognition of child abuse, his ethnographic study of face-to-face encounters between social workers and children and families, especially home visits, was the first study of its kind to observe and audio-record face-to-face social work where there were child protection concerns. He identified that the social work practice focus was to a great extent investigative. Ferguson (2014) found that time spent alone with children to be inadequate, as due to the short time scales imposed both by managers and the government and high caseloads, practitioners had limited time available for one to one work with children and for conducting home visits. Ferguson's (2014) findings confirmed previous research such as that reported by Munro in 2012 that a lack of time due to compliance with organisational demands and procedures resulted in less time for social workers to build relationships with children and to gather information, in turn leading to poor analysis based on inadequate information and thus increased risks to children.

In addition to limited time spent alone with children, Ferguson (2014) identified that social workers have different levels of communication skills for getting close to children and varying general skills in family work. Where therapeutic change does take place, Ferguson (2014) noted that these communication skills are visibly present and that practitioners were developing meaningful relationships with children and families. Therefore, Ferguson (2014) argues that, although it is crucial for work to be done in reforming child protection systems, it is just as important to understand the characters and qualities of social workers as individuals and how these can be developed. Ferguson (2014), also found that social work practice lack basic skills for social workers to relate effectively to children, and therefore social workers need clear models and knowledge of working with children. Ferguson's (2014) study provides original insights into the nature of social work practice in child protection due to the use of participant observation and detailed analysis of the dynamics of interactions between practitioners and children and families. However, it fails to illuminate whether this study applies to the traditional social work model or a systemic unit

practice model, only stating that the research was based in two Local Authorities in England and involved social work teams who did short-term duty/investigative/assessment work, as well as longer term work with children and families.

Lefevre (2013) stated that although active attention is given to improve social work practice in England, little is known about qualifying courses to promote social work student learning and argues that in England both practice and education are falling short in preparing students to practice competently. Thus, Ferguson (2014) supports Lefevre's (2013) argument that social work education and post-qualification training need to focus much more rigorously on communication techniques and skills with children, as well as deep learning of ethical commitments and the personal qualities that practitioners need (Lefevre, 2013; Ferguson, 2014; Davies and Duckett, 2016). Two reviews of different aspects of Social Work education were commissioned. In 2013 the Minister of State for Care and Support at the Department of Health, invited Professor David Croisdale-Appleby to undertake a review of social work education, which was delivered in 2014 called, "Re-visioning Social Work Education". In addition in 2014 the Secretary of State for Education asked Martin Narey to explore the initial education of children's social workers, in order to advise him about the extent to which reforms in social work practice had an impact on social work training and whether there were improvements to be made (Narey, 2014). I discuss these reports in 4.8

Also, in 2014 the Department for Education issued a document outlining the "Knowledge and Skills for Child and Family Social Work", which was launched in July 2014 by Chief Social Worker Isabelle Trowler (Hatton, 2015). In this, social workers are challenged on the way they perform social work, and on working creatively to enhance the wellbeing and potential of service users (Hatton, 2015). The focus is on prevention, competence, developing and enhancing professional skills and applying values and social work ethical principles to guide professional practice. Thus, it includes integrity, knowledge, critical thinking, professional judgement, ethical decision making, recognition of human rights, respect for diversity and professionalism to enable practitioners to represent and be accountable

to the profession (Cournover, 2016). Social workers must act with professional integrity and practice according to accepted professional guidelines and ethical codes. These professional values are linked to accountability, values and ethics and form part of the domains of the "Professional Capabilities Framework" (PCF), which I discuss the PCF in 4.8. Social workers should be prepared to state the reasons for their decisions based on ethical considerations and be accountable for their choices and actions (Munro, 2011; Davies and Duckett, 2016).

Child protection in England is led by local government which has had a statutory responsibility to convene with Local Safeguarding Boards is overseen by the Department for Education. After the death of Peter Connelly in 2007, Laming was asked to review his 2003 report on the death of Victoria Climbié. Laming found that the recommendations that he made in his original report to improve child protection, were never implemented (Laming 2009). The Secretary of State for Education then stated that child protection in England was not working as well as it should and in 2010 invited Munro to conduct an independent review of child protection procedures to improve child protection in England (Munro, 2011a). Simultaneously, since 2008, as mentioned in Chapter one, Goodman and Trowler had been implementing the systemic unit model in Hackney. Munro's final report in 2011, recommended that the systemic unit model, named in the report as "Reclaiming Social Work Model", as a best practice design (Munro, 2011b). The impact of this report resulted in Local Authorities adopting the systemic unit model (Goodman and Trowler, 2012).

In the 'Munro Review of Child Protection' (2010), a blend of systems thinking approaches was employed to examine the activities, culture, effectiveness and social relations of the child protection sector' (Lane, Munro and Husemann., 2016, p. 613). Munro (2010) aimed to analyse previous policy recommendations holistically, investigating why these policy recommendations created new problems and apparently failed. Munro believed that a systems perspective was required to review policies and as they are holistic, considered system-thinking approaches as a powerful way to analyse a child protection system. Systems-thinking approaches take into account the whole system, the intimate interconnections of processes and structures. These systems-thinking approaches employed the single and double loop learning from

Argyris (1976) (see figure 4) and the 'requisite variety' concept of Ashby (1956), which suggest that when an appropriate range of possible actions are available only then it is possible to manage complex situations effectively (Lane, Munro and Husemann, 2016). I discuss these systemic approaches further in section 3.2, "Organisational change". All these different systems thinking approaches Munro employed to examine the activities, culture, effectiveness and social relations of the child protection sector to change the structure of social work and develop a new model of social work practice. The systemic unit model was very much developed as a systems thinking social work practice model which is underpinned by the McKinsey 7S's model, described as a conceptual framework for the systemic unit model in Chapter Three (see figure 3). Munro's basic argument is that in child protection practitioners should take a broad view of the contexts in which humans make decisions and treat each context as a system (Munro 2011a).

In 2014 the Department for Education set up the Children's Social Care Innovation Programme which had been announced the previous year and was a response to Munro's final 2011 report (Sebba, et al., 2017). The intention of the programme was to inspire a whole system change in England in the five years from 2014 (Sebba, et al., 2017). The purpose of this programme was to kick start new approaches to delivering significant and sustained improvement in social care services and support local efforts to transform social care services by providing professional support and tailored funding to Local Authorities (Sebba et al., 2017). In Wave 1 in 2014 £110 million was invested, and a further £200 million was invested in Wave 2 in April 2016. Wave 1 included the evaluation of 56 projects in children's social care (Sebba et al., 2017). Evaluation reports of the early implementation and outcomes of these projects were made available in 2017, and the final report on all of the evaluations in Wave 1 was published in November 2017 (Sebba, et al., 2017). A key finding from the perspectives of service users and social workers was that quality of social work services had improved which was the contribution of the theoretical underpinning of systemic practice (Sebba, et al., 2017). Regarding this progress, the Department for Education (DfE, 2016) publication 'Children's social care reform: a vision for change' (Sebba et al., 2017) claimed that there had been significant improvements

over the previous five years in reforming the child protection system. This included stripping back bureaucracy and starting the process of creating a culture which prioritised excellent practice. The DfE identified that it was essential for everyone working within child protection to have the knowledge and skills to do their jobs well, with the organisational leadership and culture to support and challenge staff to continue improving.

Although these reports suggest children's social care reform and reclaiming social work have improved social work practice, there are other perspectives. Community Care reported that The Education Policy Institute (2017) viewed the quality of children's services as 'bleak' and 'concerning' (Stevenson, 2018). Likewise, Turner, (2018), claimed that Social Workers' schedules were still dominated by administration tasks. Additionally, a self-selecting survey of 350 British Association Social Workers (BASW) members showed that "Social Workers spent 29 hours on a computer or doing paperwork in an average 45-hour week" (Turner, 2018). Again, it is unclear in these articles whether they are referring to traditional social work practice or systemic practice.

2.3 Summary

This chapter has briefly considered some of the key happenings and changes that were simultaneously happening in the history and development of social work and child protection in England. It is apparent that from its origins, social work was an organised professional service with structures and systems in place. Management has been informed and directed by social change, with a move from a focus on poverty to a focus on harm to children. A period of focus on implementing new policies for organisational effectiveness rather than outcomes for service users had unintended consequences of increasing risks to children. A raft of reports on child deaths, recommendations for change, policies and legislation culminated in Munro's influential report (2011), followed by ongoing financial support for implementing change by means of the Children's Social Care Innovation Programme (2014). Within this wider context was the development of the' Hackney Model' of child protection.

Significantly the history reveals that there is a continuous search for change and restructuring of social work practice. Figure 2 summarises recent significant events in child protection.

1990's +	• Managerialism, de-professionalization, modernisation, bureaucratisation and McDonaldization
1999	• Serious Case Reviews introduced
2000	• Death of Victoria Climbié
2003	• Laming: The Victoria Climbié Inquiry. • Government's Green Paper, "Every child matters" Change for Children • Common Assessment Framework
2004	• Children's Act 2004 • Working together to safeguard children • Children Services (social work with children disaggregated from that with adults and co-located with other services for children) • Local Safeguarding Children Boards introduced
2005	• Goodman and Trowler start exploration of social work practice
2007	• Death of Peter Connelly
2008	• Ed Balls Secretary of State for Children, Schools and Families – requested Progress report on Safeguarding • "Reclaiming Social Work" (Hackney Model/Systemic Unit model) Pilot implementation in Hackney • Private Social Work Practices – Children and Young Person Act 2008 • Social Work Task Force established
2009	• Laming - The Protection of Children in England: A Progress Report
2010	• Michael Gove, Secretary of State Education - requested Munro to review child protection in England • *The Munro Review of Child Protection Interim Report: The Child's Journey* published. • Social Work Reform board • "Morning Lane Associates" formed (Goodman and Trowler)
2011	• Munro final report "A Child Centred System"
2012	• Local Authority of this study implemented the systemic unit model. • Professional Capabilities Framework published by the Social Work Reform Board
2014	• Children's Social Care Innovation Programme Wave 1 • Department of Education published the "Knowledge and Skills Statements for Child and Family Social Work • 'Re-visioning Social Work Education' review by Croisdale-Appleby published • 'Making the education of social workers consistently effective' review by Narey published
2015	• "Working together to Safeguard children" revised
2017	• Children's Social Care Innovation Programme Wave 1 - Final evaluation report - a vision for change • A National Safeguarding Practice • Review Panel established • "Working together to Safeguard children" revised

Figure 2: <u>Timeline of significant child protection events in England</u>

To build on the context of this study, I explore in the next chapter social work theory and policies, organisational change and what the systemic unit model is.

Chapter three

The systemic unit model

Social work practice underwent major transformations to improve the quality of social work practice (Parker and Doel, 2013; Parker, 2017). This involved organisational changes in Local Authorities. These changes led to the adoption of the systemic unit model in some Local Authorities and which was implemented in 2012 in the Local Authority where this study was conducted.

To provide a context for these changes and the development of the systemic unit model, within this chapter I identify and explore the rationale for the social work theories and policies that social workers use in every day operational practice, theories that underpin social work; organisational change; the analytical journey of developing the systemic unit model; and the implementation of the systemic unit model. I go on to explain how the systemic unit model works, which includes the structure of the unit, practitioners' different roles and the unit meeting.

Finally, I present my conceptual framework which I developed based on the recommendations of Laming (2009) and Munro (2011b) and motivation for the initiation and development of the systemic unit model, including the McKinsey 7S's model, and the systemic unit model structure.

3.1 Social work theory/frameworks/models and policy

"Social work theory" can be complex and very confusing, as Parker states "Debates about theories, models and methods in social work practice are complex and contested" (Parker, 2017, p.140). The term 'social work theory' usually refers to formal theories intended to guide and explain social work practices; they are frameworks developed by social workers that offer specific guidance as to the purpose of social work and the principles for our practice and often imply specific methods of intervention (Healy, 2014). Thus, social work practice theory provides norms, standards, goals and principles on which practice is based (Payne, 2014).

A wide range of theories are used in social work practice, such as psychoanalytic theory, ego psychology, systems theory, behaviourist theory, and human development theory, labelling theory, feminist theory, critical theory, differential association and modelling theory (Healy, 2014). Trotter, (2015) adds that practice models in social work with involuntary clients are "influenced by a range of theoretical frameworks, such as task-centred, ecological systems, strengths-based, solution-focused, cognitive behavioural, rational emotive, narrative, motivational interviewing and a number of different family therapy models" (p. 7). Healy, (2014) additionally identified contemporary theories for social work practice; systems theories; problem-solving theories; strengths and solution-focused theories; modern critical social work theories; postmodern social work theories. Social work practice theories reflect the value base of the social work profession and the specific nature of social work, which involves working alongside people who are vulnerable and marginalised (Healy, 2014; Trotter, 2015; Parker 2017).

Payne (2014) states that a social work theory is what helps social workers to do what they do, providing a framework for practice and helping them to understand the reasoning behind their actions. Thus, an understanding of theory helps practitioners to be accountable, and to operate in a self-disciplined profession. As professionals, social workers should have a thought-out basis for practice, and formal and informal theories on how to practice social work, what social work is, and the world of service users (Payne, 2014; Beckett and Horner, 2015). Social work practice theories help social workers to increase their professional skills and enable them to deliver competent practice. Parker, (2017, p.145) stated that for social workers to be effective; "they need to equip themselves with a range of methods for practice that work to reduce social exclusion and increase life chances and opportunities." The key objectives of social work are empowerment, social change and problem solving, and are considered when developing social work practice theories (Payne, 2005). What social workers do in practice is important to theory as it is by learning from mistakes in practice that the profession develops new social work practice models to bring about change and enhance practice. Healy (2014) stated that we should recognise that

we are active participants in, and creators of, the contexts and frameworks through which we practice.

Munro's review of child protection (2011) stated that the rationale for social work intervention and all decisions made by social workers should be justifiable and thus the theoretical framework underpinning decision making processes should be clear (Munro, 2011; Beckett and Horner, 2015).   Social workers should be able to show the reasoning behind their decisions about whether a child is safe. The decisions taken by social workers should be clear, transparent and understandable by all parties involved (Munro, 2011b). This addresses the criticisms raised in investigations into high profile cases of child deaths where social workers' assessment and decision-making skills and the transparency of their actions were questioned. These criticisms highlighted the need for creating new ways of working; for improving and changing social work policy and practice. In improving services, policymakers focus on organisational structures and institutional processes (Marinetto, 2011). Parton (2002) stated that social work policies have been concerned with the refinement of practices, systems and knowledge whereby situations of 'high risk' can be identified. However, Clapton, Cree and Smith (2013) believe that child protection policy and practice is influenced by "the domination of an expanding child protection 'industry'" (Clapton, Cree and Smith p. 810). They suggest that claims-making had contributed to the change in child protection, moving away from preventative practice, which resulted in a deterioration in social work's relationships with the public, especially regarding social work practice with children and families. Interestingly, Butler and Drakeford (2005) were convinced that scandal in child protection services was an important "consequential and causative factor in the development of British welfare policy (p. vi)." Moreover. Butler and Drakeford, (2005) argued that it is possible to discern a clear pattern that scandals in child protection not only capture the attention of the wider public, but that welfare policy is mediated by scandal, and therefore a causative factor in the development of British welfare policy. Hence, despite reforms in child protection policy following the Victoria Climbiè inquiry (2003), child protection could not prevent the death of Peter Connelly (2007) (Marinetto, 2011).

Initially known as the "Reclaiming Social Work Model", the systemic unit model is one such new theoretical practice model based on systems theory and implemented in social work practice. This systemic approach emphasises context and the inter-connectedness of relationships and is rooted in the discipline of family therapy (Goodman and Trowler, 2014). Barbee, et al., (2011, p.623) describes a practice model as follows:

> "A practice model for casework management in child welfare should be theoretically and values based, as well as capable of being fully integrated into and supported by a child welfare system. The model should clearly articulate and operationalize specific casework skills and practices that child welfare workers must perform through all stages and aspects of child welfare casework in order to optimize the safety, permanency and well-being of children who enter, move through and exit the child welfare system" Barbee et al. (2011, p. 623).

For the implementation of the systemic unit model, Local Authorities needed to change the child protection structure.

3.2 Organisational change

There is a wealth of literature discussing organisational change, as it is a much-researched subject (Lewin, 1951; Dunphy & Stage, 1988; Burns, 2004; Mitchell, 2013). Amongst the most influential organisational theories are systems theory, organisational development theory, complexity theory and social world theory. Rhydderch, et al. (2004) claim that, literature reviews have examined the differences and similarities between these theories, and taken together they suggest there are six key aspects encompassed in these organisational change theories:

- the metaphor of organisation
- the analytical framework
- the trigger for change
- the change processes
- the role of leadership
- resistance to change (Rhydderch, et al., p. 213, 2004)

Rhydderch, et al. (2004) identified that in many countries it is a systems approach that results in quality improvement in organisational change. Systems theory is the underpinning philosophy of the development, design and implementation of the

systemic unit model (Munro, 2012; Goodman and Trowler, 2012). Importantly, the implementation of the systemic unit model required Local Authorities to change their working structures. I now turn to explore the literature on systems theory employed in organisational change in social work practice.

3.2.1 Systems theory, organisational leadership and organisational change

As highlighted before, the systemic unit model (Goodman and Trowler, 2012) is underpinned by systems theory (*Pincus and Minahan 1973*, therefore, an understanding of systems theory is both important and relevant in understanding how these organisational change leaders come to deliver the new system of reclaiming social work in the England. In an article "The Dawn of System Leadership" written by Senge, Hamilton, and Kania, (2015) was suggested that the deep changes necessary to accelerate progress against society's most complex and difficult problems requires a system leader who catalyses collective leadership. With the implementation of the systemic unit model, organisational change leaders such as Goodman, Trowler and Munro came to the fore.

System dynamics is the study of complex systems, such as families and organisations, where one looks deeply into the relationships that exist within those systems in order to understand the prevailing problem more comprehensively and thus rethink how to deal with the problem and develop solutions (Senge, Hamilton, and Kania, 2015). This was the aim of Goodman and Trowler with the initiative of "Reclaiming Social Work" as a new practice model for delivering child and family social work in Hackney in 2008. Senge, Hamilton, and Kania, (2015) claims that, in the previous 10 years, countless collaborative initiatives to change organisations had arisen, but more often than not they struggled to maintain momentum, in part because they failed to strengthen and nurture collective leadership within and across the relevant organisations (Senge, Hamilton, and Kania, 2015). To foster collective leadership, it is important for leaders to have a particular commitment to their own learning and growth in personal development (Senge, Hamilton, and Kania, 2015). Applying the systemic unit model concerns systems leadership for organisational change. Senge, Hamilton, and Kania, (2015) identifies fundamental skills that system leaders have to

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develop to be able to create successful organisational change. It is relevant to look at these skills to understand how leaders developed the "Reclaiming Social Work" initiative.

The primary skill identified by Senge, Hamilton, and Kania, (2015), for organisational change leaders is to be able to develop and strengthen reflection and have conversations that are relevant to the specific change. Deeply shared reflection is a critical step both for the groups of change leaders in organisations and for individual practitioners in order to assist them to understand the differing view of others, which in turn will give them insight into each other's ability to see the larger system (Senge, 2014). This ability is important for developing a shared understanding of complex problems (Senge, 2014). Jurivecius (2013) claims that complex problems or systemic problems are due to issues inherent in the overall system, rather than due to a specific, individual or isolated factor.

The second skill is the ability to see the larger system; this is important for developing a shared understanding of complex problems. With this shared understanding of a problem, it is possible to develop solutions together, to the advantage of the health of the whole system, as opposed to solving singular or individual problems which are simply one part of the overall system (Senge, 2014).

Senge, Hamilton, and Kania, (2015) states that those involved in collaborative systematic change are still relatively unfamiliar with or have superficial knowledge of systems theory. Likewise, Goodman and Trowler (2012) acknowledge that it is critical for effective practice to pay attention to the whole system, knowing that each sub-system interacts with and impacts on practice. Munro (2005) had previously emphasised, that it was important not to "cherry pick" but implement all the elements of systemic practice. Munro (2005) argues that child protection resembles an engineering problem because efforts to improve practice have increasingly taken the form of providing tools for front line workers. Continuing this analogy, she argues that assessment frameworks, procedure manuals and decision-making instruments are all, like power drills, designed to enhance workers' performance. Unfortunately, evidence has proved that these tools do not always have the intended effect.   Of

greater importance is how the tools are used in practice and how they interact with other factors (Munro, 2005). Munro (2005) believes that this cannot be predicted in advance and therefore needs to be studied.

All this relates to the systems approach which was developed in engineering. It is known that standard solutions in engineering were to provide more tools, more detailed manuals and managerialism and yet mistakes kept being made so that engineers reframed how they looked at problems. A different approach was needed, and they asked why front-line workers failed to include crucial steps in procedures and or overlooked signs of trouble. This led to the investigation of the total system within which a person was operating. The result was a better understanding of why actions taken at a given time did not work or might have been difficult to perform well (Munro, 2005).

Munro argued that the engineering analogy was directly pertinent to the social work profession. In social work, more policies and procedures had been implemented, resulting in managerialism, more work stress and failure to protect and safeguard children effectively (Munro, 2005). In the late 1970s a systems methodology, the 7S model, also known as the McKinsey 7S's (see figure 3) model was developed. It was an organisational management strategic planning tool used for assessing organisational effectiveness (Waterman, Peters and Phillips, 1980) and portraying seven elements of an organisation (Jurivecius, 2013).

The review of the literature thus far evidences that a systems framework (McKinsey 7S's model) was used as guidance when developing the systemic unit model to reclaim social work. Systems frameworks are often used when an organization's effectiveness is at question (Jurivecius, 2013). The aim of the organisational change in child protection was to improve outcomes for children and families by providing a service that employs a family orientated approach, focuses on early intervention, has professionals whose social work practice demonstrates greater transparency and accountability and reduces bureaucracy in order to enable practitioners to spend more time on frontline practices (Munro, 2011b). This process of organisational change in

child protection initially started with a deep analytical journey by Goodman and Trowler, in 2005.

3.2.2 The journey of developing the systemic unit model

As stated before, Goodman and Trowler started to explore child protection in the, London Borough of Hackney in 2005, but it is not clear from exploring the literature at what stage or to what extent Munro was involved in the development of the "Hackney Model" (Reclaiming Social Work). The literature does however show that Munro was part of the independent review of the "Reclaiming Social Work" initiative (Cross, Hubbard and Munro, 2010). Goodman and Trowler (2012) in reflecting on their work in developing the "Hackney Model" in child protection stated that their focus was on a structural change; their aim was a different way of working in children's services, moving away from bureaucracy and "a conveyor belt, risk-averse mentality" (Goodman and Trowler, p. 161, 2012). The McKinsey 7S's model, developed in 1980 by Waterman, Peters and Phillips, was used to help to conceptualize and stay focused on all the different components of the "Reclaiming Social Work" practice system. It was critical for Goodman and Trowler to know that all sub-systems in the social work practice system are interdependent and that attention to the whole system was necessary. Waterman, Peters and Phillips, (1980) claim that for effective organisational change the relationship between seven internal aspects of an organisation; strategy, structure, systems (hard elements), and staff, skills, and style (soft elements) are anchored and relate to the seventh aspect, shared values (see figure 3).
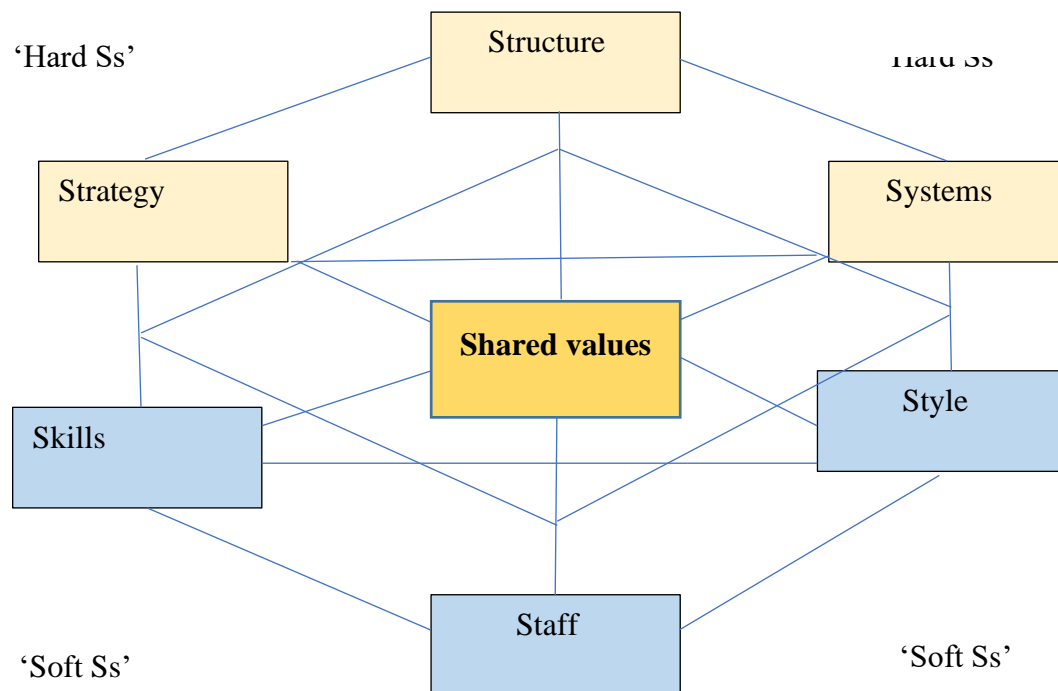
Figure 3: <u>McKinsey 7S's model</u> (Waterman, Peters and Phillips., 1980)

The model is based on the theory that, for an organisation to perform well, these seven elements need to be aligned and mutually reinforcing (Jurevicius, 2013). As shown in figure 3, the seven factors are interdependent; "Shared Values" is a soft element, but the anchor of all the elements. It is claimed that a change or weakness in any of these elements will affect all the others and will result in the success or failure of the application of the organisation. The two groups, "hard elements" and "soft elements" are explained as follows:

- Hard elements: *strategy, structure and systems,* such as strategy statements, formal processes, procedures and IT systems, which can be influenced and changed directly by management. These are easy to identify and describe. Goodman and Trowler (2012) asked questions such as:

  ➢ What should we do (*strategy*) to reclaim social work?
  ➢ What *structure* do we need to execute the new strategy?

> ➢ What *system* or procedure do we need to use or invent to execute the strategy? (Goodman and Trowler, 2012).

- Soft elements: *shared values, skills, staff, and style,* more difficult to describe and are much more influenced by culture (Waterman et al., 1980; Goodman and Trowler 2012). Goodman and Trowler asked questions such as:

> ➢ How should we support our staff better?
> ➢ What leadership *style,* and organisational culture qualities will help to achieve the strategic objective?
> ➢ What are the specific *skills* that will help and need to be developed?
> ➢ Why do we do what we do in the way we do it?" (Goodman and Trowler, 2012).

Central to Munro's interim report in 2010 to improve and bring change in child protection processes in England was a blend of systems thinking related approaches. Munro argued that a 'systems thinking' method would enable organisations to develop insight into their own procedures and policies; this in turn would be central to enabling organisations accurately to analyse the processes of child protection cases as systems approaches are proved to be effective in understanding and analyzing the complexity of organizations in an holistic way (Lane, Munro and Husemann, 2016). Munro analyzed previous well-intentioned reforms for improvement in the child protection system that seemed not only to have failed, but also created new problems (Lane, Munro and Huseman, 2016). Consequently, Munro employed and blended together innovatively different sets of systems ideas, such as systems dynamics, cybernetics and single and double loop learning as developed by Argyris in 1976. Systems dynamics focuses on the processes through which an outcome is brought into being, providing effective meanings to understand social systems behaviour. Cybernetics is concerned with systems, their co-ordination, regulation and control, and to manage complex situations effectively, an appropriate selection of possible actions must be available (Lane, Munro and Husemann, 2016). The single and double loop learning of Argyris, (1976) (see figure 4), demonstrated that single loop learning, (focusing only on problem solving to fix existing systems) is ignoring and taking for granted the value of the underlying

goals and policies of an organization (Lane, Munro and Husemann, 2016). Double
loop learning explores why an organization does what it does, the underlying
assumptions behind what it does, and the techniques, goals, values and strategies that
enable the organization to achieve the desired outcomes or results (Lane, Munro and
Husemann, 2016). Munro found that the concept of single and double loop learning
was critical to reform in that it enabled those working in the system to understand the
damaging effects (Munro 2010)

Single- Loop Learning

Most common style of learning
is really just problem solving –
improving the system as it is.

| Underlying Assumptions | Techniques, Goals, Values and Strategies | Results |

Double-Loop Learning

More than just fixing the problem, this style of
learning involves questioning the underlying
assumptions behind techniques, goals and
values.
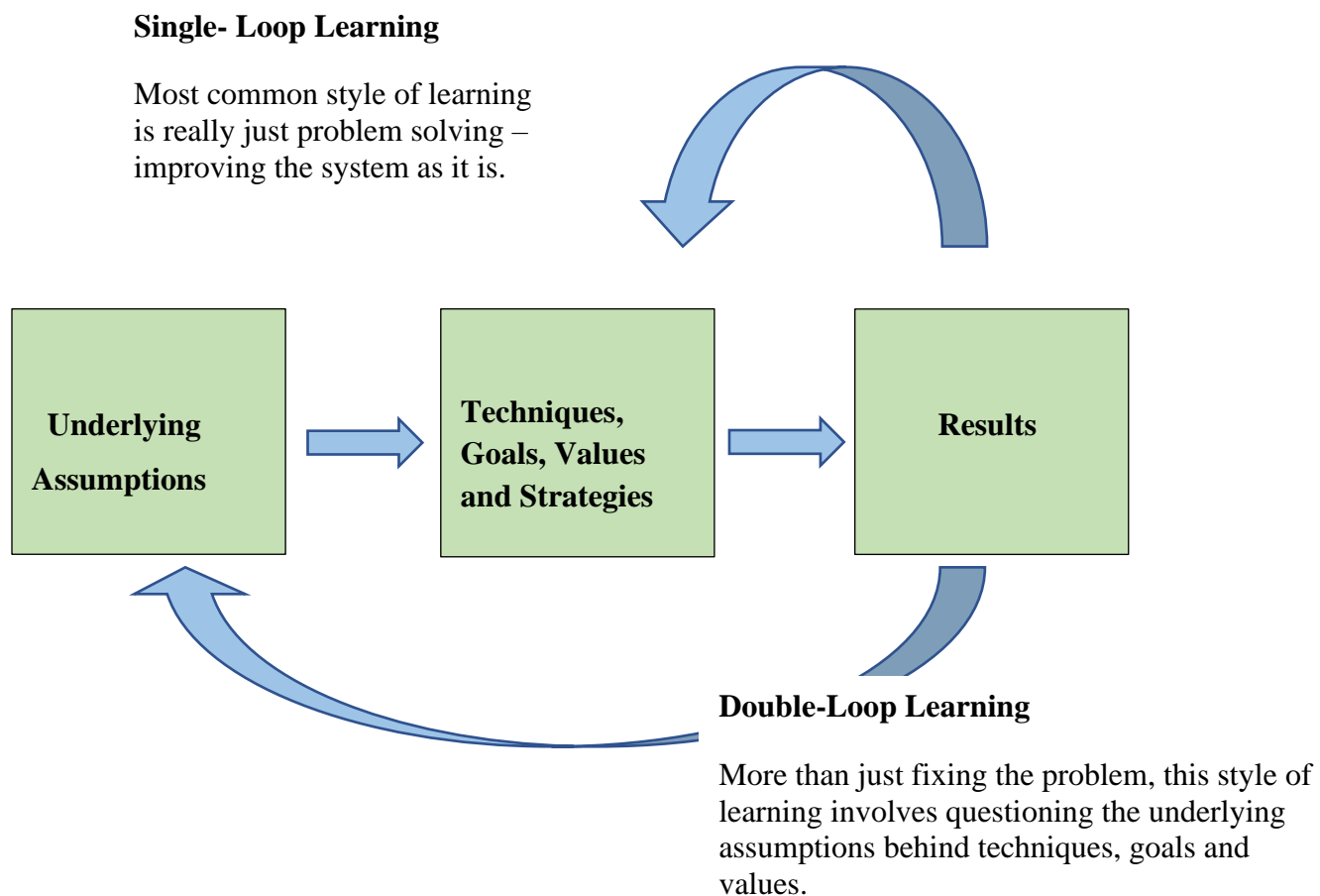
Figure 4: Single-Loop – Double-Loop Learning (Argyris, 1976)

The double loop-learning model of Argyris (1976) involves an in-depth
organisational change of the whole organisational practice and thus should be
applied to child protection processes. Tiotto, a senior civil servant in correspondence
2014, cited in Lane, Munro and Husemann, (2016 p. 622) commented on its use by
Munro in her review:

"The concept of single and double loop learning was critical to the long-term beneficial impact of the review, in that it enabled those working in the system to understand the damaging effects of a compliance culture derived from single loop learning and the benefit of recalibration from feedback that is only possible with double loop learning" (Tiotto, 2014).

Thus, Munro employed these different systems thinking approaches to examine the activities, culture, effectiveness and social relations of the child protection sector in order to make recommendations for successful reform.   With this analysis, Munro delivered an organisational change system map using a blend of systems thinking approaches that produced insights and underlying reasoning and highlighted the issues that needed to be addressed; this provided an organising framework for the recommendations to be made to the government for organisational change (Lane, Munro and Husemann, 2016).

3.2.3 Implementation of the systemic unit model

Limited information could be found in the literature on the implementation stages of the systemic unit model. Goodman and Trowler claimed that when they began implementing the systemic unit model in London in 2008 the willingness of individuals to take a principled and organisational stand on not only what was wrong, but also what needed to be done to reclaim social work, made their position unique (Goodman and Trowler, p. 161, 2012). They began by holding conferences and introducing the change programme to social workers in Hackney, then launched the change programme across the country, setting up a project team to implement the change programme. The Local Authority where this study was conducted implemented the systemic unit model in 2012, thus demonstrating a commitment to systemic practice'. At the same time, in 2012, the government accepted in full ten of the recommendations in Munro's final report, (2011b) and five of the recommendations in principle, and responded with timescales for implementation (Lane, Munro and Huseman, 2016).

3.3 How does the systemic unit model work?

In their book, "*Social Work Reclaimed: Innovative Frameworks for Child and Family Social Work Practice*" (2012) Goodman and Trowler describe in detail how the systemic unit model works. Forrester et al.'s (2013) evaluation report of systemic units in child protection best summarises how the systemic unit model works.

Forrester, et al., (2013) stated that this model begins at the Local Authority level, enabling general and specific conditions based on organisational values for the delivering of children's services. The approach consists of a unit with reduced caseloads and having six key elements:

- Practitioners share work
- Practitioners have case discussions
- Each unit has a unit coordinator
- The unit takes a systemic approach
- Units encourage skills development
- Practitioners have different roles

However, this explanation of how the systemic unit model works focuses on organizational structure within a Local Authority that enables the creation of a structure of units to practice social work, the hypothesis being that this will result in better outcomes for service users (see figure 5). Forrester, et al., (2013) argue that these elements result in positive influences on practice by improving assessments with an associated increase of better-quality work with service users; they link these improvements in assessments and quality of work to hypothesised outcomes based on qualitative comments from practitioners.

Local Authority · Unit/Team · Practice · Outcomes

Local Authority

Authority enabling conditions

Children's Services enabling conditions

Values

Unit/Team

Reduced caseload

Unit model characteristics:

Shared Work

Case discussion

Unit Coordinator

Systematic approach

Skills development

Other roles

Practice

Features of practice:

More work with clients

Better work with clients

Better assessment

Outcomes

Hypothesised outcomes:

Fewer serious incidents

Cases closed quicker

Reduced entry to care

Unsure what happens to non-allocated cases

Evidenced outcomes:

Better engagement

Reduced aggression

Parental approval

Increased agreement

Figure 5: <u>How the systemic unit model works</u> (Forrester et al., 2013, p. 188)

Although this diagram is a valuable illustration of the flow of the structure of an organisation that employs the systemic unit model, the description of how the model actually works in the day-to-day practice is unclear. Goodman and Trowler (2012) described how the units are expected to work. They describe how social workers function within a small multi-skilled team called a "Unit". The unit is the most distinctive component of the systemic unit model where multidisciplinary groups of practitioners co-work a caseload. This offers a more collaborative team-based approach with all practitioners being familiar with all the cases in the unit. Although cases are formally allocated to the consultant social worker who is ultimately responsible for each case and for ensuring the direction of the work, cases are given to a lead worker from the unit (Goodman and Trowler, 2012). The unit members come together in weekly unit meetings to discuss their casework and offer a variety of different skills and perspectives on the work with service users.

We now turn to Goodman and Trowler's (2012) description of their expectations of the unit members and of practitioners' tasks, what should happen in the unit meetings, and a short description of the systemic approach of practitioners.

3.3.1 The structure of the unit as envisaged by Goodman and Trowler (2012)

The unit consists of five practitioners, a consultant social worker, two social workers, either a family therapist or a clinical practitioner and a unit co-ordinator (see figure 6).
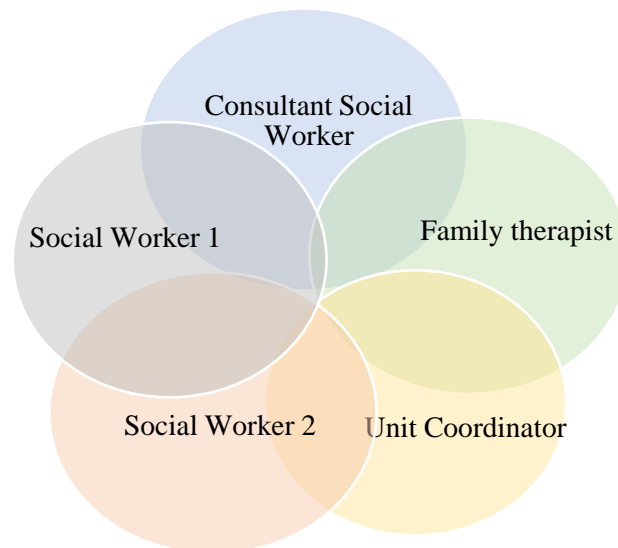
Figure 6: <u>The social work unit structure</u> (Goodman and Trowler, 2012)

The consultant social worker (CSW) leads the unit, has overall responsibility for the allocated cases, facilitates weekly case management meetings, supervises the social work practitioners and works directly with families.

The main tasks of the unit co-ordinator (UC) are to ensure the smooth running of meetings, to make arrangements such as visits for the practitioners in the unit and to undertake all tasks that do not warrant a qualified social worker. This would include completing administrative duties such as managing the diary of practitioners, "setting up children's medical and dental appointments, arranging holiday activities, making sure the correct papers are available in the right format at the right time, recording case discussions and decisions taken in the unit meetings, arranging basic things for children, young people and families, and producing support systems which enable the unit to track timescales for statutory visits, reviews and court directions" (Goodman and Trowler, 2012, p.20).

The tasks of the family therapist or the clinical practitioner (Clin) are to enhance and extend the social work role by offering a range of appropriate family focused mental health interventions and to assist the unit meeting by making space for a contextual and relational understanding of family difficulties, by maintaining a focus on clinical and systemic thinking. The clinician will also carry out clinical interventions with families.

Two social workers (SW) in collaboration with the other unit members carry out the casework with the families. Additionally, a group manager line manages the consultant social worker, although he/she does not necessarily attend all unit meetings. The key task of the group manager is to provide the best possible conditions for enabling the unit to be successful and to create an infrastructure and a culture that supports and develops the unit (Goodman and Trowler, 2012). When group managers attend meetings, they should assess the quality of professional discussions and the decision-making processes.

The intention of the unit structure is that professionals will share responsibility, using each other's skills to understand cases as well as sharing cases to relieve pressure on individual social workers (D'Arcy, 2013). The whole team has knowledge of what is happening with a family and casework is not brought to a halt because of the absence of the allocated social worker. The importance of this structure is that the roles within the unit are flexible with tasks being allocated to practitioners based on their skills, experiences and practice interests. All practitioners are expected to attend the weekly unit meeting.

3.3.2 Unit meetings as envisaged by Goodman and Trowler (2012)

The unit meetings are used as the main mechanism for practitioners to explain what they do using interaction, reflection and the discussion of cases in order to make collaborative decisions. Goodman and Trowler (2012) stated that every case should receive attention, involving a discussion that is balanced between reflective, analytical and hypothetical thinking with action focused and goal-orientated case planning. Unit meetings are also seen as a mechanism for case supervision where discussions lead to debates, reflection, decision-making and support (Goodman and Trowler, 2012).

Thus, high quality, effective and accessible supervision is of great importance in the systemic unit model in order to support social workers in putting into practice the critical thinking required to be able to understand cases holistically, complete analytical assessments, and weigh up interacting risk and protective factors (Brandon, 2008). In chapter 4 I explore effective supervision further.

The consultant social worker (CSW) leads the unit meetings. The role of the CSW is more of a leadership role than a management role (Goodman and Trowler, 2012). The CSW is aware of each child's situation and is responsible for the direction of work with a child (Goodman and Trowler, 2012). Moreover, the role of the CSW is to nurture the unit for practitioners to feel "comfortable in being curious and willing to explore varied hypotheses in respect of young people and their systems" (Goodman and Trowler, p. 97)

The clinician's input of a contextual and relational understanding of each family results in unit meetings becoming a place in which such understandings can be thought about and discussed (Goodman and Trowler, 2012). The meetings have a specific agenda and each case is discussed according to an assessment framework. The framework focusses on four domains:

- What are we worried about – past harm, current and future danger
- What's working well   – strengths, existing and future safety?
- Judgment   – current safety of the child
- What needs to happen   – required outcome and next steps (Munro, 2012, p. 36).

This assessment framework is similar to the assessment and planning form of the "Signs of Safety" approach to child protection casework. The "Signs of Safety" approach is adopted widely by local authorities (Baginsky, M., Moriarty, J. and Manthorpe, 2019), and is used by frontline practitioners as an assessment tool. The "Signs of Safety" approach, which is a strength-based approach, involves building relationships with families, but most importantly between different professionals (Stanley and Mills, 2014). Within the "Signs of Safety" approach frontline practitioners use a risk analysis framework assessment tool, which is seen as robust and rigorous, as it considers family strengths and resources during the risk assessment

(Stanley and Mills, 2014).   However, it has been argued that there are concerns about the unrealistic expectations that frontline practitioners can, using a risk assessment tool, eliminate risk (Littlechild, 2008). The "Signs of Safety" approach was developed throughout the 1990s in Western Australia and created by Turnell and Edwards (1999) in collaboration with over 150 West Australian child protection workers (DCP, 2011). The approach focuses on creating a constructive culture around child protection organization and practice (DCP, 2011). At the heart of the "Signs of Safety" approach is the use of specific practice tools and processes, which allows professionals and family members to engage with each other collaboratively addressing situations of child abuse and maltreatment (DCP, 2011). Thus, this strengths-based and safety-organized approach to child protection work is grounded in partnership and collaboration with other health care professionals. According to the reviews carried out by Laming (2009) and Munro (2011), collaboration or working together on vertical and horizontal levels are recommended, which is what Goodman and Trowler (2012) claim to encourage with the systemic unit approach.

3.4 Chapter summary

In this chapter I have presented an understanding of basic social work theories and organizational change theory underpinned by systems theory which can be used in order to change the structure of social work practice. I explored the analytical journey of developing the systemic unit model underpinned by the McKinsey 7S's model and the use of the single and double loop learning of Argyris (1976). I explained how Munro (2011) used a blend of systems thinking approaches. The McKinsey 7S's conceptual framework provides a means of understanding the different components of the whole system of an organisation. These different components are interdependent, thus, to ensure an organisation to achieve its objectives, attention must be given to the whole system. I argue that exploring these elements of the underlying theories of the development of the systemic unit model and the structure of the unit is essential background to this study.

The understanding of these theories assisted me in my research to explore the complexity of the interactions, relationships, and the collaborative structure of

working that brings about change on the basis of shared values both at organisational and operational levels. This understanding informed study and underpinned the carrying out my observations and interviews.

In the following chapter I review and critique previous research on the systemic unit model; this contributes to the development of this research and identifies the gaps in previous research.

Chapter four

Literature review

4.1 Introduction

The purpose of this study was to begin to fill the gap in the research literature regarding what is known about the experiences of practitioners working in the systemic unit model. This chapter presents and overview of the literature within which the study of the systemic unit model is situated, mainly to access what is already known about the systemic unit model.

4.2. Search strategy

As the systemic unit model was initially introduced to me as the unitary supervision approach, my initial focus was on approaches to supervision and so I began my search inquiry focusing on models of supervision. However, through my reading of the literature I discovered that whilst the systemic unit model uses the unit meeting as a means of supervision there were many other aspects of the systemic unit model that revealed themselves as a social work practice model especially as part of the reclaiming social work initiative. During this continuous inductive process of the literature review I refocused my search on the literature around reclaiming social work, the Hackney model, systemic supervision, and reflective supervision. In the literature that I have identified, and in addition to other general articles there were five evaluation studies that directly address the implementation of the systemic unit model, which I regarded as relevant to my study. Moreover, I identified major themes from my critical reading of the literature and uncovered key concepts such as: leadership; supervision; reflective practice in social work; proactive child protection and prevention; practitioners' qualities and skills; group dynamics; office and work environments; and stress and anxiety in social work practice. It is these concepts that form the backbone of my review.

I do not claim that these are distinct features of the systemic unit model, but argue that these are key concepts that informed my study as they are themes identified during the review of the literature relating to the systemic unit model

Furthermore, my review of the literature includes an exploration of the history of social work. As this was a newly developed model based on systems theory, I explore systems theory, and specifically the development of the systemic unit model as discussed in chapters two and three.

The following search words were entered:

('Systemic 'AND 'Unit' AND 'model') OR
('Reclaiming' AND 'Social work') OR
('Hackney' AND 'model') OR
('Systemic' AND 'Supervision') OR
('Systems' AND 'Reflective' AND 'Supervision') OR
('Systems' AND 'practice') OR
('Systemic AND 'thinking') OR
('Family' AND 'Therapy') OR
('Social work AND 'Services')

A range of information was obtained by using the following databases: ASSIA, SAGE, SCIE, SCOPUS, Social Policy and Practice, Taylor & Francis, Wiley Online Library, NSPCC Library, Journal of Inter-professional Care, European Journal of Social Work, The Conversation, and Cochrane library.

Inclusion criteria:

Language	English
Date range	1990 -2017
Literature	Peer reviewed reports
	Peer reviewed articles Books on
	Reclaiming social work
Disciplines	Health and Social Care
	Nursing
	Psychology

I used a snowballing approach from the reference lists of relevant articles and reports (Bryman, 2008). Frequently occurring author names such as Munro, Forrester, and Cross were then further investigated for relevant literature relating to the reclaiming social work initiative.

I also explored government documents, reports and evaluations, and position pieces, relating to the reclaiming social work initiative using the following websites:

- Social Care Institute for Excellence,
- Department of Education UK
- LSE Research Online (London School of Economics, which is unique in its concentration on teaching and research across the full range of social, political and economic science)

I signed up for alerts from Google Scholar, Sage Publishing, Social Care Institute for Excellence, NSPCC Knowledge and Information Services and Ofsted. Consequently, I received regular new citations of Munro, updates on new books in social work and full reports and article abstracts on the latest development in social work practice, which ensured that I was kept informed of the latest and most current literature on the topic.

Throughout the review of the literature I constantly identified and reviewed the research methods employed by other researchers, the effectiveness of these methods and their limitations and strengths. It was this knowledge that assisted me in developing the most appropriate design for my study (Bryman, 2008). Furthermore, my review of the literature was an ongoing process, thus helping me to develop my conceptual framework and to plan research methods and data analysis and interpretation (Bryman, 2008). My study differs from other evaluative studies of the systemic unit model in that it focuses on the application of the model in a specific Local Authority, not at a strategic level but at the individual unit level, the unit meeting as a mechanism of supervision, and most importantly focuses on the perspectives and experiences of practitioners in a unit. As such, this is not an evaluation study of outcomes for service users, but rather investigates the processes of the systemic unit model from the perspectives and experiences of practitioners.

Thus, the research questions are:

1.   How is the systemic unit model applied in social work practice in a specific Local Authority?
2.   What are the experiences and perspectives of practitioners on the application of the systemic unit model at a Local Authority?

4.3 Context

From the mid-1990s it became apparent that there were serious problems in relation to professional social work practice and a series of initiatives were implemented to focus on improving services (Forrester, et al., 2013). Examples of these include "*Looked after Children*", and the *"Integrated Children's System*" (ICS) (Forrester, et al., 2013). The Laming report *"The Victoria Climbié Inquiry"*, (2003) identified serious problems in Children's Services and made recommendations to restore and improve child protection (Laming, 2003). Following the death of Peter Connelly in 2007, Laming's report *"The Protection of Children in England: A Progress Report"* (2009) stated that many of the recommendations in his earlier report were never implemented. This, together with other high-profile child death enquiries led to the commissioning of Munro in 2010 to review child protection services.   In her final report "*The Munro Review of Child Protection: A Child Centred System"* (2011), Munro identified the "Reclaiming Social Work Model" also known as the systemic unit model, as a best practice model. It is important to note that in 2012 Goodman and Trowler published their own account of the development and implementation of the systemic unit model. Their book *Social Work Reclaimed: Innovative Frameworks for Child and Family Social Work Practice*, (2012) sets out their perspective on the rationale and practice of the systemic unit model as developed and implemented in Hackney.

4.4 Five previous evaluation studies on the systemic unit model from 2010 - 2017

4.4.1 Introduction

In addition to other general articles, the literature search identified five studies that directly evaluate the systemic unit model; Cross, Hubbard, and Munro, (2010); Forrester, Westlake, McCann, Thurnham, Shefer, Glynn and Killian, (2013); D'Arcy (2013); Wilkinson, Mugweni, Broadbent, Bishop and Akister, (2016) and Sebba, Luke, McNeish and Rees, (2017).

Seba et al.'s (2017), report was the final evaluation commissioned by the Department for Education's (DfE) Children's Social Care Innovation Programme (see Chapter 2). I conclude the exploration of these five studies in a table comparing the methodology and methods used, the aims of the studies, the participants, their positive and negative findings, the strengths and limitations of these studies, recommendations and implications for practice and further research.

