

SOCIAL WORK SUPERVISION IN NORTHERN IRELAND

(April 2020)

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Contents	Page Number
Abstract	2
Part One Social Work Supervisee Survey Report	8
Part Two Supervisor Survey Report	27
Annex 1 Supervisee Survey	52
Annex 2 Supervisor Survey	61

Abstract

Supervision has been described as the ‘corner-stone¹’ of professional social work practice and is central to effective decision-making, accountability and supporting professional development of social workers.

The current supervision policy for social workers in Children’s Services dates back to 2008 and was thought to be no longer relevant to contemporary practice. While a more recent supervision policy had been developed and tested for social workers in Adult Services it was considered that there needed to be uniform policy/standards for professional supervision for all social workers irrespective of client group or setting.

Two regional surveys of supervision in social work were undertaken in 2018 and 2019 respectively to determine the prevalence, quality and impact of professional supervision for social workers across Northern Ireland (NI) from both the supervisee and supervisor perspectives. Both surveys were designed by a working group of staff who have responsibility to provide and support supervision practices in the Health and Social Care Trusts (Trusts). The combined results of both surveys will inform the review of the current policies and development of a single, uniform policy for the professional supervision of all social workers.

There was a good response rate to both surveys and the same working group discussed the results and developed proposals for a revised policy. The full findings from both surveys are set out in Part One and Part Two of this report. Each Trust has been provided with the specific data relating to its own staff’s responses to inform internal Trust supervision audits and improvement initiatives.

Summaries of the key findings from both the supervisee’s and supervisor’s surveys are presented on pages 3 to 5.

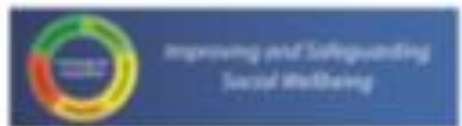
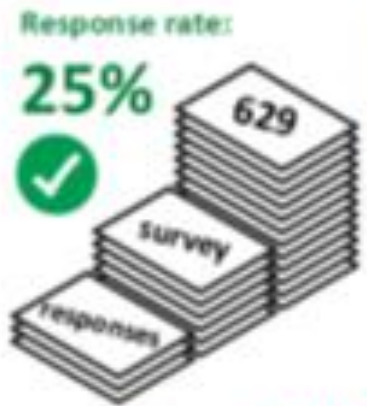
A summary of the key issues from both surveys and next steps is presented on pages 6 to 7.

The surveys used are included in Annex 1 and 2 of this document.

¹ Lord Laming (2009) The Protection of Children in England: A Progress Report LONDON: THE STATIONERY OFFICE

Infographic One Social Work Supervisee Survey Results

Social Work Supervision Survey



Responses by POC:



86% of Social Workers have a primary supervisor whose professional discipline is: **Social Work**



Formal one-to-one supervision:
84% every 8 weeks or less
61% on a monthly basis

Other forms of professional support most frequently used by social workers:

- Conversations with colleagues
- Conversations with other professionals
- Ad hoc support
- Team meetings

Most common themes & topics explored during supervision:

- Caseload management
- Complex cases & risk management
- Specific issues relevant to work-life balance



What would improve supervision?



45% are always provided with feedback and encouragement to use creative & innovative solutions to problems during supervision



Infographic Two Social Work Supervisor Survey Results

Social Work Supervisor Survey



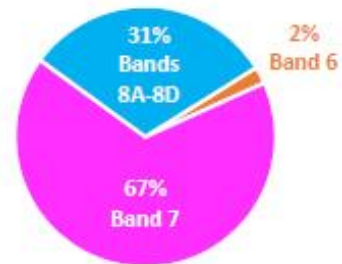
About the Supervisors



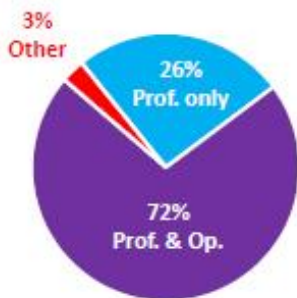
73%
receive supervision
within every
2 months



293 survey
responses



67% of respondents
employed at Band 7



72% provide
professional &
operational
supervision

- Helpful supports for supervisors:
- Continuing professional development
 - Supervision training
 - Own supervision

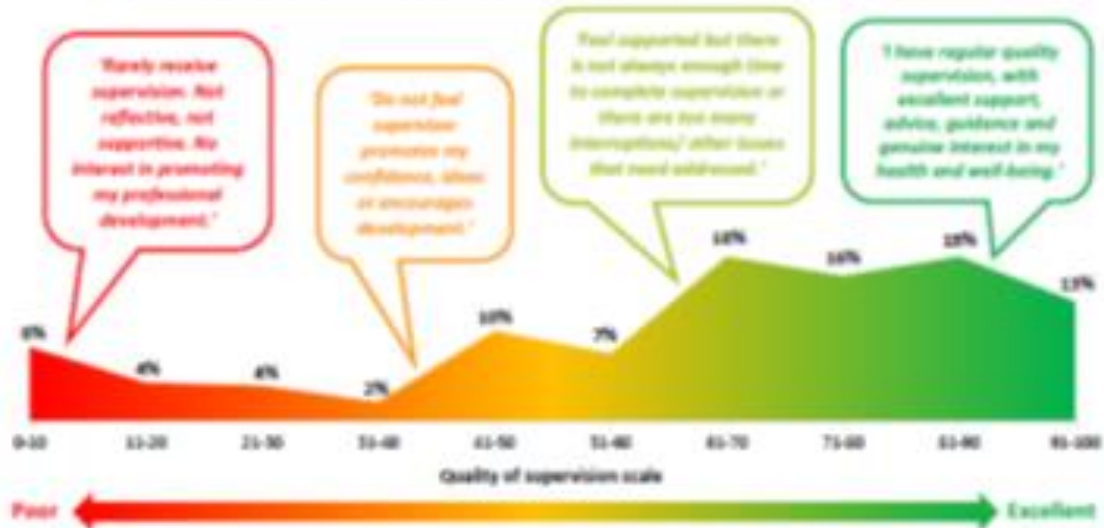


9%
supervise 10 or more
Social Workers



Social Work Supervisor Survey

How Supervisors Rate the Quality of their own Supervision



Delivery of Supervision to Social Workers

Themes & topics explored during supervision:

Most common

Complex cases & risk management

Caseload management

Work-life balance



Least common

Application of evidence & research to practice

Regional policy & guidance

What prevents effective supervision?



Competing work pressures

Not enough time

What would improve supervision?

Training

Reflection

Less interruptions

More Social Workers

Less competing pressures

Less staff to supervise

Time

Feedback

Support

Revised supervision template

Less frequent

Consistent standards

Private space

Reduced workload

Preparation

Supports supervisors help Social Workers avail of:

Occupational Health

Peer supervision

Staff care / CareCall

Coaching / Mentoring



Summary of Key Issues

The following is a summary of key issues arising from the surveys of supervisees and supervisors. These will be considered as part of the review of the current regional social work supervision policies for Children and Adult Services and development of a single, uniform policy.

Culture Change – the team leader cannot ‘do it all’

1. Equip and support team leaders to be leaders of practice not just workflow managers;
2. Review the role of senior and principal practitioners to contribute to professional supervision and supports of social workers;
3. Protect time for supervisors to supervise and supervisees to be supervised;
4. Positive messaging regarding the quality and efficacy of good supervision in improving practice and in staff satisfaction/morale.

Clarity – regional consistency and standards

1. Clearly differentiate between operational and professional social work supervision;
2. Regional consistency in professional supervision policy and practice across all PoCs;
3. Regional standardisation regarding supervisor/supervisee ratio in context of supervisor’s substantive job role;
4. Minimum standard for access to individual professional supervision for all.

Skill and knowledge – build capacity and capability

1. Review supervisor learning and development and refresh;
2. Ensure access to CPD for supervisors on regular basis;
3. Identify and promote access to other relevant CPD for supervisors (eg coach training, leadership development);
4. A learning programme to support supervisees to be more proactive in supervision process and in accessing other professional supports;
5. Plan opportunities for Band 6 social workers to develop skills and knowledge in supervision as part of workforce planning and career development.

Flexibility – one size doesn’t fit all

1. Consider range of approaches to professional supervision and supports;
2. Recognise peer support as a valid and valuable professional support and build into staff workplan;
3. Identify and share good practice;

4. Test policy and new approaches using improvement methodologies and robust measurement and evaluation.

Next Steps

The original purpose of the supervision survey was to provide a baseline about the quality and prevalence of social work supervision in Northern Ireland and to inform the review of the supervision policies and improvements in supervision practice regionally and locally.

Both sets of results will inform the review of supervision policy which will be led by the steering group along with a wider group of key stakeholders. The revised supervision policy will be tested in practice across different Programmes of Care before going 'live'.

It is recommended that the supervision surveys are repeated following implementation of the revised policy and the results compared with the baseline to see if improvements have been made.

Part One

Social Work Supervisee

Survey

2018

Summary Report

May 2019

Part One: Table of Contents

Abstract

1. INTRODUCTION	10
Summary of Key Findings from the Survey of Supervisees	
2. METHODOLOGY.....	10
3. RESPONDENTS	10
3.1 RESPONSE RATES.....	10
3.2 PROFILE OF ALL RESPONDENTS.....	12
3.3 LENGTH OF TIME QUALIFIED.....	12
3.4 WORK SETTING.....	13
3.5 PROFESSIONAL DISCIPLINE OF SUPERVISOR.....	14
4. ANALYSIS OF THE RESULTS.....	15
4.1 TOPICS THAT ARE EXPLORED IN SUPERVISION.....	15
4.1.2 Highest and Lowest.....	15
4.1.3 Other Comments.....	16
4.2 SUPERVISION PRACTICE SKILLS.....	17
4.3 FREQUENCY OF SUPERVISION.....	19
4.4 OTHER FROMS OF PROFESSIONAL SUPPORT.....	21
5. IMPROVEMENT IDEAS.....	23
6. NEXT STEPS.....	25
APPENDIX ONE: SUPERVISION SKILLS COMPARISON ADULT AND CHILDREN	26

1. Introduction

The regional Social Work Supervision survey was undertaken in 2018 as part of the implementation of the Social Work Strategy Evaluation Framework and piloting of the Outcomes Based Accountability approach against Outcome 2: Skilled, confident and resilient social workers. A measure of this outcome is the % social workers who are confident, competent and satisfied with professional support networks.

The survey was designed to establish a baseline of the current situation in respect of social workers' satisfaction with professional supports (i.e. supervision in first instance) to inform what needs to be done/improved going forward. The results gathered will inform the review and update of the current Supervision Policy (Children's services).

2 Methodology

The Supervision Survey was co designed by the Assistant Directors (ADs) for governance and workforce development across the five Health and Social Care Trust (Trusts).

The components of the methodology were agreed as

- All social workers at Band 5/6 would be invited to participate
- The survey would be completed online and hosted by an independent body
- The ADs agreed to act as the steering group for this initiative to coordinate, and implement local arrangements for promoting uptake and completion and act as the point of contact
- A 'results interpretation' workshop analysed the findings in February 2019
- The findings and recommendations were shared at the annual workforce workshop in March 2019
- The outputs from the supervision audit will inform the development of a new regional supervision policy in 2019.

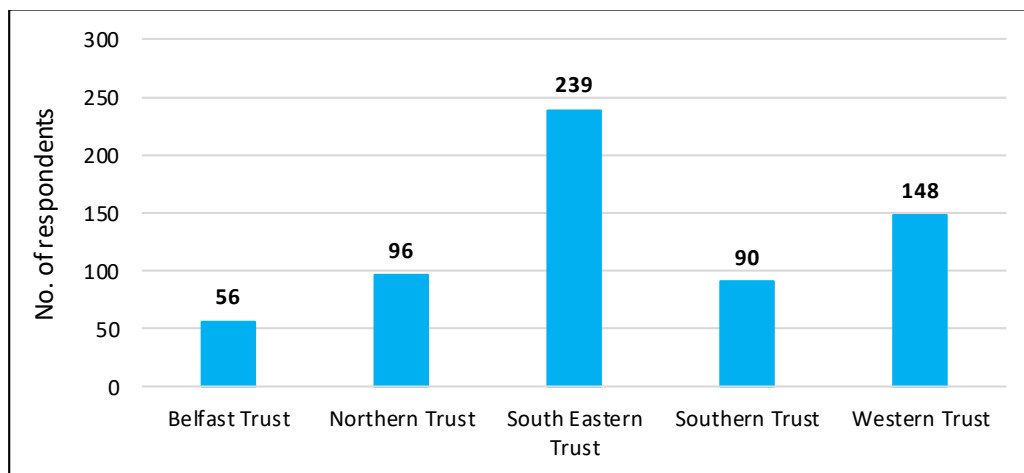
3 Respondents

This section will describe the response rates and provide a profile of the respondents.