The five evaluation studies were carried out in different Local Authorities which has implemented the systemic unit model. The specific aims of each of these studies are as follows:

- Cross, Habbard and Munro, (2010) - An evaluation addressing organisational culture, social work processes and outcome
- Forrester, et al., (2013) - An evaluation of the potential contribution that the system unit model can make to the social work profession; identified some of the limitations of the model
- D'Arcy, (2013) - An evaluation of practitioners' early experiences of the system unit model, as it was newly implemented in the Local Authority where the study was conducted.
- Wilkinson, et al., (2016) - An evaluation of the effectiveness of social work services at improving mental health, wellbeing and family functioning. Acceptability of this model of social care to client families and professionals working within this model.
- Sebba, et al., (2017) - An evaluation of the quality of services and whether Local Authorities achieve better value for money; it describes and evaluates the initiative as a whole.

Overall, the evaluation studies are generally positive about the effectiveness of the systemic unit model. However, Jones (2014) claims that he experienced how the systemic unit model could lead to service implosion. Currently the professor of social work at Kingston University and St George's, University of London, but previously a social worker and former Director of Social Services, Jones oversaw for two days each week child protection improvement in areas rated as 'inadequate' by Ofsted. In his book, '*The Story of Baby P: Setting the Record Straight'*, (2014), Jones stated that he worked in a Local Authority and had knowledge of two other Local Authorities which explored the systemic unit model, but found that it was too expensive to implement and too insecure. However, Jones did not deny the potential benefits of the systemic unit model but suggested that there was a need to reflect and evaluate its lack of resilience and sustainability with small groups of practitioners (Jones, 2015). Jones's concern was that if one or two members of a small work unit were absent or if there was a vacant post, the unit's capacity to work effectively could be critically challenged. Forrester et al., (2013) had earlier highlighted similar concerns in their comparative evaluation study of the systemic model in three Local Authorities.

A further concern highlighted by Jones (2014) was that a consultant social worker has the responsibility of a caseload with sometimes over 60 children, which has the potential to cause a great deal of stress leaving the consultant social worker with little time for supervision of the unit practitioners.

On the other hand, John (2014), who worked in the systemic unit model as a consultant social worker, reviewed the book "*Social Work Reclaimed: Innovative Frameworks for Child and Family Social Work Practice* by Goodman and Trowler, (2012), and said she found the creation and implementation of the new systemic unit model inspirational (John, 2014).

Goodman and Trowler were aware of the previously identified problems of social work practice, such as excessive caseloads, the abuses of power, the overwhelming realization of unmet needs of service users and the absence of emotional containment for practitioners (Goodman and Trowler, 2014). With the "Reclaiming Social Work"

project, they attempted to capture the potential for good social work practice. John, (2014) stated that in her opinion social workers believed this was possible, although the lack of resources, media criticism, organizational anxiety and inadequacy of training made it difficult to achieve.

Pendry (2012), cited in Goodman and Trowler, 2012, stated that whilst working in the systemic unit model practitioners are exposed to the immense pressure of service demand and might easily fall back on traditional methods of practising social work (Pendry, 2012). At the same time Pendry (2012) commented that:

> "The systemic approach is a good fit with the statutory social work context of children's social care and is an evidence-based approach that is shown to be effective in making change with a variety of presenting difficulties typical of a children's social care service" (Pendry, 2012, p.32).

The focus of the systemic unit model is on preventative work and on the building of strengths within families (Goodman and Trowler, 2012). Goodman and Trowler (2012) argue, based on the evaluation of the Human Reliability Associates and London School of Economics and Political science (Cross, Hubbard and Munro, 2010) of the systemic unit model that:

> "The systemic unit model produced an organisational culture of reflective learning and skill development, openness and support and most importantly, the re-establishment of a family focus within statutory social work". (Goodman and Trowler, 2012, p.11).

Goodman and Trowler (2012) claimed that the implementation of the systemic unit model in Hackney resulted in a variety of benefits; the unit coordinator's responsibilities led to a significant reduction in social workers' administrative burdens; the systemic unit model meeting resulted in better decision making processes by practitioners; there was more consistency and continuity of care; and there was improved interaction between families and professionals. Goodman and Trowler (2012 p.10) claim that the systemic unit model demonstrates "one successful way of reforming social work which produces not just a happier workforce but, more importantly, happier children, young people and families". This book, of course, was not a piece of research as such, but the authors' perspective on the impact of the

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implementation of the systemic unit model in Hackney. Munro, however, endorsed the book and commented that previous efforts to reform social work with children and families had created an unbalanced system as performance indicators and procedures gradually wore away creative professional social work (Goodman and Trowler, 2012).

I now present the five evaluation studies:

4.4.2 Cross, Hubbard and Munro (2010)

Human Reliability Associates and the London School of Economics were commissioned by the London Borough of Hackney to conduct an evaluation of the impact of Reclaiming Social Work (Cross, Habbard and Munro, 2010, p. 1). As noted, the systemic unit model was first implemented in Hackney, in 2008 and the evaluation study was carried out at the end of the implementation period, 2010, when the organisation switched from traditional style teams to the new unit teams. Thus, it gave the evaluation team the opportunity to make comparisons between practitioners in unit teams and the practitioners from traditional teams and between the services before and after the implementation of the systemic unit model.

With an ethnographic approach, their evaluation addressed organisational culture, and social work processes and outcomes. This was a mixed method comparison study between systemic units and traditional social work teams and was conducted over a period of two years; survey tools and questionnaires, interviews and observations were used as data collection methods Cross, Hubbard and Munro., (2010). Cross, Hubbard and Munro, (2010) claim that there are significant positive differences between social work in systemic units and traditional systems. They found that the systemic unit model has an organizational culture that supports reflective learning and skill development and that the approach of sharing cases in the units provides support and openness and re-establishes social work that primarily focuses on the family. The social work processes in the systemic unit model included better decision making, enabled by the encouragement of reflective practice and the mix of skills of different practitioners bringing new perspectives. Cross et al

(2010) noted improved interaction with families and other professionals, better continuity in care, the reduction of constraints on practice and the reduction of the burden of administration tasks for social workers due to the support provided by the unit coordinator. Cross et al. (2010) examined the outcomes, using concrete measures, and found that the systemic unit model resulted in a fall in the number of looked after children, fewer staff absences and an improvement in placement stability with very low numbers of children in residential care. Multi agency working improved which led to positive benefits for other professionals who welcomed the change (Cross et al., 2010). For Cross et al., (2010) the most important part of the change was that the focus of social work in the units was primarily on the family. They also found that this approach supported reflective learning and skills development through sharing case management. They concluded that their study supports and confirms that the systemic unit model is valuable and that it has positive impact on practice.

The robustness of this study lies in the fact that it was over two years and a mixed-methods study. The surveys included the organisational culture and working practices that influence social work whilst the questionnaires covered the quality of case preparation for court, the family network of social workers, and the experience of the service users. Structured interviews were used to confirm the survey and questionnaire data as the interviews focused on the unit, team and management perspective of culture, practice and outcomes as well as the professional views of social workers in practice. Cross et al (2010) also collected the views of families on social work practice and family outcomes and service users' experience of their interactions with the units. There was, however, a relatively small sample of families (n=17), which brings the robustness of this aspect of the study into question. The authors themselves acknowledged that the sampling of service users was problematic, that samples were small, and that they needed to treat their conclusions with caution, although within the sample the participants' positive responses were consistent.

The ethnographic observation was conducted in the context of front-line practice. This observation was over four days and in two units; in a longitudinal study such as

this, observation could have been over a longer period and in more units, thus enabling the researchers to collect more trustworthy observational data.

For this reason, Forrester et al. (2013) questioned the robustness of this study. Additionally, Forrester et al (2013) argued that the responses of the participants could have been influenced by the fact that the systemic unit model was a new innovation and Hackney recruited "new, enthusiastic and highly skilled staff" to the units (Forrester et al., 2013, p.13). Cross et al. (2010) however, acknowledge constructive criticisms and the persistence of difficulties in caseload management, but overall, they conclude that the implementation of the systemic unit model in Hackney had been successful.

4.4.3 Forrester, Westlake, McCann, Turnham, Sheffer, Glynn and Killian (2013)

Forrester et al. (2013), in their evaluation of the systemic unit model, concluded that it had great potential and offered one of the most profoundly different ways of delivering children's services. The study by Forrester, et al., (2013) was a mixed method quantitative and qualitative comparative study, conducted in three Local Authorities of which one had implemented the systemic unit model. The strengths of this study lie in the fact that data was collected from a range of people, including social workers, families, administrators and managers, giving the opportunity to develop insight into the different perspectives of all involved; data collection methods used included in-depth interviews, observations, several hundred informal interviews, standardised instruments, family questionnaires and simulated social work interviews (Forrester, et al., 2013). Forrester, et al., (2013) argue that the sample and data collection methods produced challenging findings and reliable data. In addition, extensive observations were undertaken over a 46-week period in two Local Authorities looking at how social work was practiced. As the authors identify, some aspects of the study relied on limited data and small samples; for example, the family data are limited as the response rate was poor.

Forrester et al.'s (2013) research study focused on the potential contribution that the systemic unit model can make to the social work profession and addressed some of its limitations. They found that practitioners spent more time with families, and the consultant social worker had more contact with service users than deputy managers in the traditional team structures. Furthermore, practitioners in the systemic units delivered a more consistently high quality of direct work with families. Forrester, et al., (2013) found that "the process of assessments in systemic units suggested that the units were likely to produce more consistently high-quality assessments than more conventional approaches" (p.174). The research also found that practitioners were less stressed and anxious and found their work more rewarding and enjoyable. Practitioners also had greater confidence in their assessments, showing higher levels of communication skills than practitioners in the traditional teams. Families also reported feeling more positive about practitioners and services. One limitation of the systemic unit model reported in the study was that it was potentially an insecure system vulnerable to failure, because "any weak links caused by personality or circumstance are likely to lead to break downs in work assessment" (Forrester et al., 2013, p.186).

The researchers claimed that their contribution is a clarification of the nature of the changes involved in the systemic unit model and possible impacts of outcomes for children and their families. They recommended further studies look more specifically at particular elements of the impact of systemic units, such as an exploration of more specific context or mechanism, and that an important contribution would be to examine the partial implementation of the unit model in one or more Local Authorities. This would allow previous findings of evaluation reports to be elaborated upon and tested (Forrester et al., 2013). Forrester et al. (2013), claimed that it is "far from the final word" on the "Systemic Unit Model" or "Reclaiming Social Work".

4.4.4 D'Arcy (2013)

D'Arcy's (2013) study was a small qualitative study conducted in a Local Authority that had recently implemented the systemic unit model and focused on the evaluation

of the systemic unit model by studying the early experiences of eight social work practitioners. The overall findings were that child protection social workers indicated that the systemic unit model was effective and enabled good working practices. Workers identified that the unit structure facilitated collective thinking and the weekly unit meetings gave more analytical and insightful supervision. They valued the sharing of experiences there, shared responsibility and a greater transparency in practice. Administration tasks were completed by unit coordinators, meaning that practitioners could spend more time on direct work with families. D'Arcy found that participants experienced a need for better training in the systemic unit model and a slower transition from the traditional way of working to the systemic unit model (D'Arcy, 2013). D'Arcy (2013) acknowledged the limitation of the small scale of his study and recommended further research that represents all the different aspects of children's services by which he meant, Assessment Services, Child in Need and Looked after Child Services

4.4.5 Wilkinson, Mugweni, Broadbent, Bishop, Akister and Bevington (2016)

Wilkinson et al. (2016) conducted an evaluation study of one Local Authority where the systemic unit model was implemented. The aim of their study was to evaluate how effective social work services were at improving the mental health, wellbeing and family functions, as well as how acceptable this model of social care is to client families and other professionals.

This was a mixed methods study that included surveys, using questionnaires to collect quantitative data from families and practitioners about their experiences of and attitudes towards the "Social Work Working for Families" (SWWFF) transformation. The researchers also collected qualitative data, and conducted detailed interviews with client families, unit professionals, social care managers and managers of partner organisations, exploring their experiences of and attitudes towards the SWWFF.

The strengths of this study lay in the in-depth interviews carried out with four participant groups that represented a comprehensive cover of individuals involved in

the SWWFF, followed by a detailed qualitative thematic analysis. However, limitations were that it was not a longitudinal study and that there were difficulties in recruiting families as participants. Thus, the researchers were unable to evaluate whether the outcomes for families had improved as a result of the introduction of the systemic unit model. Positive findings were that families felt they were listened to and practitioners experienced that the systemic unit model led to decreased risk for children and families. Additionally, the unit structure resulted in practitioners feeling better supported with more ideas available to develop intervention with families. Practitioners overwhelmingly preferred the systemic unit model and saw the diversity in the unit as beneficial. Managers felt that social work practice was more transparent and that the practitioners' theoretical and knowledge base had improved. Partner agencies felt that the units were more positive and better informed, easier to access, that the strengths and positives within families were identified by using theoretical perspectives, and that the systemic training led to improved quality of social work practice (Wilkinson et al., 2016).

The negative findings were that practitioners had high expectations of delivering services to families that they could not always achieve. The recruitment of practitioners was difficult, practitioners were moved between units, and the role of the clinician was not clear. Thus, recommendations were made to facilitate practitioners to set realistic expectations for families, to consider the optimal unit size and develop ways to reduce staff movement between/from units and to recruit new practitioners. They further recommended that there should be development of strategies to manage demand, clarification of the role of the clinician, an increase in the continuity of care for families, improved training in management for the consultant social workers and in systemic practice for social workers, and continued development of clearer interagency work. No recommendations for further research were included in the report.

4.4.6 Children's Social Care Innovation Programme final evaluation report, **Sebba, Luke, Mcneish and Rees (2017)**

As previously indicated, in 2014 the DfE set up the Children's Social Care Innovation Programme. This was a response to McKinsey's work on features of promising practice systems and drew on the Munro review report, *"The Munro Review of Child Protection: A Child Centred System"* (2011) (Sebba, et al., 2017). The conclusion of the Munro review report in 2011 was that the ineffectiveness of social work practice was the result of local structures and regulatory frameworks which focussed too much on avoiding risk with the use of consolidated and harmonized sets of compliance controls. Thus, Munro's 2011 report proposed a focus on national and international evidence to drive practice improvements (Sebba et al., 2017, p.5). The purpose of the Innovation Programme was to kick start new approaches to deliver significant and sustained improvement in child and adolescent social care services and support local efforts to transform child and adolescent social care services by providing professional support and tailored funding to Local Authorities (Sebba et al., 2017).

In a timeframe of 10-18 months 45 evaluation projects of the Children's Social Care Innovation Programme were undertaken by the Evaluation Coordination Team at the University of Oxford (Sebba et al., 2017). The robustness of this research lies in the fact that the research was done from more than one standpoint, using multiple methods, multiple research evaluation teams, and multiple data sets that enabled triangulation. The evaluation teams collected data using mixed methods, RCTs, gathering data from interviewing service users, social workers and other practitioners. The evaluation teams had an evaluation coordinator who set a strategic direction and expectations, by creating an evaluation framework for data collection in the Local Authorities and a data checklist. Moreover, twenty-two evaluation teams with specialist skills and experience in children's social care evaluation were formed. Their evaluation plans were reviewed against the Early Intervention Foundation (EIF) "Evidence Standards". These were comparison studies across projects, between Local Authorities using different social work practice models. The evaluation teams described and evaluated the initiative as a whole.

The findings revealed that Local Authorities using the systemic unit model consistently demonstrated that the quality of services had improved since the implementation of the model. This included improvements in staff knowledge, attitudes and self-efficacy and increased job satisfaction, which were reflected in reductions in absence rates and reduced use of agency staff. There was strong evidence of improvement in social worker turnover. Some Local Authorities who intended and planned to reduce caseloads, managed to do so. The researchers claimed that these improvements could be attributed to systemic practice as a theoretical underpinning as it informed conceptual practice frameworks which in turn translated into practitioner engagement in high quality case discussion. The case discussions were family focused and strengths-based thus building the family's capacity to address their own problems more effectively.

These Local Authorities were well resourced, with strong administrative support, training being organised in small teams with a group of professionals sharing each case. As well as many reflective group supervision meetings, practitioners received more supervision time from consultant social workers and/or clinicians. Nearly half of the projects reported that the Local Authorities achieved better value for money (Sebba et al., 2017). Thus, the report's recommendations for practice are that social service providers should consider the features of promising practice including:

- Using a systemic, family-focused, strengths-based approach that supports families and young people to take more responsibility for their own lives
- Multi-professional working that involves a wide range of services including specialist workers in substance abuse, domestic violence, mental health, child sexual exploitation (CSE), female genital mutilation (FGM) and offending to make a distinctive but synthesized contribution to case reviews and decision-making.
- Providing consistent support to parents, young people and foster carers through one consistent 'key worker'
- Maximizing direct contact with families and young people that is flexible and reflective
- Providing high quality social work supervision from clinicians or consultant social workers
- Maximizing education, employment and training (EET) for young people: Providing support and training opportunities for those transitioning from care, so that they can find and maintain EET; this should be a condition of participation in the project

- Using short-stay residential provision but resisting financial drivers to fill beds (Sebba et al., 2017, p. 9)

The Children's Social Care Innovation Programme plans to carry out further evaluations in a Wave 2 research project over a longer period. This will provide the opportunity to increase the quality of the evaluations and achieve more robust findings on the impact of the systemic unit model. It will allow them to undertake scale and spread activities to test the systemic unit model's transferability (Sebba et al., 2017). The Wave 1 evaluations not only informed the DfE how to increase the quality of their Wave 2 and 3 evaluations, but also helped them to identify seven practice measures and seven outcomes to research further. Sebba et al. (2017) suggest further examination of seven practice measures:

- Strengths-based practice frameworks
- Systemic theoretical models
- Multi-disciplinary skills set
- High intensity/consistency of practitioner
- Family focus
- Skilled direct work
- Group case discussion.

They also suggested further evaluation against seven outcomes:

- Creating greater stability for children
- Reducing risk for children
- Increasing wellbeing and resilience for children and families,
- Reducing days spent in state care
- Increasing staff wellbeing
- Reducing staff turnover and agency rates
- Generating better value for money (Sebba et al., 2017, p. 10-11).

The DfE believes that these practice measures are crucial for transforming social work practice and outcomes for children and families. Some of the evaluation projects in Wave 1 will be continuing in Wave 2. These evaluations are the core component of the "Social Care Innovation Programme" The DfE wanted evidence of what works, for whom and under what circumstances, enabling it to improve children's social care services, and to provide an evidence base to demonstrate this to practitioners, service managers and other children's social care providers.

4.4.7 Summary and conclusion of the five evaluation studies:

Overall, the five evaluations of Cross et al, 2010; Forrester et al., 2012; D'Arcy, 2013; Wilkinson et al., 2016, and Sebba et al's, 2017 final overview report of Wave 1 of the Social Care Innovation Programme, have all claimed that the systemic unit model has achieved successful change and improved outcomes.

Through my comparison of these studies, (see table 1) I found that where the results were robust and credible, the contributing factors were:

- A team of qualified researchers conducted the evaluation; (Cross, Hubbard and Munro, 2010; Forrester et al., 2013; Wilkinson, et al., 2016; Sebba et al., 2017)
- The studies of Cross, Hubbard and Munro, 2010 and Sebba, et al., 2017 (the DfE Wave 1 final report, 2017 programme) were longitudinal
- Mixed methods using observation, in depth interviews, questionnaires and RCTs triangulated to provide sound evidence.

The studies had similarities in their aim that was to evaluate the effectiveness of the systemic unit model for child and family social work practice and the outcomes for service users, although D'Arcy's (2013) small-scale evaluative study focused on the experiences of social workers in a Local Authority were the systemic unit model was newly implemented.

The limitations of three studies, Cross, Hubbard and Munro, (2010); Forrester, et al., (2013) and Wilkinson et al., (2016), were that they were unsuccessful in recruiting a good sample of service users, whilst Sebba, et al., (2017) of the Wave 1 project managed to recruit a representative sample of service uses and collect credible data. The success of the latter may have been due to the fact that there was an evaluation coordination team which reviewed and provided feedback on evaluation plans, drafted evaluation reports and supported and challenged the evaluation teams to produce robust evaluations. The evaluation co-ordinator team with an evaluation co-ordinator, a strategic plan and checklist resulted in the evaluations of the Wave 1 programme final report, 2017 being comprehensive and with detailed and focussed recommendations for further research. In two of the other studies, Cross, Hubbard

and Munro, (2010) and Wilkinson, et al., (2016) no recommendations for further research were evident.

All five studies report improved knowledge and skills of practitioners that enabled good and reflective practice. Although only two studies, Cross, Hubbard and Munro, (2010) and Wilkinson, et al., (2016), described the systemic unit model as supportive towards practitioners, all five studies reported the benefits of collective thinking of multi-professionals, better decision making, consistently high-quality assessments and better safety plans.

There were no negative findings reported in the Wave 1 evaluations report, by Sebba, et al., (2017), whereas one of the other studies, Cross, Hubbard and Munro, (2010), reported continuing difficulties in managing high caseloads, Forrester, et al., (2013) reported the systemic unit model to be an insecure system, as any weak links caused by personality or circumstance would be likely to lead to "breakdowns in assessment and work" (p. 186). One study, D'Arcy, (2013), found a need for better training in the systemic unit model and recommended a slower transition from the traditional model to the systemic unit model. None of these studies highlighted that the main mechanism of the systemic unit model was the unit meeting and that this can be seen as a method of supervision, although, D'Arcy, (2014) argued that the weekly unit meetings offered more analytical and insightful supervision.

	Cross et al., 2010	Forrester et al., 2013	D'Arcy, 2013	Wilkinson et al., 2016	Sebba et al., 2017
Methodology and methods	Mixed Methods, comparison evaluation and ethnographic approach. Longitudinal study 2 years Questionnaires, observation and in-depth interviews	Mixed Methods, comparison, evaluation. 11months Questionnaires, In-depth interviews, observation, followed by several hundred informal interviews,	Qualitative evaluation study Time scale unclear In depth interviews	Mixed Methods, evaluation of one LA Time scale unclear Questionnaires and detailed interviews	Mixed-methods, comparison evaluation of 45 projects. Longitudinal over 10 -18 months Randomised control trials (RCTs) interviewing service users, social workers and other practitioners

Aim	Evaluation addressing organisational culture, social work processes and outcomes.	An evaluation of the potential contribution that the systemic unit model can make to the social work profession; Addressed some of its limitations.	An evaluation of practitioners' early experiences of the systemic unit model, as it was newly implemented in the Local Authority where the study was conducted.	An evaluation of the effectiveness of social work services at improving mental health, wellbeing and family functioning. Acceptability of this model of social care to client families and professionals working within this model.	An evaluation of the quality of services; If Local Authorities achieve better value for their money; Describe and evaluate the initiative as a whole.
Participants	Practitioners in social work units and in traditional teams	Three Local Authorities of which one has implemented the systemic unit model. social workers, families, administrators and managers,	Eight social workers in the systemic unit model	Client families, unit professionals, social care managers and managers of partner organisations	Service users, social workers and other practitioners
Positive findings	An organizational culture that supports reflective learning and skill development with the approach of sharing cases in the Units; Support and openness and a re-establishment of social work primarily focusing on the family; Better decision making, as reflective practice is encouraged with the immediate mix of skills of different practitioners bringing new perspectives; Improved interaction with families and other professionals; Better continuity in care; the reduction of constraints on practice; Reducing	Practitioners spend more time with families; Systemic units delivered a more consistently high quality of direct work with families; The process of assessments in systemic units suggested that they were likely to produce more consistently high quality assessments than more conventional approaches (p.174); Practitioners somewhat less stressed and anxious;	Child protection social workers indicated that the model was effective and enabled good working practices; The unit structure facilitates collective thinking; The weekly unit meetings gives more analytical and insightful supervision; sharing experiences their shared responsibility and a greater transparency in practice;	Families felt listened to, practitioners' experience decreased risk for children and families, unit structure make practitioners feel more supported with more ideas available to develop intervention with families. Practitioners overwhelmingly prefer this model; The diversity of the unit is beneficial. Managers felt social work practice more transparent.	Improved quality of services; Improved knowledge of staff, attitudes and self-efficacy; Increased job satisfaction of social workers, reflected in the reduction of absence and reduced use of agency staff; More direct contact with families; multi-professional teams undertaking assessment and reviews of cases achieve

	administration tasks for social workers by the support of a unit coordinator	Practitioners found their work more rewarding and enjoyable; Practitioners had greater confidence in their assessments; Practitioners had higher levels of communication skills than practitioners in the traditional teams; Families more positive about practitioners and service.	Administration tasks done by unit coordinators, means that practitioners spend more time on direct work with families.	Practitioners' theoretical and knowledge base has improved. Partner agencies felt social care units were more positive, better informed, easier to access. Strengths and positives within families are identified by using theoretical perspectives.	better safety planning; Most of the evaluation projects reported cost savings.
Negative findings	The persistence of difficulties in caseload management.	Insecure system and vulnerable to failure, because any weak links caused by personality or circumstance are likely to lead to break downs in work assessment	A need for better training in the model; A slower transition from the traditional model to the new model.	Staff raised expectations of families which they could not deliver	No negative findings could be found in the report
Strengths of study	Longitudinal study and mixed method	Different perspectives of all involved; Different data collection methods, Data analysis, producing challenging findings and reliable data. Intensive observation (46 weeks observing practice in two Local Authorities by six researchers) of social work practice, providing information that could be	An honest account of practitioners' initial experiences of systemic practice and the systemic unit model.	In depth interviews; Comprehensive representative sample; A detailed qualitative thematic analysis	Research teams coordinated by DfE evaluation coordination team; Mixed methods

		interpreted more confidently; Consistency of findings			
Limitations of study	Family sample were small	Limited data on the views of families	A small study	Not a longitudinal study; Difficulties in recruiting families as participants	No limitations could be found
Recommendations	Provides a detailed study of frontline processes to gain deeper understanding how RSW mitigates risks	They claim that their contribution is a clarification of the nature of the changes involved in the systemic unit model and possible outcomes for children and their families.	Tailor-made training for consultant social workers; Consider creating a systemic practice social work programme for social work students at qualifying level; A slower transition from existing model to a new model of social practice. The findings indicate that specific training is important for the development and enhancement of systemic practice skills of practitioners	Clearer interagency working; Facilitate staff to set realistic expectations for families; Consider the optimal unit size; Reduce staff movement between and from units and recruitment; Clarify role of clinician Develop strategies to manage demand; Increase continuity of care for families; Improve training for consultant social worker in management and social worker in systemic practice. Attention to clearer interagency work; Increase of numbers of practitioners in the unit	Social service providers should consider the features of promising practice of the systemic unit model. Support deregulation; Promote the use of a systemic, family-focused, strengths-based approach; Social Service providers should consider the implementation of the systemic unit model

Further research	None found in the report	Further studies to look more specifically at particular elements of the impact of systemic units, e.g. an exploration of more specific context or mechanism, examine the partial implementation of the unit model in one or more Local Authorities to allow previous findings of evaluation reports to be elaborated upon and be tested	Further research recommended in systemic practice that includes all the different social care services.	None found in the report	Further examination of practice measures

Table 1: <u>A Comparison of Evaluation Studies on the systemic unit model</u>

The design and analysis of these evaluation studies, along with their findings, have been particularly helpful in informing my own study. The data collection methods employed have contributed to my decision to use observations and in-depth interviews with a range of practitioners working within the systemic unit model in this study (See Chapter Five, Methodology). Most importantly exploring these studies assisted me in my decision to focus my study on the experiences and perspectives of the practitioners themselves rather than on managers and/or services users. I argue that the experiences and perspectives of service users and managers should be a separate, independent study. From investigating and exploring the literature, the following key concepts are themes identified during the review of the literature relating to the systemic unit model: leadership; supervision; reflective practice in social work; proactive child protection and prevention; practitioners' qualities and skills; group dynamics; office and work environments; and stress and anxiety in social work practice; thus, I review these areas.

4.5 Leadership in social work practice

> *"The key to good decision making is not knowledge, it is understanding. We are swimming in the former. We are desperately lacking in the latter"* (Gladwell, 2002, p. 68.)

There is a wide range of literature available on leadership, but for the purpose of this study my focus is on the leadership with respect to the systemic unit model.

Munro (2011b) stated that in order to reform and support the child protection system, strong and skilled leadership at a local level was needed. Leaders should have a complete knowledge of their organisations and "constantly identify what needs to be realigned in order to improve performance and manage change" (Munro, 2011b, p. 106).

Hence, it is widely recognized that Munro, Goodman and Trowler are the change management leaders in the implementation of the systemic unit model project, and as leaders they were highly influenced by Gladwell's (2002) analysis of the effectiveness of organisations. Developing and implementing the systemic unit model was a process initiated by Goodman and Trowler, and aimed to mobilise practitioners to bring change, more effective outcomes for service users and better support to practitioners (Goodman and Trowler, 2012). Despite the crisis within social work and serious concerns about practice, as leaders, Goodman and Trowler had a vision to enable good social work practice (Karban and Smith, 2010). To realise their vision, their starting position in 2005 was critically to analyze and explore forensically what was wrong with the child protection system and to understand what needed to be done (Goodman and Trowler, 2012). Goodman and Trowler, (2012) identified that there was a failure at the outset in that there was no national vision of what statutory social care should be doing and what it should trying to achieve. Gray (2005) stated that tipping points build momentum for lasting change. They therefore proposed that leadership behaviours at all levels of the organisation would be the most powerful change agent.

Being highly influenced by Malcom Gladwell's Tipping Point analysis, Goodman and Trowler (2012) realized that in order to be successful and sustain growth and

efficiency, an organisation must locate a minimum amount of resources at practice level and management level; this should thus include brave, innovative, creative and dynamic personalities (Goodman and Trowler (2012). Recognising that good leadership includes identifying and recruiting talented personnel, and that a more talented team will outperform a less talented team (Katz and Kahn, 1978), they interviewed and employed highly skilled practitioners and developed several training programmes. As leaders, the key survival strategy for Goodman and Trowler was to surround themselves with like-minded people who all had the same aim, and to spend time with them to think through the evidence base for effective interventions (Goodman and Trowler, 2012). Thus, their aim was to recruit motivated practitioners who were willing to perform to the limits of their ability.

Thus, to a great extent the key element in organisational effectiveness and job satisfaction is leadership. (Huey Yiing, and Zaman Bin Ahmad, 2009). Katz and Kahn (1978) stated that a contributing factor to organizational effectiveness is the broad sharing of leadership functions under almost all circumstances. Hence, organisational effectiveness is the outcome when there exists leadership that is seen as a collective phenomenon, which is a resource for performance. (Katz and Kahn, 1978). Munro, (2011b) also stated that "leadership behaviours should be valued and encouraged at all levels of organisations" (p. 107).

Leadership is a process of influencing individual and group activities towards goal setting and goal achievement, which includes managing highly complicated and changeable factors in an organization (Mosley, Pietri an Megginson, 1996). Leaders communicate a shared vision of the future and mobilize practitioners to strive for a shared aim or goal (Kouzes and Posner, 2002). Thus, the four recurrent messages of leadership are that it is a process, it involves influence, and it happens in a group context and involves the achievement of common goals (Northhouse, 2004). Leaders are responsible for motivating and inspiring practitioners to work jointly to bring the vision of an organization into reality (Jabbar and Hassein, 2017). The Model of Engaging Leadership was developed in 2001 by Alimo-Metcalfe and Alban-Metcalfe after conducting a longitudinal research study on the nature of leadership. They found that engaging leadership was shown to have a direct cause-and-effect influence on

increasing team performance (Alimo-Metcalfe and Alban-Metcalfe, 2001), Their research demonstrated that engaging leadership is key to reaching targets with the fewest resources and achieving:

- Reduction in job-related stress
- Increased motivation
- Increased job satisfaction
- Increased commitment
- Increased readiness for change and innovation
- Greater, more sustainable performance.

As demonstrated in Figure 7, engagement leadership has four elements which enable leaders to link the development activities at different levels in a coherent and flowing pattern and to assess practice. At the center are the leaders that act with integrity, honesty and consistency.

Leading and developing individuals

Showing genuine concern

Being accessible

Enabling

Encouraging change

Leading and developing individuals

Supporting & developmental culture

Inspiring others

Focusing team efforts

Personal Qualities and Values

Being honest & consistent

Acting with integrity

Leading the way forward

Building shared vision

Networking

Resolving complex problems

Facilitating change sensitively

Figure 7: _Engagement Leadership (Alimo-Metcalfe and Alban-Metcalfe, 2001)_

Alimo-Metcalfe and Alban-Metcalfe's research (2001) shows that higher levels of wellbeing, (which, amongst others, includes self-confidence, self-efficacy, reduced job-related stress, positive attitudes to work; satisfaction, fulfilment, motivation to go the extra mile), are experienced by those practitioners who are led by engaging leaders. To summarise, organisational effectiveness relies on talented personnel, a motivated team, a talented management team, an effective strategy and a set of monitoring systems. The monitoring systems should facilitate top management to keep track of practitioners' qualities and skills, their motivational level, the performance of the management group, and the effectiveness of the organisation's strategy (Ali, 2012). Goodman and Trowler, (2012), stated that "the power invested in senior leadership roles should be utilized and visibly expressed across the system in order to effect positive systems change" (p. 22). Additionally, leaders should focus on organisational context, know the organisation, know the staff and be accessible to staff (Goodman and Trowler, 2012).

4.6 Reflective practice in social work

The systemic unit model promotes reflective-type clinical supervision (Goodman and Trowler, 2012) as the unit provides a structure which allows equal power relationships between practitioners in the unit. Ruch (2005) suggests that organisations should identify and provide conditions to facilitate and promote reflective practice and relationship-based practice, which are of vital importance for supportive supervision.

Different definitions of reflective practice can be found in the literature, as there is still disagreement on what reflective practice involves; it continues to be debated. Generally reflective practice is understood as an active process of exploration of experiences. It includes a critical analysis of knowledge and experiences thus achieving a deeper understanding and the discovery of unexpected outcomes, new knowledge and ideas and learning from experience, which results in new insights of self and/or practice (Boud, Keogh and Walker, 1985; Boyd and Fales, 1983). To summarize, as defined by Boud, Keogh and Walker, (1985), reflective practice is "a generic term for those intellectual and affective activities in which individuals engage

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to explore their experiences in order to lead to a new understanding and appreciation" (p19).

Payne (2014) suggested that by practicing reflective social work practitioners become part of the social work process, incorporating and contributing to theory by focusing on reflection, reflexivity, critical thinking and critical reflection. As Boud, Keogh and Walker, (1985) argue one "key feature of reflection is the need for individuals to have the freedom to make a genuine choice for themselves, rather than conform to the influence of other" (p.14). The object of reflection is a focus is on the individual's personal experience and emotions during the experience (Boud, Keogh and Walker, 1996).

Reflection is described as a form of problem solving that is used to resolve issues; in a practical context this is simply, 'why did this occur?' and is used as a tool that guides us to understanding why and how something has happened (Gibbs, 1988). Reflective practice has burgeoned over the last few decades throughout various fields of professional practice and education. Reflective practice should involve an analysis of assumptions of everyday practice which requires the individual practitioner's self-awareness and a critical evaluation of their own responses to practice situations. In order to gain greater understanding of situations and to improve future practice, it is significant to recapture practice experiences, analyse, reflect on them, and challenge assumptions (Jasper, 2003; Finlay, 2008; Payne, 2014).

There are many reflective tools currently used in social work that aim to improve and structure reflective practice. Here I will consider in detail two of those most commonly used.

Firstly, Gibb's reflective cycle (1988) is used by many social workers and it involves;

- A **description** of what happened
- **An analysis of feelings** such as:
    'How did it go?'
    'Why?'
    'How did you feel about it?'
    'What was behind your feelings and actions?'
    'What were you thinking?

- An **evaluation** of what was good and bad about the experience
- A stage of **theory and analysis**:
    'What else can you make of the situation?'
    'What was really going on?'
    'What needs to be looked at again, done differently next time? '
- A **conclusion**:
    'What else could you have done?'
    'What should be done next time?'
    'How?'
- An **action plan**:
    'If it arose again what would you do?'

However, it is argued that although Gibbs' reflective cycle (1988) offers useful questions to help structure reflection, it is a basic tool and a broader critically reflexive approach is needed in professional practice (Finlay, 2008).

Secondly, Jasper (2003) has a less complicated and easy circular reflection process, called the 'ERA' (Experience, Reflection, Action). Payne (2014) adapted Jasper's (2003) process further adding points from other writers to the reflection process to use in social work practice (see figure 8).

Experience
Descriptive reflection
Describe what happened
What were you thinking and feeling

Action
Action-orientated reflection
What else could you have done?
If it happened again, what would you do differently

Reflection
Theory and knowledge reflection
Evaluate: What was good/bad about the experience
How can you make sense of what happened
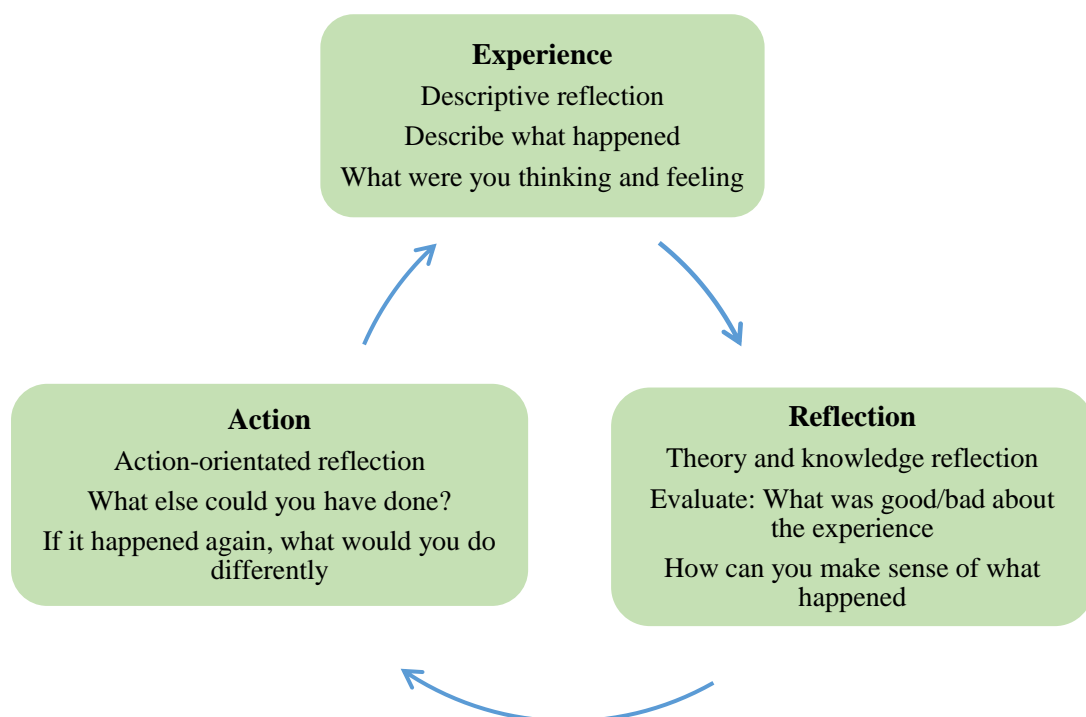
Figure 8: The Reflective Process (Payne, 2014, p. 80)

Thus, reflective practice in social work involves thinking things through carefully before taking any action or responding to service users. It is a considered, thoughtful, thinking process, taking into consideration different aspects and different perspectives in order to make sense of the situation before making any decisions. This tool allows one to challenge assumptions and explore new and different ideas. Ultimately, it promotes self-improvement and links theory to practice, which is vital for professional social work. It involves a process of consciously exploring and analysing professional practice in order to gain a deeper understanding of self, others, and the meaning of what is shared among individuals, which can be undertaken alone or with others (Finlay, 2008; Schön, 2017).

Social work is an interactive activity, thus critical reflection is essential and supports the aspiration to learn, understand and gain knowledge to practice as an effective social worker and a useful attribute to the social work profession (Ruch, 2005; Kirkwood et al., 2016; Knott and Scragg, 2016). The key of reflective practice is knowledge exchange activities through interaction between practitioners, service users and their family members involving a deeper level of questioning of practitioners' assumptions.

Critical reflection gives social workers the opportunity to look at social work practice from the inside, and to learn from each other. Through critical reflection a practitioner is able to describe a practice situation to a small group of co-workers so that they can explore the information in a tentative and 'curious' way, rather than in an interrogative manner (Ruch, 2009). When practitioners share their knowledge and range of perspectives, it offers significant avenues for joint learning, and increases the possibility for the knowledge to 'stick' and make it more likely to be used in practice. (Kirkwood et al., 2016). Ruch (2009) recommended that it is essential for an organization to create the opportunity, time and space for practitioners to practice critically reflective Social Work.

Practitioners encounter unique, dynamic and complex situations, and by facilitating and promoting reflective practice, relationship-based practice will emerge which will embrace a holistic understanding of clients, of practitioners and of the nature and

contexts of social work practice (Ruch, 2005). As a consequence, practitioners are left feeling happier, more supported and less stressed (Ruch, 2005). I go on to explore stress and anxiety in social work in section 4.11. The implications of relationship-based and reflective practice were explored by Ruch (2005), who suggested there were four shared implications. Firstly, social workers need diverse knowledge to inform practice, and to understand the abilities of the client, as well as their own personal and professional self. Secondly, they need the ability to be reflective. Thirdly, they need organisational support, and finally they need an enhanced relationship of trust with clients. Thus, the effectiveness of this approach will rely on social workers' abilities and/or skills. Furthermore, they will need to be able to develop tools and skills to care for themselves.

4.7. Effective Supervision

I explore supervision literature as Goodman and Trowler (2012) stated that the unit within the systemic model approach is a supervision mechanism, which creates the opportunity for a case management reflective supervision approach. Therefore, this creates an opportunity to transform supervision practice by utilising a systems approach moving beyond a focus on individual practice, and moving towards a wider systemic level (Munro, 2011b). Moreover, Dugmore, et al., (2018) conclude that it appears that the systemic supervision model "promote a supportive, containment environment that challenges and enables social workers to reflect critically on their cases" (Dugmore, et al., 2018, p.412). Goodman and Trowler (2012) expected that within the systemic unit model, supervision would move away from a managerial case management supervision approach to a systemic social work supervision model/reflective supervision.

It has long been established that professional training and supervision are fundamental for professional confidence (Brandon, Owers and Black, 1999). More important is the fact that supervisors need time, training and support to feel properly equipped for the challenging task of reflective supervision (Hair, 2012). Munro (2002; 2009; 2011a and 2011a) confirms this by stating that the mistakes made in assessments result in tragic outcomes and therefore have significant training and supervision implications.

Munro (2012) stated that in practice supervision is largely process-driven and overly focused on performance indicators at the expense of both critical case reflection and the professional learning and development of social workers. Thus, concerns about the effectiveness of social work practice may be related to poor quality supervision (Laming, 2003).

Laming (2009) recommended to the Government that The Department for Children, Schools and Families should revise "Working Together to Safeguard Children" to set out the elements of high-quality supervision, with a focus on case planning, constructive challenges and professional development. Laming (2009) also recommended that The Social Work Task Force should establish guidelines on guaranteed supervision time for social workers. This created an opportunity to transform supervision practice by utilising a systems approach moving beyond a focus on individual practice, and moving towards a wider systemic level (Munro, 2011b).

Laming (2009) also recommended establishing a National Safeguarding Delivery Unit that would lead change in the practice culture across frontline services. Carpenter, Webb and Bostock (2013) were commissioned by the Social Care Institute for Excellence (SCIE), to review supervision in social work and social care. They found that there was room for improvement in measuring the dimensions of supervision and in collecting data on the quantity and perceived quality of supervision (Carpenter, Webb and Bostock, (2013). Additionally, they highlighted that there was not enough evidence that clearly defined supervision models are improving outcomes for social workers and service users (Carpenter, Webb and Bostock, 2013).

As the unit meetings of the systemic unit model is seen as a mechanism of supervision (Goodman and Trowler, 2012), I explore different supervision approaches currently used in social work practice to establish the main elements of supervision which, if appropriately implemented, have the potential to be effective. Kadushin and Harkness (2002), state that elements of supervision include the administrative function, the supportive function, the educational function and the mediation function. The administrative function focuses on agency policy and public accountability where social work supervisors direct, coordinate and monitor the individual worker to

improve their effectiveness. Supportive supervision is defined by Kadushin and Harkness (2002) as:

> ".. Helping the supervisee deal with job-related stress and developing attitudes and feelings conducive to the best job performance" (p. 277).

This involves supporting practitioners through positive peer interaction and regular staff meetings and/or group supervision and creating supervision and consultation opportunities. It also includes emotional support and availability meaning that a supervisor is available physically and emotionally when practitioners have an emergency or need support. The educational function facilitates and creates opportunities for the enhancement of practitioners' knowledge and skills. The mediation function involves the engagement and planning of action plans. Morrison (2005) developed an integrated framework for supervision, the 4x4x4 supervision model (see figure 9). This model demonstrates the interdependence of the functions of supervision:

- The four management functions; Development function; Support function; Mediation function.
- The four stakeholders in the supervisory process: Service users, Supervisees, Organisation, Partners.
- The four elements of the supervisory cycle: Experience, Reflection, Analysis, Plans/Action (Morrison, 2005).
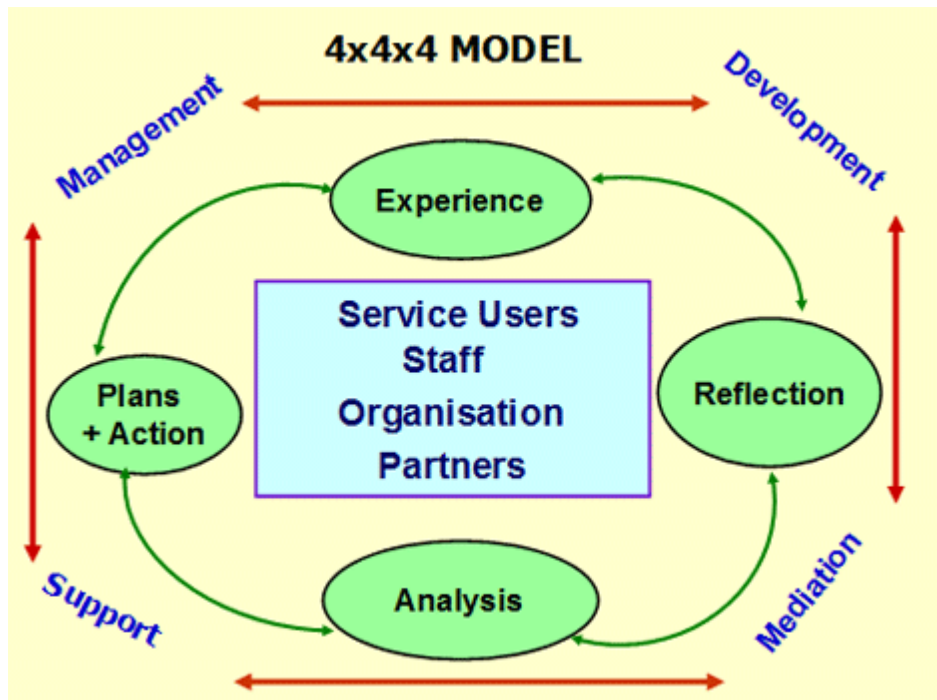
Figure 9: 4x4x4 Supervision model (Morrison, 2005)

Wallbank and Wonnacott (2015) also introduced the *restorative supervision approach*, which includes a safe space that enables practitioners to be open about their true sense of self in a supportive and challenging supervisory environment. The authors suggest this improves practitioner resilience by recognising personal triggers and enhances staff ability to build relationships with fellow professionals to avoid isolation. Practitioners are encouraged to focus on situations or factors that can be changed and their ability to communicate their issues thus reducing feelings of helplessness (Wallbank and Wonnacott, (2015). The *cognitive and supervisory approach* to supervision (Turney and Ruch, 2018) was adapted for use in social work with children for the enhancement of the quantity and quality of information available during the decision-making process. During this process, the practitioner will recall and give meaning to not only event information, but also emotional information, allowing a more detailed picture of events or situations to emerge. The challenge for practitioners is to be "detailed looking" and for supervisors to be "active listening". This involves supervision sessions where provision is made for regular reflective group discussions to contribute to the decision-making process (Turney and Ruch, 2018).

Exploring these supervision approaches, it seems that there are similar elements in all of them, such as the management function; development function; support function; mediation function as cited by Morrison, (2005). Contemporary social work supervision emphasises a safe supportive supervision environment for self-reflection, which results in improved practitioner resilience (Wallbank and Wonnacott, (2015). Goodman and Trowler, (2012) state that within the systemic unit model, individual supervision is "a core factor for successful retainment of emotional resources" (p. 88) as the individual supervision is reserved for self-reflection, individual staff and career development. Moreover, as Turney and Ruch's, (2018) *cognitive and supervisory approach* emphasises, the quantity and quality of information available during the decision-making process within the systemic social work supervision model enables different practitioners with different theoretical perspectives to sit alongside each other and inform practice (Dugmore, et al., 2018). The focus is on risk assessment and management, combining a reflective-type clinical supervision, live mentoring in dynamic weekly meetings, and "current meeting-of-the-minds of five professionals working with the same families" (Goodman and Trowler, 2012; Dugmore, et al., 2018). Thus, great emphasis is placed on developing skills of reflection and this is considered a key to continued professional development and essential to good social work practice (Knott and Scragg, 2016). Dugmore, et al., (2018) stated that the systemic social work supervision model aim is to promote relationship-based practice, reflexivity and team resilience. Previously, Ruch (2005) had recommended that organisations should identify and provide conditions to facilitate and promote reflective and relationship-based practice and highlighted the vital importance of supportive supervision. According to recent literature Dugmore, et al., (2018) it appears that in the implementation of the systemic social work supervision model, reflective and relationship-based practice and supportive supervision has been achieved.

Keen et al. (2012) state that good quality supervision is critical to good social work practice, and that high-quality reflective supervision is key to the success of practice, as it is at the heart of social care (Keen et al., 2012). The questions asked are 'what is good supervision?' or 'what is effective supervision?' and 'how do we know it makes

a difference?' A social worker engaged in child protection requires analytical skills, judgement and a holistic approach (Keen, et al., 2012).   Amongst other aspects, academic literature has focused on evaluating the effectiveness of supervision, supervision protocols, the quality of supervision, the supervision of newly qualified social workers and the control function of supervision (Keen et al., 2012; Forrester, et al., 2013; McGregor, 2014). However, there has been minimal research on how supervision is carried out, and little research could be found on applying unit meetings as a mechanism of supervision. McGregor (2014) states that existing research into the impact of social work supervision in the UK is poor, and that studies tell us that supervision is related to job satisfaction and staff retention but does not tell us what people are actually doing in supervision, how often they are doing it or what effective supervision looks like in practice.   In 2011, the British Association of Social Workers (BASW) carried out research on supervision in social work, with particular reference to supervision practice in multi-disciplinary teams. Although the participants in this survey were self-selected, and thus the robustness of the research can be questioned, the findings highlighted numerous concerns about supervision, which were similar to the concerns that Munro, (2011b) highlighted in her final report These concerns included line managers not having enough time to conduct supervision for personal development and learning, an over-emphasis on the managerial aspects of supervision, and supervision policies not necessarily being implemented (Munro, 2011b; BASW, 2011). However, BASW (2011) recognise that an essential part of the supervision process is the managerial function, although the managerial function should not be emphasised to the detriment of the reflective practice and personal development functions of supervision.   Munro (2011b) emphasised in her final report that having supervision policies does not necessarily guarantee their implementation (Munro, 2011b; BASW, 2011).

I mentioned earlier that little research can be found on the effectiveness of supervision. However, I found two Ofsted reports exploring effective and reflective supervision. Firstly, the report "High expectations, high support and high challenge" (Ofsted, 2012) explores how senior managers in fourteen Local Authorities successfully implemented a range of strategies to better support their front-line staff working in child protection.

Ofsted (2012) concluded that a crucial part of the child protection process is good reflective supervision. Good reflective supervision enables social workers to "to be emotionally resilient and to be able to use their emotional reactions positively to assist in analysis and assessment" (Ofsted, 2012, p22). A second report by Ofsted (2015) "Joining the dots, Effective leadership of children's services," explored nine Local Authorities. Ofsted (2015) found that "supervision and training were effective in retaining and developing staff" (p7). Furthermore, all the Local Authorities were continuously working on ensuring that reflective supervision was offered and that the supervision records demonstrated how the supervision discussions had influenced practice. However, neither of these reports refer to the systemic unit model, but the 2012 report did refer to Munro's (2011b) child protection review's comments and recommendations. In particular the Ofsted report of 2012 included aspects of both Munro's and Laming's recommendations concerning the overall working culture, management of time, professional supervision and development and the provision of tools and resources (Ofsted, 2012). Both Ofsted reports discuss improvements and changes in child protection. These changes include a cultural change in organisations, meaning that managers must support their social workers effectively. Additionally, the Ofsted report of 2012 highlights Munro's acknowledgements of the importance of strong leadership and of having organisations that provide support and professional development for social workers. Ofsted (2015) reports that managers in Local Authorities have successfully provided structures and support systems and have implemented a range of strategies to better support their front-line staff, including tools and skills for staff to care for themselves and develop resilience. Central to the success of managers in driving change and improvement is a leadership style of engagement with staff, partners and local communities, using an open, honest and collaborative approach and informed by solid professional knowledge, which is driven by a strong moral base (Ofsted, 2015).

However, the Ofsted reports do not indicate what tools and resources have been used to achieve these improved outcomes. It is therefore uncertain as to whether these strategies are referring to the unit meetings, consultant social workers, unit coordinators, the use of clinical practitioners or any other aspect of the systemic unit

model.   Nevertheless, it certainly appears that the latest reviews on Local Authorities, report a change of culture in organisations in terms of supporting social workers better, resulting in better outcomes, as Goodman and Trowler had highlighted in 2012:

> "the supervision that practitioners will receive will similarly reflect this systemic emphasis, moving from a case management model to a systematic social work supervision, which combines a reflective-type clinical supervision with a focus on risk assessment and management" (Goodman and Trowler, 2012. p. 32).

Dugmore, et al., (2018) found that following the "*Reclaiming Social Work*" initiative and the Munro review of child protection (2011), contemporary supervision was marked by an innovative model of live systemic supervision that is implemented across Local Authority children's social work services. One of his findings was that social workers found the model helpful, they enjoy hypothesising, and they are challenged to think what the purpose of their questions is. Goodman and Trowler (2012) expected that within the systemic unit model, supervision would move away from a managerial case management supervision approach to a systemic social work supervision model/reflective supervision. On the contrary, Wilkins (2017) found that there is no clear understanding of what reflective supervision is; and there is no evidence of the effectiveness of reflective supervision.

4.8 Proactive child protection and prevention of harm.

I explore proactive child protection and prevention of harm as it is key to systemic social work practice (Davies and Duckett, 2016). Supported by prevention strategies, such as child safety strategies, proactive child protection focuses on action and deep thinking around the vulnerable child's issues, engaging critically with knowledge and examining the circumstances in which a child lives (Davies and Duckett, 2016).

The promotion of children's rights and being proactive in keeping children safe is a professional value linked to accountability which is ensconced in the United Nations Convention on the Rights of the Child (1989) to which the British Government is a signatory (Davies and Duckett, 2016). The convention states that children have the right to education, to play and the right not to be separated from parents unless this is in their best interests.   Children have the right to be well cared for if living away from their

family, the right to be listened to and to take part in decisions made about their lives, and the right to protection and help from the government (United Nations, 1989; cited in Davies and Duckett, 2016). Davies and Duckett (2016) argue that the act of protecting children is political, with the result that children and professionals who speak out are silenced when they "blow the whistle" on malpractice. Therefore, social activism is a core skill of social work and social workers should comply with ethical codes of practice to act with integrity and be proactive in child protection and prevention of harm. This responsibility can result in a social worker becoming easily overwhelmed, as it is demanding to do whatever one can to protect children from harm (Davies and Duckett, 2016).

The literature reveals that there are many factors that prevent social workers from achieving effective child protection and harm prevention. Factors that contribute to this include the fact that social workers are confined by organisational procedures; that there is a lack of continuity in child protection due to children being transferred to other teams after the initial referral and therefore sometimes having three or more social workers within weeks and that there is high staff turnover, all of which result in a lack of continuity (Munro, 2011a; Goodman and Trowler, 2012; Davies and Duckett, 2016). This lack of continuity results in a child and/or parents never being able to develop a trusting relationship with their social worker, therefore making protection and harm prevention almost impossible (Munro, 2011a). Davies and Duckett (2016) suggest that to overcome barriers to protecting children professionals should reflect on these barriers and highlight pitfalls in practice, which are known as 'professional dangerousness'. Examples of these 'professional dangerousness' elements are;

- that children and carers are not heard
- that professionals are optimistic and believe all is well for the child
- that workers focus on providing practical solutions
- assessment paralysis, as professionals feel helpless, overwhelmed and incapacitated
- that legislation, policy and practice are sound, but professionals do not comply with their implementation
- that professionals may be unclear about tasks and assume that somebody else is responsible for protecting the child
- that practitioners feel omnipotent and they believe they alone know the child's best interest and will not revisit their original perceptions

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- fear of over or under-reacting
- not taking a child's account seriously
- being overwhelmed by the pain of abuse and being unable to protect the child (Davies and Ducket, 2016, p. 7).

To overcome these barriers there is a need for organisational and managerial systems, such as reflective supervision to be in place; in order to proactively protect children, the role of reflective supervision and a safe working environment for social workers are significant (Davies and Duckett, 2016). A number of guidance documents and reports, such as those produced by HM Government (2010) and the Social Work Reform Board, reaffirmed the importance of prioritising reflective clinical supervision for proactive child protection and prevention of harm.

Turney et al., (2011) stated in their review report on social work assessment of children in need between 1999 and 2010 "*Improving child and family assessments: Turning research into practice*"; that practitioners need a safe and supportive space to enable them to think about what they are doing and to make sense of the practical and emotional pressures social work. Supervision provides opportunities for practitioners to actively review, re-think and check assessments when children and family situations keep changing and where there are typically complex emotional situations (Turney et al., 2011). Turney et al., (2011) also pointed out that practitioners may benefit from opportunities to learn by doing joint assessments alongside more experienced colleagues. They suggested that these joint assessments alongside more experienced colleagues would help to keep the focus on the vulnerable child and not the needy parents or caregivers (Turney et al., 2011). Children expressed their need to be heard and understood and want adults to notice what is happening to them and build trusting relationships (DfE, 2015, *Working Together to Safeguard Children).*

4.9 Practitioners' professional qualities and skills

Goodman and Trowler (2012) claim that their strategy for the systemic unit model is to have the right people with "a high level of skill and who are interested and able to identify and manage risk and design and deliver family interventions that work" (p.17). They recognise that social work is challenging and requires practitioners to

have a range of complex skills and a sound knowledge base of social work practice including:

- Having the skills and knowledge to be able to conduct effective assessments.
- Being able to implement intervention methodologies in order to manage high-risk circumstance in families.
- Having the knowledge and understanding of physical and emotional development of children and young people.
- Having the ability to develop positive relationships with families and other professionals.
- Having strong report writing skills.
- Having good communication skills, being confident and being professional.
- Having resilience, determination, and perseverance
    (Goodman and Trowler, 2012, p. 24).

Therefore, when employing practitioners to work within the systemic unit model Goodman and Trowler rigorously tested them for high skill levels and a strong set of personal qualities. They looked at applicants' personal attributes, their attitudes, professional knowledge and whether they had a wide range of competencies. They developed a supportive professional development programme in the units to equip practitioners with effective intervention skills and to encourage practitioners to be reflective and thoughtful. Goodman and Trowler (2012) claimed that this approach to staff development was motivating and intellectually stimulating.

As a result of child deaths there has been a loss in public confidence and trust in professional expertise and questions have been raised as to whether procedures have been followed (Munro, 2004; Munro, 2009; Cross et al., 2010; Forrester et al., 2013). Consequently, the performance of social work practitioners and the quality of professional judgement and decision-making has increasingly been brought into question. Goodman and Trowler (2012) recognised the demand for professionalism, transparency and accountability when they developed the systemic unit model.

Munro (2005) stated that tools such as assessment frameworks, procedural manuals, information-processing tools and decision-making instruments were provided to front line workers to help risk assessment, to improve practice and to enhance practitioners' performance. These tools were all like power drills and computers,

replacing the skills and knowledge in the heads of practitioners, dictating what professionals should do and how they should do it (Munro, 2005). Although, the intention of introducing assessment frameworks, procedural manuals, information-processing tools, and decision-making instruments was to improve front line performance, the unintended consequence was that the nature of child protection work was transformed to a "machine-centred" way of working; making it difficult for social workers to be creative, have good reasoning and develop constructive relationships with families. As a result, the way services were managed was negatively affected (Munro, 2005). Providing these tools to frontline workers has resulted in the responsibility for the development of professional knowledge and skills being merged with the managerial and political goals of improving efficiency and effectiveness (Munro, 2005). Munro (2005) argued for example, that a risk assessment tool can list the information that is needed, but she questioned whether the practitioner would then have the required level of skill, reasoning and knowledge to come to an accurate and safe decision (Munro, 2005). Munro proposed that the introduction of these tools created a workforce which was dependent on a procedural approach to professional practice, often being incapable of professional creativity and independent thinking, having insufficient skills and little effective direct work (Munro, 2005; 2011a). Goodman and Trowler, (2012) comment that academic institutions acknowledged that many social work students had inadequate intellectual abilities and lacked those personal qualities needed to develop the skill set required to become efficient and effective social work practitioners. Consequently, newly qualified social workers with limited skills training were ill-prepared for practice.

In 2005, when Goodman and Trowler started to explore what was wrong with social work practice, they identified that practitioners' qualities and skills were inadequate and affected the quality of child protection. With a systems approach, treating human error as the starting point, Goodman and Trowler highlighted how the information-processing tools, procedural manuals, assessment frameworks and decision-making instruments were actually being used, analysing all the factors around the practitioner, and exploring how these tools impacted practitioners' abilities to perform effectively. Laming (2003) had already reported in his review,

that the death of Victoria Climbié was due to poor practice standards by those who were responsible for her. Thus, Munro, (2005), also asked "why did so many professionals adopt poor practice standards? Why did intelligent, motivated individuals who had chosen to enter a caring profession and work with distressed children function at such a low level?" (p. 534). Like Goodman and Trowler, Munro (2005) also argued that the performance of the social workers needs to be understood in its wider context. Thus, with a systems approach there would be a better understanding and opportunities to identify effective solutions by looking at explanations of error in all parts of the system, and not just within the individual (Munro, 2005).

The implication then was that the employing organization should provide the circumstances in which practitioners could perform high-quality work, thus suggesting that structural changes were necessary. Different ways of direct working with families were needed, with different ways of thinking about what was happening in families and the underpinning reasons. A very different skill set for practitioners was needed. Goodman and Trowler employed systemic practitioners who were experienced and confident equipped with a different set of engagement skills, a strengths-based and respectful approach towards the family and with problem solving skills to lead a family towards a different way of being (Goodman and Trowler, 2012). Indeed "*The Munro Review of Child Protection Interim Report: The Child's Journey*" (2011a), proposed a new systemic approach to child protection. A systemic approach provides an improved approach to decision-making and interaction with families with better prioritization and consistency of care in child protection (Munro, 2009, 2010, 2011b). A systemic approach requires that families are assessed within a context of emotional intelligence and empathy where there is partnership working between practitioners and parents thus helping the parents to identify and build on their own skills. Simultaneously practitioners need to keep the child as the focus of their work and remember that the decisions being made will influence the child's life and welfare (Munro, 2009). The primary aim is to keep children safe within the family and focus on early intervention services and harm prevention by using support systems within and around the family, the community

and resources from within the organisation. Thus, child protection work is intellectually and emotionally challenging, requiring a full range of reasoning skills, using formal knowledge, practice wisdom, emotional wisdom and ethics (Munro, 2009).

To address this, Goodman and Trowler collaborated with various academics, commissioning comprehensive and extensive skills training in Social Work practice. Enabling social workers to develop their skills in working with families, Morning Lane Associates (the company formed by Goodman and Trowler to support the dissemination of the systemic unit model) provides a range of courses in systemic social work. This includes ideas such as safe uncertainty, hypothesising, first and second order change, circular questions and social GRRAACCEESS (Gender, Race, Religion, Age, Ability, Class, Culture, Ethnicity, Education, Sexuality, and Spirituality) (Burnham, J., Alvis Palma, D. and Whitehouse, L., 2008) (see Figure 10).
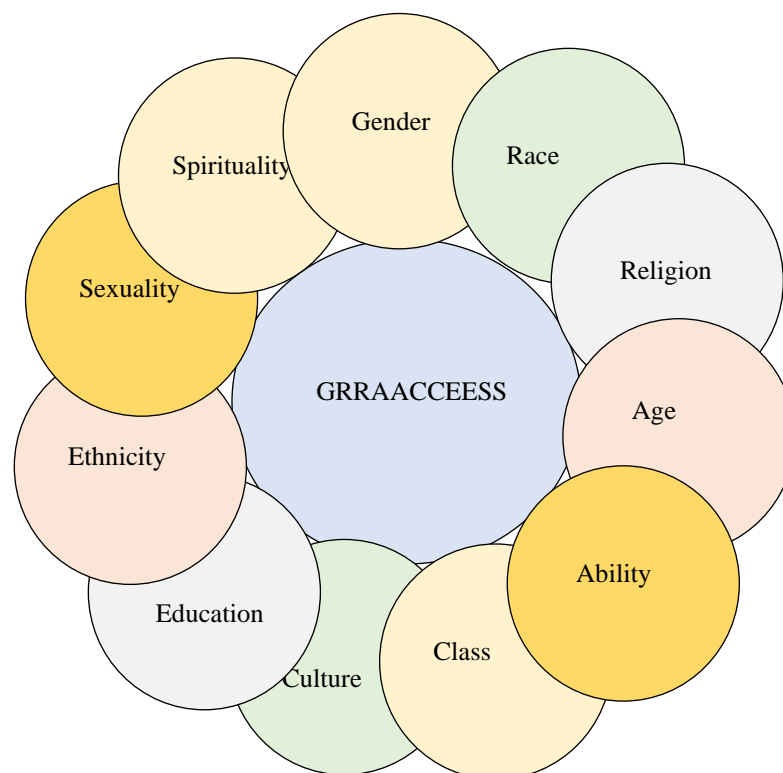
Figure 10: <u>Social GRRAACCEESS – Burnham's version</u> (Burnham, J., Alvis Palma, D. and Whitehouse, L., 2008).

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In 2013 the Minister of State for Care and Support at the Department of Health, invited Professor Croisdale-Appleby to undertake a review of social work education. With the nature of the social work profession changing, an assessment was needed to find out if social work education was structured to best serve the changing nature of the profession.

Croisdale-Appleby (2014) reached 60 conclusions and made 22 recommendations in his review "*Re-visioning Social Work Education: An Independent Review*". He called it re-visioning as he argued that it is important to set out a vision for the future of social work education, built on achievements of the past. He said that social work education should contribute to the profession, and both incremental change and transformational change was needed. In this review Croisdale-Appleby (2014) identified shortcomings, but also found, to a considerable extent, strong world-leading qualities. The aim of re-visioning is to be internally coherent and externally relevant to incorporate education throughout the career of a social worker. Thus, the aims of re-visioning social work education not only include the initial pre-qualifying training, but also the support of newly qualified social workers, of social workers in the early years of practice and of senior practitioners, thus promoting a continuous professional development (Croisdale-Appleby, 2014). At the same time, Narey, (2014) was asked by the Secretary of State for Education to explore the initial education of children's social workers. The purpose of this inquiry; "Making the education of social workers consistently effective" was to advise on the impact of the reforms in social work on basic social work training, as well as the improvements that needed to be made.

When Munro (2011b) reviewed child protection and children's services she suggested that the qualities and skills needed by social workers who are working with children and families should be clearly specified in a "Professional Capabilities Framework" (PCF) (see figure 10). The PCF, introduced by the Social Work Reform Board in 2012, is a unified model of academic and professional requirements for all social workers developed as part of the social work reform agenda. Narey, (2014) stated in his review of children's social work education "that the PCF is a significant improvement on the HCPC's Standards of Proficiency. Narey, (2014) found it

embarrassing that instead of the HCPC and The College of Social Work, working together to produce a single source document for social work training, the HCPC and The College of Social Work each had produced a document that maps their Standards of Proficiency to the PCF.   The term 'capabilities', referred to in the PCF, was defined in 1998 by Stephenson as:

> "An integration of knowledge, skills, personal qualities, behaviour, understanding and values used appropriately, effectively and confidently, not just in familiar and highly focused specialist contests but in response to new, complex and changing circumstances" (Stephenson, 1998, p 2).

This description laid the foundation and rationale for social work practice, to enable practitioners to explain and justify their decisions, and to be accountable for their actions (BASW, 2018).

Whilst it has been found that the PCF changed the social work education curriculum, Higgins (2015) suggests there is uncertainty about whether it has changed practice. Nevertheless, in 2018, BASW claimed that the PCF is well embedded and is implemented across the social work sector, from qualifying training through to strategic workforce planning. However, BASW (2018) did not present the evidence for their claim that the PCF is well embedded in children's social work training and child protection. Together with the organisation Research in Practice, BASW reviewed the PCF during 2017 and 2018 introducing three 'super domains', namely purpose, practice and impact (see figure 11):

- Purpose: Why we do what we do as social workers, our values and ethics, and how we approach our work (Values and Ethics Diversity and Equality, Rights & Justice).
- Practice: What we do – the specific skills, knowledge, interventions and critical analytic abilities we develop to act and do social work (Knowledge, Critical reflection and Analysis; Skills and Interventions).
- Impact: How we make a difference and how we know we make a difference. Our ability to bring about change through our practice, through our leadership, through understanding our context and through our overall professionalism (Contexts & Organizations; Professional leadership; Professionalism) (BASW, 2018)

Figure 11: Professional Capabilities Framework (PCF)
(British Association of Social Workers, 2018)

This PCF not only demonstrates that social work involves activities that require
knowledge, skills and values, but also sets out the profession's expectations of what
a social worker should be able to do at each stage of their career and professional
development. Therefore, it is also used to assess practitioners' progress, and their
level of capability performance, achievements and professional competence. This
implies, as Munro recommended in 2011, in her final report on child protection, that
Local Authorities should define the knowledge and skills needed and help
practitioners to develop them. Reform in social work practice should create the
conditions that enable professionals and thus employers should consider the changes
that are needed in terms of organisational structure, training, supervision, IT support
and monitoring practitioners' progress; furthermore, employers should value and
develop professional expertise, focus on safeguarding of children and move away
from being over-bureaucratic. Thus, the PCF should not only inform initial social
work training, but also continuous professional development, performance appraisals

and career structures (Munro, 2011b). As the PCF demonstrates, values are at the heart of what social work practitioners do and why they do what they do to make a difference; therefore developing skills, knowledge, and experience enabling them to critical reflect and analyse situations in a family or child's life, placing them at the centre and acting in their best interest is essential.

4.10 The unit and group dynamics

The unit, a formal structure of the systemic unit model, is a small group of practitioners who work together as a team to achieve a common task (Goodman and Trowler, 2012). To better understand the complexity of the nature of the interactions and the processes in the unit I will, now explore group dynamics.

Group dynamics includes understanding group processes and the input-process-output model of group functioning (Hackman and Morris, 1975).   Kurt Lewin, a change management expert and social scientist started using the term 'group dynamics' to describe the powerful and complex social processes that are present in groups (Lewin, 1944). Research (Lewin, 1944; Hare, 1955; Cartwrith and Zander, 1968; Hackman and Morris, 1975; Shaw 1981) has been carried out on the dynamics of groups exploring the difference between a group and a team, the effectiveness of a group, the structure of the group, group psychology, the purpose of the group, skills of the individuals in the group and the influence of the leader on the group and vice versa. There are many subtle differences in definitions of the term *group*, but most definers conclude that a group consists of two or more individuals who have different statuses and have role relationships with one another (Forsyth, 2018). The group members work together interdependently with regard to shared goals, interact with one another on the basis that they constitute a meaningful social unit and are committed to that social unit (Forsyth, 2018). *Group dynamics* are the influential actions, processes and changes that take place in groups. Systems theory claims that group dynamics are complex, recurring, and reciprocal and often occur simultaneously (Forsyth, 2018). Group dynamics concerns how members of the group "relate to and engage with one another, the nature of the group, their orientation, the actions the group takes and what it achieves" (Forsyth, 2018, p.18). Lewin (1944) noted that most of the time, when

individuals work in a group, they take on distinct roles and behaviours which have an impact on each member of the group and on the group as a whole. Therefore, to understand groups, researchers have explored the strengths and weaknesses of groups, as their productivity and efficiency depend on group-level processes (Forsyth, 2018). Research (Lewin, 1944; Hare, 1955; Cartwrith and Zander, 1968; Hackman and Morris, 1975; Shaw, 1981) has evidenced that a group has positive dynamics when the team members trust one another, when they work towards a collective decision, are creative in their thinking, committed, act, and deliver tasks successfully, and they hold one another accountable. Moreover, Ellis, et al., (2003), suggest that with good interaction between team members; the knowledge and skills gathered by one team member can be transferred to the rest of team; affecting the efficiency and effectiveness of the collective learning process from peers within the unit. On the other hand, when members of a group do not explore options effectively they may either be unable to decide, or they may make the wrong choices (Hare, 1955; Forsyth, 2018).

Exploring the input-process-output model, the input factors that affect group interaction are the leader's attitudes, the characteristics of the participants' personalities, the group structure and the history or experiences of the group (Hackman and Morris, 1975). Goodman and Trowler, (2012) argue that in the systemic unit model, the unit structure offers a small, collaborative and team-based approach. In the group discussions, various solution proposals are generated and selected or rejected, acknowledging the strengths of different specialisms and developing a shared language, context and understanding (Goodman and Trowler, 2012). Furthermore, the practitioners in the unit each have a specific role with their own expertise. For example, the consultant social worker takes a leadership role and the group dynamics are influenced by the way the leader of the group organizes, directs, coordinates, supports and motivates the participants and their shared goals; simultaneously the group determines the leader's actions and reactions. Additionally, the family therapist or clinical practitioner's key function it is to provide practitioners with a space to consider, discuss and reflect on the contextual and relational understanding of a family's difficulties (Goodman and Trowler, 2012).

In addition, the group interaction process is also influenced by the nature of the task on which the group is working (Hackman and Morris, 1975). In the systemic unit model, the practitioners come together to achieve common goals, by interacting with one another, accept the rights and obligations of the unit and share a common identity and values (Goodman and Trowler, 2012). The unit meeting provides the opportunity for practitioners to reflect on the finer details of their interactions in their relationships with service users, especially when they encountered difficulties. It also enables practitioners to reflect on their own position in relation to the family members. The unit meeting allows practitioners not only to think in a more open way about the complex lives of families and their relationships but also to critically analyse the support that they as workers provide and to consider their own well-being. This gives practitioners the opportunity to continually develop their ability to reflect and understand the kind of practitioner they are and their effectiveness in practicing social work (Knot and Scragg, 2013).

Thus, group case discussions should allow risk sharing, provide support, and enable practitioners to make collaborative decisions and share collective responsibility. Included are choices practitioners make about desirable performance outcomes and how the group will go about trying to obtain those outcomes. Working in a group or unit takes a systemic approach to practice when faced with uncertain situations through providing reassurance and supporting decision-making and intervention. Furthermore, in the systemic unit model, the sharing of learning experiences and the exchange of professional opinion develops and influences the quality of outcomes (Munro, 2011b; Goodman and Trowler, 2012).

Theoretically units in the systemic unit model are family focused, take a strengths-based approach to supporting families and are the basis of "Reclaiming Social Work". "Reclaiming Social Work" implies "organisational change enabled by Local Authorities based on shared values and in particular by systemic approaches to understanding complex organisations" (Munro et al., 2012, p 18,). To enable social workers to practice according to the PCF, it is essential that Local Authorities understand and recognise the importance to practitioners of the physical environment in which they work.

4.11 Office environments and workspace of practitioners

In the systemic unit model, practitioners all work together in a unit, which should be a supportive emotional, intellectual and physical environment. I therefore explored the literature on the influence of office environments and workspace on practitioners.

The presence of flexible and shared office space has increased significantly over the previous twenty years and its effectiveness is under review. In order to reduce costs and save space, businesses and organisations have removed personal desks and desks are frequently available on a first-come, first-served basis. Thus, multiple practitioners use or share a single physical workstation during different time periods, instead of each staff member having their own personal desk (Harris, 1992; Peterson, 2014). Libby, (2017), stated that recent research studies have shown negative outcomes and difficulties with shared-desk workplaces. Libby found that these working arrangements increase distrust, are distracting, lead to uncooperative behaviour, negative relationships and a decreased perception of support from supervisors. Research also identified that shared-desk environments decrease organizational commitment, result in a loss of identity for the employee, a lack of concentration and concern for co-workers, reduced relationship building with co-workers, and marginalisation (Maher and von Hippel, 2005;Hirst, 2011; Ashkanasy, Ayoko and Jehn, 2014; Libby, 2017; Morrison and Mackay, 2017). To highlight the consequences of the loss of ownership of space the metaphor of vagrancy is used (Hirst, 2011). Although, for employees that are highly mobile and autonomous, these flexible and shared office spaces can be successful, nevertheless research has shown that many employees do not work well in these environments (Libby, 2017). Gensler, a global design firm in the United States use the power of design to focus and create a better workspace. They have conducted research on workplace design over the last ten years, providing critical insights on how and where work is happening. Their research investigates how the staff's workplace supports effective working and how the impact of the workplace environment affects the employee's overall work experience.

Jeyasingham (2016) stated that online forums such as Care Space, frequently discuss the subject of hot-desking. These discussions are mostly about negative experiences around hot-desking, showing that practitioners are working in more isolated ways, and a reduction in opportunities for reflective discussions amongst social work teams (Jeyasingham, 2016). In the social work profession, the office space of practitioners should be the space where practitioners feel safe, where they have the opportunity to develop relationships with their colleagues and are able to have conversations and share experiences, knowledge, skills and values with each other. Thus, the social work office space is a valuable resource for discussion, reflection and peer support (Jeyasingham 2016). At the same time this gives staff the opportunity to let go of the day's stresses, provide support and feelings of containment and help prevent practitioner burnout. Thus, the office space should support the wellbeing and productivity of practitioners. Munro (2011a) stated that poor working conditions for social workers is one of the most important issues to be addressed, but will be challenging to resolve; that previous reforms have not addressed the child and family social work operational systems as a whole; Local Authorities should have a coherent design and plan, which create working conditions enabling practitioners in best decision making processes. With the 10% reduction in spending by Local Authorities, as the UK Coalition Government's Spending Review identified in 2010; there was a redesign of services which resulted in open plan offices and hot-desking, which were not welcomed (Edmondson, Potter and McLaughlin, 2013).

Munro, speaking at the inaugural Frontline Leadership seminar (2016), organised by the Frontline fast-track training scheme for children's social workers, stated that hot-desking is not a supportive environment for child protection social workers, but harmful; hot-desking provides evidence that managers of Local Authority social work teams have no understanding of the nature of social work practice; that hot-desking is demoralising and that practitioners miss out on crucial emotional and intellectual support; that a practitioner should be able to come back from a difficult intervention, knowing where their colleagues are; able to share their experiences and receive support. (McNicoll, 2016). This is not only useful to help a practitioner to understand the family better, but also important for the mental health and endurance

of practitioners. When a practitioner comes back to an office full of people they do not know, it means they do not have the opportunity for immediate debriefing, resulting in them retaining their emotions which can lead to burnout (Brindle, 2016).

4.12 Stress and anxiety in social work

Having demonstrated that the physical environment can impact on staff stress levels, we now turn to consider the topic of stress and anxiety in social work. Cited in Goodman and Trowler (2012) "Social Work Reclaimed", Clayton stated that on a daily basis, practitioners become depressed, risk-averse and lost in their thoughts and feelings that constitute the troubled world in which they work; it appears that the unit offer a means to persist in this stressful environment (Clayton; Goodman and Trowler, 2012). One of the considerations in developing the systemic unit model was how organisational leaders could better support practitioners (Goodman and Trowler, 2012).

It is widely acknowledged that social work is demanding, complex, stressful and carries many emotional pressures (Waterhouse and McGhee, 2009). The nature of anxiety at an interpersonal and organizational level is complex and should be understood as a condition of social work practice (Waterhouse and McGhee, 2009). Practitioners can be caught up in the dynamics of a family, and the powerful feelings that are aroused by the abuse, neglect and social disadvantage of children can result in anxiety. This should be acknowledged as part of working in child protection and practitioners need professional supervision to confront these feelings (Waterhouse and McGhee, 2009). To ensure practitioners are equipped to engage with the totality of families' personal and social circumstances, practitioners should be able to process this anxiety in a supportive professional environment (Munro, 2005; Waterhouse and McGhee, 2009). Good professional assessment and intervention depends on good relationships with parents and children, which can only develop and be sustained if practitioners have the opportunity to process their anxiety and fears. Munro (2005) stated that if the emotional dimension of social work practice is undervalued, it may have significant adverse effects on both the families and the practitioners. Munro, (2005) commented further that social work supervision has

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become increasingly managerial with the main purpose being to monitor whether procedures have been properly followed, thus not providing the necessary opportunity for debriefing and reducing stress. Laming (2003) judged that the death of Victoria Climbié in 2000, to be at least in part the result of a defective assessment of her needs, which was seen as a contribution of a failure to empathize with her and raised disturbing questions about practitioners involved on her case. With the belief that people who join the helping profession are kind, compassionate and caring (Munro, 2005), questions were asked about why Victoria was treated in the way that she was, and what had happened to those practitioners involved. The conclusion was that there is the possibility of a high degree of burnout for front line workers (Munro, 2005). The inquiry into Victoria's death reported that the senior social worker responsible for her key social worker, had become psychotically ill (Laming, 2003).

Maslach, Schaufeli and Leiter, (2001) claim that burnout influences personal accomplishment and creates emotional exhaustion and depersonalization. Emotional exhaustion results in practitioners distancing themselves emotionally and cognitively from their work with predictable consequences.

It is well known that cognitive performance or reasoning style is influenced by emotions and that risk perception and decision making are affected by negative and positive emotional influences (Blanchette and Richards, 2010). Emotions can hinder or promote the quality of work undertaken, and the effects of emotions on decision-making and reasoning can have complex consequences (Blanchette and Richards, 2010).

Munro (2004) stated that the managerial approach to social work, results in practitioners' tasks being fundamentally cognitive, resulting in practitioners' feelings being downplayed and under-valued. This can lead to a fundamental flaw in the workforce and practitioners' emotional well-being must be taken into consideration.

Research has found that social workers have a high level of stress, that their well-being is at risk, and that stress is often linked to burnout and staff retention problems (Antonopoulou, Killian and Forrester, 2017). A comparison study was conducted by

Antonopoulou, Killian and Forrester in 2017, looking at child protection workers' level of stress and well-being; it involved 193 social workers over five Local Authorities with different organisational hierarchies and compositions. The focus was how different organisational structures might reduce stress and increase the well-being of workers. Antonopoulou, Killian and Forrester, (2017) examined the organisational environment and gained insight into the underlying relationships between organisational elements, workplace opportunities, and practitioners' work satisfaction. However, the stress level patterns of practitioners in the different organisational structures varied significantly from very low stress levels that is only 9.1%, to more elevated scores of 36.4%. The least stressed practitioners were working in a Local Authority that was well-resourced and with good administrative support and training. It had small teams of professionals, the unit, sharing each case, with frequent group supervision meetings, and sufficient time allocated to supervision. As these practitioners were less stressed, they appraised their working conditions favourably, reporting good prospects and job satisfaction. With the organisational systems evaluation on all the elements of the nine preconditions in the Professional Capability Framework (See Figure 11), this Local Authority rating was consistently higher than the other Authorities (Antonopoulos Killian and Forrester, 2017). This evidences that when the Local Authority is organised in such a way that environments include structures such as the unit for reflective practice, practitioners feel more supported and work productively in the stressful and challenging environment of child and family social work. Thus, it seems that the systemic unit model is one way of reducing practitioner stress and anxiety through implementing the opportunity for supportive reflective practice.

4.12 Summary

In this chapter I explored five previous evaluation studies of the systemic unit model between 2010 and 2017, as well as literature addressing reclaiming social work, the Hackney Model and aspects of social work practice, which were identified in the literature review. The literature mainly suggests that the systemic unit model has become more embedded into social work service delivery and that this systems approach could form the basis for a nationwide framework that would facilitate

reviewing cases in a consistent way. In reviewing the literature, I also identified and explored important aspects of social work practice which promote practitioners' qualities and skills and thus better outcomes for service users.   This involves proactive child protection, effective supervision, reflective practice, focus on decision-making processes and skills of practitioners, leadership, how office environments and practitioners' workspace influence practitioners' productivity and feelings of being supported, stress and anxiety and the unit and group dynamics.

The literature reveals that most studies in social work research focus on evaluating service delivery. Extensive literature does exist on child protection, but it appears that little research knowledge exists about practitioners' perspectives and experiences on the application of the systemic unit model and its impact on them as workers. It is recognized in the literature that what social workers actually do has not yet been explored in any detail through empirical research (Ferguson 2014). I have made comparisons between these studies, summing up the aims, methodologies and methods they have employed, the findings and the strengths and limitations.

What is missing from this literature is any significant research on the perspectives and experiences of practitioners and on how the model is applied in practice. Whilst the importance and significance of these studies in terms of their contribution to the body of knowledge is acknowledged, researchers themselves have identified that the application of the systemic unit model needs further research (D'Arcy, 2013; Forrester et al, 2013).   Forrester et al (2013) in particular recommended that further research is needed to look more specifically at particular elements of the impact of systemic units, for example, an exploration of specific contexts and ways that the systemic unit model is practiced.

Additionally, reviewing the literature helped me to develop the most appropriate design for this study (Bryman, 2008) and in the following chapter I show how I have conducted a qualitative study to explore how the systemic unit model is applied in practice from the perspectives and experiences of practitioners.

Chapter five

Methodology and methods

This chapter starts with revisiting the study's research questions, aims and objectives before explaining and justifying the exploratory qualitative methodology strategy of enquiry and why a social constructivist ontological framework was used. I describe the ethical considerations, the sampling techniques that were employed and provide information about the population and the participants. I next provide an overview of the pilot study that was conducted. The chapter goes on to discuss the data collection methods that were used, including an explanation of the observational and in-depth interviewing techniques. I describe reviewing the data collected and how it was processed and analysed in order to achieve an accurate and valid presentation of qualitative results. I explore the issue of quality assurance within qualitative research with particular focus on authenticity, trustworthiness and reflexivity.

The purpose of this study is to explore and understand the experiences and perspectives of practitioners working within the systemic unit model. The review of literature demonstrates that there is a paucity of research on the application of the systemic unit model and, in particular, few studies that place social work practitioners at the heart of research exploring their experiences and their perspectives on how the model is applied in practice. As explained in the previous chapter, the five studies which directly address my subject are:

- An evaluation of organisational culture, social work processes and outcomes, (Cross et al., 2010)
- An evaluation of the potential contribution that the systemic unit model can make to social work practice (Forrester, et al., 2013)
- An evaluation of practitioners' early experiences following the introduction of the systemic unit model (D'Arcy, 2013)
- An evaluation of social work services' effectiveness at improving service users' mental health, wellbeing and family functioning and acceptability of the systemic unit model, (Wilkinson et al., 2016)
- An evaluation of quality of services, including an evaluation of value for money for Local Authorities (Sebba, et al., 2017).

Hence, little attention has so far been paid to practitioner experience after the initial implementation, and thus there is a need for better understanding of what actually happens in unit meetings and practitioners' views on the application of systemic practice in social work. Therefore, this study, carried out across three units in a specific Local Authority, places practitioners at the centre of the enquiry.

5.1 Methodological considerations and position

5.1.1 Research questions, aims and objectives

As stated in the introductory chapter**,** this research has two exploratory research questions:

1. How is the systemic unit model applied in social work practice?
2. What are the experiences and perspectives of practitioners on the application of the systemic unit model at a Local Authority?

The aim of this study is to see how units work in practice and develop and in-depth understanding of the experiences and perspectives of the practitioners regarding the application of the systemic unit model. I wanted to hear from unit practitioners their perspective of how the systemic unit model is applied in practice.

In order to meet these aims the following goals were established:

- To describe and interpret how the systemic unit model is applied in practice, based on the perspectives of the social workers and other practitioners working in the units:
- To describe the interactions, experiences and perspectives of social workers and other practitioners applying the systemic unit model in the units:
- To critically analyse the application of the systemic unit model in order to forward recommendations for social work practice:
- To create a better understanding of the application of the systemic unit model, contribute to the body of knowledge, make recommendations for social work practice and identify possible further research.

In order to achieve the above goals, the following objectives were identified (Babbie, 2013):

- To gain access to a Local Authority where the systemic unit model is applied in social work practice
- To obtain ethical approval to carry out the research
- To obtain a sample of social workers and other practitioners working in the systemic unit model
- To be sensitive to the needs of the participants throughout the research process
- To conduct observations of 15 unit meetings and 15 in-depth semi-structured interviews with the social workers and practitioners in these units
- To analyse the data according to a qualitative, thematic data analysis
- To report and described the findings of the research.

Three key elements provided guidance to all facets of my study; the research approach and my philosophical assumptions about what constitutes knowledge (social constructivism); the research design, strategy of enquiry (qualitative); and research methods, the detailed procedures of data collection, analysis and writing (Creswell, 2013).

My research questions guided my methodological approach; as the focus of this research is on an understanding of practitioners' experiences, on exploring the reality of their world and their perspectives, qualitative tools used in understanding and describing the world of human experiences (Myers, 2000).

5.1.2 Research approach

The research approach is motivated by how I as the researcher view knowledge. I thought about the study through the lens of constructivism and made strategic decisions regarding the selection of methods, subject sampling, methods of data collection and data analysis as there needs to be a synergy between these aspects of research (Gray, 2013). The choice of methods is based in the researcher's philosophy, which in turn is based on ontological, epistemological and methodological assumptions (Gray, 2013).

5.1.2.1 Social constructivism

Ontological position: My research questions are about the experiences and perspectives of practitioners, and a constructivist approach can help us to understand that practitioners have multiple realities. Thus, I used social constructivism as the philosophical and theoretical position to make sense of the world of social workers and other practitioners, exploring their reality of practice concerning the application of the systemic unit model (Brooks and Brooks, 1999). A constructivist approach understands that individuals look at the same thing but perceive it differently. The given perception of the world is facilitated or obscured by individual characteristics; such as age, gender, race and personal experience as well as social characteristics, such as era, culture or language (Moses and Knutsen, 2012). Therefore, with a constructivist approach one agrees with the realist view that a world does exist a priori, although multiple truths and realities exist within it. Social constructivism provides multiple representations of reality, which avoid oversimplification but represent the complexity of the real world Jonassen, Campbell and Davidson, 1994*).* Hence, individuals construct their own realities, and no two persons' realities will be the same (Brooks and Brooks, 1999; Bryman, 2008; Denzin and Lincoln, 2011; Creswell, 2013). According to Bryman (2008), social constructivism concerns how new ideas or concepts are constructed based upon existing knowledge. Brooks and Brooks (1999) stated that social constructivism concerns how we all make sense of our world. Considering the nature of what this research, the perspectives and experiences of practitioners, the underlying ontological assumption of social constructivism is employed, believing that practitioners have multiple realities which can best be discovered through interaction and therefore I chose observations and interviews as data collection methods.

Epistemological position: The social constructivist philosophical position enabled me to explore, investigate and retrieve the maximum possible amount of descriptive knowledge about the practitioners' experience of reality and the phenomenon of the application of the systemic unit model. Elements of this approach include selecting facts and data, and then reconstructing the data in a way that forms a theory and makes meaning from the information and experiences of participants (Bryman,

2008). In this way, using the multiple constructions of meaning of the participants, new knowledge is created between participants and researcher (Creswell, 2013). The emphasis is on the reliability on what is understood to be happening, in relevant real-world settings, encouraging thoughtful reflection on experience and learning (Jonassen, Campbell and Davidson, 1994*).* Social constructivism embraces collaborative learning, the importance of cultural and social contexts, along with the processes and products of social interactions. In this way, social constructivism aims to build knowledge rather than test a theory. Therefore, this research involved using an interpretive and naturalistic approach in the natural settings of practitioners in the units under study. Hence the epistemological underlying assumptions are that participants, together with me as the researcher, make assumptions which lead to the co-development of knowledge (Bryman, 2008; Creswell, 2013).

I explored the application of the systemic unit model, made sense of it, and interpreted the practitioners' experiences in order to develop insight into the experiences and perspectives of the practitioners working in the systemic unit model (Denzin and Lincoln, 2011). The intention was to construct close and intimate knowledge regarding the application of the systemic unit model over a period of time. This includes what is really happening in the unit, what is done, what exists, the processes of applying the systemic unit model, the underlying structures involved, what affects practitioners individually, practitioners' individual experiences as well as the groups or units as a whole, and the underlying values and beliefs that influence the practitioners' actions (Bryman, 2008; Creswell, 2013). I was interested in how the different practitioners interact with each other, as well as the dynamics in the units and in unit meetings. To achieve a detailed, fine-grained understanding of applying the systemic unit model it was appropriate to ask questions, listen and observe over a length of time (Greener, 2011).

Thus I was guided by a constructivist approach to conduct open-ended semi-structured interviews which allowed the participants to give as complete and in-depth descriptions as possible of their experiences in their natural state, in this case, the application and working of the systemic unit model and how participants perceive their different roles and behaviours (Giorgi, 2009); I focused on the present,

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exploring the reality of their world, by observing the unit meetings. I describe this by using non-numerical data to understand the application of the systemic unit model, by collecting participants' stories and retelling them to address the research questions. The aim of the enquiry was to discover practitioners' truth, reflections and understandings by collecting data that is fresh and complex with rich descriptions of the phenomenon of the systemic unit as it is perceived by the participants (Finlay, 2008). In order to achieve this, during data collection and the data analysis I had to try to bracket out my own preconceptions around applying and integrating the systemic unit model. I thus had to identify my own personal experiences, interests, assumptions and hunches that could influence how I viewed my study (Fischer, 2009; Adom, Yeboah and Ankrah, 2016)). Bracketing is an ongoing process during data collection and data analysis as it is "a state of mind as well as an act" (Drew, 2004, p., 216). As bracketing influences the rigor of my study, I discus this in more depth in 5.7.2.

A social constructivist approach requires that the data analysis involves total immersion in the raw data in order to ensure both a pure and thorough description of the phenomenon of the systemic unit model. This approach was suitable for gaining insight into practitioners' experiences and understandings of how the systemic unit model is applied in practice from practitioners' own perspectives. These are complex issues entailing explaining unit meeting processes and the understanding of these processes from the perspective of unit practitioners. Furthermore, as previously stated, it was essential to take into consideration my interpretation of knowledge received from participants, how it was influenced by my own background as a social worker, and my beliefs, experiences and biases (Creswell, 2013). I overcome this by being intentionally conscious of my own perceptions to ensure that I described participants' experiences as they experienced it, using their own words. For this reason, a constructivist approach was adopted as I draw directly from participants and their construction of reality; and in combining the experiences of participants along with my own interpretations I created an understanding of a social reality.

Thus, the data collected was analysed inductively, conclusions were drawn applying reasoning using a data analysis strategy; starting analysis slowly but rigorously from

specifics to generalizations; constructing a picture of the phenomenon (Adom, Yeboah and Ankrah, 2016). However, it is important to clearly describe the state of the phenomenon studied and be true to the participants' voices.

5.1.3 Research design

5.1.3.1 Qualitative strategy

As explained earlier, in order to answer my research questions, a qualitative research design was appropriate to this study, as qualitative research is concerned with understanding the meaning of events from the perspective of practitioners in their own situation and allows a range of viewpoints to emerge (Ritchie and Spencer, 2002). The choice of research design reflects decisions about the priorities being given to a range of dimensions in the research process (Bryman, 2008).

The research design defines the study type and stipulates what kind of data need to be collected, and when and where and how it should be collected, and how the data should be analysed in order to answer the research questions (Grinnell and Unrau, 2011; Yin, 2011). In terms of data collection, the question was whether to use questionnaires, surveys, in-depth interviews, documentation and/or observation to collect data. Thus, it provides answers to the questions of 'what' and 'who' are to be investigated and 'how' (Grinnell and Unrau, 2011; Neuman, 2011; Creswell, 2013). I asked questions such as:

- Who are the participants?
- How big will the sample be?
- What kind of data will be collected?

As my research questions are concerned with "how" and "what", the research design is not only explorative, but also descriptive. It describes the specific details of the phenomenon explored, aiming at being as accurate and comprehensive as possible (Hennink, Hutter and Bailey, 2010). Observing and exploring the perspectives of participants enabled me to develop and understand the systemic unit model from the insiders' perspectives.

As far as research design is concerned, it was also necessary to decide whether, for the analysis, to use frameworks, graphs, tables or transcripts, themes and codes. Additionally, I needed to consider the time and length of the study and how results would be disseminated (Grinnell and Unrau, 2011, p. 242; Greener, 2011 and Bryman 2008).

Thus, the nature of the research questions suggested that the appropriate research design would be a qualitative enquiry strategy. Bryman (2008) stated that qualitative research is often based on constructivism; it is flexible, subjective and inductive. The attention is on exploring, discovering, and describing the meaning of the complex world of the human from their own perspective.

The key characteristic of qualitative research that has influenced my choice is that qualitative research is a situated activity that locates the observer in the world of the participants. It consists of a set of interpretive, material practices that make the world visible. These practices turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings and memos to the self (Denzin and Lincoln, 2011).

The data collection methods of a qualitative research design allowed me to access the participants' world and their lived experiences (Bryman, 2008). In this case, the participants were a small sample of practitioners working in systemic units at a specific Local Authority. The data collection methods used included observations of the unit meetings and in-depth interviews with practitioners in the units. This enabled me to collect data in a systematic way (Bryman, 2008) that is meaningful, and provided a better understanding of the systemic unit model's processes and how the model is applied in practice.

Employing this design enabled me to uncover, learn and faithfully describe the nature of the systemic unit model application as a social phenomenon. (Hammersley and Atkinson, 2007; Bryman, 2008). It provided an in-depth and interpreted understanding of the social world of practitioners in such units (Ritchie, Lewis, and Elam, 2003). This design is a flexible strategy, conducting a real-life enquiry in the

real world of the application of the systemic unit model, looking at what naturally happens in unit meetings rather than in manipulated settings. The qualitative research design allowed me to be the key instrument for collecting data, using data collection methods which are flexible, thoughtful and that involved close contact with the participants and their worlds (Richie, Lewis and Elam 2003; Hammersley and Atkinson, 2007; Bryman, 2008).

Whilst I was conducting this study, I was aware of the advantage of qualitative research in that it allows a deep exploration during the data collection process, which results in a rich and detailed description of participants' experiences (Denzin, 1989). However, I acknowledge that it does depend on whether the participants communicate a detailed and in-depth description of their experiences. Additionally, it requires the objectivity of me as the researcher to be free as possible of bias when the data are interpreted. Qualitative data does not fit into a statistical test that confine or limit interpretation, but themes and meanings of experience emerge from the data. The nature of qualitative research design allows me as the researcher to look at the big picture and notice common themes in participants' perceptions of their experience, and to holistically understand the participants' experience in their specific settings (Creswell, 2013; Denzin and Lincoln, 2011). Qualitative data bring meaning to and support the understanding of the lived experiences of participants, with the potential to contribute to the development of new theories and changes in policies or changes in individuals' actions. Qualitative data may also help to expose misconceptions about an experience and enable the participants' voices to be heard. In summary then, I look at the advantages and limitations of qualitative research in the context of this study.

5.1.3.2 Advantages of qualitative research

- It is an interpretive, naturalistic approach that offers a way to understand social reality, allowing the researcher to gain objective personal insight (Maxwell, 2013)
- It explores the meaning that individuals and/or groups ascribe to a social or human situation or problem (Creswell, 2013)

- It is an inductive way of focusing on the individual, as well as the complexity of a situation (Creswell, 2013)
- Participants can provide detailed information about their experience and understanding and can be questioned for further details (Bryman, 2008)
- It has the potential to lead to very rich data in areas that may not have been previously explored and may explain why things happen and why people feel the way they do (Bryman, 2008).