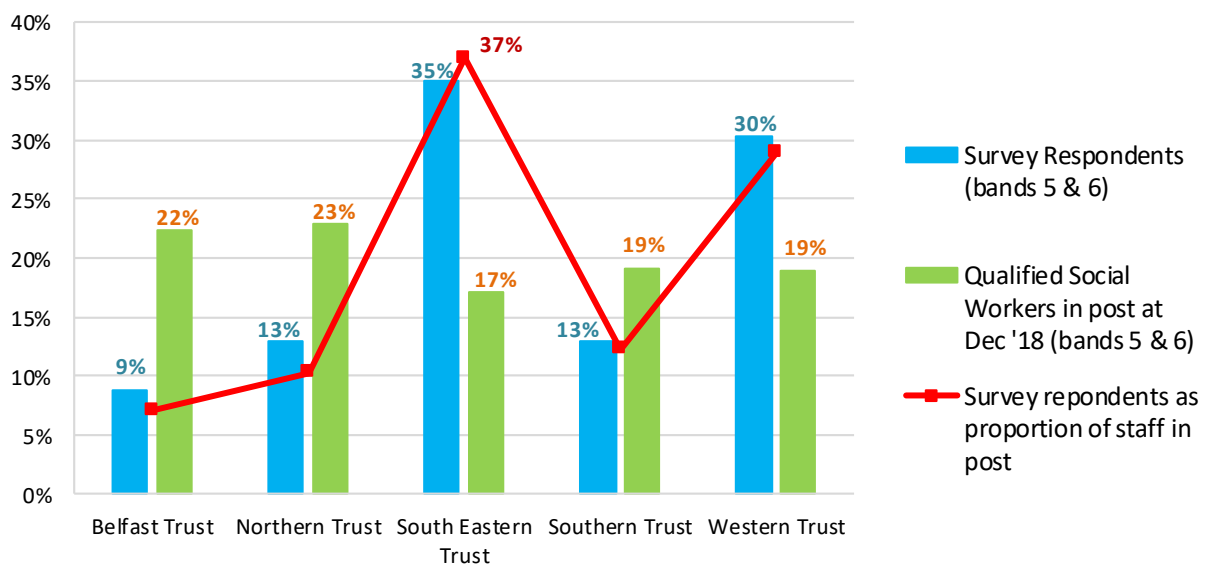
3.1 Response Rates

The Social Work Supervision Survey was issued to 2,529 staff in November 2018. There were 629 respondents which equates to a response rate of 25%. The results cannot be inferred to be 100% generalisable **across all** social workers. However, the issues that were raised in the survey '*map out a landscape*' that can be further explored through each Trust's supervision audits to test how universally applicable they are.

The South Eastern Trust had the highest number of respondents (239, 38%), followed by the Western Trust (148, 24%), the Northern Trust (96, 15%), the Southern Trust (90, 14%), and the lowest number of respondents was from the Belfast Trust (56, 9%).



To put these results into context, analysis with staff in post figures at 31 December 2018 has been provided below. Note, this relates only to bands 5 and 6.



The South Eastern Trust had the highest proportion of survey respondents at bands 5 and 6 (35%), despite having the lowest proportion of qualified band 5 and 6 social workers in post. This equates to an approximate response rate of 37%. Conversely, the lowest proportion of band 5 and 6 survey respondents was from the Belfast Trust (9%) who have the second highest proportion of qualified band 5 and 6 social workers in post. This equates to an approximate response rate of 7%.

Not all questions were completed by all respondents therefore for each piece of analysis detailed in the analysis of the findings, the percentages quoted relate only to the proportion of those responses where a clear answer was submitted.

The variation in response rates may be due to a variety of factors:

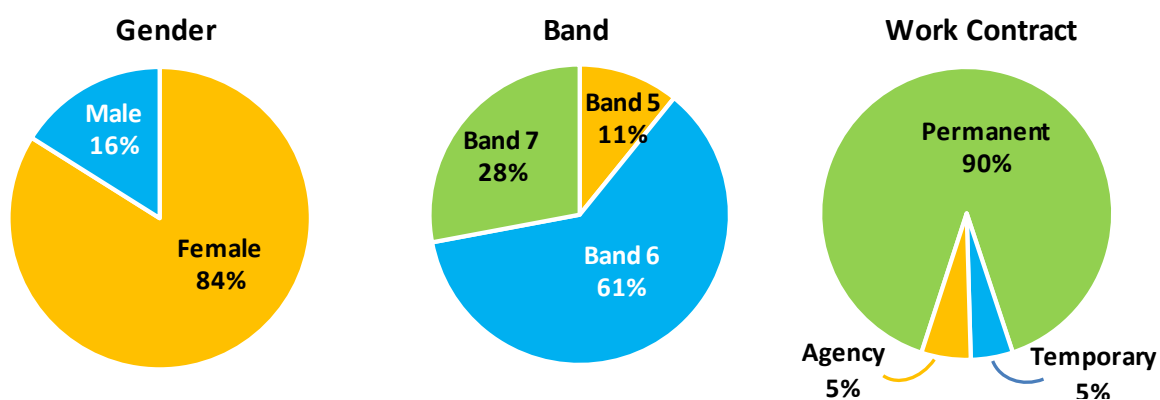
- The timing of the survey administration (November 2018) coincided with the BHSCT Investors in People surveys which may have completed for time and attention.
- Different approaches may have been used to promote survey
- There may have been other contextual pressures that affected response rate,

Lessons learned from other successful surveys e.g. 'Have your Say' (NICS) show that regular prompts and reminders, Tweeting and proactive Executive director support can increase response rates. This will be relevant for the repeat of this survey in 2020.

The target next time round is 1:2 social workers to complete.

3.2 Profile of All Respondents

The profile of respondents to the survey were mainly permanent female band 6 staff, who had been qualified more than 6 years and mainly working in a community setting.

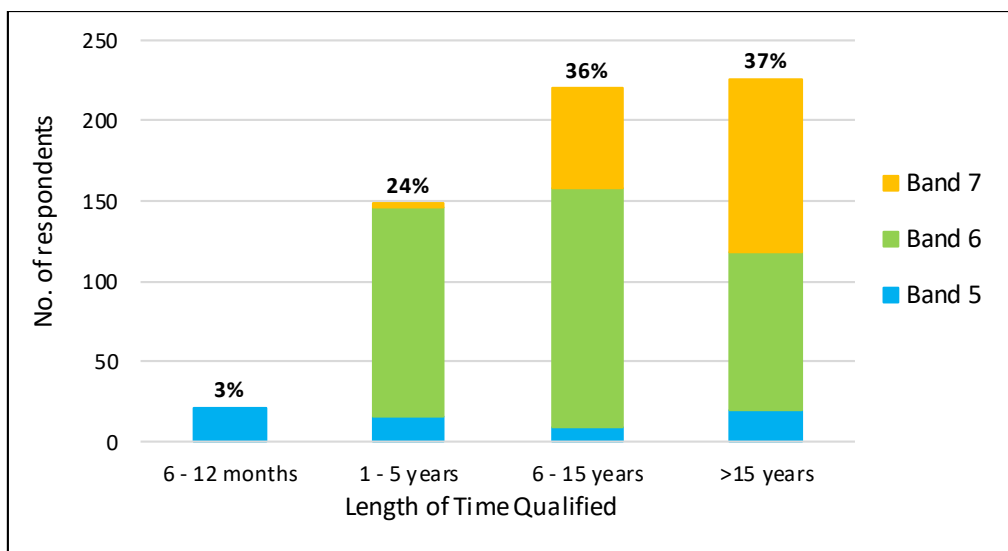


Over four fifths (84%) of those who responded were female, over three fifths (61%) were Band 6 and almost all (90%) were permanent staff. This gender balance is reflective of the overall workforce.

Fewer agency staff completed the survey than are employed in Trusts. The Trust local audits could follow this up to ensure that agency staff are receiving adequate supervision.

3.3 Length of Time Qualified

Almost three quarters (73%) of respondents had been qualified for 6 or more years, almost one quarter (24%) had been qualified between 1 and 5 years, and the remaining 3% of respondents had been qualified for 6 to 12 months.

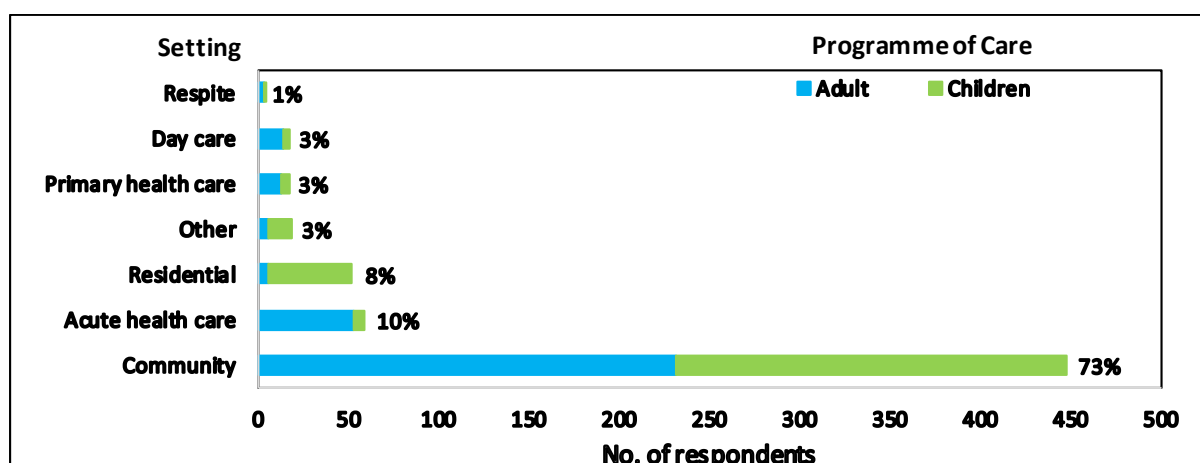


It is recommended that social workers who are less than 5 years qualified are targeted in the next regional survey to find out how more recent joiners to the profession experience supervision. Their needs in supervision may be different from staff who are more experienced.

3.4 Work Setting

When asked to identify which setting staff worked in, 52 respondents (8%) selected 'Other'. Of the accompanying comments received, where possible these have been re-allocated to the most appropriate category below.

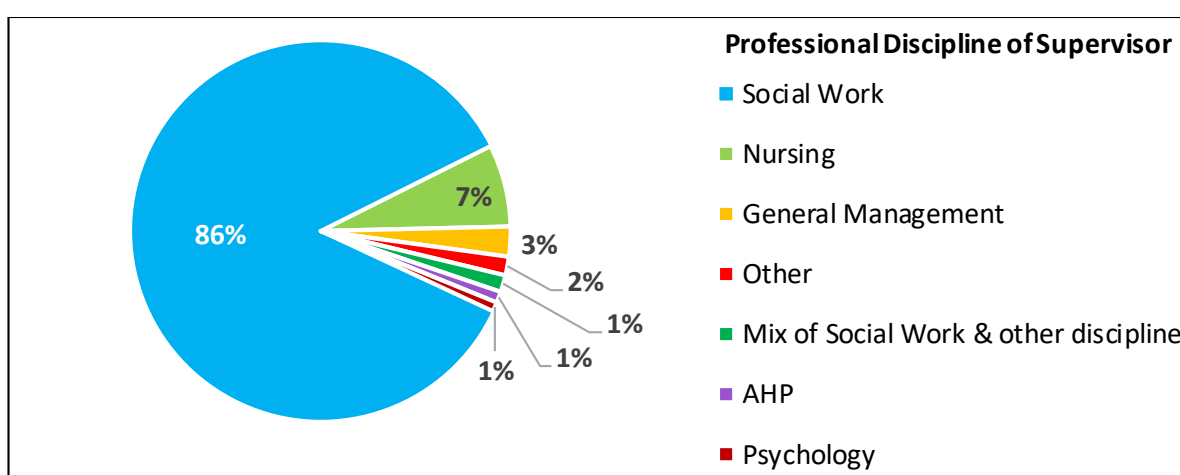
Almost three quarters (73%) of respondents were staff who worked in a community setting, 52% of whom were in Adult services and 48% were in Children's services. One in seven (15%) respondents were staff who worked in residential, primary health, day care, and respite, and one tenth (10%) worked in acute health care. 3% of respondents stated that they worked in an 'Other' setting which did not fall into one of the categories listed.



3.5 Professional Discipline of Supervisor

When asked what professional discipline their primary supervisor was, 22 respondents (<4%) selected 'Other'. Of the accompanying comments received, where possible these have been re-allocated to the most appropriate category below.

The majority (86%) of respondents stated that the professional discipline of their primary supervisor was social work, 7% were nursing and 6% were a range of professional disciplines including AHP, General Management, Psychology or a mix of Social Work with another discipline. 2% of respondents stated that their primary supervisor had an 'Other' professional discipline which did not fall into one of the categories listed.



A hypothesis before the survey was that social workers in multi-disciplinary settings, particularly in adult programmes of care, were likely to have an operational manager from another discipline and therefore may not receive an adequate level of professional social work supervision. These results would refute that.

It would be helpful if the supervision policy review and update would define what differentiates professional and operational supervision and define the tasks of each. This would provide clarity and reduce duplication of effort. The characteristics of effective supervision are

- a. The methods of supervision are valid (whether professional or operational)
- b. There is an adequate quantity of supervision
- c. There is a record of supervision.

The updated supervision policy could also clarify how long supervision records should be retained, who produces them, who owns the record and how they should be archived or destroyed.

4 Analysis of the Results

This section will present the results to each of the questions of the survey and analyse their meaning.

4.1 Topics that are Explored in Supervision

Thinking of their **last three supervision sessions** respondents were asked to indicate the extent to which each of the 19 possible topics were either: fully covered, partially covered or not covered at all.

4.1.2 Highest and Lowest

The results are set out in the table on the next page.

The themes with the highest percentage of 'fully covered' responses were

- a. 'caseload management' (62%),
- b. 'complex cases and risk management' (61%), and
- c. 'specific issues relevant to work life balance' (53%).
- d. 'exploration of any concerns' (52%)

There are no surprises in the ordering of the 'fully covered'. The key functions of supervision are captured: caseload, risk, work life and concerns – which is a catch all category that could cover many things.

The themes with the highest percentage of 'not covered' responses were

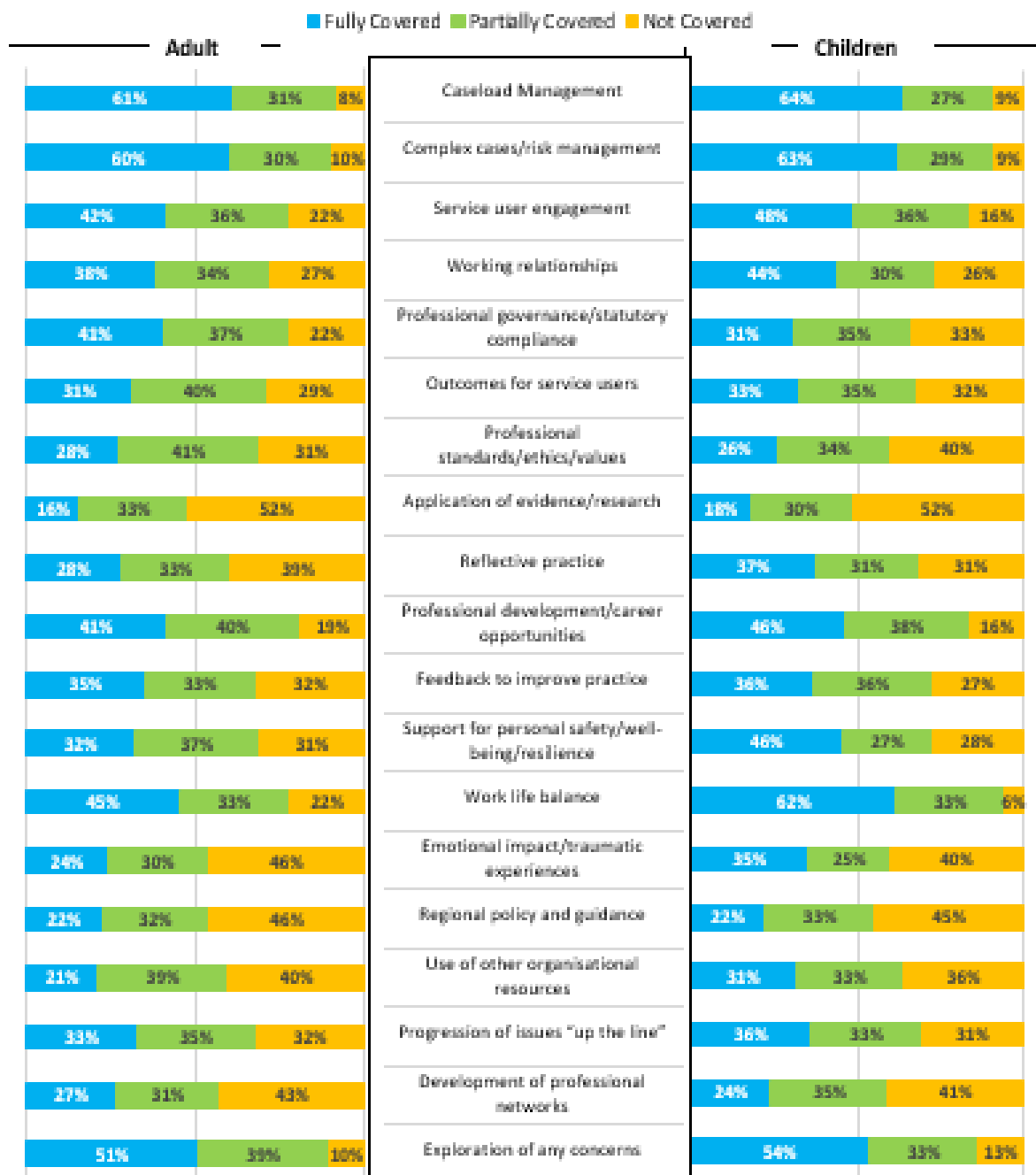
- a. 'application of evidence and research to my work' (52%),
- b. 'discussing how new regional policy and guidance is relevant' (45%), and
- c. 'exploration of the emotional impact of work including any recent work related traumatic experiences' (43%).
- d. 'developing my professional networks internally and externally' (42%)

The placing of items a. c. and d. on this list were of concern to the results interpretation workshop. First that application of evidence was so low which may be a factor in perpetuating methods of practice that are no longer effective. Secondly it is recognised that social workers tend to take on too much and therefore need support to deal with the emotional impact of the work and therefore having high levels of anxiety to maintain their well-being. Thirdly developing networks and collaborative working would be a way to alleviate stress and build capacity.

There was a view that information about regional policy and guidance is dealt with at staff meetings and less likely to be an issue for supervision.

Looking at the breakdown of responses by Programme of Care i.e. adult or children, similar results were observed, with the exception of issues relating to work-life balance.

The only topic that diverged in extent of coverage in supervision was ‘work life’ balance which was covered fully in children’s (62%) and in adults (45%). This is possibly reflective of the different nature of Children’s services in terms of hours and demands.



4.1.3 Other Comments

Asked if ‘Any other themes discussed’ during supervision, 23 respondents provided comments, all of whom completed most or all of the other questions in this section.

Some of the themes from these comments included staffing issues, service improvement / development, caseload, raising concerns about management, shift patterns, fairness of working practices, split of supervision, personal development, and personal well-being.

Some of the comments received included:

‘Supervision is often rushed and not completed properly. Staff are under pressure to take calls, make decisions and time is not protected for supervisor, no time to reflect due to constant crisis after crisis and allocation of cases, not the managers fault because they are also under pressure to meet the needs of the clients alongside meeting the needs of the service.’

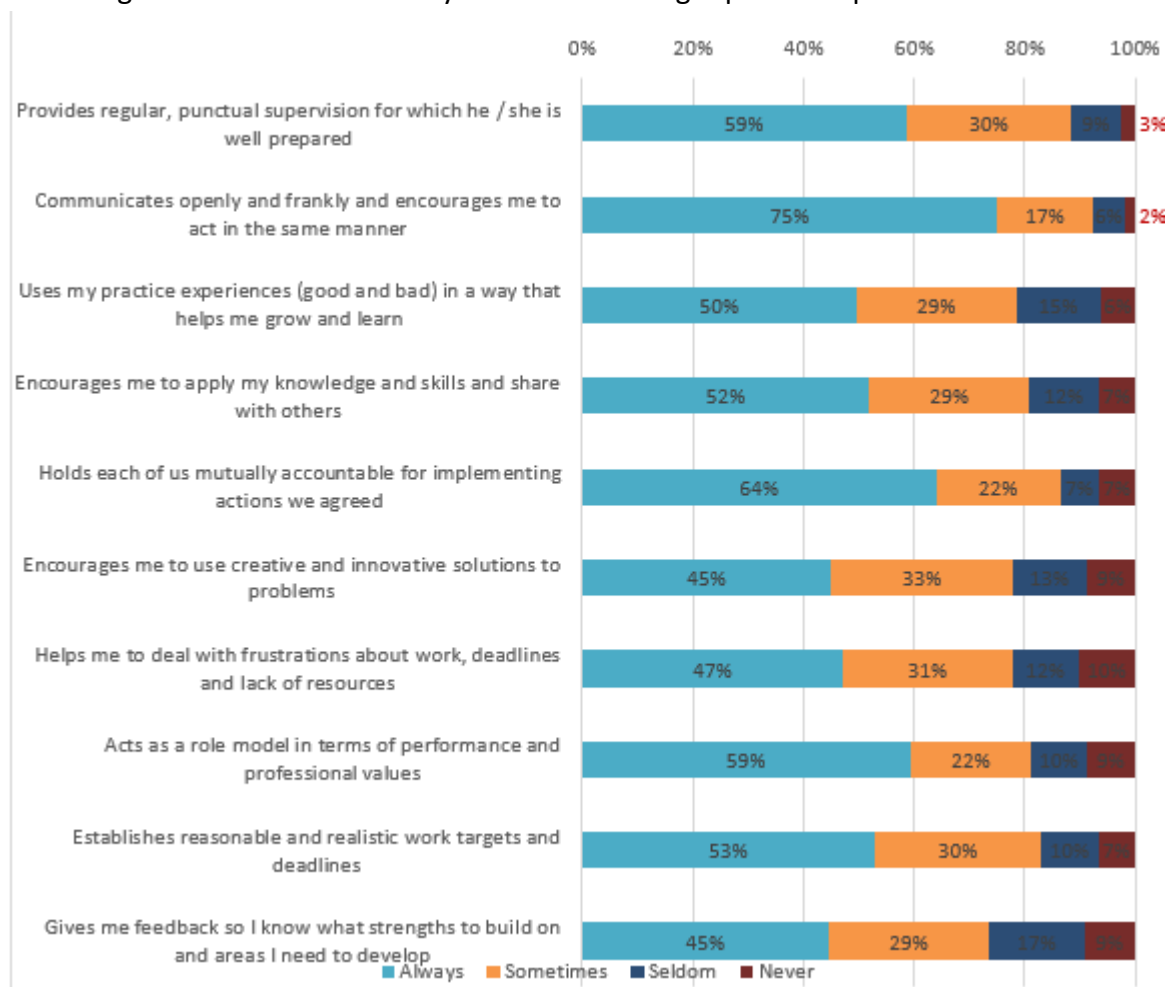
‘Supervision separated into professional supervision, managerial supervision, clinical supervision. Taken by 3 separate individuals, can be confusing, repetitive at times and focused on discharging cases and capacity for new cases. Little time for reflection and evaluating good outcomes.’

‘Creative ways of working to meet needs of service user.’

‘Lack of professional social work support due to supervision being provided by nurse as working in multi-disciplinary team.’

4.2 Supervision Practice Skills

Respondents were asked to describe their lead supervisor’s approach to supervision by indicating the extent to which they use the following supervision practice skills.