5.1.3.3 Disadvantages or limitations of the qualitative research

- It is possible that research participants find it difficult to express their thoughts and feelings about the phenomenon due to factors such as language barriers, age, embarrassment or the presence of the researcher. I explain how I minimise this in section 5.7.3 (p44). However, during the interviews with the participants I did not experience this limitation as participants were talking freely about their experience of working in the systemic unit model.
- It can be difficult for a researcher to be aware of their own bias, and bias can influence the reliability of the results. I explain how I minimise this in section 5.7.3 (p44).
- Findings from qualitative data do not produce data that can be generalized to the entire population. The aim of this study is to gain a more personal understanding of the application of the systemic unit model in a particular setting with the potential to contribute valuable knowledge to social work practice (Myers, 2000)
- It may be difficult to gain access to participants. Fortunately, I had a gatekeeper within the organisation assisting me to gain access to participants
- Gathering data and analysing the data takes a considerable amount of time and can be difficult (Flick, 2011). Challenges include making appointments with participants, their accessibility, their availability and time constraints, as well as the volume of data that could be collected with in-depth interviews and observations.

Given the above, I argue that a qualitative design was an appropriate choice for addressing the aims and objectives of this study. Combining qualitative methods can be helpful, revealing and valuable in qualitative research (Ritchie et al., 2013, p.5). To ensure robust research, the individual perspectives of the practitioners involved in the systemic unit model, as well as observation of the unit meetings, were employed, thus I will go on to consider the specific methods chosen.

5.1.4 Research methods

With a constructivist approach, the study is designed to capture the experiences and perspectives of a selected group of individuals working in the systemic unit model. It was therefore important for me to collect data directly from practitioners, to hear their voice and to understand, from their perspective, how the systemic unit model functions and their experiences of working in the systemic unit model. It is necessary therefore to explore what is happening in the unit meetings, since the unit meetings are at the centre of the systemic unit model. Thus, I observed 15 unit meetings and conducted 13 semi-structured in-depth interviews. The justification and detail of the observations and semi-structured in-depth interviews methods are described in section 5.5.

5.2 Ethical considerations

Before accessing the research site, approaching potential research participants and beginning to collect data, research ethics and governance approval was obtained from Anglia Ruskin University as well as from the Local Authority in which the study was to be conducted. Ethics committees have been established focusing on protecting those who are taking part in the research process. In general, the concerns are:

- To maintain the safety, dignity and/or privacy of those one is researching
- To respect the well-being of the field site and the people there
- To enquire ahead of time whether or not the informants wish to remain anonymous
- To not exploit for personal gain those whom one is studying
- To ensure full transparency of the purpose of the research and the role of the researcher.

Ethical responsibility and understanding ethical issues linked to research must be of great importance to any researcher. It is necessary to develop a sensitivity to ethics and recognise that there is no simple solution to ethical issues. An ethics research governance committee needs to appraise and approve any research before it is undertaken by a researcher (McLaughlin, 2011). Creswell (2013) proposes that a qualitative researcher will face many ethical issues, regardless of the approach of the enquiry and likewise, Gelling and Munn-Giddings (2011) argue that the ethical

principles to be considered in any research are the same regardless of the methodological approach. In social research such as this the main areas of ethical concern relate to harm to participants, lack of informed consent, invasion of privacy and deception (Bryman, 2008). Strategies to promote the dignity, rights, safety and wellbeing of participants should be key aspects of a quality research culture.

In this study, the focus is on the experiences and perspectives of unit practitioners. Such a focus requires that participants reveal personal information about themselves and the researcher may enter sensitive areas of enquiry, due to possible intrusion into private experiences (Rubin and Babbie, 2008). Issues of ethical importance may be encountered throughout the research process. Finding solutions to ethical issues is essential to legitimate research and requires reflection and sensitivity. It is sometimes more difficult to solve ethical dilemmas in qualitative research than in quantitative research (Bryman, 2008; Flick 2011; Ritchie, et al., 2013). Thus, ethical considerations such as informed consent, confidentiality, anonymity, debriefing and deception are regarded as fundamentally important whilst conducting this research (Bryman, 2008).

A participant information sheet form, consent form for observations of unit meetings and interviews and withdraw form were designed and provided at least two weeks in advance of my first meeting with participants, which allowed potential participants to be fully informed of the nature of the research (see Appendix 5, 6, 7 and 8). During the first meeting a further verbal explanation and opportunity to ask questions was offered to ensure that all participants fully understood the purpose of the research and the implications of their participation. As Bryman (2008), Rubin and Babbie (2008), and Gelling and Munn-Giddings (2011) propose, the consent form included the following:

- Assurance that participation is voluntary, withdrawal is possible at any time, and questions can be refused
- As much information as possible about the research so that participants can make an informed decision about their involvement
- Assurance that care will be taken to protect the participant's safety and wellbeing, with care being taken to help any participants who are negatively impacted

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- Assurance that the findings of the research will be shared with participants to inform them about what was learnt.

Confidentiality issues were addressed at all stages of the research process; this involved access to the potential participants, access to records of data collected, storage of data, and the analysis and reporting of findings (Rubin and Babbie, 2008; Greener 2011). Furthermore, confidentiality also refers to the principle that as the researcher I will be able to identify individual participants' responses, but do not do so publicly (Rubin and Babbie, 2008). I assured the participants that any data collected during observations and interviews would be treated in such a way as to protect their identity. However, situations can arise in social work research in which ethical considerations dictate that confidentiality cannot be maintained. I was mindful that it is the researcher's responsibility to report this to the proper agency. Therefore, participants were informed of this possibility during the consent process (Rubin and Babbie, 2008). However, I reassured participants that if such a situation arose, I would first discuss this with the participant and then seek advice from my supervisors.

Anonymity refers to the idea that a reader is not able to match a given response with a given participant (Rubin and Babbie, 2008). Hence, each participant interview was given a code, such as SW1.1 (social worker 1 from unit 1). The recorded interviews were transferred to a password protected file, which was saved on my password protected university laptop. To increase confidentiality and data security the transcriptions were also coded. The findings were written up in such a way that it is not possible to identify who said what so that each participant remains anonymous.

The data collection process involved close interaction between participants and researcher, which may have resulted in sensitive subjects emerging and raising distressing responses from participants. Therefore, as part of the research plan, I prepared and identified competent professionals who could offer appropriate support and advice if required (McLaughlin, 2011). Fortunately, this did not happen, but if such a matter should have arisen, the participant would have been given the opportunity to either discuss it with me or be referred to another professional.

The participants were fully aware of who I was, and that this study was part of a doctorate being undertaken at Anglia Ruskin University; thus, deception was not an issue.

Other ethical requirements are also considered to be important for this research project. These, as suggested by Gelling and Munn-Giddings (2011) are as follows:

Value - It is important to consider whether this research project would have value by increasing knowledge and understanding about the application of the systemic unit model. A rationale for the study was achieved through a literature review demonstrating that other researchers recommend further investigation on aspects of the systemic unit model (Forrester, et.al. 2013; D'Arcy, 2013). **Scientific validity** - Research ethics committees take the view that 'bad science' results in 'bad ethics' (Gelling and Munn-Giddings, 2011). If this study does not demonstrate scientific validity, it will be unethical. Therefore, the research approach, design and methods used in this research should be appropriate and rigorously implemented. These were justified in the methodology considerations section (5.1.2; 5.1.3 and 5.1.4).

A favourable risk-benefit ratio - Possible risks should be minimised and possible benefits should be maximised. According to Grady, chief of the National Institute of Health (2012), when people are invited to participate in research there is a strong belief that it should be their choice, based on an understanding of what the study is about, and what the risks and benefits of the study are (NIH,2012). In this research, one of the risks is that if both social worker participants and consultant social worker in the same unit are interviewed, the trust inherent in their professional relationship could be put at risk. To prevent this from happening, I reassured participant confidentiality, before every interview was conducted. I offered support for participants if this were to happen, however nobody came forward.

Independent review - To ensure that the expected scientific standards are met, an independent review by someone with no affiliation to the research project

should be carried out (Gelling and Munn-Giddings, 2011). The Anglia Ruskin University Research Ethics Committee, as well as the Quality Assurance Committee of the local social work organisation reviewed the research project proposal to ensure the study will have value and that the science is appropriate.

Maxwell (2008) states that ethical concerns should be involved in every aspect of the research process. Throughout the study I considered all aspects of ethics, and during my observations and interviews I was alert for any signs of ethical issues.

Thus, to summarise the ethical issues identified and considered during my study were that respect for the dignity of the participants should be prioritised; full consent should be obtained prior to the study; that confidentiality and the anonymity of participants was ensured; honest information about the study and fully transparency about the purpose of the research and the value of the study were provided.

5.3 Sampling technique and the sample population

When deciding on the number of participants I should recruit, one of the main considerations was obtaining in-depth, rich descriptive data (Ritchie, Lewis, and Elam, 2003), which given time constraints could be gained from a relative small sample size; this would be usual in a qualitative study of this scope (Ritchie, Lewis, and Elam, 2003). Bryman (2008) and Ritchie, Lewis and Elam, (2003) state that it is not necessary to obtain a large sample if the data are properly analysed and that there will be a point when very little new evidence can be obtained, thus an increased sample size does not necessarily mean more evidence is obtained.

In the early stages of the research design, decisions were made concerning which sampling method would be used to select from the population (Ritchie, Lewis and Elam, 2003; Bryman, 2008).

The main questions I asked were:

- What kind of data do I need to collect to answer the research questions? (Baker, Edwards and Doidge, 2012)

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- Who or what is to be sampled and what kind of population will be appropriate?
- What are the aims and objectives of this study?

Thus, to enable me to answer my research questions, I decided on purposive sampling as the focus of the research is on particular characteristics of a particular group of interest (Ritchie, Lewis and Elam 2003; Bryman, 2008); in the case of this study, practitioners working in the systemic unit model in one Local Authority. The focus of this study is not about whether applying the systemic unit model benefits service users, but rather it sets out to describe the perspectives and experiences of social workers and practitioners in applying the systemic unit model.

The specific characteristics of the sample were therefore:

- A Local Authority where Children's services were applying the systemic unit model
- Geographical accessibility
- Social workers and other practitioners working within that Local Authority.

Within the chosen Local Authority which had implemented the systemic unit model in January 2012, the children's social care workforce had been divided into 49 units, each unit consisting of a consultant social worker, a unit coordinator, two or three social workers and a clinician. Each unit provided assessment services (ASSES), child in need services (CIN), and looked after children services (LAC). These 49 units were allocated to specific geographical areas. I invited all the units (five) based in a specific geographical area to participate in the research. I chose a specific geographical area within the Local Authority for practical reasons, such as travel distance and time to conduct the interviews and observations. Out of the five invited, three units accepted the invitation to take part in the study. I had previously aimed to include a minimum of three units in my study. The rationale for using three units was that it should give me sufficient data and, in this instance, should represent the five units in that specific geographical area of the Local Authority.

The sample included all practitioners across three units who were working in the systemic unit model in order to develop a common understanding (Creswell, 2013).

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The first aim of this purposive sampling was to ensure coverage of all significant participants involved in systemic units are representative of the study population. The second aim was to ensure the involvement of all different practitioners in systemic units in order to include, comprehensively, the full diversity of their different roles and experiences (Ritchie, Lewis and Elam, 2003). Thus, by including all the practitioners in a unit, I was assured of capturing the diversity of different roles, and thus the different professional experiences, clinician, consultant social worker, unit coordinator, and social worker. Although purposive sampling involves deliberate choices, it should not suggest any bias in the nature of the choices made, and it requires clear objectivity (Ritchie, Lewis and Elam, 2003). I was objective in the choices of the participants as I did not know anybody from the sample prior to undertaking this research.

I was introduced to a consultant social worker from a systemic unit in the Local Authority within the chosen geographical area. This gave access to a systemic unit, which enable me to conduct a pilot study which I describe in section 5.4. I also contacted the gatekeeper at the Local Authority to obtain a list of all the units, with the contact details of the unit coordinators and the consultant social workers. I believe that accessibility to the final sample was made easier by the fact that I was introduced personally to the District Manager, some of the unit coordinators and a consultant social worker, and that I was known in the building for carrying out the pilot study in one of the units.

The participants for the interviews included the individual practitioners in the three units, which is the consultant social worker, two social workers, a clinician and the unit coordinator. Whilst there were five participants per unit, only 13 were finally interviewed. This range of participants enabled me to collect data from a range of practitioners with different processes and roles which would inform and explain how the systemic unit model is applied (Hammersley and Atkinson, 2007; Bryman, 2008). Ritchie, Lewis and Elam, (2003) claim that choosing participants based on specific characteristics makes it possible for a researcher to explore in depth and understand the main themes and processes under investigation. The participants represent a wide range of experience, training and skills, from newly qualified social workers to very

experiences practitioners. The participants work closely together in the three units and all have some experience of working in the systemic unit model. They each attend weekly unit meetings where they interact with each other and have in-depth discussions about cases thus forming relationships with each other. Figure 6 illustrates the structure of a unit and the interactions that take place during a Unit meeting. See table 2 in which I list the demographics of the participants, such as training, qualifications and experience of the 13 practitioners interviewed.

It is important in qualitative research to provide contextual information about the participants in order to understand their experience and perspectives (Elliot and Timulak, 2005). Qualitative researchers aim to provide thorough descriptions of their sample, so that others can make judgements about the transferability of findings to other similar samples (Elliot and Timulak, 2005).

Job Title	Trained in systemic practice	Participants' experience in systemic unit model	Participants' experience in social work traditional model	Participants' background
Consultant social worker (Sue)	Yes	3½ years' experience as a consultant social worker	7½ years in traditional social work	11 years' experience as a social worker
Consultant social worker (Phat)	Yes	5 years' experience as a consultant social worker	2 years in traditional social work as a student social worker	Leadership training and Assessment and CIN experience
Consultant social worker (James)	Yes	2½ years' experience as a consultant social worker	experience in traditional social work unclear	background unknown
Clinician (John)	Yes	4½ years' experience as a clinician	experience in traditional social work unknown	qualified educational psychologist and with family systemic practice experience
Clinician (Jenny)	Yes	18 months' experience as a clinician	experience in traditional social work unknown	trauma therapy experience and 2 years as psychologist/CBT
Unit coordinator (Toni)	No	5 years' experience as a coordinator	experience in traditional social work as business support	general business support experience within assessment team and working in asylum children's team
Unit coordinator (Wendy)	No	5 years' experience as a coordinator	experience in traditional social work unknown	general business support
Unit coordinator (Glen)	No	3 years' experience as a coordinator	no experience in traditional social work	background unknown
Social Worker (Alex)	No	1 ½ years' experience as a social worker in systemic unit model	9 ½ years' experience in traditional social work	experience in assessment, CIN, child protection, and court team
Social Worker (Chris)	No	8 months' experience as a social worker in systemic unit model	unclear as to whether experienced in traditional social work as a social worker	experience in YMCA and specialist service in youth offending
Social Worker (Mary)	No	3 years' experience as a social worker in systemic unit model	no experience in traditional social work	background unknown
NQSW (Jane)	Yes	4 weeks' experience as a social worker in systemic unit model	no experience in traditional social work	8 years' experience as multi-systemic therapist
NQSW (Robert)	Yes	4 months' experience as a social worker in systemic unit model	6 months' experience in traditional social work	background unknown
13	**7**	13	5	

Table 2: Demographics of participants

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5.4 The pilot study

Before commencing the research, I carried out a pilot study to identify and address any potential methodological issues (Wray, Archibong and Walton, 2017). I could only conduct my pilot study once I understood my research topic and its aims and objectives, the research paradigm that is social constructivist and interpretivist, the underpinning epistemology, the methodology and the data collection methods that I planned to employ.

The pilot study has the role of making sure that the research methods as a whole function well (Bryman, 2008). Thus, the pilot study would give me the opportunity to test the planned methods and procedures with a smaller sample ensuring that these methods would work with the larger and more comprehensive study (Thabane et al., 2010). The National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre defines a pilot study as:

> "A smaller version of the main study used to test whether the components of the main study can all work together. Although these definitions are mainly for quantitative studies, one can argue it is also applicable and relevant for qualitative studies. A pilot study is focused on the processes of the main study" (NETSCC, 2014).

In conducting the pilot study, I would be able to anticipate some of the possible challenges ahead, increase my understanding of any resource implications and have an opportunity to assess the potential limitations of the study.

Wray, Archibong and Walton (2017) and Bryman (2008) highlight the objectives of a pilot study (see figure 12):

- To test research methods and tools, including the observation and reflective template (see figure 8), and the semi-structured interview questions
- To identify any issues and barriers relating to recruitment of potential participants
- To identify what the researcher learned about herself and where improvements could be made
- To gain further knowledge of the research process.
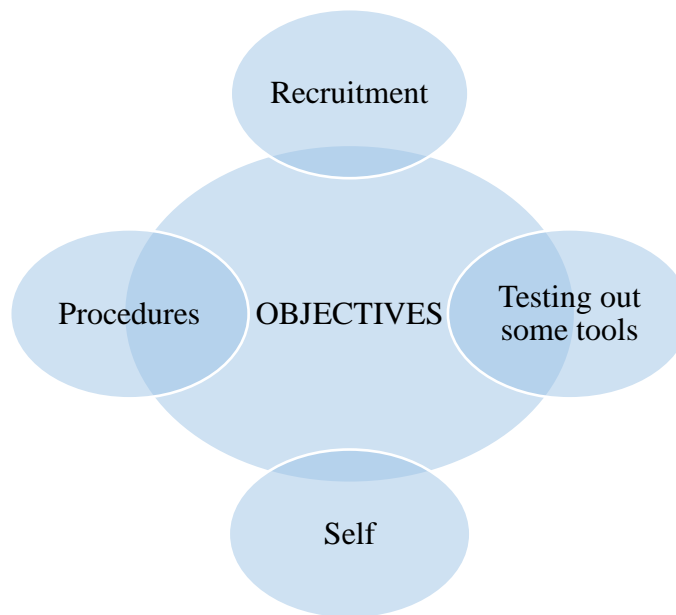
Figure 12: <u>Pilot study objectives</u> Wray, Archibong and Walton (2017)

In my pilot study, I observed consecutively five unit meeting in one particular unit in a Local Authority that implemented the systemic unit model and conducted one interview with one of the practitioners in the unit (I justify the research methods in 5.1.4).

As previously stated, I was introduced to the consultant social worker in person before the pilot study was conducted. The consultant social worker informed the unit practitioners about the research project, presented the participant information sheet to the unit members and obtained their consent to be involved' she thus prepared them for me to observe the unit meetings. Prior to the first observation, I developed an observation and reflection template to record my notes immediately afterwards (see figure 13). I attended five consecutive unit meetings during the pilot study. In preparation I refreshed the observation skills that I would need in the unit meetings, taking into account the objectives of the pilot study, the research questions and the aims and objectives of my study.

I used the following observation skills throughout the pilot study:

- **Focus:** I focused on the different roles of the practitioners, the interactions between them, the processes, the atmosphere within the group, the body

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language of the participants, the words used and any repetitions. At the same time, I also focused on whether or not I needed to improve or make changes to my observation/reflection templates

- **Field notes:** I used an observation and reflection template to make notes on what was happening during the unit meetings and to record my reflections after the meetings
- **Use of several senses:** I focused on both hearing and seeing, being more aware than usual of the words being used, tone of voice, particular patterns, manners, how people sit and talk, facial expressions, particularly being aware of any changes.

As Creswell and Poth (2017) recommend, I decided to use one pilot interview to inform my final interview schedule. I therefore conducted a pilot interview, to investigate the appropriateness of the interview questions and to practice the interviewing techniques as preparation to the main study (Creswell and Poth, 2017). I conducted the interview in a private room with one participant from the pilot observation unit who had given consent for an interview. I showed the participant a hard copy of the semi-structured interview questions, assured her again of confidentiality and advised her that she was free to refuse to answer any question that she felt uncomfortable with and could stop the interview at any time, without giving a reason. The interview was relaxed, perhaps because the participant had previously seen me at five earlier unit meetings. The interview lasted 48 minutes.

I measured the success of the pilot study against the following questions that I asked myself as suggested by Wray, Archibong and Walton (2017):

- How did the participant respond?
- Did the data collection tools work in practice?
- What did I learn about myself and how can I improve?

With regard to the participants' responses, since my observations were overt, they were fully aware of the purpose of my attendance at their unit meeting. They were interested in my study, accepted my role as observer, and appeared to carry on with their meeting procedures as usual. I knew my presence in the meeting could influence the behaviour of the participants.

With regards to whether the data collection tools worked in practice, attending the unit meetings and undertaking an interview not only helped me to modify and develop the

semi-structured interview questions, but also to change and modify the observation and reflection template in order to record data that would answer my research questions. As I learned about the different roles of the participants in the unit, I realised I had to develop separate interview sheets, for the consultant social workers, the clinicians, the social workers and the unit coordinators. In the observation and reflection template I needed to add specific headings that relate to the different roles of the participants, for example "leadership"

With respect to learning about myself and my role as a researcher, the pilot observation of the five unit meetings increased my confidence that the tools selected for use would allow me to collect descriptive and comprehensive data related to the research questions. The duration of the meetings was between four and five hours, therefore I had to prepare myself to be more focussed and well rested. It also became apparent to me that there was a substantial amount of practical information and knowledge concerning the application of the systemic unit model that I needed to make myself familiar with in order to enable me to understand the functioning of the unit and the participants' roles; therefore, after I completed the first pilot observation study, I made a summary of questions that came to mind during the observation:

- What were the goals of the meeting?
- At the end of the meeting, were the goals achieved and how?
- How many cases per unit?
- Is the clinician permanently employed and does she/he attend all the unit meetings?
- Is the clinician the only other practitioner involved?
- What is the role of the clinician?
- Are the notes that have been taken by the unit coordinator linked to the bigger system?
- How do the practitioners coordinate the different tasks in one case?
- Does the unit team leader or consultant social worker also visit the same cases?
- How do the risk assessment tool colours work?
- Are there prescribed instructions, protocols or policies on how to manage Unit meetings?
- Are there role descriptions for all the practitioners in unit meetings?
- What is the specific training for the unit practitioners?
- What theoretical framework has informed the decision-making process, and assisted the understanding of the situation?
- Did practitioners consider the possible consequence of their actions?

I also realised, after observing the first unit meeting, that it was essential to attend at least four further meetings, which would enable me to gain insight and knowledge about the processes, interactions and different roles of the practitioners in the unit. It would also be helpful to observe a unit meeting where not all the practitioners in the unit could be present, especially when a clinician, consultant social worker, a leading social worker or the unit coordinator was absent, as this was highly likely to influence the functioning of the unit. For my part, I felt included in the group and they appeared to accept me. In retrospect, I believe that this made the interview with the participant more relaxed and able to be open. This may well have helped the participant to be more honest and thus potentially the data more reliable.

Conducting the observation pilot study made it clear that using observation and semi-structured interviews as data collection tools had the potential to answer the research questions of this study. Observations as a data collection tool would allow me to observe at first-hand what was happening in unit meetings that is, which practitioners were involved, their different roles, their activities, their interactions the sequences of events in meetings, the timings, the emotions displayed through body language, what was said and how.

Conducting the pilot interview made me aware that I needed modifications to my interview schedule as some of my semi-structured interview questions were leading questions, and that I asked two questions in one question. I knew I needed to change my questioning in the main study. Hence, my interview schedule evolved following the pilot interview.

The pilot study gave me the opportunity to identify shortcomings and strengths in my observation methods, skills and the semi-structured interview schedule. Wray, Archibong and Walton (2017) stated that by undertaking pilot studies, practical issues can be shaped and refined; moreover, improves an understanding of the research process. Thus, by conducting a pilot study I developed valuable insights, understanding and a feel for what to expect when I conducted the main study.

5.5 Data Collection

Rubin and Babbie (2008) state that qualitative research data collection is a matter of going where the action is, watching and listening and learning just by being aware of what is happening. At the same time, it is essential and appropriate to ask questions about why people are doing what they are doing. Thus, qualitative data collection methods are exploratory and concerned with gaining insights and understanding of a specific phenomenon (Bryman, 2008). Therefore, observation and semi-structured interviews were the appropriate data collection methods for this study.

The data collected concerned participants' perspectives and experiences concerning applying the systemic unit model as well as information on the unit processes and the practitioners' different roles in the units. Thus, paying attention to the McKinsey 7S's Model which was used developing the systemic unit model in the "Reclaiming Social Work" initiative (see figure 3), three types of data were collected. As explained in developing my conceptual framework, I took into consideration the 'hard' elements (Strategy, Structure and Systems) and 'soft' elements (Shared values, Style, Staff and Skills).

Thus, the data included:

- Field notes, from observing the 15 meetings of the three units, being particularly mindful of the three hard Ss; Strategy, Structure and Systems
- Data generated by group interactions and reflections, considering the soft Ss; Shared Values, Style, Staff and Skills
- Detailed notes from transcripts of the 13 in-depth semi-structured interviews with the participants in these three units.

Taking into consideration the time constraints of both the participants and the researcher, a plan was drawn up for conducting the observations and semi-structured in-depth interviews. Data collection was conducted between March and June 2017

5.5.1 Observations

Observation has become a common data collection technique in social science research. Careful observation can give valuable insights into what one is studying,

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(Smart, Peggs, and Burridge, 2013). Although observation is known to be a tool for generating naturally occurring data in ethnographic studies, it has more recently become apparent that it can be used as a tool in other qualitative studies to explore and understand not just the experiences of participants, but also how things work (Kawulich, 2012). It has been noted that there is a vital need for studies of how things work in organisations and management (Watson, 2011). Bryman (2008) states that observation is a tool for observing behaviour and interactions, rather than just relying on what is said. Participant observation here means structured, planned and formal arrangements to attend unit meetings to observe ongoing behaviour (Alston and Bowles, 2003; Bryman, 2008). This includes observing interactions, body language, and what people say and how they say it. It also involves being aware of what is happening, that is, the atmosphere and culture of the group and the questions that are asked, including reflection and the taking of notes. Observation of unit meetings could highlight complexities such as the inter-relationships between professionals, and the processes in the systemic unit model for safeguarding children. Through observation it is possible to collect words, stories and themes with which to address the research questions. Thus, the purposes of the observations were:

- To explore and understand how things work
- To observe the skills of practitioners and the complexities that occur
- To observe the interrelationships between professionals
- To observe the systemic unit model processes and practices as carried out in unit meetings
- To observe behaviour and interactions, body language, what is said and how it is said, noting the atmosphere and culture of the group, their reflections, the questions asked, and the taking of notes
- To observe what is going on, collecting words, stories and themes to address the research questions
- To record activities, duration and time.

Creswell (2013) suggests that when using observation as a method, challenges arise from the mechanics of observing and thus different observation techniques and skills are required. These refer to taking field notes, recording quotes accurately, not being overwhelmed with information and learning how to funnel observations from a broad picture to a narrower one. Therefore, developing an observation strategy with an observation guide is essential.

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I developed an observation guide template (see figure 13) which allowed me to record unit meeting procedures, for example what happens if not all the practitioners in that unit can attend a unit meeting, the different practitioners' roles, how practitioners interact with each other, for example their body language and to record rich, complex, detailed accounts of social interactions and the group dynamics.

UNIT OBSERVATION/REFLECTION TEMPLATE

Unit meeting code: ---

Date and time of meeting: ---

No. in Attendance: --

Time schedule: when meeting starts, what happens: --

The goals of the meeting: --

Notes:

Things that happen over and over---

Phrases---

Behaviour, body languages, hesitations--

How people say things--

Interactions---

Atmosphere---

Group culture---

Shared values---

Skills--

Style--

Strategies---

Structures---

Interpretation and reflection notes:

Identify themes---

Do these themes relate to research questions and literature? --------------------------------------
----

What did I observe that is not in template? --

What did I learn? --

Personal reflection:

What did I feel? Was I able to concentrate, give full attention and be objective? -----------------
----

Do I have any questions that need to be answered because of what I have observed? ------------
----

Figure 13: The Observational Template

Five consecutive unit meetings were observed over a five-week period at the

premises of each of the three units, giving a total of fifteen unit meetings. Each unit

meeting lasted between four and five hours during which I took notes using the template (Figure 13). After observing each unit meeting, I reflected on the meeting and made notes.

I captured the processes of the unit meeting. Over the period of observing 15 unit meetings and the pilot study I gained knowledge of the different roles of the practitioner, I became familiar with the different roles of the practitioners in the unit and how each unit worked (Simpson and Tuson, 2008; Greener, 2011; Ritchie et al, 2013) Thus, I observed the interactions of the practitioners and the impact of the different roles; such as the leadership role of the consultant social worker, the input of the clinician, the role of the unit coordinator, and the lead social worker of a specific case. Apart from taking notes on the observation template during the meetings, I also wrote down my interpretations and reflections as soon as possible after every meeting observed. I report on the observation findings in chapter six.

The observation tool gave me valuable and detailed insights in how the systemic unit model is applied and gave me direct access to information that no other method could provide (Simpson and Tuson, 2008). It also gave me the opportunity to observe and identify theory-in-action (Petty, Thompson and Stew, 2012), such as reflective practice.

According to Petty, Thompson and Stew, (2012 the disadvantages of observation data collection is that it is time consuming to gather and to analyse; additionally, the presence of the researcher may influence participants' behaviour. Whilst acknowledging the latter point, I believe that the participants became used to my presence over the time period; this consistent attendance at unit meetings also supported the interviews with participants, as I became well known to them. Although observation data collection and analysis is time consuming and seen as a disadvantage, I was prepared for this as I judged that observation was a method to best answer my research question, "How is the systemic unit model applied in social work practice?"

5.5.2 In-depth, semi-structured interviews with participants

On the same day, either before or after a unit meeting, I arranged an interview with one of the participants who had been in attendance. Ten interviews were conducted with participants of the first two units and three interviews were conducted in the third unit giving a total of thirteen interviews. The interviewees were three consultant social workers, three unit coordinators, two clinicians and five social workers, which was a balanced representation of the different practitioners in a unit. The interviews were audio recorded with the consent of the participant and after each interview, I audio recorded my own reflective notes, which I later transcribed.

My initial planning was to conduct five interviews in each unit. Unfortunately, it was only possible to conduct three interviews in the third unit as the unit was very busy and participants were engaged all the time with emergency cases. After four unsuccessful attempts to arrange interviews with two participants I decided, after discussion with my supervisors that the 13 interviews already conducted were sufficient for this study, as comprehensive data had been collected.

Attendance at the unit meetings, interviews with each participant and access to a private and confidential space were arranged well in advance with the relevant participant and unit coordinator.

The specific purpose of the interview is first of all to explore and gather experiential narrative material, stories, reflect on it and thus develop "a richer and deeper understanding of a human phenomenon" (Van Manen, 2014, p. 314). In-depth interviews are described in the literature as a one-to-one method of data collection and are mostly unstructured or semi-structured (Babbie, 2013). During this process, the interviewer and the interviewee discuss the research topic. This is also called a 'conversation with a purpose', an 'active enquiry' or an interaction through which an interviewer obtains data from an interviewee by asking open-ended questions (Neuman, 2011; Babbie, 2013). In order to generate a range of insights and understandings that would potentially be useful for answering the research questions,

I considered suggestions made by Rowley (2012) and responded to them with respect to my study:

- **Who will be interviewed?** - Practitioners in the units with different roles, experiences and backgrounds
- **What type of interview will be best?** - A semi-structured interview, as it will allow the greatest flexibility in exploring the research question; "What are the experiences and perspectives of practitioners on the application of the systemic unit model at a Local Authority". A semi-structured interview will allow the respondent to talk in depth, using their own words, which could help me to develop a real sense of understanding of the participant's experiences and perspectives (Bryman, 2008). Furthermore, it will give me an opportunity for a deeper understanding, as I can ask for clarification, further explore the thoughts and interest of the participant, which in turn generates rich data (Doody and Noonan, 2013). Structured interviews were rejected as, like a questionnaire, the questions are not open-ended, which will not give the opportunity to explore the phenomenon (Rowley, 2012; Doody and Noonan, 2013)
- **What questions will be asked?** - Open-ended questions as the interviews will be designed to generate data that is intended to answer the research questions. I had to ensure that interviewees understood the questions and considering that it is unlikely that the interviewee will understand academic terms, I kept the questions clear and straightforward. I focused on not asking leading questions or to include two questions in one, not to be vague or general. The questions were open-ended so to be able to avoid "yes/no" answers (Rowley, 2012). I created an interview guide before conducting the interviews (see figure 14)
- **How should I open the conversation?** - It was of great significance to me to always remember that the interview is a conversation and the best way for me to start the interview was to introduce myself and the research, explain why I am undertaking the research and why it is of interest to practitioners. Furthermore, I assured interviewees that anything they say would be confidential and reminded them that if they do not want to answer a question, they are free not to do so (Bryman, 2008). Finally, it was important that the interviewee needed to be fully engaged in the interview process. As the systemic unit model was implemented not more than four years ago, the research topic was especially relevant to the participants' work and they were therefore likely to be keen to engage and answer the questions. As people generally like giving their opinions, I ensured that enough scope was given to them during the interview to express their opinions and to discuss their experiences (Rubin and Babbie, 2008)

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- **How long should the interview be and how many should be carried out?** It is important to take into consideration the length of time that interviewees are willing to make available for the interview, and what is needed to generate sufficient interesting findings; Rowley (2012) suggests that interviews be 30-45 minutes.

Face to face in-depth, semi-structured interviews were personally conducted by me, in which I not only listened to what the interviewee said, but also paid attention to non-verbal communication (Babbie, 2013; Bryman 2008) and gathered thick experience and perspective descriptions from participants (Van Manen, 2014, p. 314)

As indicated above, an interview guide was created beforehand. This outlined the issues and topics that the researcher as the interviewer was to cover in the interview. However, I was flexible in the use of the interview schedule, adapting the sequencing and wording of questions to each interviewee. Each interview focused on the same topics and issues (Patton, 2005; Rubin and Babbie, 2008). The main reason for asking open-ended questions was that I had to be careful not to impose ideas or words on the participant (Greener, 2011). Open-ended questions allowed interviewees to respond using their own words, experiences and perspectives, which are meaningful and full of rich and explanatory content (Greener, 2011). The interview guide relates to the research questions, and only relevant personal information was collected at the start of each interview, such as the interviewee's professional background, the length of time of working in the systemic unit model and what training they had received in the application of the Model (see figure 14).

INTERVIEW GUIDE

- How long have you been working in the unit?
- Do you have experience of working in traditional social work models, and if so for how long?
- What other practice experiences do you have?
- What can you tell me about your training activities for working within the systemic unit model?
- Tell me about your experience of working within the systemic unit model.
- Tell me about your experiences of the unit meetings.
- Can you describe the processes and structures involved in applying the systemic unit model to me?
- If you could make any changes, what would you suggest?
- What do you like or dislike most about applying this model?

Figure 14: Interview guide

According to Bryman (2008), these questions should encourage participants to talk freely and to tell their stories using their own words. The emphasis is on the interviewee's own perspective. It was important to remember that this interview schedule is only for guiding the interview. Additionally, the interviews are not just about asking questions, but also about non-verbal communication, observing what the participants do during the interviews, how they react, their body language, facial expressions and gestures. After the interviews I made notes of what happened during the interview, for example that the interviewee was fully engaged, talked freely, was keen to answer the questions and gave detailed descriptions of their experiences. Two Dictaphones were used to record the interviews, with the permission of the interviewees. The interviews were executed in the practitioners' work setting, with a private room booked in advance. The interviewees were invited to talk about their attitudes, beliefs, behaviours or experiences as practitioners in the systemic unit (Rowley, 2012)

5.6 Data processing and data analysis

As constructivism is my ontological position, my intent was to make sense of the meanings of the world of practitioners working in the systemic unit model from their perspective (Creswell, 2013). Thus, the theoretical idea will derive from the raw data using an inductive analysis approach. The goal of the study is, to rely as much as possible on the participants' views of working in the systemic unit model. The inductive approach allows the research findings to emerge from the frequent, dominant or significant themes ingrained in the raw data (Creswell, 2013). Thus, this is an inductive thematic analysis that involves a 'bottom up' strategy. Patton (2005) refers to this process of qualitative data analysis as inductive analysis and creative synthesis, which depends on the researcher's insights and conceptual capabilities. Furthermore, in order to judge the quality of the findings, it is necessary to be methodical in reporting sufficient detail of the data collection and analysis processes (Patton, 1999). Creswell, (2013) stated that in order to develop an increasingly detailed knowledge of the subject, a data analysis strategy needs to be followed. The data analysis framework I used was adapted from Creswell's stepwise method (2013) and The Framework (Smith and Firth, 2011) (see table 3).

In the data analysis process, I aimed to examine the experience from the participants whose experience it was rather than imposing other people's interpretations (Patton, 2005). Thus, the commonalties of the experience of the application of the systemic unit model are the understandings of the participants. The process of qualitative data analysis is time-consuming and a continuous and iterative process. It is also labour-intensive since qualitative research produces a large amount of rich detailed data, which is subjective and contextual (Byrne, 2003; Patton, 2005; Bryman, 2008). Thus, qualitative data analysis involves firstly preparing, sifting, sorting and organising the data.

The raw data is analysed in stages to identify what is distinctive. This is concerned with evaluating, recognising, coding, mapping, exploring and describing patterns, trends, themes and categories (Patton, 2005). The process is analytical, descriptive

and interpretive. It involves describing, explaining, understanding and interpreting, but is grounded in the original data set.

The data analysis requires making sense of the evidence in order to develop an in-depth understanding of the underlying meanings of the collected data (Grinnell and Unrau, 2011; Creswell, 2013; Ritchie et al., 2013). It is essential to distinguish my views from the views of the participants, and to analyse the realities of the participants; developing themes that represent the collected data and that address the research questions. Before undertaking the analysis, I made notes of my assumptions and my values and life experiences and how they might shape how I read and interpreted the data. An important assumption that I had to put aside was that I had the idea that the systemic unit model was simply a way of conducting supervision as it was first introduced to me as unitary supervision approach and not as a total theoretical social work model.

Braun and Clarke (2006) claim that thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of data. As suggested by Thomos (2006) and Bryman (2008), key questions that informed the data analysis and were asked continuously during the process were:

- What topics and common patterns are emerging again and again?
- How are these themes and patterns related to the focus of the research?
- Are there similarities and differences in the topics?
- Can these inconsistencies be explained or perhaps used to expand or redirect the research?
- Do the patterns or themes indicate that additional data, perhaps in a new area, needs to be collected?

I knew that I had to identify what is distinctive and what stands out, the key topics and the relevance of the data to the research questions. I also looked for different aspects that had not previously been identified. Most importantly, I needed to identify whether the data contributed to a further understanding of how the systemic unit model is applied in practice and whether the patterns or themes indicated that additional data, perhaps in a new area, should be collected. To follow is a table of the data analysis

strategy followed, which is the data analysis framework adapted from Creswell's stepwise method (2013) and The Framework (Smith and Firth, 2011).

	STEP	DETAIL
1	**Managing data**	Prepare raw data, transcribe verbatim audio recordings, create and organise files for data collected from interviews and observations
2	**Reading and notes**	Read and re-read text or notes and transcripts, become familiar with data, make notes and start forming initial codes. This is to get a general sense of the data and its possible overall meaning.
3	**Identify, extract, code**	Extract statements or phrases that are linked to the research questions, start coding, both interview transcripts and observation data, by writing a word that represents a category.
4	**Explore, analyse, describe**	Explore and analyse meanings of statements. Formulate meanings, identify topics, and define these topics and start to formulate themes
5	**Interrelating themes**	Group similar and relating topics into themes and categories. Extract quotes and organise them into the themes and categories.
6	**Describing**	Describe personal experiences. Describe the essence of applying the systemic unit model and the experiences and perspectives of the participants. This should be a comprehensive and rich description of the findings.
7	**Reduction**	Reduction of comprehensive description, which is an ongoing process. Eliminate data that is not useful
8	**Interpreting**	Relate findings to each other. Develop a textual description of "what" happened; - what are the experiences and perspectives of the practitioners? Develop a structural description of "how" the systemic unit model is applied in practice.
9	**Validation**	Seek an expert researcher or research supervisors to review the findings in terms of richness. Compare the descriptive results with the experiences of the participants
10	**Representing, visualisation**	Present a narration of the "essence" of the experience in tables, figures and discussions.

Table 3: Data Analysis (Creswell, 2013 and Smith and Firth, 2011)

Step 1 Managing data

I wanted to achieve an intimate knowledge of the data in a systematic way. Therefore, I carried out the following process:

- The completed observation and reflection templates were reflected on the same day after the observations had been conducted, whilst the information was still fresh in my mind. I also recorded verbal reflective notes after observing meetings
- The observations/reflections were organised into three different groups, according to the three different unit meetings that I attended and observed.
- The interviews were transcribed and grouped into consultant social workers, unit coordinators, clinicians and social workers
- The transcripts and participants were given specific codes, which can only be identified by myself, to protect and maintain confidentiality and anonymity throughout the process
- Thus, the data was arranged into observation data and in-depth interviews data.

Step 2 Reading and notes

Once I had organised the data, I began the analysis. I started with deep reading the transcripts and the observation and reflection notes and listening to the interviews, to understand and become familiar with the data and to have an intuitive/holistic understanding of the raw data. I made notes and listed key concepts, such as support, multiple perspectives, shared responsibility and systemic thinking. I was consciously aware of bracketing out all preconceptions and judgements and I recognised many familiar words, topics, ideas, themes, subjects and clusters of meanings that I have read in the literature about the systemic unit model. I therefore made separate notes about any thoughts, feelings and ideas arising from my own experience. This enabled me to direct my focus onto the participants in the study and allowed me to set aside personal experiences (Creswell, 2013). Although it was impossible for me to completely bracket my personal experiences, it was essential to be conscious of them and note them. I therefore approached the transcripts with openness to whatever meanings emerged. According to Creswell, (2013), the process of bracketing out my own meanings and interpretations by consciously focusing on the participants' world would help me to increase my understanding of what participants are saying (Creswell, 2013).

Step 3 Identify, extract, code

I read the transcripts, identified statements and phrases that were linked to the research questions. I colour-coded relevant words, phrases, clusters of meanings, sentences and sections in each interview transcript and observation record. The verbatim, anonymised quotations I kept and used later in the presentation of the findings (Ritchie, Lewis and Elam, 2003; Bryman, 2008). The relevance of what was coded, was determined by ideas or words and clusters of meanings repeated in several places. For example, what a participant explicitly stated about the importance of the clinician's input, the multiple perspectives, shared responsibility, accountability, the importance of good relationships in the unit between practitioners, and the value of support. During this process of coding, I looked at differences and similarities, between the transcripts and the observation data; what was standing out, how often the same concept was highlighted and how it related to the literature. When all the data were coded, meanings and connections within the interviews and within the observations were explored and analysed. These codes were related to the research questions and the research literature (Bryman, 2008).

Step 4 Explore and analyse.

Through engaging with the data, topics emerged and were identified. (Bryman, 2008). A list was created of these topics, together with a definition and I grouped the clusters of meanings under the relevant topic. During this ongoing process, I was mapping interrelationships, connections and patterns between and across the transcripts and observation data. It is interesting to note that almost all participants acknowledge the importance of the input of the clinician, which aligns with what I have observed during the unit meetings. Hence, the data from observations and interviews were congruent.

I was making notes and organising the data into categories, subcategories and began formulating themes (Bryman, 2008; Creswell, 2013).

Step 5 Interrelating themes

All the emergent initial themes were brought together in a comprehensive description of the experiences of practitioners applying the systemic unit model. At this point the initial themes were extracted from both the observational data and the interview transcriptions, which were grouped and organised into an initial table (see table 4)

Topics/Codes	Category	Initial Themes
• In depth discussions • Specialism • Curious Minds • Language • Knowledge of cases • Different perspectives • Systemic thinking	**Systemic practice/thinking**	*Practitioners value Multiple perspectives*
• Social work is stressful and demanding (stress and demands) • Shared responsibility • Learning from peers • Availability • Working together • Supervision • Positive working relations • Make-up of the unit/construction/atmosphere • Accountability • Transparency • Availability • Support/feeling safe/trust • Qualities and skills of practitioners • Model the model • Support to families within families	**Support**	*A culture of support*
• Induction • Massive change, stressful and uncertainty • Organisational stability • Just carry on • Recent transformation/Merging of Assessment, Child in Need and Look after Child (LAC) units • Continuity and stability • LAC and geographical demands • Make up of a unit/constructing a unit	**Organisational Change**	*Anchoring Social Work practice/stability*

	Value	*Praises, strengths and criticism*
• Built in element of administration • Resources, staff availability • In depth discussions/ different perspectives • Support • Partner agencies • What could change/improve • Case load • Unit meetings – reflection • Make up of unit/construction of unit		

Table 4: *Initial Codes, categories and themes:*

Step 6 Describing

The themes shown in table 4 were the product of engagement with the data by means of a thorough reading and rereading of the transcripts, colour coding transcripts, notes, and descriptions (Bryman, 2008). This table developed and from it my three major themes with sub themes emerged:

Major Themes	Sub-Themes
Support	• The unit structure and unit meeting • Shared responsibility • Availability of peers • Working together • Supervision • Accountability • Built-in element of administration
Multiple perspectives	• Different perspectives • Systemic thinking and language • Knowledge of cases • Qualities and skills • In-depth discussions
Organisational Change	• Induction and training • Merging of service units • Stress and uncertainty • Organisational stability • Model the Model • Looked after Child geographical demands

Table 5: Major themes and sub-themes

These themes will be used in the presentation of findings in Chapter 6.

I extracted quotations from the colour coded transcripts to evidence participants'
perspectives and support the identified themes. I organised the anonymised quotations
by grouping them according to the emerging themes, which gave a useful
understanding of the theme, gave voice to the participants and credibility to the
findings (see table 6 example below).

Theme	Quote		Sub-theme	Quotes	Context
Support	*"It's about caring for each other and making sure that the supports there and what have you (Phat CSW)."*		Unit structure and unit meetings	*"The unit creates a supportive environment (James CSW)."* *"I think the unit model is very dependent on the makeup of the unit (John CLIN)."* *"I guess it's just getting people with different personalities and just complementing each other (Toni UC)."* *"I think it's like anything, it's about the climate that you practice the model in (Jane SW)*	Supportive environment Safe space The makeup is important/could be a risk for model's sustainability Unit atmosphere
			Shared responsibility	*"You get lots of different eyes on your work really, so for me, it's a really positive experience, and it doesn't just feel like it's what they write - it's a shared responsibility - it feels like it is a shared responsibility (Jane SW)"* *"Accountability as well……. If things drift, there's always somebody there that is able to support and keep you on track really. I think the openness and just constantly talking through and reflecting on everything you're doing is really positive (Mary SW)."*	Multiple perspectives, Shared responsibility Accountability

Table 6: Quotes' example

This description of the participants' personal experiences was a comprehensive and rich description of the findings as I attempt to retain the language of the research participants as much as possible (Bryman, 2008).

Step 7 Reduction

This involved reducing the comprehensive description, looking for anomalies arising from the data. Surprisingly all participants were positive about the application of the systemic unit model, although, one participant questioned the merging of the units of the different services My stepwise data analysis strategy is a series of interconnected stages where I moved back and forth across the data systematically, constantly refining the initial themes and categories; focussing on the essence of the data and remaining true to the participants' descriptions. I brought together similar categories to form the initial themes, which I used as the coding index as a means of organising the whole data set. However, I constantly refined my coding index throughout the data analysis as new insights developed and become apparent. This process involved numerous discussions with my supervisors (Yeh, and Inman, 2007).

Step 8 Interpreting

I developed a description of the experiences and perspectives of participants both from what they told me and through my observations in the unit meetings. I am aware that this process is arguably subjective as different researchers may interpret the same data somewhat differently (Burnard, et al., 2008). Thus, the next step was validation of the data analysis.

Step 9 Validation

I asked an expert researcher to review the findings in terms of richness and completeness and to confirm that the exhaustive description reflects the experiences and perceptions of the participants. Creswell (2013) also suggests allowing participants to review the analysis in order to validate the findings. I wanted to return to participants to review the analysis, however, due to social work pressures and participants' busy schedule, I chose not to do so.

Step 10 Representation and visualisation

I present the findings of the study narratively and diagrammatically in Chapter Six.

5.7 Quality assurance in qualitative research

I considered the two primary criteria proposed for assessing the quality of qualitative research which are authenticity and trustworthiness (Bryman, 2008).

5.7.1 Authenticity

Lincoln and Guba (1985) suggest that authenticity concerns the wider impact of the research and is mostly applicable in action research. Thus, authenticity is about the originality of the study. The five criteria for authenticity are:

- **Fairness:** This involves fair representation of the different viewpoints of practitioners
- **Ontological authenticity:** Will this research help practitioners to better understand the reality of their world?
- **Educative authenticity:** Will the research help practitioners gain a better appreciation of the perspectives of other practitioners?
- **Catalytic authenticity:** Will the research motivate practitioners?
- **Tactical authenticity:** Will the research empower participants? (Bryman, 2008).

Although this study is not action research, these criteria are relevant. As this study is a fair representation of the different viewpoints of participants, this study should help practitioners to better understand the reality of their world and an appreciation of the perspective of other practitioners.

5.7.2 Rigour/Trustworthiness

According to Paton, (1999), trustworthiness is concerned with the extent to which the qualitative researcher's methods are competent and involve rigorous techniques and methods for gathering and analysing qualitative data (Paton, 1999). Hence, rigour/trustworthiness in qualitative research is made up of four criteria: credibility of data, transferability, and dependability of the study and confirmability of findings (Lincoln and Guba, 1985; Bryman, 2008; Greener, 2011; Creswell, 2013).

- **Credibility:** This involves the accuracy of data and findings. The question is, "Can these findings be regarded as truthful?" (Grinnell and Unrau, 2011, p. 497). The credibility of the study will be shown if the data and findings truly reflect participants' experiences in a believable way (Trochim, 2006; Bryman, 2008; Yilmaz, 2013). There should be a direct connection between the findings and the data collected. The data should be placed in a context of rich and in-depth description. I used more than one method of sourcing data, that is observations of unit meetings and participant interviews, and thus the combination should increase confidence in my findings. The purpose of this triangulation in qualitative research is to increase the credibility of results. Different researchers define triangulation as an attempt to map out and explain more fully the richness and complexity of human behaviour by studying it from more than one viewpoint (Patton, 1999; Altricher et al., 2002; Bryman, 2008; Creswell, 2013; Maxwell, 2013). Triangulation is a method of crosschecking data from multiple sources to search for reoccurrences or repetition of regularities in the research data, as well as crosschecking information to produce accurate results (Patton, 1999; Cohen, Manion and Morrison, 2000; Altricher et al., 2002; O'Donoghue and Punch, 2003; Maxwell, 2013)

- **Transferability:** Qualitative research typically entails an intensive study of a small group sharing the same characteristics, and therefore the findings tend to be a clear and thick description of the uniqueness and significance of the aspect that is being studied, in this case the application of the systemic unit model (Bryman, 2008). Researchers argue that this thick description provides others with a database of detailed research assumptions informed by the study making it possible to transfer findings to other social environments (Bryman, 2008). Cited in Bryman, (2008), Lincoln and Guba, (1985) argue that

  "A thick description provides others with what they refer to as a database for making judgements about the possible transferability of findings to other milieu" (Bryman, 2008, p., 378).