The most common supervision skills are

- 'communicates openly and frankly and encourages me to act in the same way' (75%)
- 'holds each of us mutually accountable for implementing actions we agreed' (64%)
- 'acts as a role model in terms of performance and professional values' (59%)

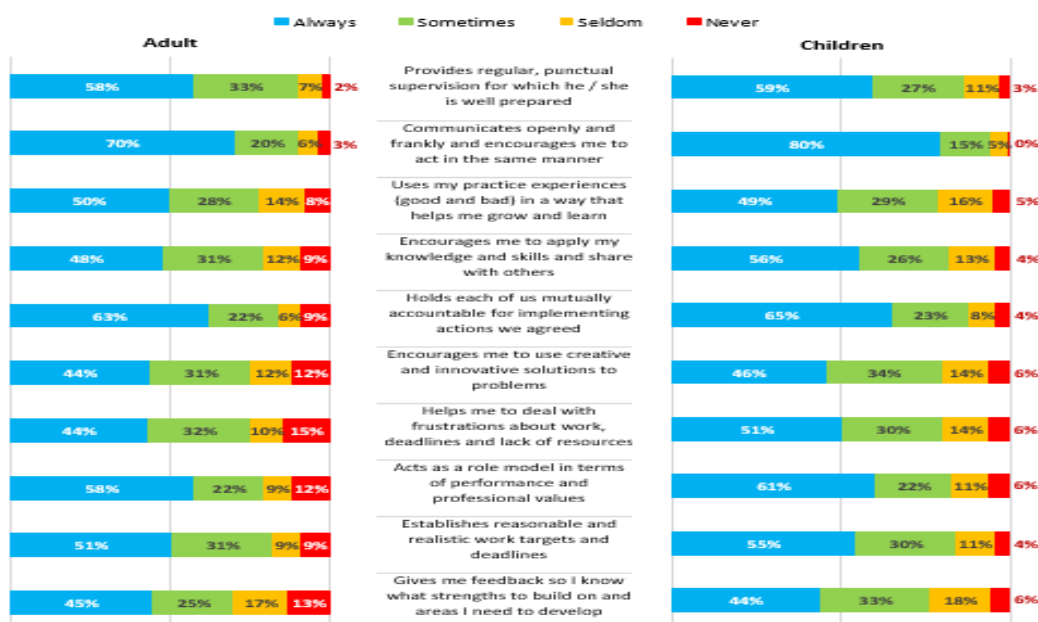
These indicate that supervision is characterised by equality, openness and accountability. Role modelling is an effective form of leadership development². The use of these supervision skills ensure that this is developmental relationship. There is consistency in these results across all five HSCTs.

The supervision skills with the highest proportion of respondents answering 'Never' were

- 'helps me to deal with frustrations about work, deadlines and lack of resources' (10%),
- 'encourages me to use creative and innovative solutions to problems' (9%),
- 'acts as a role model in terms of performance and professional values' (9%), and
- 'gives me feedback so I know what strengths to build on and areas I need to develop' (9%).

While these are small percentages, they are key supervision skills. Comparing these results with the balance and emphasis of what is covered in training for supervisors will be useful in the review and update of the supervision policy.

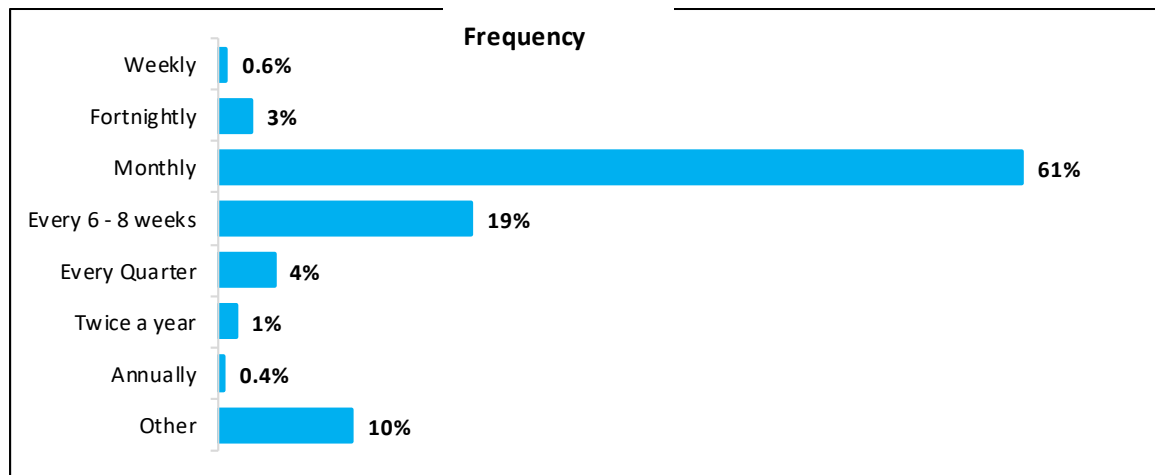
Similar results were observed in the breakdown of responses by Programme of Care (see appendix one)



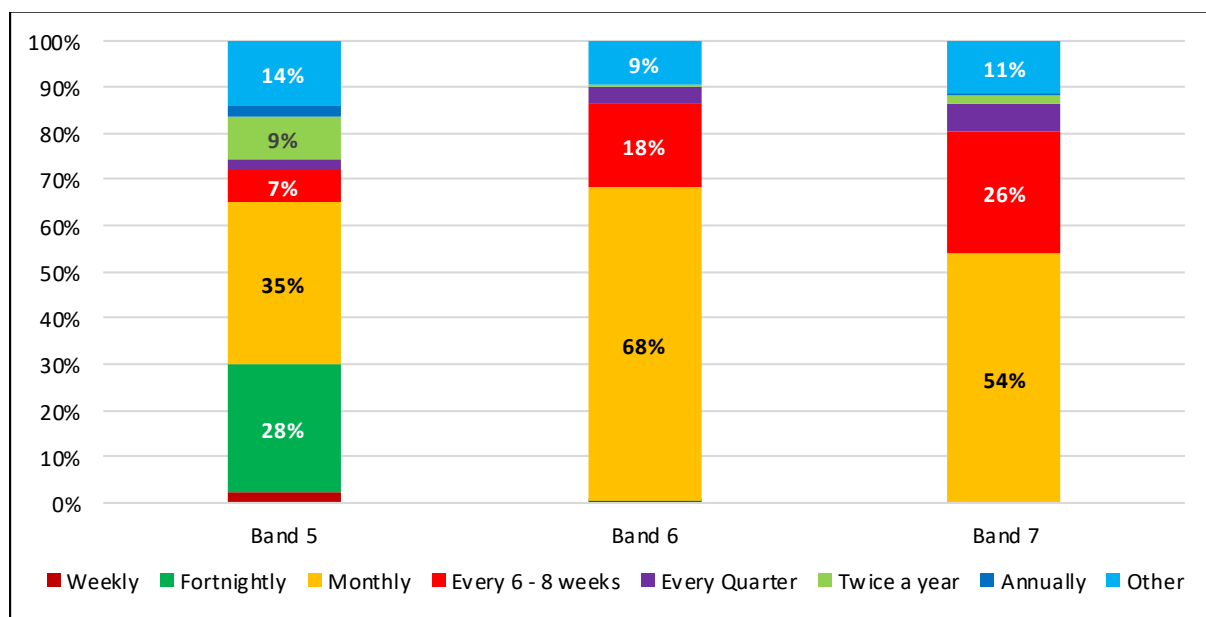
² Handbook of Leadership Development 2nd ed. Center for Creative Leadership, 2004, p87

4.3 Frequency of Supervision

Respondents were asked how frequently they received supervision. The majority (84%) of respondents stated that they receive formal one-to-one supervision regularly within every 8 weeks. This comprised of over 3% on a weekly or fortnightly basis, 61% on a monthly basis, and 19% every 6 - 8 weeks. Small proportions of staff totalling 6% stated that they receive formal one-to-one supervision less regularly i.e. quarterly, twice a year, or annually.

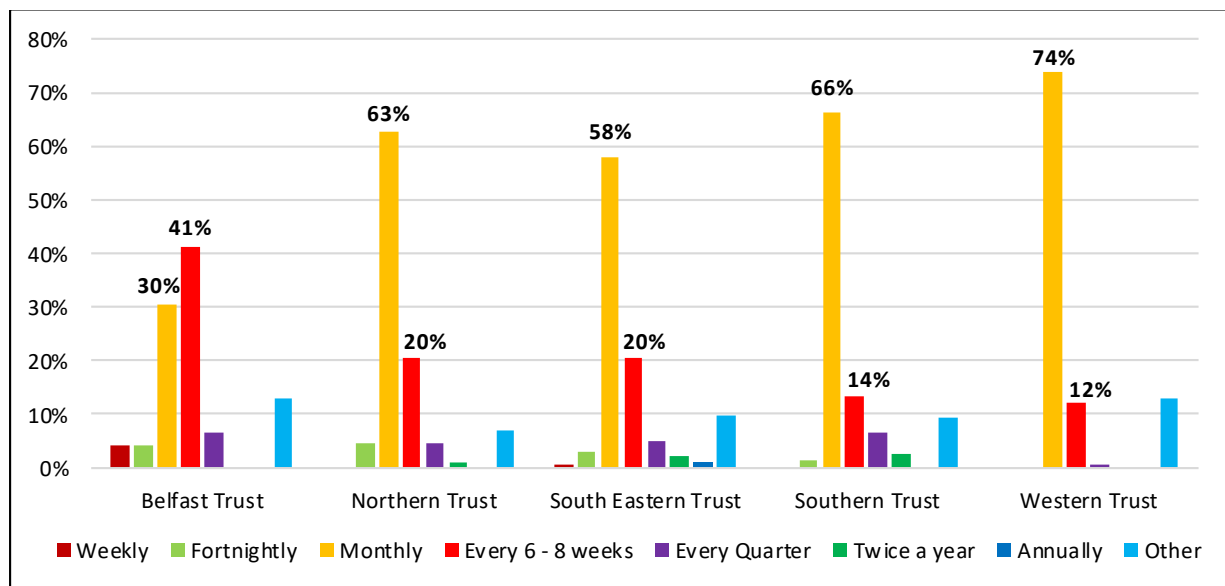


10% of respondents stated that they receive formal one-to-one supervision at 'other' frequencies. Based on their comments, many of these staff indicated that while they should be receiving formal one-to-one supervision regularly, this is not always the case due to work pressures, frequent change of supervisor, sick/annual leave, and staffing issues among some of the reasons.



The data shows that 14% of Band 5 social workers are not receiving regular monthly supervision. More data is needed about the roles and settings that these staff work in to determine if this is acceptable.

In four out of the five Trusts, supervision carried out on a monthly basis was the most common frequency (63% in Northern, 58% in South Eastern, 66% in Southern, and 74% in Western). However, in the Belfast Trust, supervision was more commonly carried out every 6 - 8 weeks (41%), followed by monthly supervision at 30%.



Some of the comments provided by the 10% of respondents who specified ‘Other’ included:

‘Scheduled to be monthly however heavy caseloads and crises frequently cause a delay or cancellation although efforts are always made to rearrange supervision session for as soon as possible afterwards.’

‘I have never had one in this post despite asking regularly!!’

‘We try to do it monthly, however I work a shift pattern, so between my working hours, the needs of the residential home, training, annual leave etc there is often a gap of 6 to 8 weeks between supervision. However, in the interim my supervisor can be available for shorter informal supervision as and when required.’

‘Team leader has an open door policy despite the many demands on her to me. I feel completely supported and know that any difficulties I encounter I have access to discuss and resolve. Excellent line manager.’

‘Frequent change of ASM has meant frequent change of supervisor-lots of introductory sessions-but lacking depth of lasting supervisory relationship.’

These comments illustrate the variety of settings and roles that social workers carry out. A ‘one size fits all’ approach is unlikely to be effective.

Regional consistency can be increased through the review of supervision policy by specifying standards around the frequency and focus of supervision for the range of

- a. bandings of staff
- b. service settings
- c. social work roles
- d. models of practice
- e. formats to afford choice

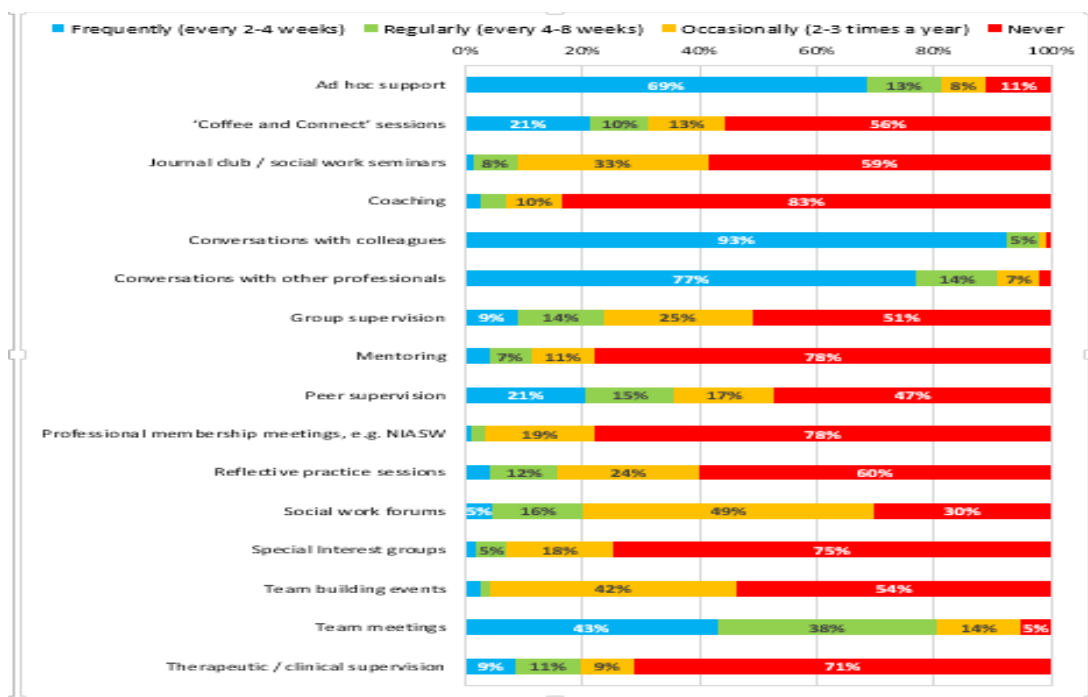
Frequency needs to take account of operational pressures so that the standard is achievable.