Thus, the rich description in this study, together with the contextual information provided should enable readers to make decisions about the applicability of the findings to other authorities applying the systemic unit model

- **Dependability:** Dependability is parallel with reliability in quantitative research and it is suggested that to establish the merit of a study, concerning the trustworthiness of the study, the researcher should adopt an auditing approach (Bryman, 2008). In order to establish the value of this study in terms of trustworthiness, I kept records of all phases of the research process, including the problem formulation, the selection of the research participants, and a clearly presented step-by-step data collection and analysis process. This should allow the possibility for other researchers to arrive at the similar results if they follow the same procedures

  Confirmability: Confirmability is concerned with making it apparent that I have not overtly allowed personal values or theoretical preferences to influence either the conduct of the research or the findings derived from it, in any way (Bryman, 2008). If the research materials are made open for audit by other researchers, the reasoning they come to should be the same as the findings or at least be traceable and confirmable (Lincoln and Guba, 1985; Greener, 2011)

5.7.3 Reflexivity in qualitative research

To ensure trustworthiness, it was essential that I should act responsibly throughout the research process. One's own credibility should be established, including relevant training and experience, and documenting what has been done to ensure consistency, as well as what has been done to control biases and preconceptions (Grinnell and Unrau, 2011 p.462). One strategy that enables the researcher to meet the criteria of rigour in qualitative research is reflexivity (Darawsheh, 2014). Jootun, McGhee, and Marland, (2009), stated that reflexivity relates to a researcher's intentional or unintentional degree of influencing the findings of the study; the ability to understand

how the researcher's position and interest as a researcher affects all the different stages in the research process. Thus, it is important to address issues concerning the validation of research findings honestly and openly (Shacklock and Smyth, 2002). Qualitative research is a reflexive process and subjective.

Therefore, I as the researcher of this study, my prior knowledge/values/beliefs and empathy can influence the research, which can influence the rigour and trustworthiness of the study (Cutcliffe, 2003). Thus, as I am a social worker myself, I was mindful that any preconceptions can influence the research process, in the way in which data is gathered, interpreted, analysed, reported and disseminated (Gilgun, 2008). I found this a challenge as research is a continuous, comprehensive process; this was especially the case during data collection as whilst observing the unit meetings and interviewing participants I needed to remain within the role of researcher. Hence, after every observation of a unit meeting and interview with a participant, I reflected on my thinking and my own position in relation to what I had heard and seen and noted this down. In this way I have identified and managed my thoughts throughout the research process. Cutcliffe, (2003) suggested that one way to identify and manage one's thoughts throughout the research process is to keep a reflexive journal and notes

Moreover, I was aware that when observing a group of participants (in this case during unit meetings), my presence as the researcher contributed to the reality of the meetings; thus, my presence changed to some extent the way in which the meetings were constructed by the participants. My view is that my presence had a minimum impact on the meetings and therefore not a major limitation. However, although the literature suggests that my presence could be a limitation, my reflection is that as I too am a social worker with a similar professional background, I was apparently accepted as part of the group. Additionally, to reduce my impact on the group functioning I made sure that I was initially introduced to the unit and explained the nature and purpose of my study in each unit at the beginning of my observation sessions. Initially, participants expressed a curiosity about my study and a willingness to share their meetings. At the following meetings I experienced being included in the group as at the beginning of each meeting the CSW included me in her question on the

wellbeing of each individual practitioner, indicating that I was a part of the meeting. It is, of course, impossible for me to gauge to what extent and in what ways my presence influenced the participants' behaviour during the meetings and therefore the impact of my presence on the data. Overall, I would suggest that my presence had a minimum impact on the meetings and therefore not a major limitation.

In order to show the trustworthiness of my data collection, analysis and interpretation of the data, I use quotations from the transcripts to validate my interpretation. In this way it is possible to relate the findings presented to the original data.

5.8 Summary of chapter five

The research methodology and methods are an essential guide or road map for the researcher that indicate how the research should be done and how results should be interpreted. This chapter has presented and elaborated on the underpinning ontology and epistemology, why a qualitative research methodology was chosen and how it was applied during the selection and recruitment of participants, the data collection and analysis, and verification processes. It has also discussed the pilot study that was conducted, ethical considerations whilst conducting the research, and the quality and trustworthiness of the study.

In order to answer my research questions, I employed descriptive, explorative and interpretive methods. I do not seek to generalise from the data, but rather by a clear explanation and description of the study offer others the opportunity to follow my research. The ontological perspective I took is that the study is constructionist and interpretative as the practitioners have multiple realities and there is therefore not one truth. In the next chapter I set out my findings and the essence of the experiences and perspectives of the participants on the application of the systemic unit model.

Chapter six

Findings

"I think at the moment there's a real focus and drive towards getting back to the basics in terms of systemic social work practice. (Jenny 5)"

6.1 Introduction

This chapter presents the findings of the analysis of the data extracted from the observations of fifteen-unit meetings and narrated experiences and perspectives of thirteen practitioners working in the systemic unit model. At this point I would remind us of the research questions:

1. How is the systemic unit model applied in social work practice?
2. What are the experiences and perspectives of practitioners on the application of the systemic unit model at a local authority?

I start by presenting my findings related to the first research question in other words "How does the systemic unit model work?" which include the observations of the unit meetings. I then present the findings related to the second question, which include the themes and sub themes that emerged from the data analysis from the perspectives and experiences of participants. I also present some of the observation data in triangulation with what participants have said in interviews.

My engagement with the data was informed by the body of theory relating to the McKinsey 7S's model as defined by Waterman, Peters and Phillips, (1980). As stated before in Chapter 5, the methodology chapter, the aims of the enquiry are to understand how the systemic unit works in practice and to discover and make sense of the meanings of the world of practitioners working within the systemic unit model thus, developing an understanding from their perspectives of how the systemic unit model is applied in practice. Throughout the data analysis I employed a constructivist approach; I draw directly from the participants' own words along with my own interpretations and use the quotations in this chapter on this basis. Thus, the quotations that I present capture the subtleties of the themes. The themes emerged from multiple

participants and multiple perspectives, and the chosen quotations demonstrate the way in which the theme is experienced by an individual.

The data analysis framework I used was adapted from Creswell's stepwise method (2013) and The Framework (Smith and Firth, 2011) (see table 3). The inductive approach allows the research findings to emerge from the frequent, dominant or significant themes ingrained in the raw data (Creswell, 2013). Thus, this is an inductive thematically analysis that involves a 'bottom up' strategy. Patton (2005) refers to this process of qualitative data analysis as inductive analysis and creative synthesis,

The raw data is first analysed to identify what is distinctive. This step is concerned with evaluating, recognising, coding, mapping, exploring and describing patterns, trends, themes and categories (Patton, 2005). The process is analytical, descriptive and interpretive. It involves describing, explaining, understanding and interpreting, but is grounded in the original data set.

In the methodology chapter, I explained how I prepared, organised and analysed the data, making myself familiar with the data, making notes and forming initial codes. This gave me a general sense of the data, using what I had observed and what participants were telling me. The analysis and synthesis of the data was an ongoing process of reformulating the themes that best describe the story as well as looking at how themes relate to each other. Thus, with an inductive analysis, significant themes with sub themes emerged from the raw data. The three major themes that emerged from the data were:

- Support
- Multiple perspectives
- Organisational change

Theme one	Theme two
Support	Multiple perspectives

Theme three
Organisational change
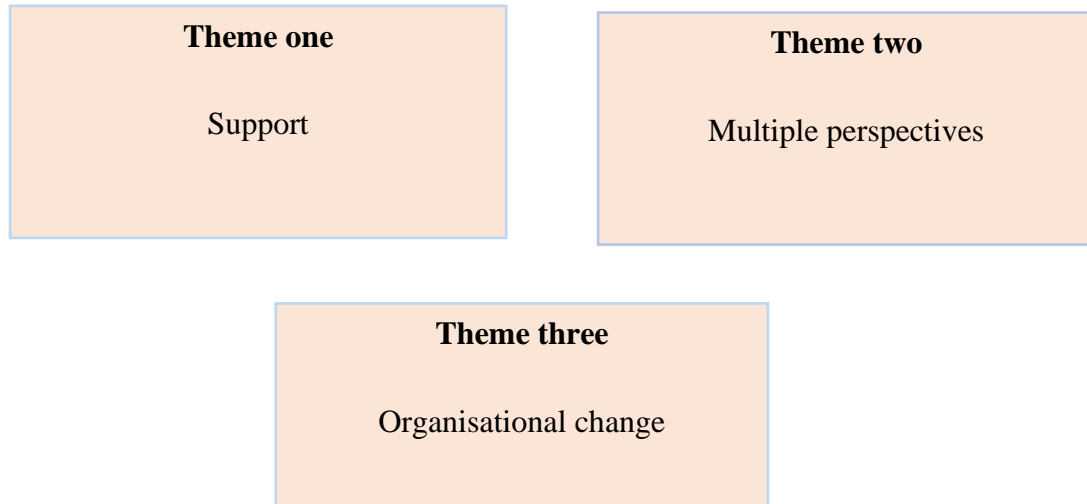
Figure 15: <u>Three themes emerging from the data</u>

Within each major theme I have identified sub themes, which I present under each major theme under discussion. These themes are supported with evidence from the participants' experiences and perspectives to retain the richness, depth and intensity that communicate the life world of the participants. To maintain confidentiality and anonymity, fictitious names were assigned to each of the participants. Given (2015) suggests that assigning names rather than codes would give a sense of the persons in the experiences. Thus, names were chosen at random that have no relationship to the persons they represent other than maintaining the gender of the participant as gender is an important factor in social work practice.

6.2 Observations of the unit meetings

The unit meeting is the setting within the systemic unit model in which core practice is taking place. The observations of the unit meetings of all three units took place in the same office and working environment of the participants. Furthermore, the observation of the unit meetings took place only one month after the emerging of the different services units; the emerging of "Assessment" units, the "Child in Need"

units and the "Look After Children" units. I observed that one unit had a room specifically allocated to the unit, with each practitioner in the unit having a desk. Within the other two units practitioners used hot-desking and only came together in one room once a week for the unit meetings. The rooms for the hot-desking were however small and close to each other. For ease of reference in presenting the findings I have numbered the units, Unit One, Unit Two and Unit Three.

6.2.1 Attendance at unit meetings

- Unit One and Unit Two were consistent in that all the practitioners involved in the unit attended all the unit meetings.
- During the five week observation period there was no meeting in which all the practitioners from Unit Three were all present. However, the consultant social worker (CSW), the clinician and the unit co-ordinator (UC) of Unit Three were always at the unit meetings during the five week observation period. The absence of the social workers in Unit Three was due to a social worker vacancy in the unit and a social worker on leave and/or involved in a crisis situation with a service user.
- The CSWs and UCs of all three units attended all the unit meetings observed.
- Of the 10 meetings observed of Unit One and Unit Two, both the clinicians were only absent once from a unit meeting.
- One of the units, Unit Two, had part time unit coordinators. The two unit coordinators had a handover system to help them to see what has been done and what has not been done as well as recording everything on the Inter linking Computer System (ICS).
- All the units also had a buddy system for unit co-ordinators in that if one unit coordinator was absent another was always available.

6.2.2 Procedure of the meetings

All the meetings of Units One and two started on time at 9.00 a.m. The unit meetings of these two units lasted between four and five hours, with only a 10 - 15-minute break about halfway. The practitioners in these unit meetings would drink tea and eat

their snacks whilst they carried on discussing a family/child. Unit Two handed out a hard copy of the previous week's meeting to all the practitioners. This document included: Date of unit meeting; unit members present; apologies; business issues; performance data/issues; followed by a list of names of cases discussed and the name of the lead worker. I notice that this document was called "Case Supervision minutes".

Both Units One and Two consistently started their meetings in the same way with the CSW asking everyone about their wellbeing, using questions such as "How are you? How was your week? Your day - how did it go?" Sometimes this would be followed by a short informal discussion about a case. The CSW would then disclose her own wellbeing and what had been happening that week, for example a change in the integrated computer system (ICS) (business issues), or complimenting practitioners on work done or giving feedback on performance/data issues.

The meetings of Unit Three did not always start on time, as the CSW was busy sorting out a difficult situation on the phone with a service user or discussing a case with the clinician or making arrangements regarding a service user. At the beginning of the meeting the CSW would confirm with the unit co-ordinator that the UC would take note of which family/case was to be discussed. The duration of the unit meetings of this unit were relatively short, between one and three hours.

In Unit One and Unit Two the process of the meetings was similar and consistent over the observation period. After the general welcome and greetings, the CSW took the lead and the names of the children/families to be discussed were written on the white board on the wall under the lead social workers name. A specific agenda was followed in the discussions of the cases in all three units.

6.2.3 Case discussions

All three the units discussed the family/children cases according to the following agenda:

- Family/child's details
- Date child last seen and where
- Referral info (if it is a new assessment)

- Case update
- Historical risks and concerns
- Current risks
- Potential risks
- Protective factors (what improves things)
- Complicating factors (what make things difficult)
- ADP - Anti Discriminatory Practice (action needed to be taken to prevent discrimination on the grounds of race, class, gender, disability etc. using Social GRRAACCEESS if applicable)
- Grey areas (what we do not know)
- Child's voice
- Hypothesis
- Unit reflection
- Agreed action: New actions, ongoing actions completed actions.

In all three units while the case was discussed, the unit coordinator took notes on the integrated computer system (ICS). Again, the processes of Units One and Two were consistent. In these units the typing of the unit coordinator was projected on the wall, thus as the unit coordinator was typing all the unit members could see the notes being taken and the practitioners could correct, add or change the notes.

In these two units an average of between 10 and 15 families/children were discussed during each unit meeting. Some families/children case discussions took more time than others, depending on the concerns of the practitioners about the case, the current and/or potential risks, referrals required and the unit members agreeing on a hypothesis and the plan of action.

In these same two units (One and Two) a case discussion would start with the lead social worker informing the unit about the current situation of the family/child. I observed that the CSW also was the lead social worker for some cases. The clinician would also ask specific questions relating to systems thinking, such as what are the strengths in the family and of the child; what are the grey area, what are the concerns, focussing on what has worked in the past rather than using a deficit model and exploring the wider family system for resources. In these two units during the case discussions, when necessary, either the CSW or the lead social worker would refer to the genogram of the family/child which would then be discussed, unravelling

the relationships, the strengths and weaknesses within the family system, and identifying possible resources (see figure 16).
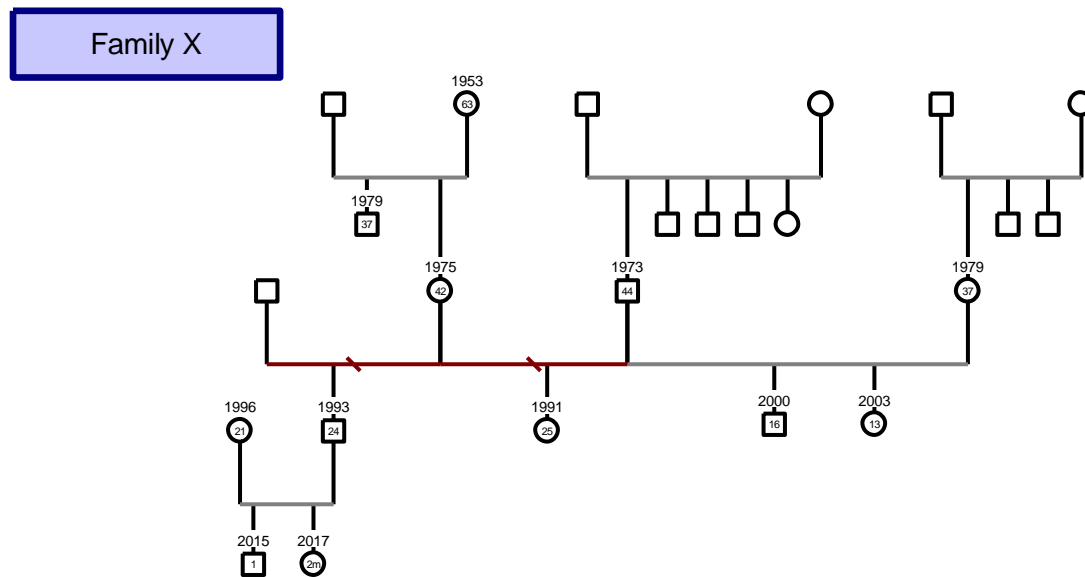
Figure 16: Genogram

In Units One and Two I observed that the practitioners discussed the families/children thoroughly; considering many aspects, making comments and suggestions, which stimulated more questions to be asked; talking about different aspects in depth and exchanging their thoughts to enable them to form a hypothesis or reach a decision and devise an action plan.

Thus, I observed multiple perspectives in the unit, including a range of practitioner viewpoints on the families and representing different considerations in the assessment and decision-making process. The practitioners brought a variety of perspectives, an integration of knowledge and a rich nuance of understanding of the process in making decisions. These perspectives differ between individuals in the decision-making group but provided a collective input. Hence, I observed practitioners input of their different perspectives on a case, with at the end of the case discussion an agreement on the unit hypothesis and/or actions to be taken. Thus, within the unit meeting, assessments and decisions were never made by only one practitioner but as a consensus of the unit as a whole.

6.2.4 The skills of practitioners and the complexities that occur; the interrelationships between professionals.

The consultant social worker had a clear leadership and managerial role. Two CSWs (Units One and Two) stood out in their leadership role: they led the case discussions, gave instructions to the unit co-ordinator and encouraged the social workers, acknowledging what they were doing and reminding them of what need to be done or to be followed up. If for some reason a social worker had not done what was planned for a case, without being judgemental in tone, they would restate what was needed and encourage the social worker. The CSWs manner of speaking was to unit members was empathic. The CSW in Unit Three, where there was a vacancy and an absence of two social workers, was clearly stressed and fulfilling several roles as there were crisis interventions needed before or while the unit meeting was happening.

The clinicians in all units stimulated discussions with systemic thinking and language, encouraged curiosity about what was happening in a case and contributed to and strengthened the discussions about cases. The CSW in Unit Three worked very closely with the clinician in the sense that they were mostly discussing the cases together in the absence of any social workers, whilst the unit coordinator took notes of what had been discussed. In this unit the clinician was heavily involved, by assisting the CSW in immediate decisions that needed to be made, action planning, and meeting with a young person in a crisis.

The unit coordinator took responsibility for the practicalities; such as recording the unit meeting by taking notes on the ICS system (typing whilst the unit members discuss the case), diarising important dates for the practitioners and actions that need to be taken, sending emails and arranging appointments with service users or other professionals.

Practitioners were working together with everybody having knowledge of each other's cases, supporting each other by offering to stand in for the lead social worker or each other in actions that needed to be taken. The shared responsibility of the

practitioners in the assessment and the decision-making processes was evident; all the practitioners' different perspectives on cases were contributed during the discussions, ending in an agreed unit hypothesis, unit reflections and agreed actions, - new actions, ongoing actions and completed actions.

In Units One and Two I observed that some social workers in spite of the fact that they looked tired, were still very active in the discussions, and continued for four to five hours with commitment. In these two units I observed a relaxed atmosphere, with caring suggestions to each other, for example the CSW might ask the unit if they needed a break or could carry on with the meeting or social workers might offer help to the lead social worker with a specific case. On some occasions there was laughter about something that somebody had shared within the group.

In Unit Three, when one of the social workers did attend the unit meeting, the social worker received an urgent phone call from a mother concerning a young person, which distressed the social worker. As the CSW and clinician were in the room, after the phone call, there were immediate supportive conversations with the CSW and clinician offering suggestions and discussing with the social worker what actions needed to be taken. The social worker appeared relieved and left to carry out the actions needed. Unit Three had an allocated room for the whole unit with each one having their own desk and computer.

6.3 Themes and sub themes emerging from data

I will now present the emergent themes and subthemes as illustrated in the diagram above (see figure 15).

6.3.1 Theme One: Support

6.3.1.1 Introduction

> *"It's about caring for each other and making sure that the supports there and what have you (Phat CSW)."*

Support was a major theme that emerged from the data. In the theme of "Support", I identified seven sub-themes: The role of the unit structure and meetings; Shared

responsibility; Availability of peers for practitioners and for families: Working together; Accountability; Support to families and within families; Built-in element of administration; Supervision. The sub-themes are intimately interlinked which indicates why practitioners may have had such strong feelings of being supported. (see figure 17). Feeling supported was a theme that emerged very strongly across all the interviews and in the observations of the unit meetings. Phrases of feeling supported were frequently used by the unit practitioners, such as; "*not alone", "always somebody there", "shared responsibility"* and *"instant supervision".* Participants believed that this created a culture of support in the unit.

> "*if a social worker had a very difficult visit, it's very important for someone to be in the office and ask them, "How did it go?" or someone to check on them to see that they are okay after a visit, so it's a safety issue as well (Wendy UC)."*

One practitioner stated that workers are dealing with difficult and stressful situations every day and crises happen that are emotionally demanding.

> *"Social work can be emotionally demanding for workers, because they're dealing with difficult situations, stressful situations, and day in day out, with crises happening (James CSW)."*

Practitioners experienced that working in the systemic unit model allowed them to share difficulties in social work practice with other practitioners.

The unit structure and unit meeting

Shared responsibility

Built-in element of adminstration

Availibility of peers

Support

Accountability

Working together

Supervision
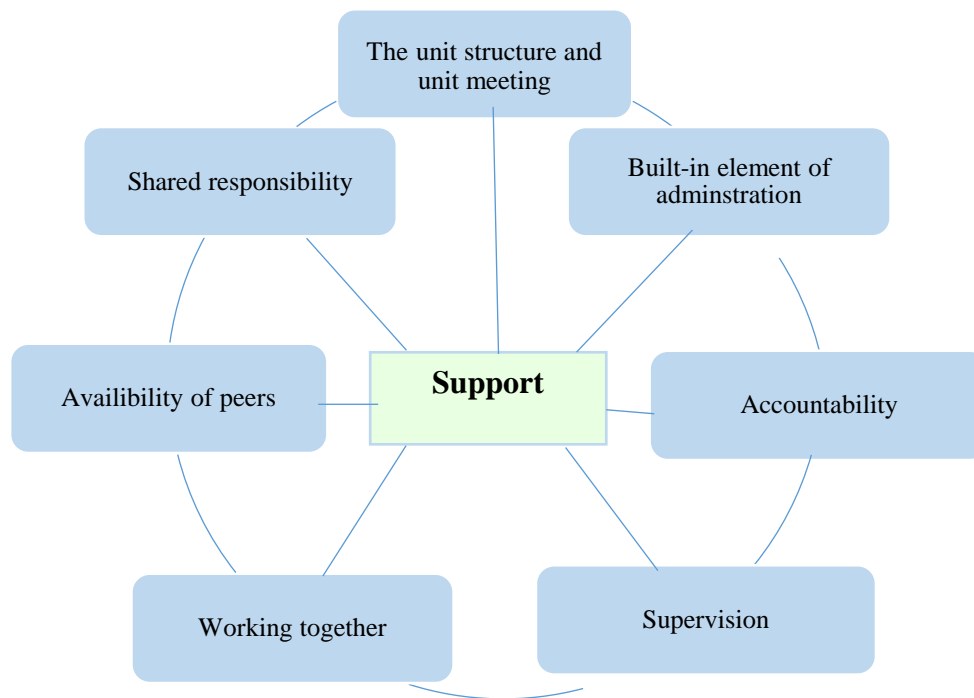
Figure 17: Theme One: Support with Sub-themes

6.3.1.2   The unit structure and unit meetings

Social work is stressful and demanding and the data demonstrated that the practitioners believed that the structure of the systemic unit model and the weekly unit meetings created a supportive environment and the possibility of shared responsibility.

> "*The unit creates a supportive environment (James CSW)."*

> **"***It doesn't feel as lonely as it does as a frontline social worker in a team, which I've worked as, so I have a bit of sense of what that's like, so there's the shared risk (James CSW)."*

The unit meetings were experienced as a safe space for the social workers where they could find relief by talking about challenging families and situations and have discussions with the other practitioners, developing insight into difficult situations or motivations of family members.

> "*I think sometimes that this can be our social workers' safe space as well, not have a moan, but to get things off your chest, especially when you're working with a really challenging situation, challenging families and things (Mary SW)."*

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In the unit meetings the way cases were discussed was found to be helpful as practitioners provided feedback about what is currently happening in the family, and therefore all practitioners were up to date with the steps that had been taken and the current situation within the family.

> *"...because within the unit, just the way we discuss cases, it's almost a point where you get feedback from what is going on in the family and from the work that you're doing as well, and it offers an opportunity for you to get on the moment advice from people within the area and as the case is progressing (Robert SW)."*

Support is experienced in the unit meeting, as this is when they come together weekly as they are a team, caring for each other with reassuring support, acknowledging each other's work and being interested in what and how they do things.

> **"......***it's about caring for each other and making sure that the support's there .... (Sue CSW)"*

The unit meeting creates a safe space every week where practitioners can reflect on their cases, do their forward thinking and case planning, and experience the advantage of doing so.

> *"A discussion amongst ourselves where people are free to offer ideas, not worrying, is this idea a good one? Where you just think, I think this is an idea, you offer it, it may not necessarily be good, but then it will be discussed.... (Robert SW)."*
>
> *"....... you see the benefits, because it's your case planning. It's your forward thinking and your case planning and your reflection, in a safe space that's protected every week (Jane SW)."*

Observing the unit meetings, it was noticeable that practitioners were able to discuss openly what they are doing, and able to talk to other practitioners, who have a good knowledge and understanding of their cases, who contribute their different perspectives.

> *"I think, for me personally, it's the openness .... (Mary SW)"*

The weekly unit meeting is appreciated because it both provides the opportunity for workers to have constructive feedback and also provides a forum for discussing ideas.

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> *"...not criticism, constructive feedback .... But I love it. I couldn't imagine just doing it on my own......... (Mary SW)."*

The practitioners experience the unit structure as providing the comfort of knowing that they are supported by their peers within the unit and that they are helping each other.

> *"Also, with the high demands, workload and things, knowing that people can help you out as well and pick things up. That you don't have to drown and there are going to be people that can help you (Mary SW)"*

The importance of the working atmosphere in the unit meeting was highlighted, as it has an impact on whether the unit operates effectively or not. Participants stated the importance of units to be created in such a way that they generate an atmosphere of feeling safe, building trust, feeling supported and where there is good communication.

> *"I have been in unit meetings where that atmosphere is not there (Phat CSW)"*

> *"I think it's like anything, it's about the climate that you practice the model in (Jane SW)*

Participants reported that practitioners' characteristics have a major impact on the unit meetings. Participants highlighted that the characteristics of practitioners in the unit meeting should complement each other.

> *"I guess it's just getting people with different personalities and just complementing each other (Toni UC)."*

The practitioners' characteristics influence the working atmosphere of a unit meeting and the communication between the practitioners in the unit.

> *"I think when it's a unit that's working well, it's a totally different atmosphere (Mary SW)"*

It was felt that if there was poor communication between practitioners in a unit, the systemic unit model would not be effective and create a potential for risk. John (CLIN) also mentioned the risk of practitioners not believing in the systemic unit model and having fixed views about what they know and not being open to other

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practitioner's opinions. However, there were also reports of practitioners being open to and respectful of different people's opinions:

> *"It could be either people taking very fixed positions, or just not feeling able to say what they need to say. That, for me, is what creates risk……..I suppose it's a problem when people don't buy into the model, so when you've got a model and you've got people who don't really believe in the model or get quite fixed in their views about what they know and aren't open to other opinions (John CLIN)."*

Thus, it was reported that the systemic unit model functioning depends very much on those who form the unit.

> *"I think the unit model is very dependent on the makeup of the unit (John CLIN)."*

Mary reported that there are units that do not have a positive and supportive atmosphere and the reason for this was seen to be due to having a fast turnaround of agency workers who did not see work through,

> *"I do know that some units have struggled with having agency workers in and out, and not necessarily always seeing things through, and then their anxiety and stress levels have increased (Mary SW)."*

Moreover, Mary reported experiencing working with a CSW who had difficulty in fulfilling the role of a CSW, which she considered had a negative influence on the unit.

> *"In my last unit, I had a consultant who, she was really struggling, it was definitely time for a change for her. It did affect the balance in the unit, yeah, there was a lot of un-containment and blurred boundaries and things (Mary SW)."*

Participants commented on the importance of the different roles of practitioners in the unit. Robert and Wendy also suggested that the consultant social worker's characteristics played a role in the atmosphere in the unit. How the consultant social worker is perceived, that is if she/he was focused on their work, and how good they were in their role, created a relaxed and supportive atmosphere, helping to preventing practitioners feeling burnt out.

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"..... But she/he also knows when to have that relaxed environment where you don't come to work and by the end of the day you're feeling as if you're burnt out. Those days happen, it's inevitable, but generally, I think it's a reflection of his/her personality and the way she sees his/her work (Robert SW)"

"I think that if the consultant social worker is stressed, I'm stressed, and it has a huge impact on the team I think, I think that it has a huge impact on the team members (Wendy UC)."

The support also came through the motivating role of the consultant social worker, with the CSW praising the practitioners for good work, promoting a "can-do" attitude, and being genuinely interested in what people are doing and how they are doing it.

"Lots of praise. Upbeat. Can-do attitude (Phat CSW)."

Some participants stated that the clinicians do not just have a therapeutic approach to the families but also to the unit, being always concerned about how the practitioners in the unit feel about their work and asking what kind of day or week they had.

"Thinking about supporting the unit and members of the unit (John CLIN)."

Other practitioners commented on the clinicians' role. Alex (SW) said that with the new units, systemic managers are thinking about unifying clinicians' work within a family and the role that a clinician can play in the discussions of families in the unit meeting with their specialised knowledge. This was felt as being valuable, as the clinicians have a noticeable impact on decisions being made. It was suggested that the implication of this was that the clinicians' work could be referred to in Court where they must account for the work that they have done.

"I think it's good that they're looking at unifying how all the unit clinicians work and actually the role that they're put into because, for example, if a clinician's doing a distinct piece of work, you want to be able to refer to that piece of work, as the clinician did the work, and if need be, in Court that clinician can account for the work that they've done, being that they've had such an impact upon decision making or influencing decision making (Alex SW)."

There were also comments about workspace. Working as a unit in the same room was much preferred, with positive benefits for all. It gave practitioners the opportunity to listen to each other and discuss a child or family at any time. This interaction was

observed within one unit, as the practitioners as a unit had desks all together in one room. Some practitioners in the other two units also mentioned that they were using hot-desks and they are only together in the unit meeting. These participants found it unhelpful and inconvenient not to sit together. Thus, the importance of the workspace was highlighted by suggesting that hot-desk workspace is inappropriate in the unit model.

One participant captured the supportive environment of the unit meeting and the unit structure by saying that it is the openness in the unit, and constantly having people to bounce things off that helps, as everybody has a good understanding of the families and what is happening and can offer different perspectives. The unit meeting was perceived as a safe supportive space where practitioners are able to talk about their feelings regarding challenging families and having to face strenuous situations, making it less stressful.

> *"...but I think having a unit where everybody knows each other and trusts each other, even if they don't agree on things, is really important (John CLIN)."*

The unit was seen as being like a small family within the bigger organisational system.

> *"Obviously, we're all part of one big family, but a small set of cousins in the unit, we're all cousins, if you like (Alex SW)"* characteristics

However, several participants highlighted that constant limited staff resources can have an impact on the functioning of the unit and is challenging. This was experienced as a weakness in the model, although the same issues can also occur in other models of social work. Limited resources could also impact on the unit meetings, meaning they had to be rescheduled, as it is important for all the practitioners in the unit to attend the meetings if possible:

> *"I would say the negatives I've experienced with it, practically, are more to do with resources, so staffing......it can have an impact on the way the unit functions. If you've got one person down constantly, or you can't get the services you need, it then places an additional burden, but then that can be true also for working individually in the team (James CSW)."*

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> *"I think it's a negative that if you have one social worker off sick……within the unit model, it's very, very noticeable….in a caseload of, I think we're on 78 at the moment……and that would put even bigger demands on….(Jenny CLIN)."*

> *"..If your numbers are too high and your staff loads are too low, it just wouldn't work that well ….. It does impact quite a lot. You're supposed to have a certain number, you're not meant to have a discussion between two people…….you just lose that sense of perspective. Even with just the minimal, you do get those discussions, but it's not the same (Jane SW)."*

Chris (SW) felt that the unit meeting is the opportunity to reflect on the cases, but experienced that the meetings could be rushed if there were emergencies to attend to.

> *"……the opportunity to reflect…. whereas you saw, we're rushed because we had to go out to a meeting at 11:30 because two girls had kicked off, so we needed to go. We didn't get that real opportunity to reflect (Chris SW)."*

Chris (SW) questioned if it is the unit model that results in there being no time to reflect or whether it is an issue in social work. From my observations, this unit had staff absences and emergencies arose that had to be dealt with, resulting in rushed unit meetings or unit meetings with only three or four practitioners present.

More than one unit coordinator reported that he/she felt sometimes overwhelmed with managing all the tasks from the consultant social worker and the social workers. Unit coordinators found it difficult when practitioners were absent:

> *"It can probably be a bit overwhelming when, "Oh, we need to do this, this is an emergency…… this is happening, we need to sort this out," and then you're trying to juggle all of them at the same time (Glen UC)."*

Despite issues and problems raise, all thirteen participants reported that they enjoyed working in the systemic unit model, finding it a positive, more desirable and valuable experience and a more efficient way of working.

> *"I love the premise of it and I think that it is better for social workers…I think from my perspective the model itself is excellent and I can really see the benefits of it…………..It definitely feels much more cohesive I think (Jenny CLIN)."*

6.3.1.3 Shared responsibility

Both Jane and Mary find it helpful and supportive that with the systemic unit model, there were other practitioners who shared the responsibility for the families. In the unit meeting all decisions and actions taken were considered and agreed by all practitioners also adding to transparency and accountability.

> *"You get lots of different eyes on your work really, so for me, it's a really positive experience, and it doesn't just feel like it's what they write - it's a shared responsibility - it feels like it is a shared responsibility (Jane SW)"*

> *"Accountability as well……. If things drift, there's always somebody there that is able to support and keep you on track really. I think the openness and just constantly talking through and reflecting on everything you're doing is really positive (Mary SW)."*

As observed and highlighted in section 6.1.3, at the end of a case discussion the unit members agreed on the unit hypothesis and or actions to be taken about the child/family. Thus, decisions were never made by only one practitioner as practitioners were sharing the responsibility of the decisions taken. Eleven out of the thirteen participants interviewed reported that they experience a feeling of shared responsibility. For example, Jane said this:

> *"Really, so for me, it's a really positive experience, and it doesn't just feel like it's what they write - it's a shared responsibility - it feels like it is a shared responsibility (Jane SW)."*

John put it slightly differently:

> *"I think the beauty of the model is the idea of collective responsibility for families that they belong to all of us, and they belong to the whole unit (John CLIN)."*

Thus, both John and Jane stated that in theory the unit model is described as promoting a shared responsibility, and workers said that they did indeed experience, a shared responsibility with lots of different eyes on practitioners' work:

The participants experience that the systemic unit model is structured in such a way that social work is not practiced in isolation and each family is not the responsibility of one specific social worker. Social work practice involves as many people as possible in the family's network, to ensure a cohesive and holistic way of working. The responsibility for all the cases is shared with all the practitioners within the unit. It is experienced as an integrated approach, maximising resources around a family and having shared ownership as a unit. Practitioners report that his way of practicing social work makes them feel safe.

The experience of the newly qualified social workers was that they felt a real sense of shared responsibility in the systemic unit model and they perceived this as an ideal introduction into social work practice. The nature of the discussions of families in the unit made them feel that they have support around them and an awareness of progressing a plan for the families, as well as learning from other experienced practitioners.

> "*It's the ideal way to practice social work when you're learning and you're newly qualified, because you've got that kind of support around you, and there's a real sense of shared responsibility in the way that you talk about families and how you're going to progress. (Jane SW)*"

However, one participant felt that as a family is not the responsibility of one practitioner, a new practitioner coming into the unit can feel unsure of their role. Moreover, Wendy (UC) reported that with the absence of peers, the shared responsibility creates more work and demands for those practitioners that are in the unit.

> *I think it's very hard to cover everything. Sometimes, if a social worker is on leave, let's say, the other unit members are feeling it quite hard, because they have to take on the work, so yeah, I think that is what one of the downsides is (Wendy UC).*"

6.3.1.4 Availability of peers for each other and to families

Phat (CSW) highlighted the significance of the immediate availability of other practitioners in the unit as contributing to the feeling of being supported; they can have

a valuable discussion with each other and at the same time by expressing their emotional responses to what has happened they can experience catharsis.

> *"You don't have to hunt around for a co-worker for a particular piece of work - or you look for someone sometimes to have that useful conversation with just to sound from - it's built-in, we have that already (Phat CSW)"*

The structure of the systemic unit model automatically provides mentors and peers. This enables practitioners to have a useful conversation without having to track down a colleague. It is suggested that as the workers discuss the cases and pick up the advice that is given, they feel supported and are learning from it at the same time so that it becomes part of the practitioner's working knowledge without even realising it:

> *"...that really close opportunity to learn from your peers. It's just a given that you have automatically three, four mentors or co-workers. ……. (Phat CSW)."*

Robert (SW) suggested that the availability of the clinicians was important and an advantage as they were able to give instant advice and support.

> *"You could have input from the clinician in real time and use the advice … [clinician]… is given to us, so I think it's really valuable (Robert SW)."*

Like Robert, it seems that Mary also found the clinicians' support valuable due to their ability to formulate a hypothesis about a family which might be the foundation of identifying what was happening in the family.

> *"I think this could be the root of things." They're very good at hypothesising, they really support with the hypothesis I find (Mary SW)."*

Phat (CSW) felt that having a practitioner available at all times helps with the consistency of services to the child/family

> *"If we think about why it was that idea for families, that there's always someone to get hold of, it would be almost unheard of for every single one of us to be unavailable for a whole day, so availability to families. The flexibility, so if one person can't do a visit and another person can that joint working is the real strength I think (Phat CSW)."*

Mary felt supported in knowing that if a practitioner was unwell, or on leave, there was always someone available that knows the family and can either follow up on a visit, cover a meeting or at least have a conversation with the client on the phone.

> *"If I'm ill, I would never have any kind of worries about things getting missed, because there would always be somebody who knows the family, can go out and can just pick up where you left off really (Mary, SW)."*

Practitioners felt less stressed, as they knew there would be someone to assist them and to help a family if they are not available.

6.3.1.5 Working together

Interviews with seven practitioners evidenced feelings of support when practitioners work together, help each other, and bring expertise and knowledge to the meetings. Working together is experienced, not only to be good for the families, but also for the practitioners. Six participants mentioned the advantages of working as a unit, working together with families as a group, and the importance of forming good working relationships in the unit. Good working relationships link to the atmosphere in the unit, as identified in section 6.3.1.2

> *"Because you work so closely together, we all know how difficult it can be to form positive working relationships, and because we're very much a group, a unit, working with families together, you have to quite quickly forge a good working relationship (Phat CSW)."*

Participants acknowledged that it is a challenge and can be difficult to develop good working relationships, but having shared values is beneficial for the team who were all mindful of the service users' need for support and intervention. Participants stated that the unit worked best if there were good relationships between unit members. They stated that it is helpful to have different viewpoints, as they know each other, respect and trust each other. As social work is demanding, having others' feedback helped them to prioritise what needed to be done and was not seen as criticism:

> *"...but to have a consultant and everyone else going, "No, right, that is your priority, forget all these other things. Yeah, so I think it's definitely very open and if you can't take that kind of criticism…not criticism, constructive feedback….. I couldn't imagine just doing it on my own (Toni UC)."*

"I think generally the team is managed in a way that we're all conscious that there's someone at the end of every name that is in need of support. If we don't get that, then things may not necessarily get better for them, so you're aware that there's a purpose why we're there (Robert SW)."

Every practitioner had knowledge of all the cases and knowing what is happening in the families was felt to give them the ability to assist a family when the lead social worker was not present. The participants reported that by working together they were all actively involved with the families; thus they could assist each other to visit a family or a child.

"I had experience of visiting other people's families if they were on leave or whatever, you can step in, that's my previous experience. I like the unit model, I do like it (Alex SW)."

"Yeah, we are quite hands on with families and we help each other out. We try not to cancel sessions if possible, try and go out and see them (Jane SW)."

If they had no knowledge of the family other workers would not have been able to help efficiently; everyone having knowledge of the families is experienced as favourable for the families.

"I think it's the fact that we all know the cases and we have the unit meetings every week, so every week we hear the history and all the updates of the cases, which is very good for when we take phone calls from families, because they feel like they speak to the same people, and the people know their history, and the people know their concerns and their problems as a family, so that is very good (Wendy UC)."

It was experienced that in working together, multiple perspectives helped to keep the practitioners accountable in terms of their work. We shall return to this point in sub-theme 6.3.2. Practitioners felt able to speak openly, share their views, reflect and provide different perspectives. One participant reported that the fact that the consultant social workers are case holders and actively practice enables them to know and understand the challenges and difficulties of social workers on the ground, as they are fully involved in frontline practice. Participants did not feel that they were being criticised but were supported and worked together.

"I've never ever felt like somebody was wagging a finger or, if you've missed something, it's not put in the context of, "Why haven't you done that?" it's put

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in a context of, "Okay, so new actions will be…and what can we do to manage that (Jane SW)?"

Working together with the clinicians was experienced as helping to anchor the systemic thread.

"….. lost that systemic thread, and I think the clinicians help to anchor that if it is drifting a little bit (Jane, SW)."

One participant reported that if they have a particularly complex family or case, another professional, such as a "Family Intervention Partnership" worker or a "Specialist Family Support" worker would be invited to the unit meeting to discuss the family.

Thus, in summary, working together practitioners experienced working together as positive.

6.3.1.6 Supervision

Participants experienced that the systemic unit model is at the same time case group supervision. Jane referred to the systemic unit model as the best model of supervision:

"I think that this model is by far the best model of supervision that I've ever experienced in any of the organisations I've worked with, because it is that alternate perspective (Jane SW)."

"I like the unit model and I think supervision running alongside that Alex SW)."

One consultant social worker stated that one-to-one discussions are arranged if practitioners were struggling with a case, needed help with managing their diary, needed fresh ideas outside of the group context, or if they needed extra support from another worker. This was separate from their individual supervision sessions, which included wellbeing, performance and learning needs.

Another participant revealed that not having to wait for their own supervision was positive in that there was always peer to peer supervision available for support and that

there was an openness in the unit that enabled them to constantly talk through and reflect on what they did.

Robert mentioned that the advantage of a consultant social worker in the unit is that they have good understanding of the strengths and weaknesses of the practitioners resulting in knowledge about the level of support the different practitioners need and which cases to allocate to them.

> *"That knowledge, ultimately, it helps in not just that you don't find it difficult to achieve the task that you're being given, but also it goes a long way in ensuring that there's a positive outcome (Robert SW)."*

Newly qualified social workers and a newly appointed social worker were only allowed to undertake certain tasks, according to the Local Authority's policies, thus the consultant social worker had to oversee their practices and procedures. One newly qualified social worker said that to start working in the unit model was not only a comfort, but an advantage as they have the opportunity to learn from more experienced social workers, helping them to become skilled practitioners, and thought that all newly qualified social workers should start their career working in the unit model.

> *"...because there's only certain things that I'm allowed to do, so... [The CSW]... got to ensure we're doing the right things, practices and procedures and safeguarding in the right way (Chris SW)."*

Participants suggested that with one to one supervision it is two people making decisions about the right way to approach a family. However, the way the systemic unit model has been structured, supervision is provided, which involves multiple perspectives; there are more opportunities for a missed perspective or something that has not been thought of by one practitioner to be identified by another practitioner and be explored in the unit meeting. Accountability as an element of supervision was also identified.

> *"I think accountability as well, I think it does help to keep you accountable in terms of your work, but in a good way (Jane SW)."*

Individual supervision is still seen as necessary as it provides an opportunity to focus on practitioners individually in greater depth and consider training needs.

Two participants, who are unit coordinators, reported that they experienced having supervision with the consultant social worker rather than the business support manager as positive. They experienced that the consultant social worker had insight into how the unit operated and the kind of tasks which were expected of the unit coordinators, whereas the business support managers with whom they had previously had supervision were felt to be removed from the unit in the way it operates, and not really knowing or understanding the unit coordinator's day to day tasks:

> "…but I felt, and I think it was felt, this is why it changed, that they were removed from the unit and they didn't really know your day-to-day what was going on (Glen UC)."

It was suggested that as part of supervision, practitioners should shadow peers in other services to learn, but that this was not possible due to limited time.

> "....being able to shadow peers in other services, it hasn't been possible, because there's been no time to do so, and it's all happened quite quickly this time around (Toni UC)"

6.3.1.7 Accountability

> ……I think you get the feeling of shared accountability (Alex SW)"

Participants experience that the unit creates a situation for shared accountability, as there is always somebody who supports and keeps the practitioners on track in what they do.

> "Accountability as well… If things drift, there's always somebody there that is able to support and keep you on track really (Mary SW)".

Participants acknowledge the value of being transparent in what they do. Participants experience working together; sharing their views with each other; having shared knowledge of the cases; and that there is always somebody else available to reflect on what work that has been done or should be done; creates not only transparency, but accountability.

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> *"…Working together, multiple perspectives on things. I think accountability as well, I think it does help to keep you accountable in terms of your work, but in a good way? (Jane SW)."*

Although it is the responsibility of the CSW to make sure that work has been done participants emphasised that it is important that practitioners do not experience disapproval of their work. Likewise, practitioners identified that they needed helpful criticism, not others being judgemental. Phat mentioned that the unit meetings were not a "*name and shame group*" for work that a practitioner had not done, but a chance to make sure that things were done and not overlooked:

> *"I think that I suppose my job is to make sure that things are done and aren't missed, but not in a punitive way (Phat CSW)."*

> *"I think it's really important that the unit meeting isn't a name and shame group for what hasn't the social worker done, or what has the social worker missed (Phat CSW)."*

Although Mary (SW) stated that the accountability is positive, her experience was initially that the unit meetings felt very intimidating as she felt very exposed, particularly if deadlines had not been met, or work had not been completed. However, she also felt that unit meetings were motivating, seeing it as the best way to work.

> *"Accountability as well, I think that's really good for me… (Mary SW)."*

> *"You're very exposed. For me, personally, that is exactly what I need, but I can imagine probably when I first started, it was a bit intimidating, thinking oh gosh, everyone's going to know when that I've missed that phone call or I've not done this, but actually it's really safe and the best way to work, but I can imagine it's quite daunting for people that are new to it (Mary SW)."*

This participant reported that working within the systemic unit model there is a transparency around the actions they have taken; all the other practitioners in the unit are aware of what each other is doing or not doing; which could be intimidating and let practitioners feeling exposed. However, at the same time this participant is experience this as a good way of working.

6.3.1.8   Built in element of administration

The UC of the unit provides administrative support to social workers not only in the unit meeting but also outside of the unit meetings, enabling social workers to spend more time with families. Thus, participants experience it supportive and convenient to have a UC available.

> *"...we organise a lot of their meetings, we try to keep a look on their diary to see where they are. Also, we complete a lot of the documents, a lot of the referrals, so I think the social workers have a lot more time to spend with the family directly, rather than sit in the office and do paperwork (Glen UC)"*

> *"...their responsibilities for the administration of work with families is alongside ours, so you're not looking for someone to take responsibility to organise a meeting or send something out (Phat CSW)."*

The role of the unit coordinator was seen as a personal assistant role to social workers, which covers a wide range of tasks and not always fully understood by those not involved in unit working.

> *"...a PA role with some social work and administrative roles as well. It's such a broad role and it's underestimated by a lot of people (Toni UC)".*

Phat (CSW) highlighted that from her perspective the unit model has a built-in element of administration and that the unit co-ordinator's role is mostly to be the organiser and the person who makes sure things are done and processes are completed.

> *"Our administrator is alongside us, in with us, their responsibilities for the administration of work with families is alongside ours, so you're not looking for someone to take responsibility to organise a meeting or send something out (Phat CSW).*

During the observation of the unit meetings, I have observed that the unit coordinators were taking notes all the time. Practitioners would ask the UC to schedule certain appointments or to arrange for the genogram of a family to be created. The unit coordinators will note important dates, and actions that need to be taken, sending emails, making appointments and so on. The consultant social workers will, during the unit meetings, confirm with the unit coordinator that all actions that need to be taken are entered on the ICS.

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Wendy (UC) suggested that the assistance of the unit coordinator minimises the social worker's administrative tasks, thus enabling them to spend more time with families:

> *"... We complete a lot of the documents, a lot of the referrals, so I think the social workers have a lot more time to spend with the family directly, rather than sit in the office and do paperwork (Wendy UC)."*

6.3.1.9 Summary of theme one

In summary, the theme "Support" demonstrates that participants experience feeling significantly supported in their role when working together as a unit, with the availability of peers to reflect upon their cases, the transparency of their actions and feeling that responsibility for cases is shared. In addition, with the availability of a unit coordinator, the participants experience that the unit model provides a built-in element of administration that allows practitioners to spend more time with families and be more supportive to them. Furthermore, participants experience the unit meetings as an effective supervision model, which allows them to reflect on their cases with the support and expertise of other practitioners. This leads to the second theme the importance of multiple perspectives.

6.3.2 Theme Two: The importance of multiple perspectives

The findings reveal that the multiple perspectives of practitioners in the unit meetings are constructive and give the opportunity to explore cases with other practitioners who have different and broad levels of experiences. Different perspectives are experienced as a positive aspect of unit working.

> *"I have been in unit meetings where there's been disagreement, which is good, because again you then say, "Why? What are your thoughts? (Jane SW)."*

Eleven of the participants of the study said that they experienced the range of perspectives helpful and valuable; that multiple perspectives are a holistic way of working; and stimulates curiosity about what is happening in the family.

> *"Have you thought of this?" "Have you thought of that? (Mary SW)."*

> *"I think we're quite good at thinking holistically (Phat CSW)."*

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The participants captured the essence of multiple perspectives by explaining that practitioners in the unit all have different professional experiences, qualities and skills; as all practitioners in the unit have knowledge of all the cases; systemic thinking develops curious minds to think more and ask more questions and practitioners have the opportunity to learn from peers. All of these factors lead to in depth discussions. The following have been identified as sub-themes of the theme 'multiple perspectives'.
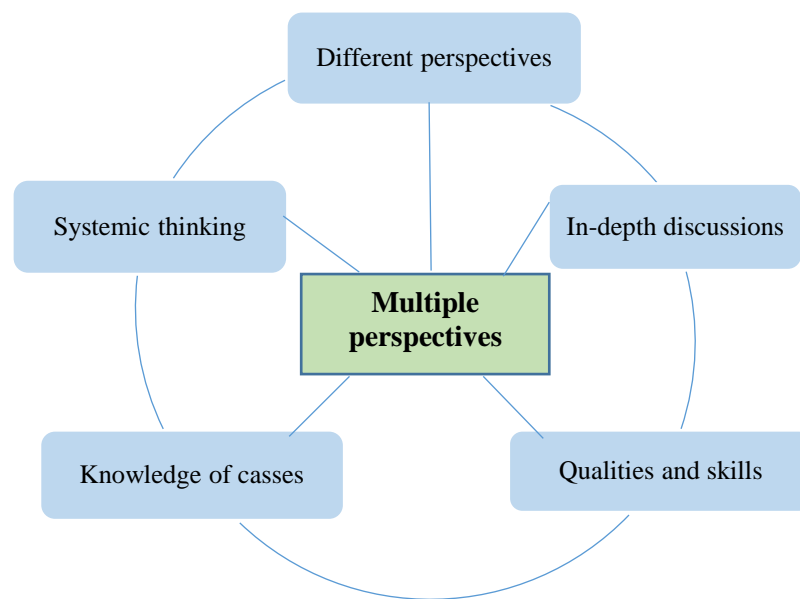
Figure 18: <u>Theme Two: The Importance of Multiple Perspectives: Sub-themes</u>

6.3.2.1 Different perspectives

Different perspectives of different practitioners in the unit results in multiple perspectives of cases. Most participants highlighted that the different perspectives of practitioners come not only from years of experience, but also from different roles and areas of expertise which enhance the case discussions.

> *"Then also you've got a senior in there, so you've got the various different experiences, which is great, so it's a good broad breadth of experience that comes in. So yeah, I do like it. (Chris SW)."*

> *"…. she was a mental health nurse, so there's lots of bits of knowledge and stuff that we wouldn't necessarily always know……. Just giving you a different perspective (Mary SW)."*

> *"I just think it feels so helpful to have so many different perspectives in a unit meeting, and what's created is a product of those different views. (John CLIN)."*

As well as the availability of peers providing multiple perspectives from differing experiences the knowledge of other professions for example, having a clinician in the unit was valued:

> *"Just the openness really and having lots of different people's perspectives about interventions and how to work best (Mary SW)."*

> *"The principle that we have clinical input is a positive for me (Phat CSW)."*

> *"I think it's so holistic and helpful and preventative and supportive of families…….I think it's a really amazing model and I suppose I locate it in the context of multi-agency work and multiple perspectives, and I just think it feels so helpful to have so many different perspectives in a unit meeting, and what's created is a product of those different views. I've always been a big fan of that way of working, so yeah, that's my experience of it (John CLIN)."*

One participant, John (CLIN), felt that a strength of the model is that practitioners are respectful of all the professionals in the unit, without being biased.

> *"I think that's what the strength is, having a respectful opinion of all the different disciplines that go together to make up the unit model, without privileging one more than the other (John CLIN)."*

One participant, Jane (SW) felt that if they had not thought about something or missed a perspective, somebody else in the unit meeting would identify it and it would be explored.

> *"There's more opportunities for, if you've missed a perspective, or you've not thought about something, for that to be picked up or explored I think (Jane SW)."*

Practitioners felt that they were thinking holistically. Mary (SW) stated that the multiple perspectives on the families helped practitioners to stay focused and at the same time be accountable for the work that they do with the families.

"…. there's always somebody there that is able to support and keep you on track really (Mary SW)."

Mary (SW) also highlighted that the discussions with different and multiple perspectives of possible interventions with the child/family illuminates the best way to work with a child/family.

"…. having lots of different people's perspectives about interventions and how to work best…. (Mary SW)."

I witnessed, during my observations of the unit meetings, that the different interpretations offered other ways of looking at a situation in the family, stimulated discussions and led to different approaches or interventions. Interviews with participants evidenced that the different perspectives were due to each practitioner in the unit having had different professional experiences, but that additionally different life experience plays a role as well. The experiences are broad therefore approaches are different:

"I might be looking at one behavioural aspect of things and I know another contact worker would be looking at this family and how it's working, but then look at it at a different angle, a more practical angle. I think oh, I didn't even think about that, but actually that really helped and worked or whatever (Chris SW)"

The data also demonstrate that the input of the clinicians during the meetings offered a different insight to the way in which the family was viewed.

"I *do find that having a clinician enriches that experience, and I certainly do feel that it's a different unit meeting when they're not there (Sue CSW)."*

Whilst I observed the unit meetings, I witnessed how the clinicians purposively asked questions about a family situation or relationships to stimulate the practitioners' systemic thinking. Practitioners were also aware of this and valued the clinician's input, as they experience their support with forming hypotheses:

".. [The clinician]... offers a totally different insight about, "I think this could be the root of things." They're very good at hypothesising, they really support with the hypothesis I find. When they're there, we get a really good meeting hypothesis about what's going on for a family (Mary SW)."

However, John (CLIN) suggested that although multiple viewpoints are valuable, there is a risk of being too supportive of families, but simultaneously multiple viewpoints could prevent this from happening.

> *"...that's the beauty of having the multiple viewpoints - but sometimes, I suppose there is a danger of risk getting missed because we're trying to be too supportive of families, but with the multiple viewpoints we've got, that very rarely happens (John CLIN)."*

Chris (SW) stated that with the different perspectives a practitioner will look at a child/family's situation from a different viewpoint that he was not even thinking about, which can be very effective. Most importantly Alex (SW) stated that there is always more than one perspective when assessments or decisions are taken. John (CLIN) stated the problems are explored together from different perspectives, which encourage curiosity and analysing the problem.

> *"You wouldn't have any assessments written or plans made that didn't include more people than just family and social care that just would not happen, so…… it's another set of eyes, isn't it? Another perspective (Alex SW)."*

> *"There's lots of different viewpoints, so I like exploring different perspectives on problems and then coming up with something together… (John CLIN).*

> *…… and I think that encourages curiosity and exploration of a problem, which isn't simple and linear, and not from a knowing position, it's from a position of exploring together something, and that position is I think really helpful (John CLIN)."*

6.3.2.2 Systemic thinking/systemic working

The participants believed that because the clinicians came from different professions, they stimulated systemic thinking. Clinicians' priorities were different from those of the social workers and thus they challenged the social worker in terms of their questioning and thought processes around a child/family.

> *"I sometimes find that the clinician might challenge us more, in terms of our questioning or our thoughts, or again, coming from a different profession… (Sue CSW)."*

Participants comment that they enjoy working with the clinicians and that they work in a systemic way. One participant revealed that he/she loves bouncing ideas off the clinician and listening to their insights. The clinicians contributed different ideas, different insights, and different ways of looking at the families, as well as different approaches to helping families. It appears that the practitioners really enjoyed this way of working together in the unit as a team. Jenny (CLIN) thought that it was helpful that the clinician motivates other practitioners to develop a more curious way of thinking in the unit meetings and other practitioners concurred:

> *"I love working with clinicians. I love the fact that obviously they work in a systemic way, which is what we're supposed to be doing as well" (Chris SW)."*

> *"I'd say, since the restructure, that is the clinician's main goal. Within unit meetings to be modelling that curious stance and to be thinking about how we can bring in wider networks (Jenny CLIN)*

Participants mentioned several times that the clinician, as well as offering a different perspective, kept the practitioners grounded in systemic working with families.

> *"I don't think I've been in a meeting where it totally lost that systemic thread, and I think the clinicians help to anchor that if it is drifting a little bit (Jane SW)."*

Participants experienced that in thinking systemically when discussion the child/family in the unit meeting, they find themselves being more inquisitive about what is actually happening within a case or family.

> *"I really like the fact that we've got curious minds in a room together (Chris SW)."*

Thus, the findings evidence that systemic thinking stimulated participants to be more curious, and to think comprehensively and differently by looking at the family from different perspectives. Examples of this included asking what the narrative within the family was, exploring the genogram, thinking about relationships, and how history and relationships have influenced the behaviour of the family members or child. Practitioners identified that the role of the clinician made a significant contribution here:

> *"I can really see the benefits of having clinicians sitting within the units and of having especially clinicians who are systemically trained and have that knowledge and expertise (John CLIN)."*

Formulating hypotheses around the families actually meant that the practitioners felt that, through this way of working, they were more aware of what they were trying to achieve. John (CLIN) explained that the key is forming a hypothesis and reflecting on it, by asking, *"What do we think is going on here?"* or "*What do we think might be happening?"* This might change over weeks as new information is gathered, so the hypotheses were reviewed by the practitioners. Participants mentioned that although they had different viewpoints, they were using systemic language, a shared language, to formulate what was going on in the families.

> *".... feel that theoretical basis running through......feels like that systemic thread is there (Jane SW)".*

> *"...the clinicians are amazing. They're rooted in the systemic practice, so they'll always bring you back to things, "Have you thought of this?" "Have you thought of that?" ....giving you a different perspective and keeping you grounded in systemic working with families" (Mary SW)."*

By using a common terminology, the practitioners believed that they worked and thought differently and looked at each family in relation to the systems within that family. It is said that in order to have everyone completely on the same page, there is the need for having a shared language.

> *"Again, it's about having that shared language, even if you've got different viewpoints, the systemic language is a shared language to formulate about families (John CLIN)."*

> *"I think we all speak very systemically and very therapeutically, (Toni UC)."*

Participants reported that the typing of the memos in the unit meeting reflected that the practitioners were thinking more systemically. For social workers, when practitioners talked about families, the clinician would provide a view based on psychological models and theories and systemic models and theories about what may be going on in the family. John (CLIN) reported that the clinician was responsible for prioritising, encouraging and assisting social workers with systemic thinking, as the current basis of social work practice.

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"I'd say my main role is to be promoting systemic social work practice using lots of consultation, direct work with social workers in order to have indirect benefits for the child (John CLIN)."

".... but I think at the moment there's a real focus and drive towards getting back to the basics in terms of systemic social work practice. Our clinicians are being asked at the moment to prioritise that… (John CLIN)."

The findings evidence that practitioners believe that they are stimulated to think systemically about a family in the unit meetings, which enables them to work systemically within the family.

6.3.2.3 Knowledge of cases

It was considered as significant that all practitioners have knowledge about the families, a good understanding of their current situation, offer different perspectives and reflect on what has been done. In the weekly unit meeting all team members are updated with what is happening in the family, thus when any practitioner takes a phone call from a family member, the service user can feel that the practitioner knows the family's/ child concerns. In case discussions there are always multiple perspectives.

"I think it's the fact that we all know the cases and we have the unit meetings every week, so every week we hear the history and all the updates of the cases, which is very good for when we take phone calls" (Wendy UC).

"...they've all got knowledge of the cases, talked it all through…. (Chris SW)."

Participants reported that with colleagues having knowledge of all the cases; they can share difficult situations within a case with other practitioners at any time; other practitioners will understand the case and be able to have a discussion and offer informed comment on the situation.

"...it helps to be able to come into a unit room and share those difficulties with other workers and myself, who have also some knowledge of the case and ideas about solving problems….(James CSW)."

Sharing knowledge of the cases with each other in the unit is an ongoing process; practitioners considered that they all developed in depth understanding of each

family/child, which enhanced the decision-making processes and their ability to develop hypotheses in relation to the family/child. Robert (SW) believes that sharing knowledge about a family or child within the unit leads to a better service:

> *".... you develop relationships with other professionals, you share ideas, and as it's ongoing, then all that knowledge is shared around, and therefore you're able to know the client more and offer it better service…".(Robert SW)*

One unit coordinator reported that having knowledge of the family/child, enable them to provide advice when a service user needs help and a social worker is not available.

> *"I can give them advice based on my knowledge of the family and professional involvement, but I can't always give them the answer from the social worker perspective" (Toni UC).*

Alex (SW) valued the fact that when she had to respond to a family where another social worker was the lead worker, she had the background knowledge about that family to attend to the family's needs:

> *"I had experience of visiting other people's families if they were on leave or whatever, you can step in, that's my previous experience (Alex SW)"*

Glen (UC) also valued having knowledge of all the families in the unit, as they as professionals are working together making it less difficult to assist a family in a crisis:

> *"..... for me it feels maybe a bit safer….......all of the rest of us know what is happening about this family…...... Whereas I can see if you're just working on it on your own and if a crisis happens with a family, in the office would be like, "I don't know anything, I don't know what's going on or anything," and maybe struggle a bit more with how to solve the problem (Glen UC)."*

The participants felt that this way of working, sharing knowledge of the family/child, resulted in safer practice; additionally, they had the advantage of the clinicians contributing their specialist knowledge. Thus, participants experienced sharing knowledge as a strength of the systemic unit model and enjoyed working within it:

> *"The flexibility, so if one person can't do a visit and another person can. joint working is the real strength I think……... If we think about why it was that*

idea for families, that there's always someone to get hold of, it would be almost unheard of for every single one of us to be unavailable for a whole day, so availability to families (Phat CSW)."

"I love it, I do love it …. I think the way it's working at the moment is working really, really well (Toni UC)."

6.3.2.4 Practitioners' diverse qualities and skills

Several participants reported that the quality of the characteristics and skills of the practitioners in the unit is important, as the unit's aim is to achieve reflective practice with multiple perspectives. If practitioners find it easy to get on with each other and they have the skills and knowledge according to the Professional Capabilities Framework the unit should function effectively. However, some participants, John (CLIN) and Jane (SW) also saw this as a potential risk for the successful functioning of the systemic unit model were the practitioners not to have the necessary qualities and skills:

"I think it probably depends on the people and their skills and their knowledge of it [systemic practice] as well (Jane SW)."

The leadership role and skills of the consultant social worker was described as the key to structuring the discussions of the cases.

"[He/she] just brings everything to the unit……[he/she] is so calming, but has such great knowledge, ……and it's having that knowledge. ………I think it's just having the knowledge and not being afraid to share that............. (Toni UC),"

"Again, leadership, having somebody that's like, "No, we're not talking about that. We talked about that in length last time, we don't need to (Mary SW)."

Practitioners experienced the value of a calm consultant social worker who has knowledge and skills which they share with the others and who reassures practitioners who are concerned about cases.   The participants also speak of the importance of a consultant social worker who can lead the unit, and who also creates a relaxed and supported atmosphere.

During my observations I saw a consultant social worker being concerned with the wellbeing of the practitioners in the unit. This support was also confirmed during an

interview with a consultant social worker participant and it was stressed how fundamental this was for a constructive unit meeting:

> *"I would ideally always begin with checking in with how everyone is, I can be really conscious of people's attention span dropping, so it's really important to keep the pace (Phat CSW)."*

The three consultant social workers interviewed were all experienced in their role as a consultant social worker and all had many years' experience working in the traditional team model, one as a team manager and two as social workers.

All CSW participants reported having had training in systemic practice which was essential in developing their ability to lead the unit successfully. Phat (CSW) explained that the training made them think differently when working with a case and thinking systematically, taking into consideration the family history and in the family context, seeing the family as a system.

> *"I think by doing the training has allowed you to think a bit more differently. For example, narrative and things like that, what is the narrative within that family? Thinking more about genograms and how family history and relationships, thinking about relationships, thinking about that one person isn't the problem, it's perhaps the family (Phat CSW)"*

Jane commented that the consultant social workers' and clinicians' knowledge and skills around systemic thinking ensured that all practitioners in the unit were thinking systematically about the families.

> "*As long as you've got a consultant social worker who understands systemic thinking and your clinician's input, I think everybody just falls into that ethos naturally anyway (Jane SW)."*

It appeared that the clinicians were considered the specialists in systemic practice and therefore they were equipped with systemic practice skills which they contributed to the unit. Participants reported that the clinicians' systemic practice knowledge enhanced the other practitioners' systemic practice skills, developed their systemic thinking, encouraged them to reflect on what had been done, and to hypothesise and develop plans of action:

> *"I think it's just about bringing in a different set of skills when it comes to thinking about a case direction, and about what might be beneficial when working with a family (Jenny CLIN)."*

Participants spoke about the importance of having a competent and skilled unit coordinator and how they are the heart of the unit, since they not only have knowledge of all the cases, but also have knowledge of and manage the schedules of practitioners. Thus, participants thought that the unit coordinator needed to be a skilful administrative person who acts as the personal assistant for the practitioners in the unit, writing and sending letters, managing many administrative duties and as a result, enabling practitioners to spend more time with families and children. However, it was noted that there was the lack of unit coordinator training:

> *"I think that it's very important for the unit to have a good unit coordinator that can organise the meetings and can complete some of the tasks for the social workers* (Wendy UC)."

> *"I've been blessed, I've always had really, really good unit coordinators, but I know that if a unit coordinator hasn't necessarily got all the skills that they need, it can be a game changer really (Mary SW)."*

> *".... so they're really knowledgeable. They pull all the information together, so they quite often will say, "Oh, I read this (Jane SW)."*

The participants highlighted the importance of their different professional backgrounds and experience, which included probation, family therapy, youth offending, multi-systemic therapy, family support and youth counselling. Three of the participants had previously worked in the traditional social work team model with experience in initial assessment, child in need, child protection services, and court work. Only two participants had experience of only working in the systemic unit model. During observations of the unit meetings the variety of professional backgrounds and experience of the practitioners was evident; as their skills and qualities contributed to the different and multiple perspectives and in-depth discussions of the families and children.

6.3.2.5 In-depth discussions

Phat (CSW) reported that within the systemic unit model the in-depth discussions of a child/family facilitate and increase a greater understanding of a child/family's situation.

> *"My experience is that it is really in-depth … Actually, lead us quite quickly in this model to a further level of understanding… (Phat CSW)."*

Sue (CSW) stated that because of the multiple perspectives, the discussions around the child/families are profound:

> *"I think is a much richer conversation and thinking for a family, i.e. I might not have thought of something that C might have thought, and T will say…. (Sue CSW)."*

Alex (SW) also reported that with the perspectives of other practitioners in the unit she become aware of considering other aspects within the family, which she had not previously thought of.

> *"I think it's helpful to hear other perspectives…… it made me need to consider some dynamics or areas that you hadn't considered yourself, (Alex SW)."*

Robert (SW) stated that the in-depth discussions from different perspectives led to professional development, as practitioners are learning from each other.

> *"As well, you learn as well as you're discussing cases, you're picking up all this advice they're giving. They become part of, sometimes you don't even realise it, but they then become part of your working knowledge as you move on with your work, yeah (Robert SW)."*

Jane's (SW) experience was that the discussions about the child/families are more focussed, as the other practitioners will ask questions for more information or stimulate practitioners thought processes around the children/families.

> *"I think, because there's more focus where somebody will maybe ask questions that prompt you to maybe give further information or might prompt you to think, I haven't even thought about that (Jane SW)."*

Observing 15 unit meetings, I witnessed the in-depth discussions of cases, resulting in unit meetings duration of between four to five hours. Thus, it has been said that this way of working is time consuming, but important.

> *"I think it takes a lot of time. The depth is good (Phat CSW)."*

I observed in the unit meetings that the practitioners discussed the families/children thoroughly, considering many aspects, talking about them in depth and exchanging their thoughts to enable them to form a hypothesis or reach a decision and devise an action plan. Jenny (CLIN) also highlighted this:

> *"Within unit meetings to be modelling that curious stance and to be thinking about how we can bring in wider networks. To be promoting hypothesising and that kind of thing…. (Jenny CLIN)."*

James (SW) suggested aspects of the 4 As (Assumptions; Agree; Argue; Aspire or Act Upon) protocol was used in the unit meetings:

> *"What do we think is going on here?" We always try to have an alternative as well. "What do we think might be happening?" Then we'll talk about that and we'll create a hypothesis (James CSW)."*

Phat (CSW) suggested that within the unit meetings practitioners explore the families with discernment, which results in a deeper thinking and understand of the family.

> *"I think the unit meeting, how rich that is and when we're speaking about families in the correct way and thinking really carefully about families (Phat CSW)."*

Thus, the participants reported that with the in-depth discussions of the cases, practitioners develop much broader insights and perceptions of a family/child.

6.3.2.6 Summary of theme two

To summarise the theme of the importance of multiple perspectives, the findings evidence that practitioners valued being given the opportunity to explore different perspectives, to feel free and safe to give their opinion, to reflect and to make decisions in the best interest of the service users. The multiple perspectives of other

practitioners enhance skills development as they learn from each other. The case discussions are more in depth and practitioners looked at a problem more comprehensively, rethinking how to deal with it and developing solutions, resulting in better decision-making processes, a point made very clear by Robert (SW)

> *"A discussion amongst ourselves where people are free to offer ideas, not worrying, is this idea a good one? Where you just think, I think this is an idea, you offer it, it may not necessarily be good, but then it will be discussed, and then you'll see why that's not the best option. It's created to offer different ideas (Robert, SW)."*

6.3.3 Theme Three: Organisational change

Organisational change is needed to increase effectiveness, value and performance by finding new, improved ways of using resource*s* and capabilities of practitioners (Jones, 2014). The implementation of the systemic unit model was a major change programme which theoretically involved effective, strong leadership, good relationships and skilled practitioners. Participants reported that with the initial introduction of the systemic unit model in 2012 in the Local Authority where this study was conducted, all practitioners working at that time in this local authority attended a presentation on what was involved, the changes that would take place and how the new system would work. Participants reported that they were motivated and encouraged by the implementation of the systemic unit model, felt keen, and thought it was a brilliant way of practicing social work:

> *"From my memory, I think we were all really motivated, we thought it was a brilliant way to…I don't remember having any negative kind of feelings (Sue CSW)."*

However, Jane (SW) experienced that new agency workers were not keen on spending time in the unit meetings. It was suggested that this might be due to their high caseloads, and the expectation to accomplish tasks in a certain time frame:

> *"...to get off and on with things (Jane SW)."*

Furthermore, John (CLIN) felt that with the organisational change, practitioners were placed in a unit without enough consideration of relational factors and of placing

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practitioners in the "right" place. However, Chris (SW) thought that management must give preference to organisational workload and pressure. Thus, from his perspective, the goal of management was to place practitioners such that the requirements of the statutory work can be met:

> *"there's organisational pressure to get just bodies in place to do the statutory work, so often that's prioritised and quite rightly so, there needs to be people there (Chris SW)."*

Participants experienced that organisational change is worthwhile, although it does present negative elements and risks. The following sub-themes emerged from the data;
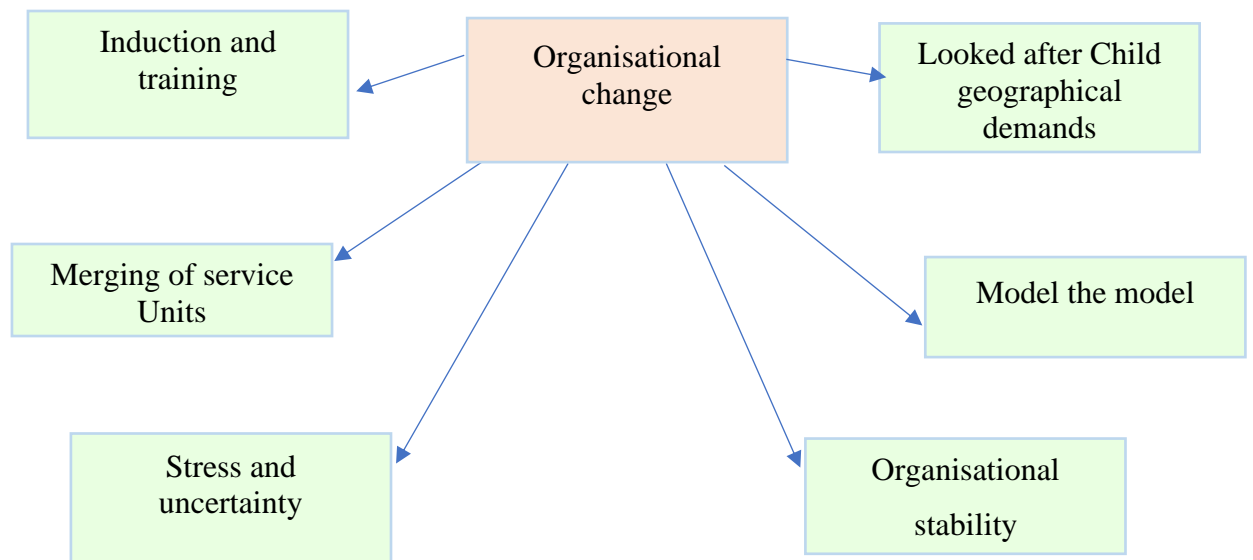
Figure 19: Theme three: Sub-themes

6.3.3.1 Induction and training

One participant, who experienced the change to the systemic unit model from the outset, stated that there was very little induction and everyone was learning "*on the job" (Chris SW)*. Chris (SW) also highlighted that the systemic unit model was originally developed in Hackney, London, which he thought was very different to a Shire County context where this study took place, he did not elaborate on the differences. Thus, for Chris (SW), the implementation of the systemic unit model

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entailed not only having to learn about the model, but also how to implement it in a very different context.

Phat (CSW) stated that when the model was first introduced, they had a week-long induction as a unit and felt that it would be useful to review the training, as it would contribute to the practitioners' re-understanding of systemic practice:

> *"I think revisiting that would be really useful. Just to bring everyone back up to speed again about what we're doing and why we're doing it (Phat CSW)."*

It was reported that a baseline level of training in systemic theory was now given to new practitioners, whereas previously training was inconsistent.

> *"Certainly, for people coming in, especially for new, substantive social workers, they've been given a baseline level of training in systemic theory, which is really helpful, so everyone has a baseline of knowledge, and that was a bit kind of piecemeal before." (John CLIN).*

One consultant social worker reported that there was no training specifically for consultant social workers, although she did undertake a three-day leadership training programme.

> *"No, nothing specific. I completed a leadership programme. It was three working days, and that's it, there's no specialist training for being consultant" (Phat CSW).*

Likewise, a unit coordinator and a consultant social worker also commented that a there is no specific training for a unit coordinator, which could be very helpful, especially if it were standardised.

> *"I think then some standardisation of what training the unit coordinators have had would be really useful" (Phat CSW).*

A unit coordinator participant reported that her business skills, experience and knowledge of the child protection were of great help to her in her role.

6.3.3.2 Merging of service in the units

Participants reported that with the recent reorganisation of unit structures, the focus of the units has changed. Originally services were arranged as:

- Assessment unit, for new cases
- Children In Need units
- Looked After Child units

It was reported that the units are now generic, with each of these functions being performed within one unit (see figure 20). Participants reported that the rationale for the merging of the services is to deliver more continuous services to the service users and enable practitioners to build relationships with children and the families.
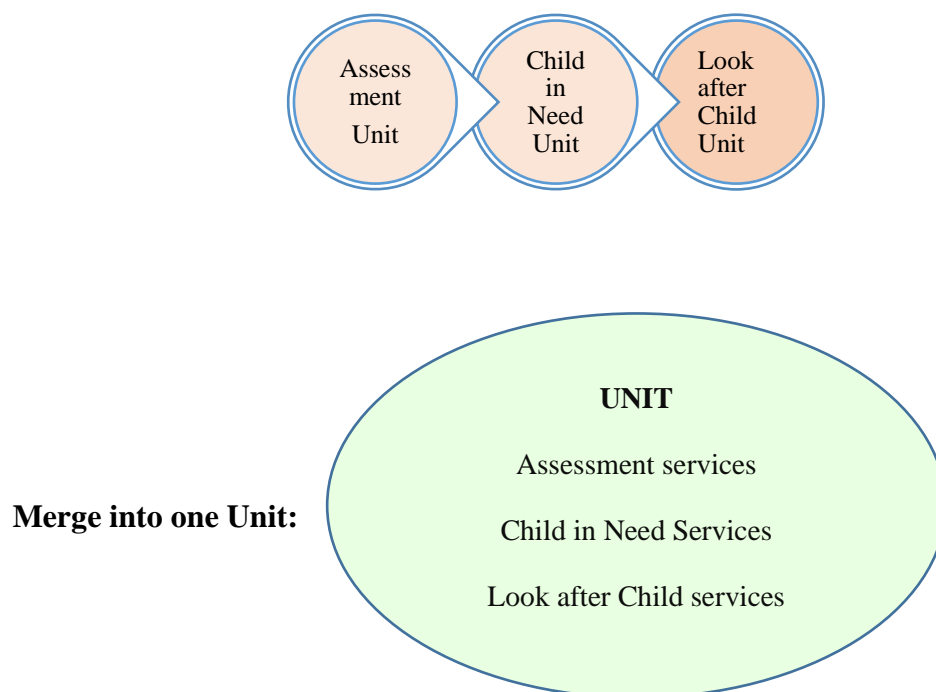
Before Merging of Units:

Merge into one Unit:

Figure 20: *Merging of Units*

Some practitioners thought that this change was potentially beneficial; for example:

> "*I think you're getting a more rounded social worker with a good knowledge of how a case progress does, rather than just reaching a certain level and going, okay, that's a Look after Child*" (Robert SW).

Participants reported that following this change they expected that the way cases in the meetings were discussed would be different according to the type of service. However, they were surprised to find that the conversations were structured in much the same way, with similar actions, and trying to understand the child and the family system and how these fitted in to the systems around them. Thus, they reported that the application of the systemic unit model remained the same irrespective of the type of service, Assessment, Children in Need or Looked after Child services. No main differences were experienced:

> "*It's surprising, it's not massively different. I wasn't sure whether things would be discussed in a slightly different way, whether it was a looked-after child, or whether it was a child coming through the front door for assessment…You can still feel that theoretical basis running through. It still feels like that systemic thread is there (Jane SW)*"

Alex (SW) reported that what had not changed was knowledge about the families, as all practitioners have knowledge each other's families in the different services, Assessment, Child in Need, and Looked after Children,

> "*We all knew each other's families, etc., so that hasn't changed for me (Alex SW)*"

The change that came with this merging of services is that each unit is on duty once a month with all the practitioners on duty for a week, which means that all the cases coming in during that week would become part of the caseload of the unit on duty.

> "*Yes, it's not like the unit coordinator is dedicated to duty, it's that the whole unit is on duty for a week. That means that they take all of the cases that come on duty and they will have those cases until the end (Wendy UC)*"

Those participants that were unit coordinators said that they experienced this change as difficult, as they had to learn so much more and had so much more to do, having

previously only had experience in working in either the Assessment, Children in Need, Looked after Child or Disability Units.

> *"It's quite hard to fit everything in, and maybe it's because I'm not very used to duty as well. I've come from a permanence unit, so I've never done Looked-After children teams, so I've never really done duty before (Wendy UC)"*

Jenny (UC) commented that she experienced this change of merging the unit services and restructure as negative, as they had to resolve and straighten out their way of working. Merging the services resulted in practitioners who had never had experience before in one of the services having to learn now about all three different services. This was echoed by another unit coordinator:

> *".....rather than the longer term, which I've never done before, or lots of us haven't done before, so it's learning about that (Glen UC)"*

There were concerns and uncertainty around how to combine the work of the different services, especially Looked after Children (LAC) services, which involves court work and logistics around geographical demands.

> *"There's a few worries about it in terms of LAC cases building up and becoming more and more of them over time and then the geographical demands of that… (James CSW)."*

> *"...the grey areas are that I'm not sure how the unit model works with balancing long-term court work, with Looked After, with immediate short-term assessment type of work. Because of the nature of the front door stuff that comes in that needs assessment, and that coming into your existing work (Alex SW)".*

One participant experienced the fact that they were still using the systemic unit model, as giving security in how to conduct the unit meetings:

> *"The only thing that we've got to hold onto really is our model of working (Phat CSW)."*

Another participant experienced the merging of the services as a "steep learning curve" and stated that other practitioners also found the recent change difficult.

> *".... it's just been a real steep learning curve, and a lot of people have struggled with it (Toni UC)."*

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In spite of this uncertainty and negative feelings towards the recent change of merging the Assessment, Child in Need, Looked after Child and Disability Units into district orientated Children's Units, six participants believed that this is a positive change, and to the benefit of the families and children, as they would now have continuity by having the same social worker throughout their period as a service user.

> *"It gives continuity to families as well, because if I'm working with a Child In Need case and then it moves from Child In Need to Looked after Child, that child doesn't get a new social worker as it was before, there's that continuity (Robert SW)"*

> *"...now, because we have generic units, a family will open one unit and will go through, if they become looked-after children, will still be with the same units, which is very good for families, because it reduces the amount of social workers they have and the amount of staff that have held their cases (Glen UC)."*

The recent change was described as having a variety of benefits:

> *"I think it's good for the families that we work in and good for our own professional development (Mary SW)."*

It was perceived that there is a better understanding of the child/case and good background knowledge, the practitioner worked over time with the same child and was thus well informed about the needs of the child. It was seen that the system is much more consistent with a smoother pathway, because families do not transition between the three units, the Assessment, Child in Need and Looked after Child Units. Furthermore, in one unit, there are practitioners with experience of working in all three different aspects children services:

> *"I, one million percent, think that for new families coming in that this will be a better process. Honestly, I really want to make that clear. I really think that it is an extremely good model for new families and for children as they're going through the whole process (Toni UC)"*

> *"I think the structure is actually quite good, because in my unit, for example, you've got someone who's been in Access, you've got someone who's had considerable knowledge in CIN cases, you've got someone who has considerable knowledge in LAC cases....(Robert SW)."*

6.3.3.3 Stress and uncertainty

Participants were given a great deal of written information about the implementation of the systemic unit model, but the reorganisation was not explained face-to-face. With the restructuring of the units, practitioners were required to reapply for their positions, be interviewed and then wait for more than three weeks for the decision.

> *"Explanation of this is what we're looking at doing, it's more just bombarding with pages and pages, which you can't take in and there's been a lot of waiting - I suppose there might have to be, I'm not sure - waiting to hear about different things. Uncertainty (Glen UC)."*

This time of waiting brought uncertainty and was not experienced as positive, but stressful. It was suggested that it could have been planned more efficiently. On reflection it was experienced that because of various pressures, management were probably doing the best they could with limited resources. Mary (SW) expressed her view very strongly and perceived this change as a gigantic task:

> *"The recent change - think it was a massive, massive task. I think it was quite stressful for a lot of people. I don't know whether or not it was managed well, but it was probably managed the best that they could manage it (Mary SW)."*

> *"I just think that the way that the transition happened was a little bit sudden and could have been perhaps a bit better planned than it was …. hang on a minute, which unit am I in? That's not really the best way forward, but I mean, we're here now (Alex SW)."*

Participants also reported that they experienced the recent changes as problematic, as they stated that it left them feeling uncertain, anxious and stressed.

> *"…. not knowing what was going to happen, and then you're just carrying on, but I think that was everyone's main thoughts, everyone comes in, "Have you heard anything?" "No." Maybe say the uncertainty…." (Glen UC)*

Toni (UC) reported that she struggled with the reorganisation and thought people found the change difficult, especially if there were personal anxieties as well as work anxieties:

> *"A lot of people can't handle change very well…. There's personal anxieties and there's work anxieties as well, and I guess that's across the board,*

including up to Heads of Service, down to Business Support Assistants. You've got people being anxious about not knowing what they're going to be doing (Toni UC)."

Some participants found the change demanding and they said that they found it had a significant influence on their work. However, some reported that they found it stimulating, enjoyable and that they had learned from the change and saw it as an opportunity to become more knowledgeable. What stayed the same were the unit meeting and the systemic model of working:

> *"... so, it was quite a big impact I think on my work, but at the same time, very, very interesting and I'm really happy that I have the opportunity to learn all these things. I think that maybe at the time I was a bit anxious about all the changes… (Wendy UC)"*

One concern of the practitioners was that having to undertake safeguarding work with Child in Need cases, which can be demanding; as well as undertaking the necessary statutory commitments with Looked after Children in the same unit, would mean stress for the practitioners as their statutory obligations would increase, particularly when there were more Looked after Children in the unit.

6.3.3.4 Organisational stability

One participant, John (CLIN), offered his perspective on organisational change and stability within an organisation very strongly. John (CLIN) reported that in the four and half years of working in the systemic unit model there had been constant reorganisation and change as an ongoing process to improve child protection services and as a response to outside pressures, such as Ofsted.

> *"...but that external pressure was one of the key drivers for organisational change at that time, and might continue to be, because that's the bottom line I suppose, where they get judged in terms of safeguarding (John CLIN)."*

Thus, the changes brought instability and uncertainty within the units. Jane (SW) said that while the changes were happening people were leaving, and that within 100 days, there had been four different consultant social workers leading the unit meetings.

"In times of change, when you've got lots of staff moving and coming and going, it [systemic unit model] can fall a little bit (Jane SW)."

Additionally, Jane (SW) stated that during organisational change, with practitioners moving around and leaving and new staff being employed, there is no continuity; this results in the model not working as it should and standards dropping. John (CLIN) also experienced that with organisational change practitioners are moved around, without taking into consideration relational factors, which he thought could have been applied more effectively.

"I think sometimes when there's a lot of organisational change and people are moved without enough consideration of relational factors, in other words, to get people in the right place, relational factors are sometimes missed out. So, in terms of what would I like to work better (John CLIN)."

Although, John (CLIN) recognised that there will always be organisational pressure; the nature and demands of social work means that practitioners need to prioritise services with the child/family despite any changes that are taking place in the organisation and units.

"...but of course, there's organisational pressure to get just bodies in place to do the statutory work, so often that's prioritised and quite rightly so, there needs to be people there that…so yeah, there's something about consideration of relational factors (John CLIN)".

Thus, practitioners must carry on and work to meet deadlines. Yet, it was experienced that in creating the unit, it failed to take into consideration the relationships within the unit, as practitioners just had to continue working. The result was that some units worked successfully, and some did not. Clinicians reported that this happened a few times and the clinicians had to think about ways to ensure that the unit functioned well.

"When people join, actually talking about how we're talking, thinking about our relationships within a unit sometimes that gets missed, because you just have to get straight on with it and plough on (John CLIN)."

Alex' (SW) view was that the merging of the Assessment, Child in Need and Look after Children services units into one unit could have been organised more efficiently.

"I just think that the way that the transition happened was a little bit sudden and could have been perhaps a bit better planned than it was (Alex SW)."

A social worker participant experienced that during organisational change, it was difficult to stay true to the preciseness of the systemic unit model because referrals were received so rapidly. However, the unit did now prioritise cases for discussions in the unit meetings:

"I think it is purely that in the kind of times that we're in, where referrals are coming in quite thick and fast - or they have been, things are settling a little bit now - or times of change in the organisation, it's very difficult to stay true and keep that fidelity to the model in those times (Jane SW)."

6.3.3.5 Model the model

John (CLIN) felt that stability within the organisational system is very important, as it will allow practitioners to model the model in the units in their everyday interaction, working together as practitioners, as a family and accepting each other's different perspectives, building concrete relationships with each other. 'Modelling the model' in the unit meeting, and unit structure, reflects what practitioners are working towards in the family situation, where they must build a relationship with the family and between the family members to create stability within a family. If the organisation is chaotic, and practitioners experience uncertainty about their organisational systems, it is difficult for them to embrace the model:

"That's about modelling to families what we want them to do…….. and it's very hard to feel containing a very chaotic situation, when we ourselves are in chaos………. (John CLIN)"

Thus, organisational stability is experienced as very important in order for the units to function effectively and to apply the systemic unit model in their practice with families, trying to support families to achieve stability. John (CLIN) identified that the unit is a system within the bigger system, the organisation, and there is a need for stability within the unit as a system.

"I think organisational stability, thinking of us as a system within a bigger system, is really important, because if we're going to try and create organisational stability within families, then we need to have it for ourselves, so

we need to be modelling the model within our units and at other levels of the system as well (John CLIN)."

However, one participant, Chris (SW), highlighted that if they are working with the family, they can utilise evidence-based models and theories, but if the practitioners have not built a relationship with that family, then it's just not going to work. The findings demonstrated that practitioners understand the model and the need to model the model. Participants think that the model works best when practitioners embody the model in all the work they do, in their unit meetings, in the way that they interact with all the service users and think relationally and try and metalize other practitioners and services users in that context.

> *"Also, we do then model that kind of systemic thinking around families too, so we're working like a family, and that acceptance of different perspectives, I think is just built into what we're doing, which I think is really useful, a real strength. That's what we have to do when we're thinking about risk and needs (Phat CSW)"*

One of the participants felt that not all the practitioners understood the fact that they needed to model the model and embody the model in all the work they do.

6.3.3.6 Looked after Children cases and geographical demands

There were serious concerns about the recent change, the merging of the different children's services, in terms of the Looked after Child cases. Over time there would be more Looked after Child cases in the merged unit, which would result in geographical demands and time constraints on the practitioners who work in this unit. James (CSW) pointed out that disrupted families could result in the parent and child living in different geographical areas, and these areas could be a considerable distance from the office base. The Looked after Child remains the responsibility of the unit, even if the child is not in the same geographical area. Participants were concerned that this would result in the social worker having to travel long distances regularly to engage with the child, which could potentially be very time consuming and create logistical difficulties:

> *"There's a few worries about it in terms of Looked after Child cases building up and becoming more and more of them over time and then the geographical*

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demands of that… So, I suppose there's a bit of anxiety about that arrangement (James CSW)."

6.3.3.7 Summary of theme three

With the theme, "Organisational change", it was clear that the participants were excited and experienced the initial implementation of the systemic unit model as positive. However, practitioners also experienced the reorganisation as stressful as there were many uncertainties about what would happen next whilst at the same time experiencing the pressure of continuing with the daily demands of social work. Participants were however positive and felt that change is important, especially as the merging of the units will enhance relationship-based practice and continuity for service users. Some practitioners noted that there was a lack of consideration of relational factors in creating the units. Thus, participants reported that organisational stability can be at risk if change within the organisation is not managed well.

Chapter seven

Discussion

In the previous chapter, I presented a thematic analysis of participants' accounts and in this chapter, I provide a critical discussion of these findings in relation to previous research and theoretical understandings and knowledge on the application of the systemic unit model.

7.1 Introduction

The quality and effectiveness of Children's Social Care Services in England has been questioned by the public and professionals alike, with reviews and enquiries, such as the Victoria Climbié Inquiry by Laming (2003) and the child protection review by Munro (2011b). What has been questioned are the competencies and capabilities of social workers, the quality of supervision provided to social workers, support provided to social workers, the training of social workers and communication and information sharing between professionals. In terms of their abilities, social workers' assessment and decision-making skills and the transparency of their actions were criticised as poor and inadequate (Munro, 2009; Cross et al., 2010; Munro, 2011a, Forrester, 2012; D'Arcy, 2013; Ferguson, 2014; Wilkinson et al., 2015 and Sebba et al., 2017). According to Munro (2005), the failure to protect and safeguard children effectively was related to policies and procedures that had been implemented, resulting in managerialism, social workers being stressed, having less time to spend with families, failing to include crucial steps in procedures and/ or overlooking indicators of trouble.

These criticisms highlighted the need for creating new ways of working and the need for a change in child protection services. Munro (2011a) stated in her interim review of child protection in England that organisational change in child protection should aim to improve outcomes for children and families. Moreover, child protection procedures should reduce bureaucracy in order to enable practitioners to spend more time on frontline practices and employ a family orientated approach (Munro, 2011a).

It was recommended that social workers should focus on early intervention and that the rationale for social work intervention and decisions made should be clear, justifiable, and demonstrate greater transparency and accountability (Munro, 2011b). To recommend improvement, Munro (2011a) analysed child protection processes in England employing a blend of systems thinking related approaches and analysing how the negative conditions in social work practice had evolved. Munro (2011b) highlighted that the "Reclaiming Social Work" programme (systemic unit model) with a systems approach as the theoretical basis, was a good practice example to be implemented in child protection. This resulted in that several Local Authorities implementing the systemic unit model approach.

As the literature review demonstrated, the focus of previous studies on the systemic unit model (Cross et al., 2010; Forrester, 2013; D'Arcy, 2013; Wilkinson et al., 2016 and Sebba et al., 2017) had been on evaluating its implementation. Forrester, et al., (2013), suggested further specific research in one or more Local Authority which would investigate particular elements of the impact of systemic units. Additionally, Ferguson, (2014) suggested a need for research as to how social workers apply social work practice. Thus, this study explored what happened in systemic unit meetings and the perspectives and experiences of practitioners in one Local Authority, the research questions being:

1. How is the systemic unit model applied in social work practice?
2. What are the experiences and perspectives of practitioners regarding applying the systemic unit model at a Local Authority?

I used a qualitative, explorative methodology to gain insight into the complex relationships between the underlying functioning principles and elements of how the systemic unit model works and the meanings and understanding of these to participants in the unit. Having knowledge of the McKinsey 7S's model gave me a better understanding of my findings and helped in the analysis and interpretation of the data. Through analysing my data, it became clear that all elements of the systemic unit model are not only interlinked and interdependent, but that, akin to systems theory and the McKinsey 7S's model, each element will not exist without the others. This confirms Forrester et al.'s (2013) statement in their evaluation of the

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systemic unit model that the various elements of the systemic unit approach are so closely inter-linked that it was not possible definitively to disentangle the various elements in the systemic unit approach. I identified links and sequences of the McKinsey 7S's model elements in the data and thus, I created a diagram (see figure 21) of how the systemic unit model works, the focus being on how the elements of the systemic unit model are interlinked and integrated in practice, with an attempt to demonstrate how the systemic unit model works from the perspectives of the practitioners. This diagram supports Munro's suggestion (2012) that, for the successful application of the systemic unit model there should not be any "cherry picking" by using some elements of the system without others. I compare my diagram of how the systemic unit model works with the diagram of Forrester et al., 2013, (see figure 5).

Forrester et al., (2013) demonstrated that the systemic unit model begins at the Local Authority level, enabling general and specific conditions based on organisational values. Forrester et al., (2013) suggest that the systemic unit model has six interacting key elements, which result in positive influences on practice: practitioners share work; practitioners have case discussions; each unit has a unit coordinator; the unit takes a systemic approach; units encourage skills development; practitioners have other roles. However, my study elaborates on the specific elements within the function of the unit that are interlinked and interdependent and therefore presents a more detailed explanation of how the systemic unit model works. The diagram (figure, 21) illustrates that, as Forrester et al., (2013) stated, the systemic unit model begins at the Local Authority level, by creating unit structures to practice child protection services. This is a systems approach promoting the skills and qualities of the practitioners in the unit; five to six practitioners work together and thus, with multiple perspectives there is in-depth discussions of cases potentially leading to improved decision-making processes rooted in reflective practice, reflective group case supervision, peer learning and a better understanding of families. Together, as described by the participants; these create a feeling of support, shared responsibility; transparency; accountability and reduced bureaucracy. It is important to remember

that these elements are so interlinked and interconnected that they are separated for the purposes of discussion.

Local Authority – organisational structure change – creating units	**Reclaiming Social work** Initiative Hackney Model – Systemic Unit Model	**Questioning Social work practice Social work theories McKinsey 7S model**

Consultant Social Worker

Social Worker 1

Family therapist

Social Worker 2

Unit Coordinator

A systems approach- Collaborative process

Promoting skills and qualities

Systematisation processes

Multiple perspectives

In depth discussions

Reflective practice

Reflective group case supervision

Learning from peers

Understanding families better

Better decision making process

Support

Shared responsibility

Transparency

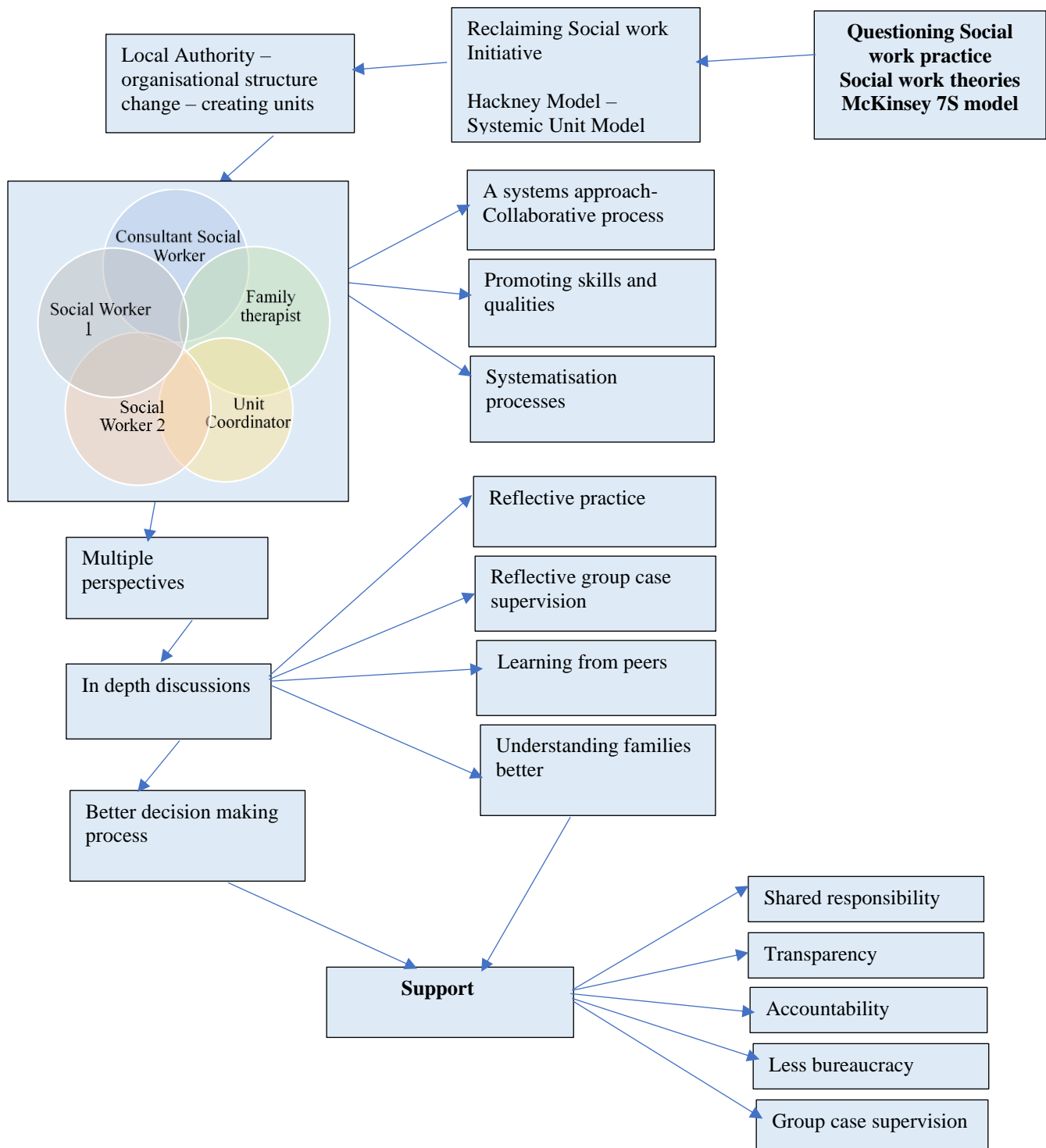Accountability

Less bureaucracy

Group case supervision

Figure 21: *How the systemic unit model works*

My findings show that the unit structure is the main mechanism for the functioning of the systemic unit model and is based on the McKinsey 7S's model; i.e. organisational culture of shared values, structure, strategy, systems (hard Ss), skills, staff, and style (soft Ss); which was the intention of Goodman and Trowler (2014).