Across the bands, the largest proportion of respondents were for supervision was carried out on a monthly basis (35% of Band 5, 68% of Band 6, and 54% of Band 7).

The provision of supervision for social care staff was outside the scope of this survey. However this is an issue which can be incorporated into the future policy.

4.4 Other forms of Professional Support

Social workers avail of a range of professional support systems. The survey listed these and asked respondents to indicate the frequency of which they use these supports. All of these are mechanisms to support supervision, not replace it. As shown in the table below, the most frequently used forms of support are informal and ad hoc consultations and conversations with peers and colleagues. This raises questions about how robust these methods are, how they are recorded and how can the quality be assured.



The most frequently used form of professional support is 'conversations with colleagues', with over nine in ten (93%) using it every 2 - 4 weeks, and a further 5% using it every 4 - 8 weeks. The next most popular forms of professional support used every 2 - 4 weeks were 'conversations with other professionals' (77%), 'ad hoc support' (69%), and 'team meetings' (43%).

This has training implications for managers and how they can create a stabilised approach.

‘Coaching’ was the least commonly used form of professional support, with the over four fifths (83%) stating that they never used it. The occasional and low use of social work fora suggests that these are either not valued or not known about. Looking at the breakdown of responses by Programme of Care i.e. adult or children, similar results were observed with the exception of in team building events and social work forums.



The results highlight that formal staff and employee assistance schemes are rarely used across programmes of care. This raises questions about how these support systems are promoted and perceived in the work place.

2% of respondents provided comments on ‘Other’ forms of professional support used, some of which included:

‘Training events.’

‘I access any support I might need for myself, either from my colleagues or outside the office.’

‘Supposed to have SW Forums and supposed to attend but they are either cancelled or you're told you can't go as you have to be in work dealing with cases.’

‘My colleagues are the best source of supervision.’

The data suggests that the most frequently used forms of support should be strengthened and if investment in other forms is to continue, then higher participation should be rendered by better access and promotion e.g. referral to internal EAP or coaching programmes. These are underused forms of preventative as well as restorative support especially given the issues for social workers in regard to self-care.

5 Improvement ideas

The word cloud below captures the responses to the question what would improve supervision for you?

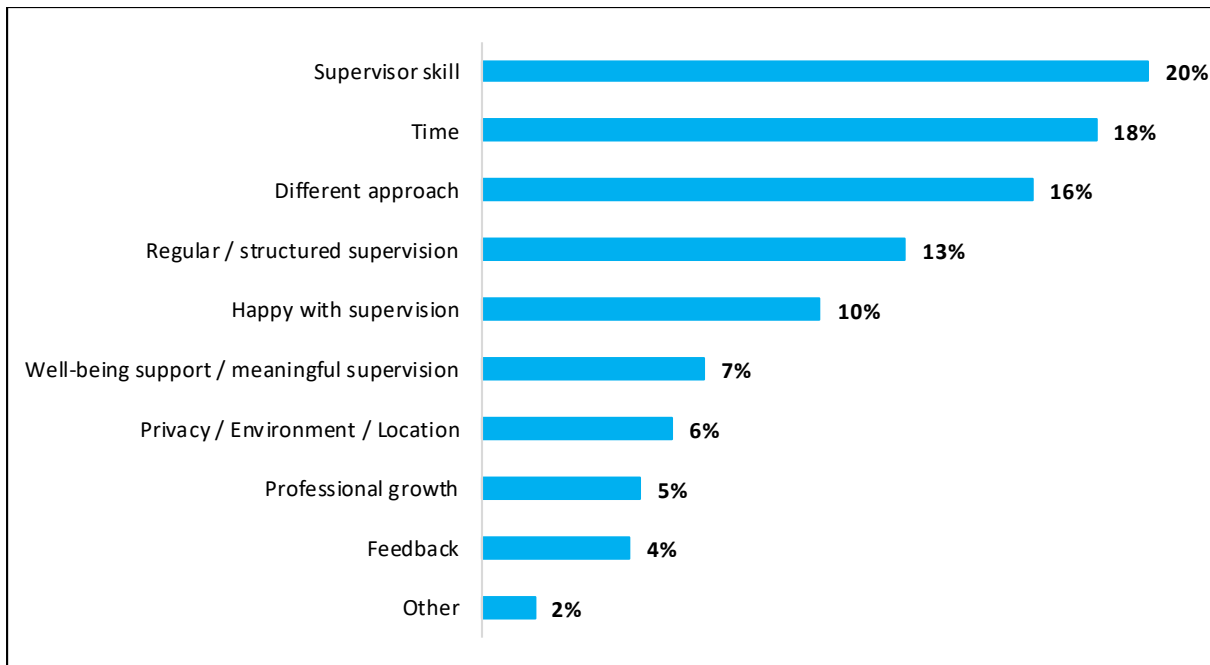


The word cloud provides an ‘at a glance’ overview of the key themes about improving supervision. These reflect the stress in the workplace, the time pressures and the boundary of protected time and a suitable place for support and guidance.

Of the 629 survey respondents, 308 comments were provided in response to this question.

These responses have been grouped into ten themes. The most common responses related to the need for supervisor skill, more time for supervision, and a different approach to supervision.

There were also a number of responses where staff stated there is nothing they would change and are happy with supervision.



Some of the comments provided included reinforce the critical success factors of effective supervision such as the credibility and experience of the supervisor, having a clear focus, attending to emotional issues, feedback on performance, providing regular prioritised reflective ‘time out’:

‘To receive supervision from a supervisor who has a lot of knowledge and skills about social work "on the ground" and is up to date with policies & legislation etc. Also would love some reflective practice.’

‘Structured /focused supervision to ensure that all aspects of social work policies procedures etc /practice issues are fully covered.’

‘Opportunities provided for me to discuss the emotional impact that more complex cases have on my emotional well-being’

‘Time and organisational emphasis on the importance and need for this to be prioritised within our role.’

‘My experience of supervision is generally good, the main improvement would be for it to be booked in regularly, and well in advance, with contingency planning for sickness etc. Also for it to take place outside of the residential home to avoid interruption.’

‘In depth feedback over my performance and areas for improvement so I can continue my professional development.’

‘Implementing the Stan Houston Model to ensure critical reflection.’

‘Nothing, I enjoy supervision and look forward to it as it helps me so much.’

'Having a supervisor who was a really strong SW leader and could truly mentor and help with my professional development. I have to seek this outside of my formal supervision.'

6 Next Steps

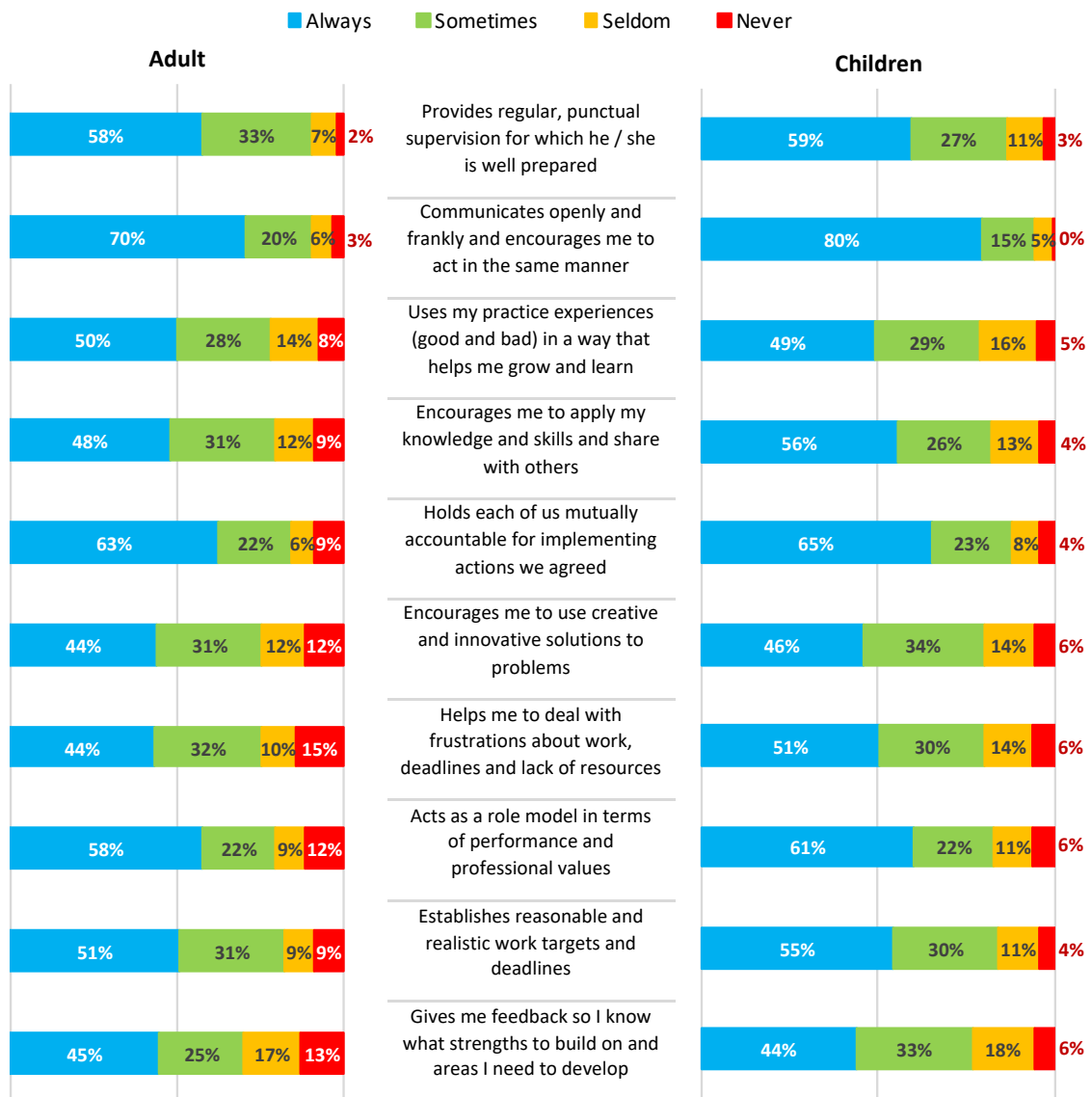
The original purpose of the supervision survey was to provide a baseline about the quality and prevalence of social work supervision in N.Ireland. It is planned to elicit the views and experiences of supervisors during 2019.

Both sets of results will inform the review of the supervision policy later in 2019.

Each HSCT has been provided with the specific data relating to its own staff. This can inform internal HCST supervision audits and improvement initiatives.

It is recommended that the Supervision survey is repeated later in 2020 after the new policy has been implemented and the results compared with the baseline to see if improvements have been made.

Appendix One: Supervision Skills Comparison Adult and Children



Part Two

Social Work Supervisors Survey 2019

Summary Report

November 2019

Part Two Table of Contents

	Page
1. Introduction	29
2. Methodology	29
3. Respondents	30
3.1 Response Rates	30
3.1.1 Employing Organisations	30
3.1.2 Band	31
3.1.3 Programme of Care	32
3.2 Types of Supervision	32
3.3 Work Setting	33
4. ANALYSIS OF THE RESULTS	34
4.1 TOPICS THAT ARE EXPLORED IN SUPERVISION	34
4.1.2 <i>Highest and Lowest</i>	34
4.2 FACTORS DETERMINING FREQUENCY OF SUPERVISION	36
4.3 OTHER SUPPORTS	37
4.4 CHALLENGES THAT PREVENT EFFECTIVE SUPERVISION	38
4.5 SUPPORTS FOR SUPERVISORS	40
4.6 IMPROVEMENTS	41
4.7 NUMBER OF STAFF SUPERVISED	43
4.8 FREQUENCY OF OWN SUPERVISION	45
4.9 QUALITY OF OWN SUPERVISION	48
APPENDIX ONE SUPERVISOR SURVEY RESULTS INTERPRETATION	50
WORKSHOP; ISSUES FROM DISCUSSION	

1. Introduction

A regional survey of social work supervisors was undertaken in June 2019. This followed a survey of Band 5 & 6 supervisees which was conducted in November 2018. The surveys sought to determine the prevalence, quality and impact of professional supervision for social workers across N. Ireland (NI) from the perspective of supervisees and supervisors.

Both surveys were designed to establish a baseline of the current situation in respect of the level of satisfaction with professional supports (i.e. supervision in first instance) from supervisee and supervisor perspectives. The following report sets out the results of the survey of supervisors undertaken in June 2019. Along with the results of the surveys of supervisees (Nov 2018) the results have provided an evidence base which will be used to inform the content of a revised policy for social work supervision in NI.

A working group of Assistant Directors of Social Work/Social Care Governance and staff who have responsibility to provide and support supervision practices in the Health and Social Care Trusts co-designed the surveys and have been party to the discussion of results and developing proposals for a revised policy. This report will set out the methodology, response rates and analysis of the results from the supervisor's survey, with comparison with results of the supervisee survey.

2. Methodology

The supervisor's survey used the same methodology as the supervisee survey which was co-designed by the Assistant Directors (ADs) for Governance and Workforce Development across the five Health and Social Care Trusts (Trusts) and the Health & Social Care Board (HSCB).

The components of the methodology were agreed as

- All social work supervisors in Trusts who supervise Band 5 &/or 6 social workers would be invited to participate.
- The survey would be completed online and hosted by an independent body
- The ADs agreed to continue to act as the steering group for this survey and to coordinate, and implement local arrangements for promoting uptake and completion and act as the point of contact.
- A 'results interpretation' workshop analysed the findings in October 2019
The outputs from the supervision surveys will inform improvements in supervision policy and practice.

3. Respondents

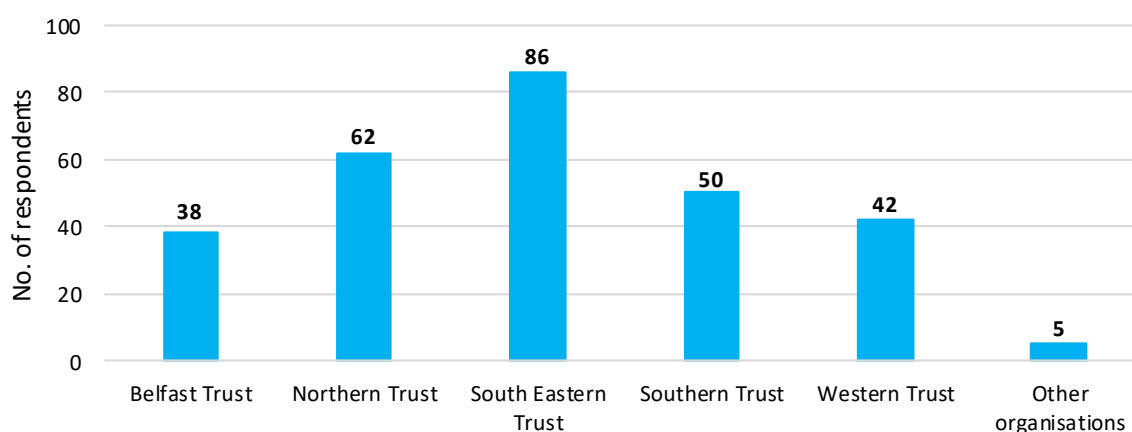
This section will describe the response rates and provide a profile of the respondents.

3.1 Response Rates

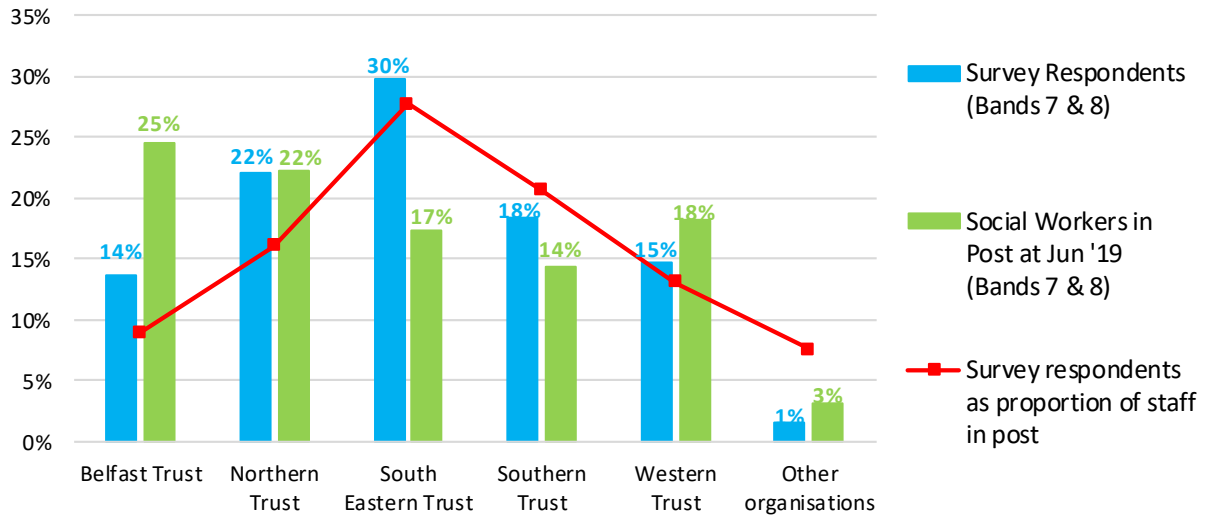
The Social Work Supervisors Survey was issued in June 2019 and was targeted to all staff who supervise Band 5 &/or 6 social workers. 293 responses were received. The total population size for the group of staff who supervise social workers across Trusts is unknown therefore a response rate cannot be calculated. While the results cannot be inferred to be 100% generalisable **across all** social work supervisors the issues that were raised in the survey ‘*map out a landscape*’ that can be further explored through each Trust’s supervision audits to test how universally applicable they are.

3.1.1 Employing Organisation

The South Eastern Trust (SET) had the highest number of respondents (86, 30%), followed by the Northern Trust (NT) (62, 22%), the Southern Trust (ST) (50, 18%), the Western Trust (WT) (42, 15%) and the Belfast Trust (BT) (38, 13%). A further 5 responses (2%) were received from staff in other organisations, including Criminal Justice, Education Authority and Action for Children.



To put these results into context, analysis with staff in post figures at 30 June 2019 has been provided below. Note, these relate to Bands 7 and 8A-8D posts only.

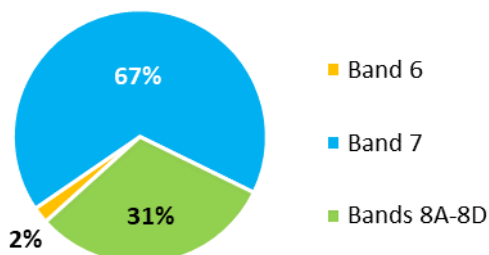


The SET had the highest proportion of survey respondents at Bands 7 and 8A-8D (30%) despite having one of the smaller cohorts of Band 7 and 8A-8D social work staff (17%). This equated to an approximate response rate of 28%.

Despite having the largest cohort of Band 7 and 8A-8D social work staff, only 14% of survey respondents were received from staff in the BT, equating to an approximate response rate of 9%.

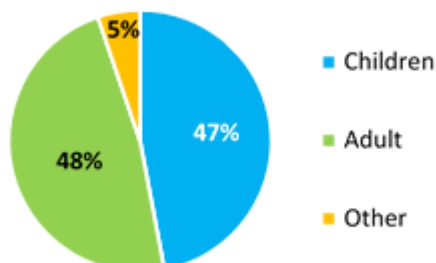
3.1.2 Band

Two thirds (67%) of respondents were Band 7 and almost one third (31%) were Bands 8A-8D. A small proportion (2% N6 respondents) were Band 6. It is not clear if Band 6 respondents were in a supervisory role or practitioners undertaking supervision as part of their role. Throughout the report there are comments from two Band 6 respondents who did not supervise social workers. The very small numbers of Band 6 respondents do not affect the overall findings.



3.1.3 Programme of Care

Almost half (48%) of respondents worked in the adult programme of care (PoC) with 47% working in the children's programme of care (PoC). The remaining 5% worked in other PoCs which included primary care, learning & development, medical specialties, and those who worked across both adult and children's services.



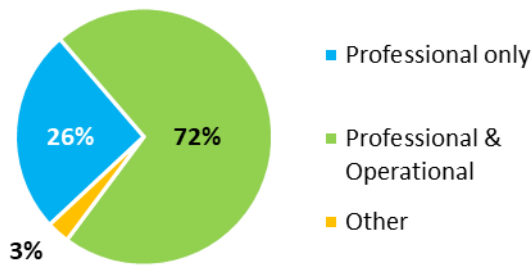
The analysis of work setting in the supervisee survey is slightly different but 73% worked in a community setting of which 52% worked in the adult PoC and 48% worked in children's PoC.

Not all questions in the supervisor survey were completed by all respondents therefore for each piece of analysis detailed in the analysis of the findings, the percentages quoted relate only to the proportion of those responses where a clear answer was submitted.

As with the survey of supervisees the variation in response rates may be due to a variety of factors and other contextual pressures. Different approaches to promote the survey may have also influenced the response rate and lessons learned from other successful surveys e.g. 'Have your Say' (NICS) show that regular prompts and reminders, Tweeting and proactive Executive Director support can increase response rates. This will be relevant for any plans to repeat of these survey.

3.2 Types of Supervision

Almost three quarters (72%) of respondents provided professional and operational supervision, with just over one quarter (26%) providing professional supervision only. A small proportion (3%) provided other types of supervision, mainly just operational.

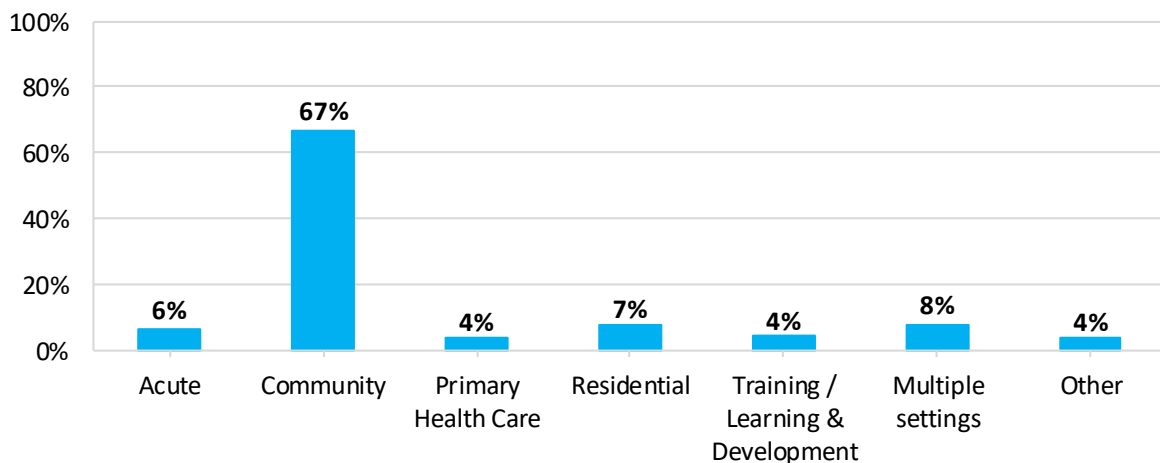


Of those respondents who provided professional supervision only, more than half (55%) worked in the children’s programme of care and almost two fifths (38%) worked in the adult programme of care. Half (50%) of respondents who provided both professional and operational supervision worked in the adult PoC, and less than half (45%) worked in the children’s PoC.