In aiming to improve child protection in England, Munro was originally commissioned to review the three main child protection principles:

- Early intervention
- Trusting professionals with greater transparency of their work and accountability in social work practice
- Removing bureaucracy – to enable practitioners to spend more time on frontline practices (Munro, 2011a).

The findings of this study suggest that within this Local Authority using the systemic unit model has resulted in the improvement of the last two of these main principles of child protection. This study did not explore the impact of practitioners' interventions on service users, therefore cannot report on the first of the principles, only on practitioners' perspectives. Additionally, it appears that the findings of this study address the recommendations made by Laming, (2003, 2009), and Munro (2011b), to bring structural and practice changes to the social work profession. I will now explore the data presented in the Chapter Six, as to how the systemic unit model works and the experiences and perspectives of practitioners of the application of the systemic unit model. This study evidences from the perspectives of practitioners that with the implementation of the unit structure, practitioners are empowered through *a systems approach, promoting skills and qualities*, *and systematisation of processes*.

7.2 A systems approach

In this section I discuss the value of the unit structure and collaborative practice. I then explore developing systems thinking, reflective thinking, curiosity, shared responsibility, accountability and transparency, and group dynamics

7.2.1 The structure and functioning of the unit

To improve child protection services Laming, (2003; 2009); the Social Work Task Force, (2009), Munro, (2011b), and Goodman and Trowler (2012) all sort to initiate change in the organisational structure of child protection services. Hence, with the implementation of the systemic unit model, traditional team structures of child protection services were changed into unit structures. Goodman and Trowler (2012), stated that the most distinctive component of the systemic unit model is the "unit", consisting of multidisciplinary practitioners, and offering a collaborative team-based approach to cases. In traditional social work there is a team structure, however, practitioners in the teams are not required to work together formally on each individual case or with the same intensity as would be required within the systemic unit model.

Hence, this study found that the participants experience that the unit structure provides them with a high level of support, which was an aspiration of both Munro, (2011b) and Goodman and Trowler (2012) to improve child protection. As previously described, the unit structure consists of a group of practitioners, i.e. a consultant social worker, unit coordinator, a clinician, and two or three social workers:

- The practitioners operate as a unit and have weekly meetings
- That unit meetings provide practitioners with the opportunity for reflective child protection practice
- The unit meetings involve case discussions, hypothesising and decision-making processes and provide support
- All five or six practitioners work together and have knowledge of all cases allocated to the unit.

Additionally, through reflective processes, the weekly unit meeting involving different professionals creates a space where practitioners can consider and give attention to the complex emotional and psychological aspects of working with families. Although, previous studies have not emphasised the aspect of practitioners working together, they have highlighted that in the unit multi-professional teams undertake assessments and reviews of cases and achieve better safety planning (Cross, et al., 2010; Sebba, et al., 2017). The participants identified that the unit structure facilitates collective thinking, and therefore, the potential for more analytical and

insightful ideas to be developed regarding interventions with families; at the same time practitioners feel more supported (Cross et al., 2010; Forrester et al., 2013; D'Arcy, 2013; Wilkinson et al., 2015, Sebba et al., 2017). My observation of fifteen unit meetings and thirteen interviews with practitioners evidences these claims. Practitioners in the unit use a risk assessment framework tool similar to the "Signs of Safety" risk assessment framework, which issued by individual frontline practitioners in traditional social work teams. However, my study has shown that participants in the unit use the assessment framework collectively, discuss a case reflectively, stimulate each other's thinking, develop different hypotheses, and decide as a unit on the final hypothesis at that time and from that hypothesis plan the necessary action. Thus, a family/child's situation is discussed comprehensively by a group of practitioners who are rethinking how to deal with the child/family and are developing solutions or action plans together. This was confirmed in the interviews with the participants as they experienced the unit meeting as not only supportive, but also as providing transparency and accountability in their work. Hence, an important element of improving child protection services was, as Munro (2011b) recommended, to change the structure of the services, by creating units for reflective practice and collaboration. Thus, Local Authorities must provide the unit structure, systems and strategies for practitioners to practice improved child protection services, providing support and opportunities in many different operational aspects of child protection services. These different operational aspects of child protection services, (discussed in sections to follow), are:

- Collaborative working with implications for relationship-based and reflective practice
- Shared responsibility, transparency, and accountability
- Shared expertise, skills and knowledge
- Critical reflection and critical analysis
- Reviewing, checking and stocktaking changing situations
- Decision making processes
- Development of practitioners' skills
- Administrative support

These data are all the more encouraging in light of extant data, which suggest that the systemic unit model structure produces an organizational culture of support and

reflective learning, and facilitates collective thinking and skills development (e.g. Cross, et al., 2010; D'Arcy, 2013; Wilkinson, et al., 2016).

The data support the claim that the requirements for the systemic unit model to be successful are that practitioners are supported by Local Authorities having structures, systems and strategies in place; employing skilled staff and implementing a systems theory style of leadership. All of these are elements of the McKinsey 7S's model for organizational change used by Goodman and Trowler (2012) in analysing child protection services; and developing the systemic unit model approach. However, the findings suggest that careful consideration needs to be given to the qualities and skills of practitioners when placing them within a unit to ensure effective functioning of the unit.

7.2.2 Collaborative practice

Observational data and participants' experiences in this study evidence that collaborative practice, with the aim of improving the quality of social work, is fundamental to the systemic unit model. These findings are in keeping with the recommendations by Laming (2009) and Munro's (2011b) review of child protection in England and the evaluation study of Cross, et al (2010). Collaboration or working together on vertical levels (with leaders and managers) and horizontal levels (with peers) is grounded in systems theory (Suter, et al., 2009). On the horizontal level, participants identified that the unit structure is a supportive organizational environment, which allows them as professionals to work collaboratively, with their common goal being child safety. Suter et al., (2009) suggest that the key element of collaborative working is when two or more care professionals with a common goal, establish collaborative relationships, understand each other's roles, share knowledge and interact, over time, in a supportive organizational environment. Cross, et al., (2010) also found that sharing cases in the units creates an organizational culture that supports reflective learning and skills development.

In order to establish collaborative relationships, participants emphasized the importance of considering relational factors when creating a unit. Additionally, it

was identified as important that practitioners should understand each other's roles, share knowledge and interact with respect and mutual trust. The data show that the communication and decision-making processes are influenced by the knowledge and skills of the collaborative group of practitioners in the unit. Furthermore, as stated by Way, Jones and Busing (2000), collaborative practice includes elements of responsibility, accountability, coordination, communication, cooperation, assertiveness, autonomy, and mutual trust and respect. In the systemic unit model collaborative practice involves working together in the unit, multiple perspectives with in-depth discussions and decision-making skills development, reflective practice, shared responsibility, accountability and transparency. Collaboration can also be encouraged or hindered by the physical environment of the workspace; this will be discussed further in 7.3.6

7.2.3 Systems thinking, reflective thinking and curiosity

Participants of this study demonstrated in the unit meetings by means of their reflective evidence discussions that they understood that families are a system within other systems (Satir, 1972). The participants in the unit meetings observed showed that their interventions are anchored in systems thinking. Hence, as Senge, Hamilton and Kania (2015) stated, in order to understand the prevailing issues more comprehensively, to respond to the issues and to develop solutions, the families are seen as complex systems; thus, the relationships within the families are looked into comprehensively.

Working in this way evidences systems thinking in the case discussions during unit meetings; practitioners look deeply into the relationships between family members and the systems around them and analyse them, sometimes using the genogram as a tool. During this process, practitioners describe and reflect on what is happening in the family, exploring the problems and relationships comprehensively, and taking into consideration how history and relationships have influenced the behaviour of the child and family members. Social work is an interactive activity, therefore critical reflection is essential and such thinking supports the aspiration to learn, understand and gain knowledge to practice as an effective social worker and be a useful attribute

to the social work profession (Ruch, 2005; Kirkwood et al., 2016; Knott and Scragg, 2016). The key to reflective practice is knowledge exchange activities through interaction between practitioners, service users and their family members involving a deeper level of questioning of practitioners' assumptions.

The interventions with the family, as discussed by practitioners and reported in the unit meetings, were designed and implemented not only to safeguard children, but to enhance the quality of life and personal sense of competence of each family member and encourage them to take responsibility. The findings suggest that the consultant social worker's role is key to the structuring of discussions of cases and requires different qualities, knowledge and skills in systemic thinking and leadership. All unit members, including the clinician, are aware that the contribution of the clinician as a systemic practice specialist stimulates practitioners to think differently, to be more curious about what is happening within the family; generate hypotheses about what is happening in the child/family's life and as a unit conclude with an agreed hypothesis, and agreed decisions and action plans. The data show that the clinician consciously ensures the systemic thread in practitioners' thinking, which then results not only in the development of practitioners' own systemic thinking but also in the creation of a systemic language. Indeed, findings of this study suggest that participants understood the value of systems thinking, reflective practice and the benefits of different perspectives. This study demonstrates that from the perspectives of the participants that the specific role of the clinician in the unit, to enhance systemic thinking, to stimulate practitioners to understand the difficulties of a child/family in a relational and contextual way happens in practice as Goodman and Trowler (2012) had proposed. Therefore, a deeply shared reflection as stated by Senge (2014) is critical for practitioners to develop a shared understanding of complex problems.

This appears to be a positive outcome of the "Social Care Innovation Programme" (2014) promoting systemic social work practice, which was a response to McKinsey's work on features of systems practice and drew on the Munro's final report (2011b). Furthermore, Munro (2011b) argues that in child protection work, practitioners should take a broad view of the contexts in which humans make decisions and treat such contexts as a system. Crucial to systemic thinking is the range of practitioner

perspectives in the unit meetings with reflection on both progress and risks in the life
of the child/family (Wilkinson et al. 2016); the data show that practitioners are aware
of and value these. The systemic unit model promotes reflective practice and uses
reflection as a tool to guide practitioners to understand why and how things happens
in a family, the analysis and evaluation, conclude and develop an action plan (Gibbs,
1988). As stated by Payne (2014) practitioners become part of the social work
process, focussing on reflection, reflexivity, critical thinking and critical reflection.
Thus, the reflective process is consciously exploring and analysing professional
practice in order to gain a deeper understanding of oneself, others and the meaning of
what is shared among practitioners (Schön, 2017). My observations and the reports of
the participants in this study show that this reflection and systems thinking were
occurring in the weekly unit meeting.

Senge, (2014) and Lane et al. (2016) propose that this systemic thinking supports
practitioners to develop meanings and understandings of the social behaviours of
families and to rethink how to manage complex situations and develop solutions. This
is borne out by the views of the unit members. In this way, not only are child
protection and prevention enhanced, but the child/family's level of performance and
competence is encouraged through helping them to make choices, be more
accountable and take greater responsibility (Satir, 1972). Therefore, it appears that
with a systemic approach and systemic thinking, practitioners are stimulated to be
more curious about the dynamics and relationships in the family and look at a family
from different perspectives. Participants see systems thinking as key for the
development of insight and the holistic analysis of complex families (Senge, 2014);
systems thinking has the potential to improve practitioners' professional practice
experience and decision-making skills; leaving practitioners feeling more supported as
they are working collaboratively and enhance their passion for what they do.
However, this relies heavily on the systemic knowledge and skills of all the different
practitioners in a unit, as well as the leadership style of the consultant social worker
and the input of the clinician. Hence, Goodman and Trowler's (2012) vision for the
systemic unit model is to have the right people with "a high level of skill and who are

interested and able to identify and manage risk and design and deliver family interventions that work" (p.17).

7.2.4 Shared responsibility, accountability, transparency and support

This study evidences that practitioners in the unit share their ideas and skills in a coordinated way, developing a shared knowledge base, and that they share the responsibility of decisions taken together, avoiding the heavy burden of responsibility on any one set of shoulders. Dugmore, et al., (2018) commented that the systemic unit model promotes a supportive and contained environment, whereas Turney et al., (2011) pointed out that additionally practitioners may benefit from opportunities to learn by doing joint assessments alongside more experienced colleagues. Turney et al., (2011) also suggested that these joint assessments alongside more experienced colleagues would help to keep the focus on the vulnerable child and not the needy parents or caregivers (Turney et al., 2011).

With this unit-based approach, practitioners in the unit meetings discuss each week families/children and plan ranges of interventions. From the perspectives of the participants, practitioners experience the collective decision-making process and shared responsibility as instrumental to accountability, transparency, shared knowledge, with someone always available in the unit to support a family/child. Wilkinson, (2016) reports that managers working in the systemic unit model believe that social work practice has become more transparent, and at the same time, practitioners' theoretical knowledge base has improved. Moreover, the studies of Cross et al., (2010) and Wilkinson et al., (2016) confirm that practitioners working in the systemic unit model experience support with the approach in terms of shared responsibility, transparency and accountability as with the systemic approach there are more ideas available to develop interventions with families. In this study, practitioners state that from their perspectives this is happening in their everyday practice.

Furthermore, with shared responsibility, transparency and accountability, participants highlighted the importance of practitioners' personal working styles being compatible, enabling them to be spontaneous in sharing their thoughts.

Consequently, if there is poor communication in the unit, (discussed in 7.2.5) there is potential for the systemic unit model to be at risk, as it could adversely affect the quality of the in-depth case discussions and the decision-making processes. Goodman and Trowler (2012) identified that in the application of the systemic unit model practitioners should have a range of complex skills (discussed in 7.3.2) such as the ability to develop positive relationships with other professionals and families, good communication skills, being confident and professional and having resilience, determination and perseverance. The data from this study confirm that practitioners too see the importance of these skills and believe that working in the systemic unit model offers them the opportunity for development.

Although, there is a shared responsibility of cases within the unit, each social worker, including the consultant social worker, is a lead social worker for specific cases, although the consultant social workers have case responsibility for all the cases in the unit. Taking into consideration that a consultant social worker has the additional responsibility as the unit leader and manager and as such has to provide individual supervision to the social workers and unit coordinator, there is a risk of burn out for consultant social workers and this could explain why some participants have experienced a high turnover of consultant social workers during their practice experience within the systemic unit model. It is interesting to note that having a unit coordinator aims to reduce the bureaucracy for social workers, enabling social workers to spend more time with their cases, but that the administrative responsibility for all the practitioners in the unit often seems to be an overwhelming task to some of the unit coordinators. In addition, it is important to note that the findings of this study also suggest that some participants experience shared responsibility negatively when another practitioner in the unit is absent. It seems that the absence of a practitioner in a unit meeting or in the unit, whether due to staff illness, holiday or vacancy, places an extra burden on the other practitioners in the unit to be available to support a family/child. Therefore, this could affect the function and dynamics of the unit, as discussed in section 7.2.5 and confirmed by Forrester et al., (2013) and Jones (2014).

This is in contradiction to the overwhelming experience of all the participants that the way the systemic unit model works is very supportive. The findings show that feeling overwhelmed by the workload is experienced by three different professional roles in the unit, the consultant social worker, the social worker and the unit coordinator; this suggests that although there is a strong feeling of support, shared responsibility, transparency and accountability, the workload and pressure in child protection work is still high and the risk to practitioners for overwork and burnout is still a strong possibility. Cross, et al., (2010) confirm with their evaluation study that there is a persistence in practitioners' difficulties in managing their caseloads.

It appears that participants of this study report that their experience of support comes from knowing that they are part of a close unit and that the weekly unit meeting is an opportunity for debriefing, sharing and reflecting with their peers who have knowledge of their cases and therefore understand their interventions. Thus, this study's overwhelming evidence is that all participants felt that systemic practice, shared responsibility, accountability and openness in the unit meetings created a culture of support. The experience of support was particularly highlighted by the newly qualified social worker participant, who experienced shared responsibility, transparency and accountability as a helpful way of introducing social work practice because it provided a built in and constantly available reflective group case supervision system (discussed in 7.3.3). Therefore, it would appear that from a practitioner perspective, shared responsibility, transparency and accountability answer the question of Goodman and Trowler (2012) when they were developing this systemic approach of child protection "How can we better support our workers?"

7.2.5 Group dynamics

Findings of this study show that as a result of how the systemic unit model is applied and the structure of the unit, practitioners believe that they work in an interdependent, interactive setting, allowing them to complete tasks as a collective unit. This fits with the input-process-output model developed by Hackman and Morris (1975) (see figure 22).

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As is evidenced in my findings, many practitioners developed relationships of trust, within an atmosphere of feeling safe, supported and with effective communication, which allows them to challenge each other; and in these circumstance practitioners were able to see criticism as constructive feedback. My observations of the unit meetings indicate that where there were positive group dynamics and where participants trusted each other but held each other accountable, practitioners thought that the unit functioned effectively. Practitioners were willingly sharing information in the unit meetings, creative in their thinking, able to interpret shared information as it is commonly held within the unit, committed to taking action, working towards a collective decision and appeared to deliver tasks successfully. Again, this is in line with Hackman and Morris (1975) who stated that the group composition of skilled and motivated individuals with good leadership creates positive group dynamics, enables an interaction process of individuals utilising their knowledge and skills, and enables performance strategies that result in performance effectiveness. Practitioners' willingness to share information and critically discuss it, relates to the findings of a study of group dynamics by Ellis, et al., (2003) that teams which are composed of intelligent individuals are better able to develop effective systems of interaction and share information, which is crucial for an effective decision-making process.

Therefore, it would appear that having skilled practitioners working together as a unit with shared values positively affects the unit practitioners' collective information-processing capabilities and allows the unit practitioners to develop multiple hypotheses that not only inform the decision making process around the child/family, but also illuminate why decisions are taken. Participants thought that these skills of hypothesis generation and clear decision-making processes of the unit working as a team result in appropriate intervention with a child/family. Forrester, et al., (2013) also found that the assessment processes in systemic units are more likely to produce consistently high-quality assessments. Hence it seems that the decision making processes, which the practitioners describe and value, fulfils the recommendations of Laming (2003), the Social work Task Force (2009) and Munro (2011b) to transform frontline practice by utilising a systems approach to move away from a focus on individual practice, and move towards a wider systemic level; again this was the

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outcome that Goodman and Trowler (2012) were seeking in developing the unit structure.

Participants acknowledged the importance of good working relationships between unit practitioners for the unit to function well; they recognised the importance of being mindful of the fact that they all have the same purpose, which is to help a child/family and as a result saw feedback from their peers as helpful in prioritising what needed to be done rather than as criticism. Deeply shared reflection is critical to both the functioning of the unit and to the practitioner as an individual and helps each of them to appreciate and understand the different views of others in the unit.   This confirms what Forsyth, (2018) stated, that group members working together interdependently with regard to shared goals interact with one another on the basis that they constitute a meaningful social unit and are committed to that social unit. The sharing of values and having shared goals is the grounding of relationships with each other and is the main element of the McKinsey 7S's model, which underpins the systemic unit model.

Clearly, the converse is also true, as evidenced in the interviews with some participants. Some participants experienced a negative atmosphere within the unit. Participants blamed this on agency workers and/or consultant social workers, who do not have efficient knowledge and skills of systemic practice, as well as a quick turnover of consultant social workers and agency workers, which then impacts the atmosphere in the unit and the group dynamics. Hence, a negative atmosphere in a unit could create negative dynamics; consequently, the unit practitioners could potentially make inappropriate decisions that do not come from collective discussions or where possible options are not explored in enough depth. This suggests that the characteristics of individual practitioners in a unit could derail the functioning of the unit by adversely impacting on the supportive, safe and reflective working of the unit meetings and place the systemic unit model at risk. Moreover, a quick turnover of practitioners in the unit results in vacancies, which also could affect the functioning of the unit negatively by increasing the workload and responsibilities of other individuals. Forrester et al., (2013) likewise reported in their evaluation study that the systemic unit model is potentially an insecure system and vulnerable to failure due to break downs in work assessments caused by any weak

links, such as staff vacancies and/ or characteristics of practitioners in a unit. Jones, (2014) highlights similar concerns and as a result questioned the resilience and sustainability of the systemic unit model.

The negative impact of individuals on the unit could equally be said of any social work practice model. However, in more traditional social work teams, frontline social workers do not work closely with their peers but operate separately and independently with each child/family and receive managerial and supervision advice individually. In traditional practice the team structure consists of more than five practitioners, and therefore one could argue that the effect of absence of practitioners is less obvious. Similarly, if individuals are clashing within a team, the larger size of the team means that individuals are not required to work together with the same intensity as would be required within the systemic unit model. Hence, the effectiveness of systemic unit model could be more at risk if practitioners in a unit have trouble in working together harmoniously.

It is therefore clear that from a practitioner perspective the unit members should be compatible and complement each other, allowing each other to be spontaneous in the sharing of their thoughts and critical reflection. Without this compatibility, there is potential for poor communication and the systemic unit model will be less effective. For the successful delivery of tasks there should be a positive dynamic within the unit, including trust, working towards collective decisions by being creative in their thinking, commitment and holding each other accountable (Wilkinson, 2016). Hence, Schön (2017) affirms that when a group facilitate meaningful relationships among peers, foster an appreciation for diversity, and focus on aligning personal values and professional choices, the functioning of the unit should be effective. The findings of this study suggest that participants appreciate the diversity of the different practitioners in the unit, which appears to result in meaningful relationships among practitioners in a unit.

Considering the input-process-output model (Hackman and Morris, 1975) (see figure 22), and the evidence of the findings, central to the group dynamics is the leader's attitudes, that is the consultant social worker, who has a major influence on the

group's interactions. The consultant social worker's qualities, leadership skills, attitudes, how he/she is perceived and how interested he/she is in what practitioners do and how they do it, from the perspective of other team members has a strong influence on the group's functioning. Indeed, participants experienced the consultant social worker's leadership role as fundamental to the group dynamics and to the effectiveness of the unit and the unit meetings. Observations of the unit meetings indicate that both the consultant social worker and the practitioners were strongly influenced by the group processes, which involved a give-and-take collaboration between the practitioners, and significantly shaped their experiences and their accomplishments (Forsyth, 2018). Thus, to explain the input-process-output model (Hackman and Morris, 1975) in relation to the systemic unit model, findings suggest:

- The *input* of the group structure with good leadership by way of the consultant social worker and skilled motivated practitioners
- The unit meetings as the interaction *process*, leads to
- Performance strategies, utilising practitioners' knowledge and skills and group dynamics *(output)*
- Which affects the unit's performance effectiveness *(outcome)*.
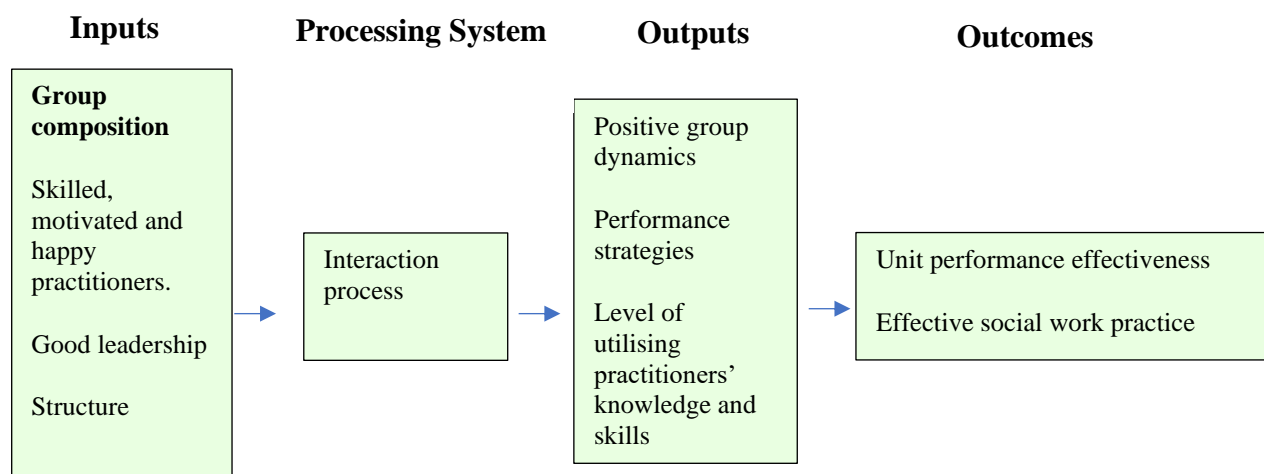

Figure 22: *Application of Hackman and Morris "Group Dynamics - input-process-output model"*

7.2.6 Summary of a systems approach

My findings confirm that with a systems approach the Local Authority, by implementing the systemic unit model, provided opportunities for collaborative and reflective child protection practice. From the perspectives of practitioners,

collaborative working not only creates a shared ownership of child protection, but also a sense of feeling supported when they know and trust their colleagues as competent practitioners who share knowledge and case responsibility; this results in individuals being less concerned about "missing things". Additionally, collaborative working with positive group dynamics enhances practitioners' knowledge and development and allows them to assess how they are progressing with a family/child.

Participants in this study demonstrated that the way they discuss cases during the unit meetings is based on systemic thinking, which involves reflective thinking and deep listening skills. Thus, practitioners believed that the systems approach enhanced reflective and proactive social work practice.

Practitioners experienced shared responsibility, accountability and transparency as supportive but also as a potential burden. A good working relationship between unit practitioners is recognised by participants as essential for the unit to function effectively; they saw that relational factors such as negative group dynamics influenced by the characteristics and skills of the different practitioners in the unit structure could put the effectiveness of the systemic unit model at risk. With systems theory as the foundation of the systemic unit model, collaborative working within the unit means having shared values and goals and committed practitioners who work together interdependently, interacting with one another to constitute a meaningful social unit (Forsyth, 2018). Equally, Davies and Ducket (2016) argue that proactive child protection and prevention of harm is key to good social work practice and requires action and deep thinking around the vulnerable child's issues, engaging critically with knowledge and examining the circumstances in which a child lives. Furthermore, Munro (2011b) suggested that the qualities and skills needed by social workers who are working with children and families should be clearly specified in a "Professional Capabilities Framework" (PCF) (see figure 10).

7.3 Promoting Skills and Qualities

In this section I discuss the value of multiple and different perspectives, in depth discussions and professional capabilities in promoting decision making skills. I then

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explore group case supervision; how participants experience the importance of modelling the systemic unit model in the unit meetings; newly qualified social worker's experiences of working in the systemic unit model and the influence of the workspace, peer support and availability.

7.3.1 Multiple/different perspectives, in depth discussion and decision-making skills: reflective practice

Munro, (2009) argued that child protection work is intellectually and emotionally challenging, requires a full range of reasoning skills, the use of formal knowledge, practice wisdom, emotional wisdom and ethics. Importantly, Goodman and Trowler (2012) claim that their strategy for the systemic unit model is to have the right people with "a high level of skill and who are interested and able to identify and manage risk and design and deliver family interventions that work". Findings of this study evidence that the clinician, who is a specialist in systemic practice, introduces their systemic skills to the unit, resulting in more in-depth discussions, experienced by the participants as valuable and enabling them to be reflective and skilful in the decision-making process. Practitioners' ability to take a position of curiosity and reflexivity was stimulated by the input of the clinician specially trained in systemic thinking. Participants indicated that the clinician's input enhanced their systemic practice skills and developed their systemic thinking. Furthermore, it enabled them to reflect on what had been done for the family or child and develop a hypothesis thus enhancing their future decision-making skills. The clinician asked questions, stimulating practitioners to think differently and to explore what was happening in the family and why a child or parent behaved the way they did. The clinician anchored the systemic thread (Wilkinson et al., 2016).

Practitioners in the unit were from a variety of professional backgrounds with different experiences, equipping them with a range of qualities and skills. The different interpretations of a child/family and the different analyses that practitioners contributed in the unit meetings stimulated discussions regarding possible interventions. Practitioners found this helpful with the potential to strengthen analyses of family functioning. Hence, it can be said that multiple perspectives are

comprehensive and all embracing. The unit meeting was the forum for everyone to have knowledge and understanding of the families and thus enable practitioners to offer different perspectives. The discussions of the cases are balanced between reflective, analytical and hypothetical thinking with action focused, and goal-orientated focused outcomes making use of assessment tools and genograms of families.

Practitioners felt that the in-depth discussion of the cases led them as practitioners to a further level of understanding of the cases; there were more frequent and regular oversight of the cases by means of the weekly discussions in the unit meetings and understanding was further enriched by the multiplicity of views. Practitioners thought that this resulted in a much richer conversation, deeper thinking and understanding of a family, better decision-making processes and more effective planning. Practitioners' aim was not only problem solving but also paying attention to identifying the strengths and positives within the family (Goodman and Trowler, 2012). Wilkinson et al. (2016) argue that practitioners identify the strengths and positives within families by using different theoretical perspectives. The systemic unit model is, at its most fundamental, a strengths-based, family-focused systemic approach that supports families and young people to take more responsibility for their own lives (Wilkinson, et al., 2016; Sebba, et al., 2017). Participants in this study found this to be the case in their practice.

The foremost criticism in Laming's (2009) and Munro's (2011b) reviews of child protection was the lack of decision-making skills of practitioners which resulted in poorer outcomes for children. One of the recommendations was to consider the feature of multi-professional work that could make a distinctive and synthesized contribution to case review and decision-making (Sebba et al., 2017). Practitioners in this study found that the systemic unit model enhanced and improved their decision-making skills and as a result of the case discussions in unit meetings they were able to justify decisions made.

Practising the systemic unit model in social work also resonates with the ERA (Experience, Reflection, and Action) theory of reflective practice (Jasper, 2003) in that

practice is improved through the process of learning through and from experiences in order to gain new insights into self and/or practice (Boud, Keogh and Walker 1985; Boyd and Fales, 1983). Participants found that the systemic unit model is a means of reflective social work practice, which encourages the recapturing, analysing, questioning and reflecting on practice experiences and assumptions (Cross et al., 2010). Practitioners become part of the social work process as they focus on reflection, reflexivity, critical thinking and critical reflection thus embracing and contributing to theory (Payne, 2014). Forrester, et al (2012) suggest in their comparison evaluation study between a Local Authority that implemented the systemic unit model and a Local Authority practicing conventional approaches, that with reflective practice, the quality of assessments is consistently higher than more than conventional approaches. Practitioners in this study likewise thought that the quality of their assessments and reflection was improved through the systemic unit model.

The weekly unit meeting and case discussion enhances practitioners' ability to think things through carefully, making sense of a situation before taking any action or responding to service users. Sebba et al. (2017) suggest reviews of cases undertaken by multi-professional teams achieve better safety planning. The observations of case discussions between participants during the unit meetings, made it clear that the assessments and decision-making processes were discussed and reflected upon in depth. This was enhanced by the fact that all the practitioners had current knowledge of the cases, thus practitioners could ask more questions, made more suggestions and stimulated each other with possible hypotheses, until as a unit they came to an agreed hypothesis and action plan. The interviews with participants confirmed that participants experience the in-depth discussions of cases in the unit meetings as an opportunity to learn and as a means of personal and professional development as the discussions are reflective, as well as supportive. Thus it was evident in the unit meetings during the case discussions that participants are consciously exploring and analysing professional practice, which allows practitioners to gain a deeper understanding of themselves and others, and to come to an understanding of the meanings of situations that are shared between them (Forrester, et al., 2013; Schön,

2017). Gray (2005) states that in-depth discussions allow for interactive communication between two or more people; for practitioners this involves identifying *assumptions, agreements, arguments and aspirations* (the 4As) and in small groups, individuals share these one at a time as a foundation for discussion. There is a structured '4As' protocol for deep exploration of content, which can be most effective for groups. I suggest that this was evident during the in-depth discussion in the unit meetings.

Social work is, by definition interactive (Knott and Scragg, 2016), therefore shared critical reflection is a vital opportunity for practitioners to learn, understand and develop knowledge. (Ruch, 2009; Kirkwood et al., 2016; Knott and Scragg, 2016). This study evidences that as a result of reflective practice in the systemic unit model, practitioners experience that their decision-making skills improve; for them, the structure of the unit provides the opportunity for their overall knowledge and confidence to be enhanced and, indeed it seems that the qualities and skills described in the Professional Capabilities Framework are embedded in the systemic unit model. As stated before (7.2.6), Munro (2011b) suggested that the qualities and skills needed by social workers who are working with children and families should be clearly specified in a "Professional Capabilities Framework" (PCF) (see figure 10).

7.3.2 Professional capabilities and skills development promoting decision making skills

The case discussions during the unit meetings demonstrate an integration of knowledge, understanding, skills, and personal qualities, as well as effective and confident behaviour with shared values. Participants evidence high levels of communication skills, theoretical and knowledge-based attitudes and efficiency during the case discussions in unit meetings. Goodman and Trowler (2012) recognise that social work is challenging and requires practitioners to have a range of complex skills and a sound knowledge base of social work practice which include; "having good communication skills, being confident and being professional and having the ability to develop positive relationships with families and other professionals" (p. 24).

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The literature claims that the systemic unit model focuses on employing skilled systemic practitioners, that are experienced and confident, equipped with different sets of engagement skills, taking a strength-based approach, and encourages and supports the development of practitioners' skills (Goodman and Trowler, 2012; Sebba, et al., 2017). In 2012 the "Social Work Reform Board" introduced a "Professional Capabilities Framework" (PCF) (Loughlin and Loughlin, 2016), as part of the social work reform agenda. *Capabilities* are described by Stephenson (1998) as the integration of knowledge, skills, personal qualities, behaviour, understanding and values used appropriately, effectively and confidently. These *capabilities* are the foundation and rationale for social work practice, as they explain and justify practitioners' decisions, thus ensuring their accountability for the actions they take (BASW, 2018). The PCF encourages critical reflection and analysis of the circumstances around a child/family's life and places the child at the centre of any intervention (BASW, 2018). The data from this study confirm that practitioners' experience is that these skills and attributes are indeed developed in the systemic unit model. Participants stated that in the unit practitioners all have different qualities and skills that lead to in-depth discussions, and the opportunity to learn from peers, develop curious minds, to think more and ask more questions. This appears to be in keeping with what is needed for proactive child protection as described by Davies and Duckett (2016), which is reflective practice, deep thinking and action around the vulnerable child's issues, engaging critically with knowledge and examining the circumstances in which a child lives.

The PCF places practitioners' values at the heart of practice, acknowledging that social workers need to develop their skills, knowledge and experience in order to make a difference. A key principle of the "Social Care Innovation Programme" (2014) is that of excellence with all practitioners working for the protection of children having the knowledge and skills to do their jobs well and being supported by organisational leadership and culture to keep improving and developing these skills (Sebba, et al., 2017). This echoes Munro's (2011b) recommendation that the organizational structure should promote the professional capabilities of practitioners and provide support for practitioners. Thus, this study suggests that professional skills grounded in social work

practice theories, such as systems theory, enables practitioners to be confident and deliver competent practice (Barbee et al., 2011; Davies and Ducket, 2016)

Participants in this study experience that the skills development of practitioners is enhanced by the multiple perspectives in the unit, as they look at a family/child comprehensively, rethinking how to deal with the situation and develop solutions; this results in a better decision making process and simultaneously practitioners are learning to improve their decision making skills. As mentioned before, overall, practitioners experience is that the mix of skills and experience of the different practitioners in a unit brings multiple and new perspectives and encourages reflective thinking during case discussions in the unit meetings. The reflective case discussions encourage professional creativity and independent thinking of practitioners. With a systemic approach, during the decision-making processes, practitioners share their knowledge and skills, learn from each other, and at the same time there is an opportunity for continuous professional development. This process is in line with reflective practice, in order to gain greater understanding of situations, recapture practice experiences, analyses, reflect on them, and challenge assumptions (Jasper, 2003; Finlay, 2008; Payne, 2014). Moreover, as Boyd and Fales, (1983) and Boud, Keogh and Walker, (1985), describe, reflective practice includes a critical analysis of knowledge and experiences thus achieving a deeper or new understanding and the discovery of unexpected outcomes, new knowledge and ideas and learning from experience, which result in new insights of self and/or practice.

For this reason, the quality of the decision-making processes and the reasons for taking decisions are not only clarified, but practitioners in the unit share the responsibility and accountability (discussed in 7.2.4). The data show that a consultant social worker working closely with other practitioners in the unit develops knowledge of the skills, qualities and needs of the different practitioners which will enable the consultant social worker to know what training or professional skills development a practitioner needs and which cases to allocate to a specific practitioner based on their skill set.

7.3.3 Group case supervision and reflective practice

In the findings of this study, supervision elements such as the *administrative function, the supportive function, the educational function and the mediation function* as proposed by Kadushin and Harkness (2002) were evident in the way that the systemic unit model is applied in practice. These four elements of supervision are described by Morrison (2005) as the 4x4x4 supervision model (see figure 9). Because of the alternative perspectives, the systemic unit model has been experienced by participants as by far the best model of case supervision. This study evidences the value of the organisation creating a safe space for group case supervision, as the processes of the unit provide practitioners with clear administrative support, emotional support, promote personal and professional development and strengths based reflective practice; together these combine to result in enhanced decision-making skills and, as participants believe, potentially improved outcomes for service users. Goodman & Trowler (2012) stated that "the unit meeting is the main mechanism for group case supervision, which is discussion, debate, reflection and decision-making" (Goodman and Trowler, 2012, p19). The respondents in this research confirm that from their perspective, this happens in practice. Goodman and Trowler's (2012) intention, with the introduction of the systemic unit model, was to move away from an individual case management supervision model to a systemic/group social work supervision model that combines reflective clinical supervision with risk assessment and management. The emphasis is on developing skills of reflection, which is key to continuing professional development, quality decision making processes and good social work practice (Knott and Scragg, 2016). Again, respondents in this study identified that in their experience of working within systemic units, their reflective skills were enhanced. With the development of the systemic unit model the main questions asked by the organisational change leaders, Goodman and Trowler, was "how can we support our practitioners?" and "how can we improve service users' outcomes?" Practitioners in the units experienced the units as supportive and believed that outcomes for services users were improved - they felt that they provided a better service.

The findings of this study evidence that the *administration function* of supervision is fulfilled by the consultant social worker and the unit coordinator. It was clear from the observations of the unit meetings that at the beginning and during the unit meetings the consultant social worker would determine and confirm and/or reschedule with practitioners planned actions from previous meetings in a non-punitive way. At the same time the unit coordinator will make notes and diarise important dates on the casefiles.

Supportive function: This study evidences that the support in the unit is not only available from the consultant social worker and unit coordinator, but also from the clinician and other practitioners in the unit. Participants reported that the unit meeting is a safe space where they can be open in their discussions, they build relationships with their fellow professionals and therefore do not work in isolation; this in turn may strengthen the practitioners' resilience. The unit meetings focus on agency policy that supports and enhances practitioners' well-being, transparency and public accountability. Participants identified that this includes helping the individual practitioners to deal with job-related stress through peer interactions during weekly unit meetings as these meetings provide an opportunity to discuss and reflect, not only on their cases, but also on their own selves. Thus, the unit meetings also entail a restorative supervision approach as introduced by Wallbank and Wonnacot (2015). Practitioners need a safe and supportive space where they can reflect on what they are doing, what they need to do and reflect on their emotions (Turney et al 2011). Working with families typically involves complex, emotional situations, and therefore supervision should provide opportunities for practitioners to actively review, re-think and check assessments. Practitioners report that the weekly unit meeting provides these opportunities.

The Social Work Reform Board (SWRB, 2010) reaffirms the significance of the role of the clinical supervision process for safe and effective practice. Morrison (2005) very clearly identifies the importance of emotional support and defines supervision as a process by which the organisation has given the responsibility to one worker (supervisor) to work with another worker (supervisee) to meet the organisational professional and personal objectives together to promote the best outcomes for

service users. However, findings of this study show that in the systemic unit model this function of supervision is not the responsibility of just one individual to another, but that the supervision cycle (see figure 23) involves the five or six practitioners in the unit.

Educational function: This study evidences that the unit meetings create opportunities for the enhancement of practitioners' knowledge and skills. Participants identified that they learned from one another in the unit meetings. Thus, Turney and Ruch's, (2018) cognitive supervisory approach and Morrison's (2005), supervision cycle, as discussed below (see figure 23), also appear to be evidenced in the findings. Participants reported that they are learning from each other in the unit through their discussions, reflections, analyses and action plans. The unit meetings are identified as especially valuable for the newly qualified social worker as providing opportunities to learn from more experienced practitioners.

Mediation function: This study evidences that the unit meeting is also the place where practitioners engage in each other's cases, reflect and create action plans together (Morris, 2005). Evidence of this study indicates that the unit meetings provide the regular, reflective, group discussions with "detailed looking" into the case, involving multiple, different perspectives and in-depth discussions, which contribute to the decision-making process. Hence, by carrying out joint assessments in the unit meetings, practitioners state that they are more confident, feel supported and that the decision-making processes are more skilled (discussed in 7.3.1 and 7.3.2). Turney and Ruch, (2018), stated that the cognitive and supervisory approach enhances the quantity and quality of information available in the decision-making process. Practitioners will give more than simply event information, but also emotional information for a more detailed picture of situations. This approach promotes regular reflective group case discussion to enhance the decision-making process (Turney and Ruch, 2018), which is evident in the unit meetings, the main mechanism of the systemic unit model.

This is, therefore, a systems approach, with everybody actively engaged in the process. Thus, the systemic unit model facilitates collective thinking through

analytical, robust, effective and accessible supervision, where the four elements of the cycle of supervision as described by Morrison, (2005), "Experience, Reflection, Analysis, and Action" plans are involved (see figure 23).
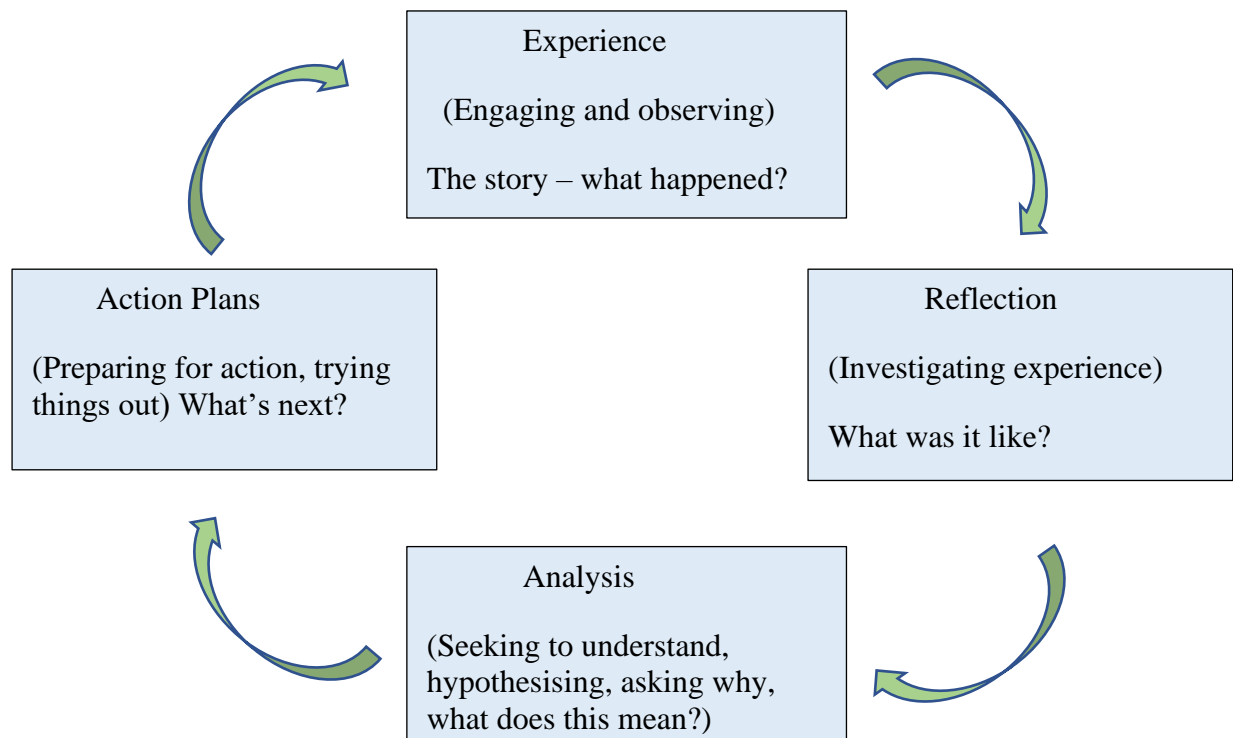

Figure 23: <u>The Supervision Cycle (Morrison, 2005)</u>

Thus, high quality reflective supervision is essential and key to the success of social work practice and at the heart of social care (Keen et al., 2012). Laming's review (2009) and Munro's progress report (2012) recommended the improvement of case supervision with the focus on decision making skills development and support. Research has shown that there are many models of supervision including Kadushin and Harkness' (2002) administrative/supportive/ educational/mediation model (Morrison, 2005, BASW, 2011, Kettle, 2015, Wallbank and Wonnacot, 2015, McGrath, 2016, Dugmore et al., 2018). It appears that in the systemic unit model, these elements are covered as findings suggest that with the unit coordinator acting as a personal assistant to each practitioner in the unit, administration tasks are taken care of and the unit meetings is a supportive and educational environment. All participants in this study confirmed this to be the case. Wallbank and Wonnacot's (2015)

restorative supervision approach also seems to be evidenced in the findings, which suggest that the systemic unit model promotes the qualities of the practitioners, and their interconnectedness is embraced.

With the systemic unit model, supervision is not a fragmented activity; practitioners highlight that case discussions are not divorced from support, professional development, administrative functions and managerial aspects. This is illustrated in the diagram of "How the systemic unit model works" as presented earlier in this chapter (see figure 21). It shows the sequence, links and interdependence of the elements of case discussions, multiple perspectives, decision making, and learning from peers, shared responsibility, accountability, transparency and support.

The findings of this study show that the application of the systemic unit model is not only experienced as a social work practice model but also experienced as a group case supervision model; this provides a response to the questions of Goodman and Trowler (2012) as mentioned above, the recommendations of Laming (2009), the SWRB (SWRB, 2010) and Munro (2011b; 2012). Thus, one could argue that with the implementation of the systemic unit model an organisation establishes its commitment to ongoing high-quality supervision. Kettle, (2015) notes that only a few supervision models have been researched rigorously and that the evidence base for the effectiveness of supervision in child welfare is surprisingly weak. This study demonstrates that the way the systemic unit is applied in practice could be recognised as a systemic/group supervision model and may contribute to an evidence base of effective supervision practice, something that participants in this study confirm.

7.3.4 Model the Model

This study evidences that participants consider the unit as a family who work together as a team with shared values to achieve a common task. Some participants explained that in the unit they are modelling the systemic unit model, reflecting and not only thinking systemically about the families but also working in the unit as a family, accepting and respecting each other's different perspectives. Participants experience that the unit meetings are the opportunity to build relationships with each

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other, acknowledging each other's strengths and creating an atmosphere of working together through their communications skills. Senge (2014) proposes that communication skills involve reflective enquiry and active listening. Therefore the finding 'modelling the model' indicates that practitioners in a unit have the opportunity, by using reflection in action, to learn the communication skills of reflection, enquiry and active listening during the unit meetings; this enables people to talk about issues that, because of fear and anxiety, are normally difficult to talk about (Senge, 2014). Development of these skills within the meetings will help practitioners with their interventions with families to get to the heart of forces, attitudes and reactions. Thus, as Schön (2017) stated, reflective practice enhances practitioners' effectiveness and practice excellence, which includes wisdom and love infusing the practitioners' role with a meaning that extends intervention to efficiency and competent case management. Therefore, the actual performing of reflection in action or 'modelling the model' during the unit meetings facilitates the development of practitioners' skills to understand and manage the complexity of situations of services users in child protection and to promote excellence and competent case management.

Findings indicate the importance of training in systemic practice and revisiting or refreshing existing systems thinking and knowledge. This will assist and enhance practitioners' ability to model the systemic unit model in the unit, resulting in enhancing their ability to practice systems thinking both within the unit and in their work with families. However, although systemic practice can be a strength in a social work practice framework, it also can be a risk. If practitioners do not understand the systemic unit model and do not embody it in the way they interact with each other within in the unit, thinking relationally, and mentalizing other practitioners' and service users' perspectives, the application of the systemic unit model could be at risk. This suggests that organizations can implement whatever kind of evidence-based models and theories they favour, but if practitioners do not have the knowledge and skills to carry them out, the application of the systemic unit model will not be effective. Munro, (2011b, 2012) and Goodman and Trowler (2012) emphasize the importance of practitioners' knowledge of systems theory because the

success of the systemic unit model involves systems thinking to develop insight and to analyse holistically the complexity of a family.

7.3.5 Newly Qualified Social Workers, learning and support

Findings of this study evidence that one of the two newly qualified social workers thought that working in the systemic unit model was the best possible way to be introduced to social work practice. Although this is a sample of one, this worker was very clear that the systemic unit model provided him with the structure and circumstances to integrate knowledge and skills, develop personal qualities and understanding of situations, and to use values appropriately, effectively and confidently, all of which are the capabilities defined in the PCF. Additionally, he highlighted that he had the opportunity to learn from his peers but that his ideas and perspectives were valued by his colleagues.