The percentage of respondents providing professional supervision in children’s services is higher than might be expected. The findings do not support the pre-survey hypothesis that it is only in the multi-disciplinary context of adult services that operational and professional supervision are split. This year’s DSF report had also highlighted challenges for some Trusts in recruiting social workers to band 7 posts in adult’s services and consequently difficulties in meeting arrangements for professional supervision. The recommendations from the previous survey of supervisees included the need for a revised policy which would differentiate between professional and operational supervision and define the tasks of each. This would provide clarity and reduce duplication of effort for example with regard to supervision records and associated responsibilities relating to these.

3.3 Work Setting

Two thirds (67%) of respondents worked in a community setting. The remaining third worked in a range of different settings including residential, acute, and primary care.



Nearly three quarters of respondents (73%) in the supervisee survey worked in a community setting.

4. Analysis of the Results

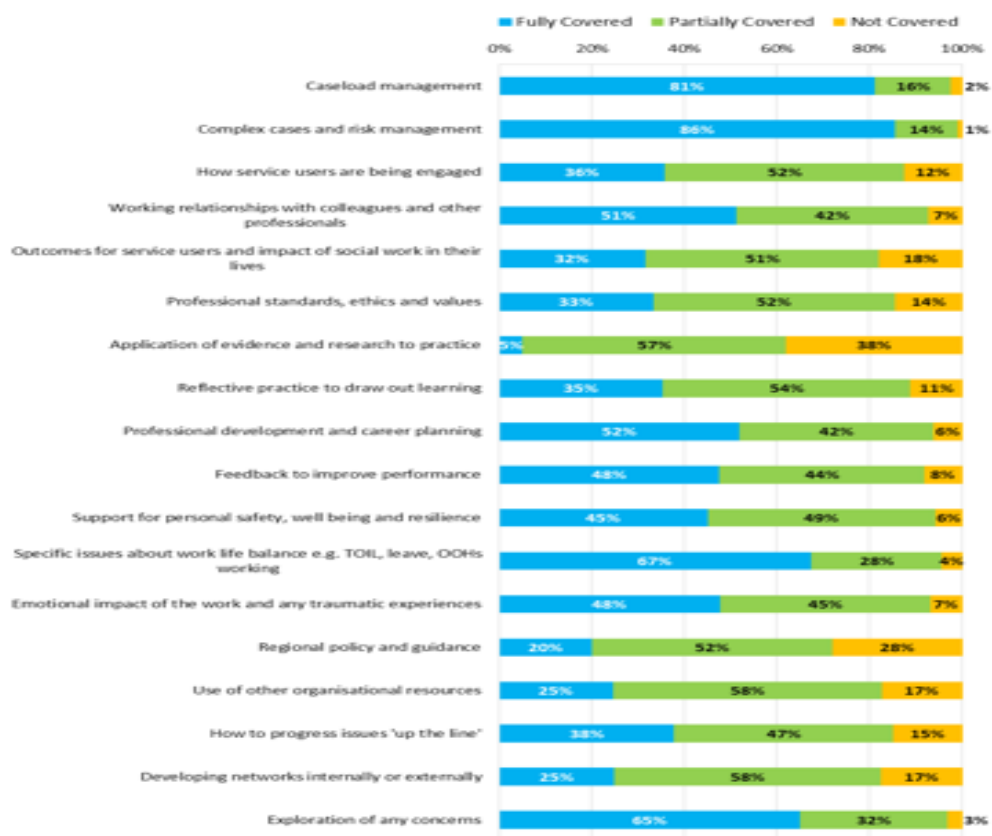
This section will present the results and an analysis to each of the questions of the survey.

4.1 Topics that are explored in Supervision

Respondents were asked to think of the **last five supervision sessions** they provided to social workers and indicate the extent to which each of the 19 possible topics were either: fully covered, partially covered or not covered at all.

4.1.2 Highest and Lowest

The results are set out in the table below



The topics with the highest percentage of 'fully covered' responses were;

- Complex cases and risk management' (86%),
- Caseload management' (81%),
- Specific issues about work life balance (67%)
- Exploration of concerns' (65%).

The topics with the highest percentage of 'not covered' responses were;

- a. Application of evidence and research to practice' (38%)
- b. Regional policy and guidance' (28%).

These results are almost identical to the results of the supervisee's survey. Both surveys show that the management function of supervision is covered most often supporting the pre-survey hypothesis that there is a strong emphasis on accountability and performance management within supervision practice. Discussion at the results interpretation workshops for both surveys highlighted concerns (but not surprise) that the application of evidence and research to practice was so low and queried the potential consequences of this for promoting and enabling evidence-informed practice and decision-making.

Other reports provide evidence that 97% of newly qualified social workers agreed it was important that practice is informed by research and 71% regularly use research/published articles to develop their practice (NISCC Review of the Social Work Degree (2018/19). The results of the Review of the Degree indicate that students and Band 5 social workers have the opportunity to apply evidence and research to practice but this does not appear to be routinely sustained through the supervisory relationship in the workplace.

A significant difference was noted in relation to how the 'exploration of the emotional impact of work including any recent work related traumatic experiences' was reported on by supervisees and supervisors. 43% of supervisees reported this as not being covered and 27% reported it as partially covered compared to 7% of managers reporting it as not covered and 45% reporting partially covered. The disparity in responses warrants further exploration.

The report from the British Association of Social Workers (BASW) NI '*Insult and Injury: Exploring the impacts of intimidation, threats and violence against social workers*' (June 2018) considered the prevalence of social workers reporting intimidation threats, and physical violence to be deeply concerning and raised concerns about the associated impacts on social workers' emotional, mental and physical wellbeing.

The emotionally charged nature of the work can place particular demands on people in the field. It is important to provide opportunities for reflective supervision (SCIE 2012).

Looking at the breakdown by PoC, a number of topics in the children's POC had a much lower percentage of 'fully covered' responses compared to the adult POC and other POCs. For example 'professional standards/ethics/values', 'professional development/career planning', and 'exploration of any concerns'.

Some of the comments received reflect the reasons for responses included:

Given the volume of caseloads and each case having multiple complexities there is very little time to cover anything other and urgent pressing matters. Caseloads need to be reviewed

regionally as I am unable to provide staff with the effective and compassionate support they need.'

'Given significant vacancies within Child and Family Teams - team leaders are also carrying caseloads and in light of this struggle to fulfil the supervisory role as they would want to. Also informal supervision where staff are provided advice and support on an almost daily basis dependent on their level of competence is very much valued by the supervisee but receives little recognition by the organisation - the importance of informal supervision needs to be recognised. Also I believe the supervision process should be 360 where the supervisee views the quality of the supervision is recorded as part of the formal supervision process.'

'The potential benefit of group-based peer supervision sessions (quarterly/six-monthly) to explore evidence-based practice, resilience and solidify the social work role within an increasingly medicalised context.'

'Always rushing, too much to do, own supervision poor, no supervision support, sessions with training team or coach to help learn how to do it better would be useful, but no time to do that.'

For consideration: Is too much was expected of the first line manager/team leader and how can others such as senior and principal practitioners support line managers/team leaders in providing professional supervision and/or supports to team members. It was also suggested that Band 6 social workers (with appropriate practice experience and training) may be able to provide or contribute to the supervision and support of Band 5 staff during the Assessed Year in Employment

Line managers and professional supervisors were identified as having an important role in creating a culture that recognises when emotional support is required and provides or seeks supports for social workers who require this.

4.2 Factors determining frequency of supervision

Supervisors were asked to identify the top 3 factors that most influence the frequency of supervision for different practitioners. The most common factors were;

- Social worker's capability or level of experience (80%)
- Compliance with supervision policy' (80%)
- Crisis situation' (49%).

The three least common factors taken into account when determining the frequency of supervision were;

- If other sources of effective support are being used' (13%),

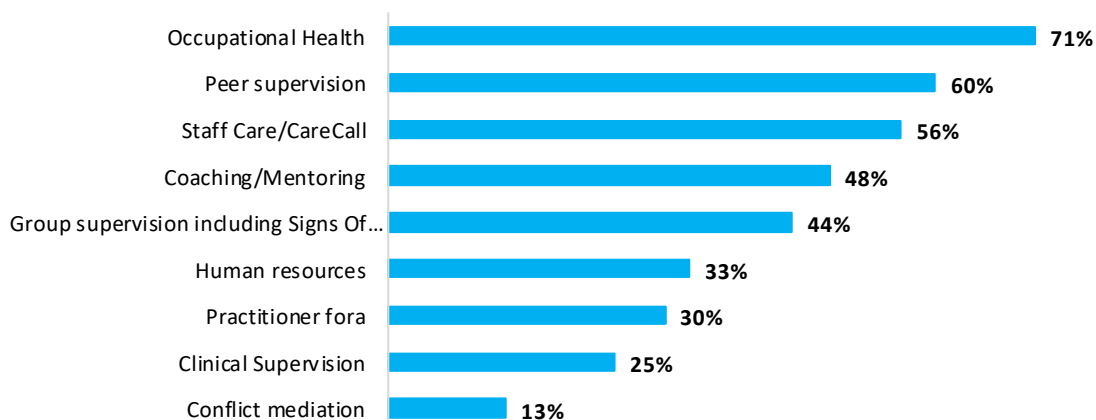
- Imminent report required e.g. court, case conference’ (11%)
- Staff demanding supervision’ (8%).

There were no differences in the top 3 factors reported in adult and children’s programme of care. Respondents in other programmes of care also chose ‘social worker’s capability or level of experience’ and ‘compliance with supervision policy’ as two of the top three factors, with ‘caseload weighting’ as the third most common factor taken into account when determining the frequency of supervision.

4.3 Other supports

Supervisors were asked what other supports they help staff to avail of. The most common form of support supervisors helped their staff avail of was Occupational Health (71%). Three in five (60%) helped their staff avail of peer supervision and more than half (56%) helped them avail of staff care/CareCall. Over one in ten (13%) helped their staff avail of conflict mediation.

Supports for staff

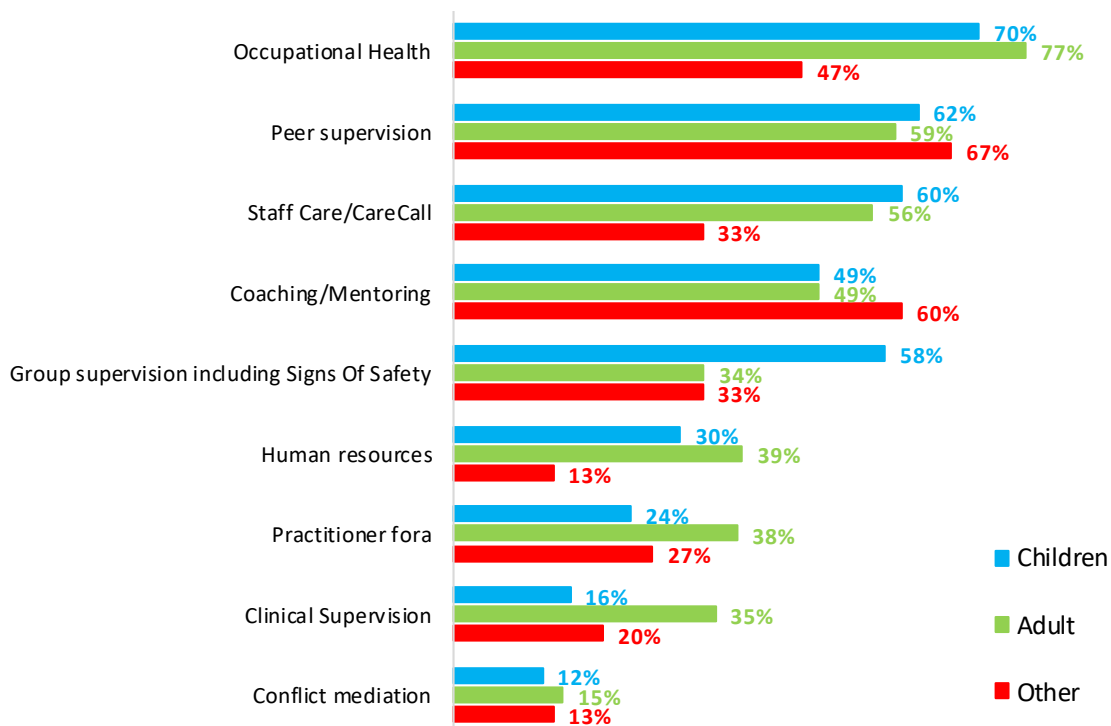


Peer supervision was reported to be used by 47% of supervisees in the supervisee survey with 93% using ‘conversations with colleagues’ for support every 2-4 weeks. The review of policy and practice should consider whether or not there is a need to formalise the support of peers perhaps by using a group supervision model. There was some variation across PoC in alternative supports offered to staff with a much higher proportion of respondents in the children’s programme of care helping their staff to avail of ‘group supervision including Signs of Safety’, 58% compared to 34% in the adult programme of care. The group discussion of these results concurred that they would have expected to see this trend as a consequence of the implementation of Signs of Safety and that new approaches to practice and the changing landscape required fresh thinking about approaches to professional supervision.