As Globerman and Bogo, (2003) have stated, it is of great significance to newly qualified social workers to have access to organizations with strong, positive learning environments and teams that welcome students and view teaching and learning as mutually beneficial. Therefore, it is crucial for organizations to provide structures, policies, programmes and practices to improve the effectiveness of social work practitioners. Croisdale-Appleby (2014) in his review of social work education recommended robust procedures to support newly qualified social workers through their early years of practice. It is unclear whether Croisdale-Appleby meant placing newly qualified social worker in Local Authorities where the systemic unit model is implemented or not. However, based on this study, it could be tentatively suggested that newly qualified social workers starting their professional experience in the systemic unit model will find that the unit is not only supportive, but exposes them to the knowledge of more experienced practitioners and offers them opportunities to learn analytical skills and judgement in order to become skilled practitioners. Equally, one can also argue that there is the possible risk for newly qualified social workers to learn "bad" practices. Goodman and Trowler (2012) claim that academic institutions accept many social work students with inadequate intellectual abilities, or without the personal qualities needed to develop the skills set which is required for effective social

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work practice. Consequently, Goodman and Trowler (2014) claim that many newly qualified social workers are not ready for practice as they have limited skills training. Thus, this makes the early experiences of the newly qualified social worker of greater significance since it provides education in the field. Bogo (2015) stated that field experience provides the foundation for clinical practice and the ability of social work education to train ethical, competent, innovative and effective clinical social workers is highly dependent on the quality of their field experience.

The findings also evidence that feeling supported was a clear message from the two newly qualified social workers who felt part of the unit structure where the children and families are discussed and reflected upon. One of the newly qualified social workers reported seeing the progression of a plan for the child/family, learning from others and experiencing a real sense of shared responsibility, accountability and support. Furthermore, the newly qualified social worker linked his working experience in the systemic unit model to instant case supervision, as he was learning, developing his social work practice skills and feeling supported. Thus, the findings demonstrated that the systemic unit model has the potential to incorporate education and support to newly qualified social workers in a way which builds on their formal education. This participant's experience that the systemic unit model provides good quality, reflective group case supervision confirms D'Arcy's (2013) view that the weekly unit meetings provides analytical and insightful supervision, which is key to the success of social work practice.

7.3.6 Workspace and office environment, peer support and availability

Participants in this study felt that sharing an office space as a unit is comforting and innovative, particularly after a difficult visit; coming back into an office space where their peers have knowledge of the case, provides feelings of support and containment. Munro (2011a) identified that when a practitioner had a difficult intervention with a child or a family, it is important for them to be able to talk to colleagues and to know that there will be someone else available who knows the family or child. This support is crucial not only intellectually but also for the mental health and resilience of practitioners. With the "Reclaiming Social Work" initiative,

social work practice has changed and since the systemic unit model is about working collaboratively with shared knowledge of cases and common aims and plans, hot desk working no longer presents an ideal office space for practitioners. In a hot-desk office-space practitioners do not have the opportunity to build relationships with consistent colleagues or develop strong relationships which enable conversations and discussions of their experiences; additionally it does not allow sharing with other practitioners who know the circumstances and background of a particular family or offer the opportunity for catharsis with respect to their day's stresses and anxieties, all of which may help to reduce practitioner burnout (McNicoll, 2016).

One of the units in this study was allocated a specific room with allocated desks for all the members of that unit. During my observations on different occasions I saw how the consultant social worker had the opportunity to reflect with a social worker on a crisis situation within a family in that crisis moment, as they were sitting next to each other; equally, the clinician was available and as they were located together not only a discussion around the child's immediate needs took place but also the social worker received support. Thus, creating an office space designed according to the core needs of practitioners and taking into consideration the values and vision of the organisation can significantly influence and contribute to productivity and innovation and support practitioners to work more effectively (McNicoll 2016). Hot-desk or shared-desk office environments can decrease organisational commitment, with a loss of practitioner identity and may impact negatively on the building of relationships between practitioners (Hirst, 2011; Morrison and Macky, 2017; Sander, 2011). Confirming Munro's (D) views, research has found that hot-desking is not a supportive environment for child protection social workers and is demoralising as practitioners miss out on emotional and intellectual support (McNicoll, 2016). It is however acknowledged that to change the hot-desking way of working will be a challenging task (Brindle, 2016; McNicoll, 2016).

7.3.7 Summary of promoting skills and qualities

In summary this study evidences that multiple perspectives from the practitioners in the unit promote skills and qualities of the practitioners in the unit. The systemic

knowledge and input of the clinician and consultant social worker enhance the systemic practice skills of practitioners. Moreover, the different experiences and perspectives of different practitioners in the unit, promote peer learning; the practice of all unit members looking at a family/child more comprehensively leads to in-depth discussions of cases, focusing on the strengths, and exploring all the systems in and around the case in order to provide preventative actions and solutions. Thus, the decision-making process is conducted by all the practitioners in the unit and individual practitioners have clarity about their tasks. There is no place for omnipotence, as all the practitioners share their perspectives, make a hypothesis, and decide together on a plan of action in the best interests of the child/family. The systemic unit model is recognised by participants as a strategy for supportive, effective, and reflective case group supervision, which consists of the four elements of the cycle of supervision as described by Morrison, (2005), "Experience, Reflection, Analysis, and Action". The evidence of this study highlighted that participants experience that it is important to model the model in the unit, i.e. not only employ systemic practice with families, but also reflect systemic practice within the unit. The newly qualified social worker experienced working in the systemic unit model as the best possible way to be introduced to social work practice. As the systemic unit model is about working collaboratively with shared values and shared knowledge of cases and support, hot-desking does not promote these aspects, and therefore hot-desking is not an ideal office space for practitioners. As previously highlighted, Goodman and Trowler (2012) claim that their strategy for the systemic unit model is to have the right people with a "high level of skill and who are interested and able to identify and manage risk and design and deliver family intervention that work" (p17). However, one could argue that employing good quality staff in any model might bring the same positive outcomes as the systemic unit model claims.

7.4 Systemisation - processes and outcomes

The findings of this study evidence the participants' perceptions, reflections and interpretations of the process of systemisation with the implementation of the systemic unit model. The themes that emerged from the findings are how organisational change with the implementation of the systemic unit model impacts feelings of stability, the

process of the merging of services and the importance of considering, during change, practical issues such as how to carry on with the daily demands of child protection work and to manage the different services (Assessment, Child in Need and Look after Children services) in one unit with the potential geographical demands of Looked after Children services.

It was clear from reviewing the literature (Munro, 2005; Lives, 2008; Lane, et al., 2016) that systems theory is not new in organizational change and social work practice. This was also my experience whilst practicing as a social worker in child protection in South Africa when practice involved taking a holistic approach and considering all aspects and resources in and around the family/child's life. However, the literature reveals that, as a consequence of managerialism, modernization and bureaucratization, social work in the English context has changed from holistic practice to taking a more procedural and regulatory approach (Munro, 2010). This has resulted in professional failure, as Munro (2010) stated the "alleged failures to protect children or provide appropriate services to meet their needs" (Munro, 2010 p126) Thus, practitioners are controlled by administration, performance tasks and a rationalist-technical approach, which leads to measuring paper output (Munro, 2010) and not the success of work with children and families. Practitioners had reported being unhappy in their workspace as they felt deskilled, dissatisfied and stressed by social work practice that was highly prescriptive, cost contained and dependent on technology (Munro, 2010).

Thus, the systemic unit model was developed and implemented with the aim of "Reclaiming Social Work" by taking a systemic approach. Participants in this study reported that since the implementation of the systemic unit model in their Local Authority there had been continuous organizational changes. However, change is a necessary aspect in the process of systematisation with continuous reflection on the organisation's processes of child protection practice, resulting in learning lessons to improve, strengthen and promote the effectiveness of services to children and families by practitioners (Selener et al., 1998).

7.4.1 Organisational change and stability

The findings of this study evidence that with the implementation of the systemic unit model practitioners welcomed the structural change from teams to units and were motivated and encouraged by the potential they saw in the systemic unit model. As confirmed by Jones (2013) practitioners reported that they were informed that the systemic unit model would increase effectiveness and the value of the child protection services, improve the capabilities and performance of practitioners and the use of resources. The participants in this study confirmed that induction training did take place by means of a programme of introductory workshops as Goodman and Trowler (2012) advised the systemic unit model demands. Some participants did however report a great deal of uncertainty and obscurity around the actual transition. Participants reported during the transition period of organisational change from teams to units, the demands of child protection carried on and practitioners found all the necessary changes that took place in the organisation not only stressful, but the implementation of the change programme brought feelings of uncertainty. Participants noted that this period of instability during organisational change meant that some practitioners resigned, there was fluctuation in the way in which consultant social workers managed the unit meetings and some practitioners were moved around within the organisation. Furthermore, one participant reported that this period of constant change and reorganisation lasted four and half years.

It appears that the implementation of the systemic unit model and the later change in the structure of the units were stressful for practitioners as the daily tasks still had to be undertaken, there were general feelings of uncertainty; there was instability due to resignations and staff being moved, all of which participants felt resulted in a lack of continuity of services. It is interesting that in spite of all the uncertainties; and as Rhydderch et al. (2004) stated that with any change programme there is an element of resistance, all the participants of this study welcomed the change as it seems that they believed in the potential of the systemic unit model for the improvement of child protection services.

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Van Dam et al., (2008) suggest that for success in organisational change, attention to the daily context may be crucial for how practitioners react to change; therefore, it is an important concern that leaders should understand employees' reactions to a planned organisational change and should be continually engaging during the adaption of processes. As Rhydderch et al. (2004) state, the aim is to improve services, which was the aim with the implementation of the systemic unit model and thus respondents felt that more attention should have been paid to the impact on workers whilst change was in process. Leonard-Barton (1988) states that the way the implementation of change is managed highly influences an individual's responses to the innovation.

In addition to the uncertainty and stressful experience of the organisational structure change, some participants reported that when the units were created little consideration was given to the relationships within the unit; taking into consideration how personal characteristics, skills and knowledge of systemic practice may affect the functioning of a unit (discussed in 7.2.5 and 7.3.2). Participants did acknowledge that lack of attention to this might be due to the pressures of ongoing child protection practice. Thus, from the participants' perspective, the consequence was that some units worked successfully, and others did not. It is the task of the clinician to ensure that the units function harmoniously and effectively, which was reported by clinician participants as challenging and stressful. Lewin, (1944) social scientist and practical theorist noted that most of the time when individuals work in a group, they take on distinct roles and behaviours which have an impact on each member of the group and on the group as a whole (see 7.2.5) which makes the reorganisation of the units more complex

Participants suggested that to create organisational stability within families, they believe that they too needed organisational stability. It is difficult to contain chaotic situations in a family if practitioners themselves are in chaos in their workplace. Participants thought that effective communication on a hierarchical level in the organisation would allow them to feel safe and to be able to express themselves within the unit and therefore enhance communication with families. Thus, it appears

that the transfer into the systemic unit model was not communicated well and was not understood by the participants.

Child protection services organizations are complex and as social work is an interactive activity communication and team working are critical for organisational performance and stability. Since practitioners are themselves a system within a bigger system and are modelling systemic working within the unit, organisational stability is crucial. One of the evaluation studies did suggest, a slower transition period of the change programme (D'Arcy, 2013). Leonard-Barton, (1988) claims that implementation characteristics of organisational innovations, such as transferability, organizational complexity, and divisibility define the tactics used by successful managers and leaders in innovative implementation of change. Peng and Litteljohn, (2001) stated that a primary requirement for the effective implementation of organisational change is effective communication to ensure practitioners have a good understanding of the implementation strategy process. Thus, the way in which organisational systematisation is implemented is crucial to ensure the highest possible level of adjustment to change and operational flexibility; effective communication is key for organisational stability, a primary requirement of effective implementation, however it does not guarantee the effectiveness of the change initiative (Peng and Litteljohn, 2001). At the time this thesis was produced, the overall climate in child protection work was that of innovation. The systemic unit model fitted well, even though it was a time of austerity. One of the difficulties that child protection services faced at that time was a high staff turnover that impacted on organisational stability. However, the way in which the systemic unit model offers practitioners support may reduce staff turnover and thus support organisational stability. The findings also suggested that the absence of practitioners or a high staff turnover might also be a threat to the systemic unit model and thus have a negative effect on organisational stability.

7.4.2 Merging of services

It is interesting to note from a constructivist approach, how the recent merging of services (see figure 20) (Assessment services, Child in Need services and Look after

Child services) into one unit, effects the participants' experience of the application of the systemic unit model. Participants experienced uncertainty about whether they were going to be moved from one unit to another as well as how the new merged unit would work in practice. As some practitioners had little or no experience in all of the different service areas this resulted in participants experiencing feelings of stress and concerns about the change. Itis well documented that emotions can influence cognitive performance or reasoning style, risk perception and decision making, which could be affected by negative and positive emotional influences (Blanchette and Richards, 2010). Emotions can hinder or promote the quality of work undertaken, and the effects of emotions on decision-making and reasoning can have complex consequences (Blanchette and Richards, 2010).

In this merger, one unit became responsible for the initial assessment of the child/family, and if the child becomes a Child in Need or a Looked after Child, the child/family stays with that unit and remains that unit's responsibility. The evidence suggests that practitioners had insight as to why the different services were combined into one unit and acknowledged that the child and family could benefit from continuous services from the same unit. Wilkinson et al. (2016) carried out research in this same Local Authority and indeed recommended the merging of these different units with the purpose being to enhance continuous services to a child/family.

As not all the practitioners had experience of working in these different services, this naturally resulted in uncertainty on how to manage the different services in one unit. Participants' experience was that little attention had been given to the daily work context and operation of the combined services within one unit. Furthermore, practitioners now must learn more about the Assessment services, Child in Need services and Looked after Children services. Despite these negative feelings towards the merging of services, most participants acknowledged and believed that this change was positive and felt that it was in the best interest of the service users as well as being beneficial for practitioners' own professional development. The merging of the services into one unit theoretically resulted in a child/family having the same unit and thus the same worker throughout their period as a service user. The social worker thus had the opportunity to build relationships, become well informed, have a good

knowledge of how a case progresses, and understand the needs of a child/ family better, therefore promoting relational based child protection and consistency in services to a child/family.

Hence, the perception of participants suggests that the new arrangement of the units within the systemic unit model promoted relationship-based practice, informed decision-making processes, encouraged more consistency, and provided more immediate attention to children/families with no transition periods and changes of worker between the Assessment, Child in Need and Looked after Children Units. However, despite participants' insight into the advantage this recent organisational change implies for service users, they were stressed and felt uncertain, as they experienced the recent change as massive, and inadequately communicated to them by the leaders. Senge, Hamilton, and Kania, (2015) identify fundamental skills that system leaders must develop to be able to create successful organisational change. Change leaders should have conversations that are relevant to the specific changes in an organisation. Furthermore, deeply shared reflection is a critical step both for the change leaders and for individual practitioners in order to assist them not only to understand and see the impact of the change on the larger system, but also to limit uncertainty and stress for practitioners (Senge, Hamilton, and Kania, (2015)

7.4.3 Looked after Children - services and geographical area

Participants experienced that with the merging of the all services into one unit, the statutory obligations of Looked after Children would be too demanding. Looked after Children cases would increase over time and thus the number of cases held by the unit would grow. At the same time the placing of a Looked after Child in a different geographical region, especially long distances away from their families, results in disrupted families and more difficulty in delivering reconstruction services. Furthermore, despite the geographical area in which the child is placed, the child remains the responsibility of the same unit and the same lead social worker. Consequently, this can be cost-intensive as the lead social worker has to travel long distances regularly to engage with the Looked after Child. This has the potential to create logistical difficulties including time constraints for the lead social worker and

reduced opportunities to build a relationship with the Looked after Child and to develop an understanding of the needs of that child.   Participants expressed feelings of concern and anxiety about how to manage these arrangements.

7.4.4 Summary of systematisation – processes and outcomes

In summary, this final section, discussed the processes and outcomes of systematisation and has reflected on participants' conceptual interpretations of practice and concerns around organisational change. There is a logical connection between the practical processes of organisational change and theoretical underpinnings - for example, the importance of communication to minimise uncertainty and stress during any organisational change. The process of systematisation should be concerned with making change easier in order to promote a strong and stable organisation. Thus, leadership should be skilful and sensitive to stability during the process of change; it should be clear to practitioners that this process of ongoing change and adaptability is necessary in order to meet to the requirements and values of an organisation (Selener, Purdy and Zapata, 1998). As burnout and retention problems in social work are often linked to family and child practitioners having high levels of stress, Antonopoulou, Killian and Forrester, (2017) reported that Local Authorities have been under pressure to reform the ways in which services are provided. Therefore, there is a need for a focus on organisational structure change, exploring how different organisational structures might reduce stress and increase the well-being of practitioners and the quality of services. As recommended in Munro's child protection review report (2011b), the social work profession is under continuous reform, with Local Authorities restructuring services. This has the potential to impact practitioners' performance and wellbeing (Antonopoulou, Killian and Forrester, 2017). Therefore, the way in which continuous organisational change is communicated to participants and delivered is fundamental for the stability of the organisation and the improvement of child protection services.

In the following chapter, the conclusion, I will discuss the strengths and limitations of this study, suggest the implications for practice and make recommendations for further research. Moreover, I reflect on my experience as a researcher.

Chapter Eight

Conclusion

With this qualitative study I have addressed the following questions:

1. How is the systemic unit model applied in social work practice?
2. What are the experiences and perspectives of practitioners regarding applying the systemic unit model at a Local authority?

This study has demonstrated that support through a systems approach of collaborative practice, qualities and skills promotion and systematisation of processes is at the heart of the participants' experience of the application of the systemic unit model in child protection. My research presents a new way of understanding in more depth the phenomenon of "Reclaiming Social Work" (systemic unit model).

In the previous chapter, I discussed the findings in relation to the literature. With this chapter I outline and critically discuss the contribution of this study to knowledge, I describe implications for social work practice, make recommendations for future research and reflect on my journey as a PhD researcher.

8.1 Contribution to knowledge

This study contributes to the body of knowledge specifically by exploring the experiences and perspectives of practitioners regarding the ways in which the systemic unit model is applied in social work practice. This includes the perspectives and experiences of the practitioners understanding of the structures and the interdependency of the different aspects of the systemic unit model; it identifies the strengths of the systemic unit model and possible risk elements which can influence the successful application and sustainability of the model.

Looking through the lens of the McKinsey's 7S's model, this study reveals that the participants value the structure of the systemic unit model as it provides general and specific conditions based on the organizational values, structures, systems and strategies, employs skilled staff, and has a systems theory style of practice and

leadership. This suggests that the structure of the systemic unit model improves practitioners' abilities to assess situations, thus helping them to develop a mind-set of processing information, promoting case reflection and encouraging professional learning and development. This leads to in-depth discussions, the opportunity to learn from peers, enhanced understanding of the child/family and improved decision-making skills.

One of the strongest findings of this study is the evidence that all the research participants have a positive attitude towards the way the systemic unit model works as they feel supported within it. They relate this overwhelming positive feeling of support to the systems approach of working together, shared responsibility, accountability and transparency in what they do. This study evidences how all these elements are interlinked and interdependent, which supports Munro's (2012) insistence that with the implementation of the systemic unit model there could be no "cherry picking" by implementing some aspects of the systemic unit model without others.

Findings of this study also highlight that employing skilled practitioners, such as the clinician with specialist knowledge in systemic practice, and with positive group dynamics and interactions, participants are more creative in their thinking and learn from peers; they develop their decision-making skills and work towards a collective decision. However, participants emphasise the importance of considering the characteristics, skills and qualities of practitioners when a unit is created. Crucial to the successful functioning of a unit are the leadership skills of the consultant social worker and practitioners' openness to appreciate and to understand the different views of others. The five or six different practitioners in the unit bring their range of experiences, knowledge and skills, which result in multiple perspectives contributing to a more skilled decision-making process around the child/family. With systemic thinking as the underpinning strategy, participants are stimulated collaboratively to be more curious about the family as a system and explore the dynamics and strengths within a family.

Additionally, the participants speak about the systemic unit model as an ideal and effective reflective group case supervision model, where supervision is instantly

available. The systemic unit model facilitates collective thinking. This study evidences that during the unit meetings the practice of the four elements of the cycle of supervision as describe by Morrison (2005) "Experience, Reflection, Analysis, and Action" (Figure 23) takes place. As a result of the "instant supervision" and supportive environment, the newly qualified social worker experienced working in a systemic unit model as the ideal way of working during his first year of practice. Thus, practicing within the systemic unit model offers valuable learning opportunities in emerging areas of practice and provides quality field education to develop the newly qualified social worker's competence and professional identity (Bogo, 2015). Thus, as Bogo, (2015) suggests it seems that the systemic unit model provides to students and newly qualified social workers a positive learning environment, collaborative relationships, opportunities to observe and debrief, multiple opportunities to actually practice and learning is based on reflective dialogues with other practitioners in the unit. At the same time the newly qualified social worker experiences a learning process of linking theory to practice (Bogo, 2015).

Participants stated that they welcomed the change with the implementation of the systemic unit model, were motivated, encouraged and impressed with the potential of the systemic unit model, and believed that it had the potential to increase effectiveness, capabilities and performance of practitioners and appropriate use of resources. Practitioners did find the implementation of the systemic unit model stressful and chaotic as there was a lack of clarity about the transition process and at the same time they were confronted with the everyday demands of practice. This was particularly apparent regarding the merging of Assessment services, Child in Need services and Looked after Children services into one unit, which created logistical issues around the geographical aspects of the Looked after Children services. Concerns were raised about managing the Looked after Children services together with Assessment services and Child in Need services in the same unit and the logistical impact on the lead social worker, although practitioners did recognise the value of continuity of services to a child/family staying in the same unit and the potential for enhancing relationship based and proactive child protection.

8.2 Implications for practice

The findings of this study indicate that there are implications which Local Authorities could consider improving social work practice.

For Local Authorities to reclaim social work, it is necessary for organisational leaders to recognise and understand systems theory and the McKinsey 7S organisational change model. If Local Authorities change their traditional team structure to a unit structure they need to recognise the importance of creating a supportive organisational environment and establishing collaborative relationships between practitioners (Green and Johnson, 2015) and promoting reflective and relationship-based practice (Ruch, 2005) with the aim of improving social work practice.

Previous evaluation studies of the systemic unit model (Cross, et al, 2010; Forrester et al. 2013; D'Arcy, 2014; Wilkinson et al. 2016; Sebba et al. 2017) evidence and recognise the potential of the systemic unit model to reclaim social work practice. This study further highlights that practitioners especially value the structure of the unit with multi-professionals, as they experience it to be extremely supportive, reducing stress and improving job satisfaction. With collective and reflective thinking as a unit they undertake assessments and reviews of children and families more analytically, there is a better understanding of families and the decision-making processes is more skilful. It seems that with this way of working there is not only the possibility to improve the decision-making skills of practitioners, to limit reasoning errors in their assessments, but also to prevent tragic outcomes. Moreover, the way the systemic model is applied in practice illuminates what practitioners do, thus there is transparency and accountability. Practitioners learn from each other, there is continuous professional development, a shared responsibility, and for at least one newly qualified social worker the experience of the systemic unit model was thought to be the best way to enter social work practice.

The merging of the Assessment unit services, Child in Need unit services and Looked after Children unit services creates continuity in child protection, with the child remaining in just one unit, enabling practitioners to develop trusting relationships with

the child/family. However, this could create logistical issues regarding the distance, interaction and building of a relationship between the Looked after Child and the lead social worker. Moreover, participants are concerned about the demands of the statutory responsibilities if the number of Look after Children in a unit increase.

When a Local Authority considers implementing the systemic unit model, it is important to take into consideration that it is critical for effective practice to pay attention to the whole system, knowing that each sub-system interacts with each other and has an impact on practice. As emphasised by Munro (2012) it is important not to "cherry pick" but to implement all the elements of the systemic unit model. Furthermore, it is essential that organisational leaders should communicate with practitioners to enable them to realise and understand the importance of systematisation and that constant change and adaption to meet the requirements of effective practice (Selener et al, 1998) of an organisation are required. There is always the potential with organisational change for uncertainty, which can create stress and anxiety for practitioners, therefore the importance of clear communication should not be underestimated.

Additionally, in order to maintain the collaborative initiative central to the systemic unit model, leaders should nurture and foster their collective leadership within an organisation by committing to their own learning, progress, and personal development (Senge, Hamilton and Kania, 2015). Furthermore, findings of this study emphasise that practitioners do need to have a comprehensive understanding of the systemic unit model, which could be developed through systemic training, and that the systemic unit model should be embodied in their unit meetings through the way practitioners interact, think relationally and understand and respect each other.

Considering all these implications for practice and organisation, it is uncertain whether the systemic unit model is sustainable. Initially, Local Authorities must change their traditional team structure to a unit structure, which is not cost effective and this will result in increased pressure on organisational leaders to communicate and implement effective organisational change. At the time of finishing the writing up of my thesis I am informed that the application of the systemic unit model in the Local Authority

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where this study took place has been reversed and that in Hackney, the borough of London where the model was first implemented the systemic unit model is no longer in use. No public reason is given, but this reversal could be related to lack of finances, lack of skilled workers and the fact that the application of the model can be very time consuming for practitioners. Issues that participants in this study identified that can affect the sustainability of the systemic unit model are that: the unit meetings are time consuming; the makeup of the units in that practitioners need to get on well with each other; the absence of practitioners can put extra burden on other practitioners in the unit; the workload of the consultant social worker and the unit coordinator is high.

8.3 Implications for further research

Findings suggest that with the implementation of the systemic unit model, practitioners acknowledge and welcomed the potential of the model. Yet, they also experienced uncertainty and stress, with social work practice demands continuing in terms of the daily tasks, challenges and pressures during the change process. Thus, this research raised questions about the implementation strategies and transition processes of organisational change used by the Local Authorities when implementing the systemic unit model. There was a paucity of literature around the implementation strategy of the systemic unit model. Therefore, research over time to understand how the implementation processes evolve could be invaluable to inform other Local Authorities considering implementing the systemic unit model. It could be particularly helpful in capturing "transitions" in organisational change and could illuminate the causes and consequences of organisational change from the perspectives and experiences of practitioners.

The number of units of this study was limited to three. A study across all units in one Local Authority exploring the perspectives and experiences on the application of the systemic unit model of not only the practitioners in a unit, but also the managers, could be of great value and useful.

It will also be of great value to conduct a longitudinal study of the experiences and perspectives of the service users of these same units to evaluate the progress and effectiveness of the "Reclaiming Social Work" initiative.

Further studies that focus specifically on the experiences and perspectives of newly qualified social workers and social work students' introduction to child protection practice by working in the systemic unit model could be beneficial.

The findings of this study suggested uncertainty and possible logistical issues with the geographical distance between the Look after Children and their lead social worker, and the complexity of one unit dealing with Assessment, Child in Need and Looked after Children services. Thus, further research exploring the practitioners and the Look after Children's experience in this regard, could be helpful to identify difficulties and recommend possible solutions.

The participants indicate the importance of group dynamics for the successful functioning of the unit, which relates to the characteristics, skills and experience of practitioners within the unit. Hence exploring the interaction and systemic practice performance within the unit could illuminate and create a better understanding of the unit's challenges, limitations, and successes.

8.4 Strengths and limitations of this study

I identified the following strengths and limitations to this study.

A significant strength of this study is the choice of an appropriate research methodology and methods to elicit specific descriptions of the experiences and perspectives of practitioners, providing original insights into the nature of social work practice in the systemic unit model. Furthermore, I carried out this study within the working environment of the practitioners which offered an opportunity to gain first-hand insight into the environment in which the practice of the systemic unit model takes place and the processes involved (Bryman, 2008). I also conducted the interviews directly before or after a unit meeting that was a convenient option both for me as the researcher and the participants, considering the limitation of time. Hence,

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this study provides a unique perspective, which could be useful for the Local Authority in which it was conducted as well as inform other Local Authorities.

Additionally, the use of observation of the processes and the interactions of participants during unit meetings allowed me to capture valuable information, knowledge and understanding of how the systemic unit model actually works. Furthermore, the semi-structured interviews provided me with the opportunity to collect data directly from practitioners to explore their different roles in the unit, and their individual experiences and perspectives of the application of the systemic unit model.

These data collection methods provided comprehensive and reliable data that resulted in a detailed qualitative thematic analysis generating challenging findings that build knowledge, contextualise understandings, inform practice, and make recommendations for further research.

Although the sample of this study was well represented by the all the different roles of practitioners in the unit, a limitation was that this was a small sample. Only three units were involved in this study, thus this study only represents the perspectives of five social workers, two clinicians, three consultant social workers and three unit coordinators, which is a very small sample to represent the sample population. A larger and more representative sample of the units and the different practitioners within the unit from different geographical areas may contribute to the trustworthiness and a broader understanding of how the systemic unit model works and of the perspectives and experiences of practitioners. Furthermore, due to the unexpected emergency demands of social work practice, I was unable to conduct interviews with all social workers in the three units. Interviewing all practitioners in a unit could have contributed to a more complete understanding and more reliable data.

A huge amount of data was collected, which resulted in a time-consuming data analysis. As the data was detailed and themes identified were complex and interlinked with each other it was difficult to simplify and summarise the data (Bryman, 2008). It is not possible to make widespread statements about how practitioners experience the

application of the systemic unit model as the non-generalizable nature of qualitative studies is well established. Furthermore, it is not possible to establish the probability that the data is representative of the larger population, as it is predominately non-numerical. However, as mentioned earlier, this study provides rich data which could inform practice, contribute to the body of knowledge, have implications for practice and raises a number of questions and identifies suggestions for possible further research to improve practice.

8.5 Reflection

The first thing that comes to my mind when I reflect on my five-year journey is the incredible amount of knowledge that I have gained and how much I have learned, not only professionally, but also personally. Yet, I realise how little I know and how much more I still have to learn and is out there to explore. During the five months of data collection, I did not only gain subject knowledge, but also a better understanding of the challenges and complexity of social work, organisational management and leadership and the value of research to improve practice. I have observed the participants care for each other, their competencies, commitment and their resilience, especially in the long unit meetings. This has strengthened my respect and appreciation of the qualities of all practitioners as people in the social work profession for whom their work is not a job but a calling, and that they care and are passionate about what they do and how they strive to make a difference. At the same time a feeling of sadness came over me as it seemed that practitioners who were trying and giving their best were almost forgotten as human-beings, and were hardly acknowledged for their achievements, being heavily criticised, especially by the media.

However, the way that the systemic unit model works was a revelation, and I found it encouraging that leaders in my profession are beginning to recognise and prioritise support, creating and nurturing opportunities for support of their staff. At the end of the day, as human beings we all need and depend on support and encouragement to flourish and feel contentment and motivation. It is acknowledged in the business world that happy staff equals a successful business. I would think the same principle can be

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applied to any organisation and it is particularly relevant for the caring sector in that if staff feels supported, they will feel more content which has the potential to result in better outcomes for service users.

However, I also reflect on my actual journey and the process from beginning to the end of exploring and learning about research. I felt the overwhelming challenge of understanding research terminology, research philosophy, methodological approaches and methods and learning to become a critical reader of literature, which was particularly challenging since English is my second language and I spent endless hours using a thesaurus. It was a difficult challenge to write, explain and express my thinking and understandings whilst at the same time being confronted with a vast amount of information and having to make choices about what is relevant.

At times these challenges seemed impossible to overcome, especially since I was endlessly confronted with personal life challenges and constantly doubting my own abilities, strengths and powers of endurance. However, my attitude to life has always been to finish what I have started, and it is now with great relief and exhaustion that I can say that I have indeed finished what I started. I believe this experience has validated my role in the caring profession and having always have been passionate about my profession, I now look forward to utilising the knowledge I have gained and the next challenge that awaits.

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APPENDIX 1

ARU Ethical approval

Ref: JH-T/pmx/MB-14/012

Enquiries: Pamela Maxwell
Direct Line: 01245 684820
Date: 28 July 2014

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Marlene Bezuidenhout

Dear Marlene,

Re: Application for Ethical Approval

Project Number: 14/012

Project Title: The implementation of the unitary supervision

                          approach to social workers in Cambridgeshire

Principal Investigator: Marlene Bezuidenhout

Thank you for your application for ethical approval which was considered by the Faculty (of Health, Social Care & Education) Research Ethics Panel (FREP) at its meeting on 15 April 2014.

I am pleased to inform you that you have now satisfied the criteria for your research proposal and this is now approved by the Faculty Research Ethics Panel under the terms of Anglia Ruskin University's *Policy and Code of Practice for the Conduct of Research with Human Participants*. Approval is for a period of one year from 28 July 2014.

It is your responsibility to ensure that you comply with Anglia Ruskin University's Policy and Code of Practice for Research with Human Participants and specifically:

- •   The procedure for submitting substantial amendments to the committee, should there be any changes to your research. You cannot implement these changes until you have received approval from FREP for them.

- •   The procedure for reporting adverse events and incidents.

- •   The Data Protection Act (1998) and any other legislation relevant to your research. You must also ensure that you are aware of any emerging legislation relating to your research and make any changes to your study (which you will need to obtain ethical approval for) to comply with this.

• Obtaining any further ethical approval required from the organisation or country (if not carrying out research in the UK) where you will be carrying the research out. Please ensure that you send the FREP Secretary copies of this documentation.

• Any laws of the country where you are carrying the research out (if these conflict with any aspects of the ethical approval given, please notify FREP prior to starting the research).

• Any professional codes of conduct relating to research or research or requirements from your funding body (please note that for externally funded research, a project risk assessment must have been carried out prior to starting the research).

• Notifying the FREP Secretary when your study has ended.

• Please ensure that it is not a personal mobile number that is being distributed as a contact via the participant information.

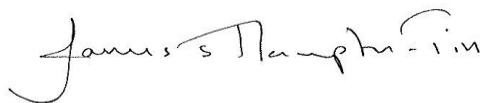Information about the above can be obtained on our website at:

http://web.anglia.ac.uk/anet/rdcs/ethics/index.phtml/ and
http://web.anglia.ac.uk/anet/faculties/hsce/research-ethics.phtml

Please also note that your research may be subject to random monitoring by the committee.

Please be advised that, if your research has not been completed within the year, you will need to apply to our Faculty Research Ethics Panel for an extension of ethics approval prior to the date your approval expires. The procedure for this can also be found on the above website.

Should you have any queries, please do not hesitate to contact my office. May I wish you the best of luck with your research.

Yours sincerely,

Prof. James Hampton-Till (Chair)

For the Faculty (of Health, Social Care & Education) Research Ethics Panel

T: 0845 196 4820

E: james.hampton-till@anglia.ac.uk

cc: Dr. Allister Butler (Supervisor)

        Dr. Edward Wallis-Redworth
        (Sponsor) Beverley Pascoe
        (RESC Secretary)

APPENDIX 2

CCC Ethical approval

My ref: RD / MB
Your ref: RD / MB

Date: 31st of October 2014

Contact: Ricky D'Arcy
Direct dial: 01353 612744
E Mail: Ricky.D'Arcy@cambridgeshire.gov.uk

Cambridgeshire County Council

Directorate of Children, Families and
Adult Services
Executive Director: Adrian Loades
Children's Social Care

Box No: CC1010

Castle Court

Shire Hall

Dear Marlene Bezuidenhout

Re: "**The implementation of the Unitary supervision approach with social workers at Cambridge County Council.**".

I am pleased to confirm that your PhD research proposal meets the requirements of Cambridgeshire County Council Research Governance Framework, and that you have been given approval to conduct the above-mentioned research project. You will also receive email authorisation from the Head of Safeguarding and Standards, Sarah-Jane Smedmor.

I would like to take this opportunity to wish you well in your research. Please send a copy of your research once ratified for inclusion on the Cambridgeshire County Council internal website to Sarah-Jane Smedmor.

Please feel free to contact Sarah-Jane should the need arise.

Yours sincerely

Ricky D'Arcy

Quality Assurance Officer for Children's Social Care

Social Work: Working for Families - *Children's Social Care are changing the way we work. For more information please feel free to contact us (details above), follow us on Twitter (@CambsCC) or visit*

http://www.cambridgeshire.gov.uk/childrenyoungpeople/socialcare/workingforfamilies/

APPENDIX 3

ARU Amendments ethical approval

Anglia Ruskin
University

Cambridge & Chelmsford

Cambridge Campus
East Road
Cambridge
CB1 1PT

T: 0845 271 3333
Int: +44 (0)1223 363271
www.anglia.ac.uk

Dear Marlene,

Re: Application for Ethical Approval

Project Number: 14/012

Project Title: The implementation of the unitary supervision approach to social workers in Cambridgeshire

Principal Investigator: Marlene Bezuidenhout

Thank you for your email of 21 April 2015 and for further information regarding an amendment to your project, to include observations of unit meetings. This was considered by the Chair of the Faculty (of Health, Social Care and Education) Research Ethics Panel in advance of the next scheduled meeting in May.

I am pleased to inform you that the amendment has been approved under the terms of Anglia Ruskin University's Research Ethics Policy (Dated 23/6/14, Version 1), as given on 28 July 2014.

Ethical approval is given for a period of 3 years from 28 July 2014.

Please note:

- Approval is conditional on you receiving permission from Cambridgeshire County Council to observe the unit meetings.

- The revised information sheet has a number of typos in the new sections, which should be addressed before the PIS is used.

- Also, you refer to five different units in one place and four in another on the PIS, please review in this respect to ensure consistency.

It is your responsibility to ensure that you comply with Anglia Ruskin University's Research Ethics Policy and the Code of Practice for Applying for Ethical Approval at Anglia Ruskin University, including the following:

- The procedure for submitting substantial amendments to the Panel, should there be any changes to your research. You cannot

implement these amendments until you have received approval from FREP for them.

- The procedure for reporting adverse events and incidents.

- The Data Protection Act (1998) and any other legislation relevant to your research. You must also ensure that you are aware of any emerging legislation relating to your research and make any changes to your study (which you will need to obtain ethical approval for) to comply with this.

- Obtaining any further ethical approval required from the organisation or country (if not carrying out research in the UK) where you will be carrying the research out. Please ensure that you send the FREP copies of this documentation if required, prior to starting your research.

- Any laws of the country where you are carrying the research and obtaining any other approvals or permissions that are required.

- Any professional codes of conduct relating to research or requirements from your funding body (please note that for externally funded research, a Project Risk Assessment must have been carried out prior to starting the research).

- Completing a Risk Assessment (Health and Safety) if required and updating this annually or if any aspects of your study change which affect this.

- Notifying the FREP Secretary when your study has ended.

Please also note that your research may be subject to random monitoring.

Should you have any queries, please do not hesitate to contact me. May I wish you the best of luck with your research.

Yours sincerely

Dr Sarah Burch

For the Faculty (of Health, Social Care & Education) Research Ethics Panel

T: 0845 196 2560

E: sarah.burch@anglia.ac.uk

cc: Dr Allister Butler (Supervisor)

         Beverley Pascoe (RESC Secretary)

APPENDIX 4

CCC Amendments ethical approval

From: Boot Julie <Julie.Boot@cambridgeshire.gov.uk>

Subject: RE: PhD proposal

Date: 3 August 2015 17:23:32 BST

To: "Bezuidenhout, Marlene (Student)" <marlene.bezuidenhout@student.anglia.ac.uk>

Resent-From: <marlene.bezuidenhout@student.anglia.ac.uk>

Dear Marlene

Following our conversation, I am pleased to tell you that I have had the opportunity to discuss this with Sarah-Jane and can confirm that it has been agreed with our Heads of Service for you to go ahead.

With kind regards

Julie

JULIE BOOT

Business Support Officer

PA to Sarah-Jane Smedmor – Head of Service

Safeguarding & Standards Unit (SASU)

Cambridgeshire County Council

Box No SCO2105 – Scott House, 5 George Street, Huntingdon, Cambs. PE29 3AD

Tel: 01480 377685

Email: julie.boot@cambridgeshire.gov.uk

PA Group Email: Children's.SocialCareHOS@cambridgeshire.gov.uk

APPENDIX 5

Participant Information Sheet

PARTICIPANT INFORMATION SHEET – April 2017

Dear Participant,

It is with great pleasure that I invite you to take part in the following study:

'The application of the systemic unit model (SUM) in a Local Authority, a qualitative study'

I am a student PhD researcher from the Faculty of Health, Social Care and Education at Anglia Ruskin University, Cambridge.

What is this study about and why am I doing it?

This study will focus on the application of the systemic unit model which can lead to a better understanding of the structures, processes, experiences and perspectives of practitioners. The wider implications will be to inform practice:

- For better quality service delivery to service users.
- Knowledge of the ways in which this model is embedded in practice
- Will present an understanding of the structures, processes, the interactions and perspectives of practitioners
- Identify strengths of this model from the practitioners' perspectives and how to improve it.

The aims of this study are:

- To increase knowledge about the nature of the systemic unit model

- To create a better understanding of the application of this model.

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- To describe and interpret how this model is applied to practice based on the perspectives of practitioners.
- To describe the interactions, lived experiences and perspectives of practitioners.
- Explain and interpreted the application of this model.
- Explore the positive and negative aspects
- Examine factors that may improve practice.

Therefore, I would like to observe 5 unit meetings, and interview practitioners in the unit. I would like to ask the following question:

- *Tell me about your experiences of working within the SUM*

- *From your perspective, what would you say is good or not so good about the SUM?*

- *What do you like or dislike most about applying this model?*

- *In terms of your job, how do you think this model makes you feel better prepared?*
- *Are there things that can change to make this model better?*
- *If you have experience of other Social work models, how do you compare this model with your previous experience?*
- *Is there anything else you would like to add?*

Who is being invited to take part?

I plan to attend five continuous meetings of three units. To interview five practitioners of each of these units.

Why should you get involved?

Your experiences as practitioners will contribute towards a better understanding of the application of this model. The findings of this study may enable the improvement of the application of this model and therefore better care to the service users.

What will happen if you agree to take part?

This study will start approximately April 2017 but your involvement could happen anytime between April and July. Should you decide to take part, I will invite you to

sign and date a consent form.   An interview appointment will be arranged when convenient for you.

Observation:

With your consent I will attend and observe five unit meetings of three units.

The interview:

I will visit you at your office at a time as agreed.   I will introduce myself, as well as give you the opportunity to clarify any questions you have about the research.   The interview will last approximately 30 to 40 minutes but you can stop it at any time if you feel unable to continue.   With your permission, I will record the interview so that I do not forget anything you say.

This interview will be semi-structure with thoughtful and descriptive questions as mentioned in the beginning of this information sheet.

What will happen at the end of the study?

The data collected will be analysed and the findings will be discussed in a thesis. The results will be presented to professionals at conferences and in publications, such as the social work journal. No names will be used in any documents resulting from this study or the name of this county council

What If you don't want to take part?

To take part in this research study is totally voluntary.   Therefore, there will be no force or persuasion from my side for you to take part in this research.

Can you stop taking part at any time?

At any time during the study you can decide without any explanation not to take part in this study. You can inform myself or my supervisors (see their details attached).   I will respect your wishes.

Are there any risks in taking part?

The only risk I foresee is that you will have to give confidential information to me and feel threatened that it will be known that it is coming from you. All information will be handled totally confidential and will only be reveal in case of illegal or threatening situations. If you talk about poor practice, it will be discussed with my supervisor anonymously how to address it and who to involve. If the participation in the study distress you in any way or gives you concerns, please do not hesitate to contact me to discuss the concerns.

What will happen to the information?

The information will be transcribed anonymously by using codes. All digital recordings will be deleted.

Thank you for taking the time to read this. If you would like to participate or you have any questions please contact me:

Marlene Bezuidenhout,

Email: marlene.bezuidenhout@student.anglia.ac.uk

Tel: 0776807185

Supervisors:

Dr Ros Hunt, email: ros.hunt@anglia.ac.uk

Prof Jeffrey Grierson, email jeffrey.grierson@anglia.ac.uk

YOU WILL BE GIVEN A COPY OF THIS TO KEEP, TOGETHER WITH A COPY OF YOUR CONSENT FORM.

April 2017

APPENDIX 6

Observations of unit meetings participant consent form

OBSERVATION OF UNIT MEETINGS PARTICIPANT CONSENT FORM – April 2017

NAME OF PARTICIPANT:

…………………………………………

Title of the project:

'The application of the systemic unit model (SUM) in a Local Authority, a qualitative study'

Main investigator and contact details:

For further information please contact Marlene Bezuidenhout

Email: marlene.bezuidenhout@student.anglia.ac.uk

Supervisors:

Dr R. Hunt

Email: ros.hunt@anglia.ac.uk

Prof J Grierson

Email: Jeffrey.grierson@anglia.ac.uk

Members of the research team:

Marlene Bezuidenhout

. I agree to take part in the above research. I have read the Participant Information Sheet which is attached to this form. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.
. I understand that I am free to withdraw from the research at any time, for any reason.
. I have been informed that the confidentiality of the information I provide will be safeguarded.
. I am free to ask any questions at any time before and during the study.
. I have been provided with a copy of the form and the Participant Information Sheet.
. I understand that the researcher will attend five unit meetings to observe the interaction and processes of the unit meeting.

Data Protection: I agree to that Anglia Ruskin University and its partner colleges processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlines to me.

Name of participant:

Print…………………………………….

Signed...

Date…………………………………….

YOU WILL BE GIVEN A COPY OF THIS FORM TO KEEP

April 2017

APPENDIX 7

Interview participant consent form

INTERVIEW PARTICIPANT CONSENT FORM

April 2017

NAME OF PARTICIPANT:

………………………………………

Title of the project:

'The application of the systemic unit model (SUM) in a Local Authority, a qualitative study'

Main investigator and contact details:

For further information please contact Marlene Bezuidenhout

Email: marlene.bezuidenhout@student.anglia.ac.uk

Supervisors:

Dr R. Hunt

Email: ros.hunt@anglia.ac.uk

Prof J Grierson

Email: Jeffrey.grierson@anglia.ac.uk

Members of the research team:

Marlene Bezuidenhout

. I agree to take part in the above research. I have read the Participant Information Sheet which is attached to this form. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.

. I understand that I am free to withdraw from the research at any time, for any reason.

. I have been informed that the confidentiality of the information I provide will be safeguarded.

. I am free to ask any questions at any time before and during the study.

. I have been provided with a copy of the form and the Participant Information Sheet.

. I understand that any interviews with myself will be recorded.

Data Protection: I agree to that Anglia Ruskin University and its partner colleges processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlines to me.

Name of participant:

Print…………………………………….

Signed..

Date…………………………………….

YOU WILL BE GIVEN A COPY OF THIS FORM TO KEEP

April 2017

APPENDIX 8

Withdraw form

WITHDRAW April 2017

If you wish to withdraw from the research, please complete the form below and return to the main investigator, Marlene Bezuidenhout

Title of Project:

'The application of the systemic unit model (SUM) in a Local Authority, a qualitative study'

I WISH TO WITHDRAW FROM THIS STUDY

Signed: …………………………………

Date: …………………………………

Marlene Bezuidenhout

Email: marlene.bezuidenhout@student.anglia.ac.uk

Tel: 0776807185

Supervisors:

Dr Ros Hunt, email: ros.hunt@anglia.ac.uk

Prof Jeffrey Grierson, email jeffrey.grierson@anglia.ac.uk

April 2017

APPENDIX 9

Interview schedule

Interview schedule April 2017

Examples of questions that may be asked are:

I want to ask you about your experiences and perspectives of working in the Unit model.

INTERVIEW GUIDE

- How long have you been working in the Unit?
- Do you have experience of working in traditional Social Work models, and if so for how long?
- What other practice experiences do you have?
- What can you tell me about your training activities for working with the systemic unit model?
- Tell me about your experience of working within the systemic unit model.
- Tell me about your experiences of the Unit meetings.
- Can you describe the processes and structures involved in applying the systemic unit model to me? How does it work?
- If you could make any changes, what would you suggest?
- What do you like or dislike most about applying this model?

April 2017

APPENDIX 10

Data collection planning

Data collection planning:

April 2017 – 28 July 2017

Week 1 of April 2017

1. Arrange with unit co-ordinator of Unit 39 Interview Pilot study – one or two interviews – it was confirmed that a private room will be available

2. Choose units according to availability – ask for advice from Ros

Week 2 of April

1. Contact unit coordinators of about 10 units, find out about the unit meetings dates and organise to attend a meeting of each unit to introduce myself and the research study. Hand out the information sheet, consent form and withdraw form

2. Give them one week and collect the response

3. Start collecting data as soon as possible

Week 4 of April week 28 July 2017 – 17 weeks

4. Attain and schedule dates for unit meetings of three units and arrange to attend the meetings.

5. Attain and schedule interviews after unit meetings or when convenient for participants.

6. Start Data Analyses simultaneously

Marlene Bezuidenhout

APPENDIX 11

Data collection schedule

Data collection schedule

24 April to 28 July 2017 – 17 weeks

24 April 2017

Observation of Unit 1 meeting (1)

Pilot interview

8 May 2017

Observation of Unit 1 meeting (2)

CSW interview

15 May 2017

Observation of Unit 1 meeting (3)

UC interview

22 May 2017

Observation of Unit 1 meeting (4)

Clinician interview

SW 1 interview

5 June 2017

Observation of Unit 1 meeting (5)

SW 2 interview

14 June 2017

Observation of Unit 5 meeting (1)

UC interview

15 June 2017

Observation of Unit 8 meeting (1)

UC interview

21 June 2017

Observation of Unit 5 meeting (2)

CSW interview

22 June 2017

Observation of Unit 8 meeting (2)

CSW interview

28 June 2017

Observation of Unit 5 meeting (3)

Clinician interview

29 June 2017

Observation of Unit 8 meeting (3)

5 July 2017

Observation of Unit 5 meeting (4)

SW 1 interview

6 July 2017

Observation of Unit 8 meeting (4)

(Interview scheduled but SW could not attend)

12 July 2017

Observation of Unit 5 meeting (5)

(Interview scheduled, but SW could not attend)

SW2 interview

13 July 2017

Observation of Unit 8 meeting (5)

SW1 interview

15 unit meetings Observed

13 interviews conducted

Marlene Bezuidenhout

28 July 2017

APPENDIX 12

Codes for participants

Codes for participants

CSW1 1-1 Phat

CSW 2 1-4 Sue

CSW 3 1-8 James

Clin 4 1-1/8 John

Clin 5 1-4 Jenny

UC 6 1-1 Toni

UC 7 1-4 Wendy

UC 8 1-8 Glen

SW 9 1-1 Jane

SW 10 2-1 Mary

SW 11 1-4 Alex

SW 12 2-4 Robert

SW 13 1-8 Chris