‘Coaching’ was the least commonly used form of other professional supports reported in the supervisee survey with the over four fifths (83%) stating that they never used it, yet 48% managers identified coaching as a form of support they help staff to avail of.

Respondents working in the adult PoC helped their staff avail of ‘human resources’, ‘practitioner fora’ and ‘clinical supervision’ more commonly than respondents in the children’s PoC. (See table below);

Supports for staff across programmes of care



For consideration: The awareness, availability and use of other resources and networks to support social workers should be further explored.

4.4 Challenges that prevent effective supervision

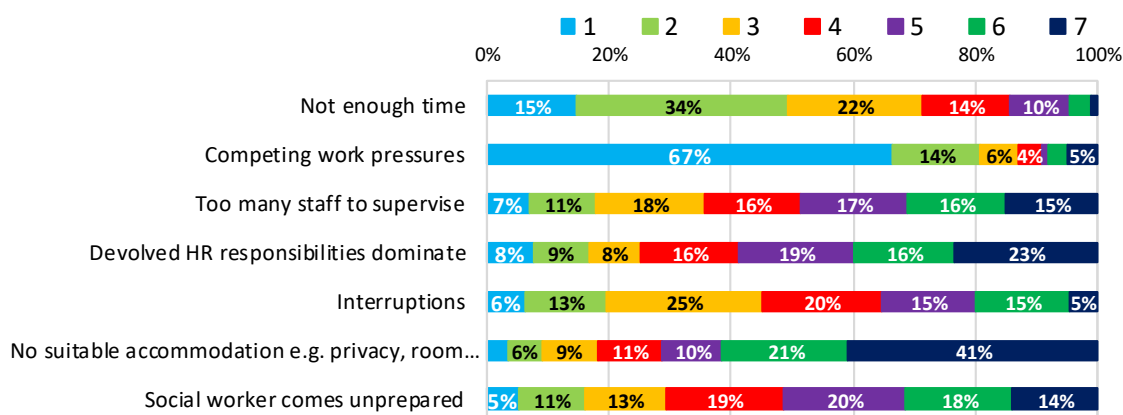
A lack of effective supervision increases the risk of burnout, which can be defined as emotional exhaustion, cynicism and reduced personal accomplishment. (IRISS Insight (30 2015)

Supervisors were asked to rank the greatest challenges that prevent effective supervision from a list provided.

Competing work pressures was ranked as the greatest challenge that prevented effective supervision with two thirds (67%) of respondents ranking it number 1, and a further 14% ranking it number 2.

Not enough time was ranked the second greatest challenge, with almost half (49%) ranking it either number 1 (15%) or number 2 (34%).

Over two fifths (41%) of respondents ranked ‘no suitable accommodation’ as number 7, making it the lowest ranked challenge that prevented effective supervision.



Breaking the responses down by PoC ‘competing work pressures’ and ‘not enough time’ remained the top two ranked challenges that prevented effective supervision in the adult, children’s and other programmes of care.

There were however differences in the third highest ranked challenge, with almost half of respondents in the adult (47%) and other (46%) PoC ranking ‘too many staff to supervise’ either 1, 2 or 3. This is compared to one quarter (25%) in the children’s PoC where the third highest ranked challenge was ‘interruptions’ with over half (52%) ranking this either 1, 2 or 3.

For consideration: It was noted that there were strong parallels with the supervisors’ views of their greatest challenges in providing supervision and what had been identified by supervisees in the previous survey as helping to improve supervision. At both workshops, participants felt these responses reflected the pressures across all HSCTs and emphasized a need to consider how to create and protect time for supervision.

4.5 Supports for supervisors

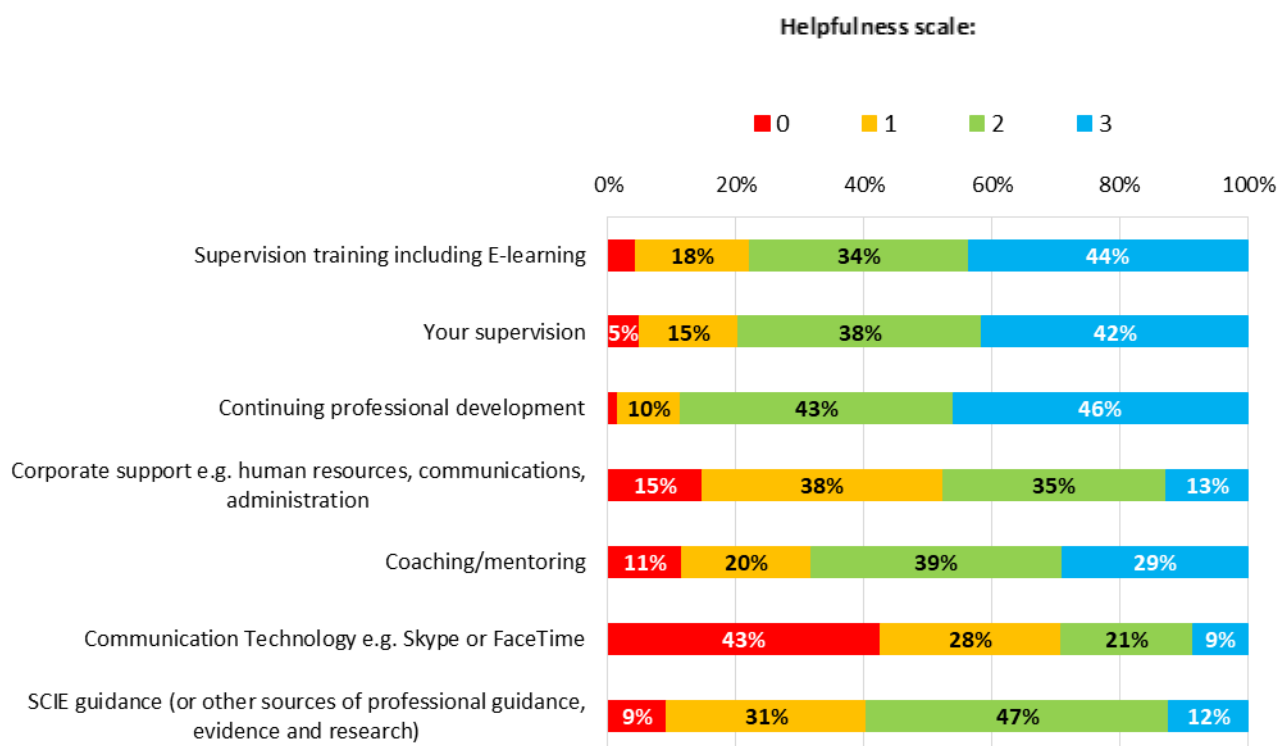
‘managers with a reflective mind set, emotional self-awareness, and an openness to challenge and change, are best able to support their teams and thrive in their work’ (SCIE July 2018 <https://www.scie.org.uk/news/opinions/firstline-managers>).

Support for those in supervisory roles is crucial. Supervisors were given a list of potential supports and asked to scale how helpful these had been to the quality of their supervision using a scale of 0 (not helpful) to 3 (extremely helpful)

The most helpful forms of support for supervisors were;

- Continuing professional development (46%),
- Supervision training including e-learning (44%),
- Your supervision (42%).

Over two fifths (43%) of respondents indicated that ‘communication technology e.g. Skype or FaceTime’ was not helpful.



Looking at the breakdown by PoC, there were some differences in the helpfulness of various supports. For example, ‘continuing professional development’, ‘corporate support’ and ‘SCIE guidance’ were ranked less useful in the children’s PoC compared to the adult and other PoCs.

Asked if there were 'Other supports' used, 12 respondents provided comments, some of which included:

- *'Whilst 1-1/group/peer supervision is very effective, given staff are not always located with their professional supervisor consideration re use of Lync etc would be helpful to consider.'*
- *'Use of peer mentorship and group.'*
- *'Positive role model with experience and great knowledge is most helpful'*

The results from both surveys reflect the value of peer support both for supervisors and supervisees. It was agreed that consideration should be given to how alternative approaches such as peer support or group supervision could be incorporated into the regional supervision policy which may also have potential to address the challenges associated with 'too many staff to supervise'.

For consideration: Managers have a key role in creating a culture which enables others to make time to seek and make use of a range of supports to supplement supervision. This requires leadership which demonstrates a commitment to making use of supports to improve practice.

4.6 Improvements

Supervisors were asked to identify one thing that would most improve their ability to supervise social workers. 263 comments (out of 293) were received in response to this question which have been grouped into nine themes. The most common theme is time, with 41% of responses, relating to the need for more time or protected time to carry out supervision. As already stated, the themes are similar to the supervisee survey results and reflect the stress in the workplace, the time pressures and the need for a boundary of protected time. The word clouds below capture the responses regarding suggested

Improvements for supervision from both surveys

Responses from supervisors re improvements



Responses from supervisees re improvements



Some of the comments provided by supervisors included:

'There are too many components in Supervision policy that is expected of managers during supervision session. Needs streamlining.'

'A full staff team as demands of vacant posts sometimes impacts on ability to fully prepare for supervision sessions.'

'Allocated protected time for both Supervisor and Supervisee with so much competing demands i.e. same as doctors, this time is built into your workload but also would need to be reflected then in staffing levels.'

'Being able to give people adequate time to reflect without competing demands and to have adequate staff to cover the workloads.'

'Supervision is such a key part of social work - training should be ongoing and involve group work for supervisors to discuss challenges, review good practice, provide feedback on each other, support each other to consider new or different approaches. It can be a complex interpersonal transaction and supervisors need training and support to recognise the symptoms of transference, burnout, traumatic re-enactment and collective disturbance etc., and how to respond appropriately to this.'

'A manageable number of staff to supervise.'

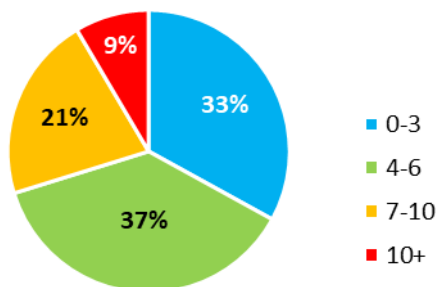
‘Having supervision outside of the office to avoid constant interruptions by other social workers.’

‘Reducing competing work pressures, not just to fit in supervision but explore more learning and training.’

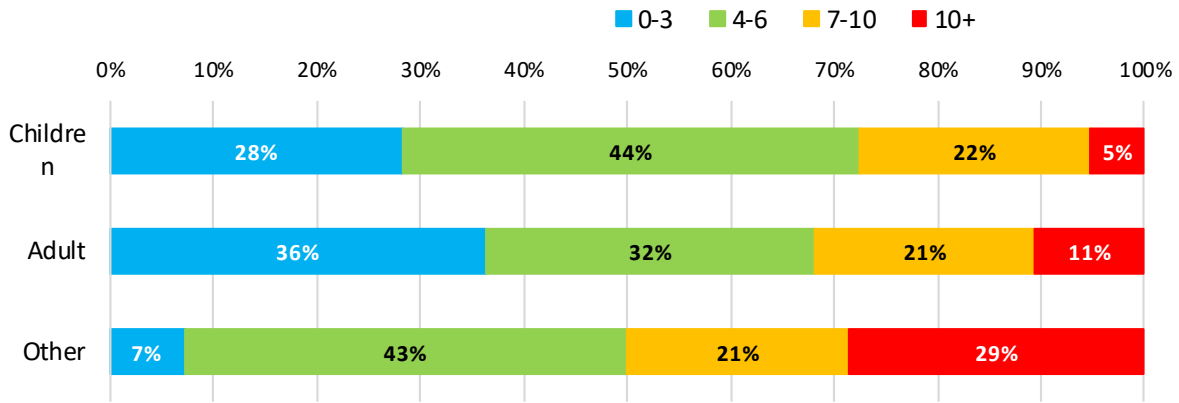
For consideration: The strong parallels in the results for ‘challenges’ and ‘improvements’ make clear the need for protected space and time for supervision. Consideration should be given to the ‘supports for supervisors’ and how these can be used to address the issues raised.

4.7 Numbers of staff supervised.

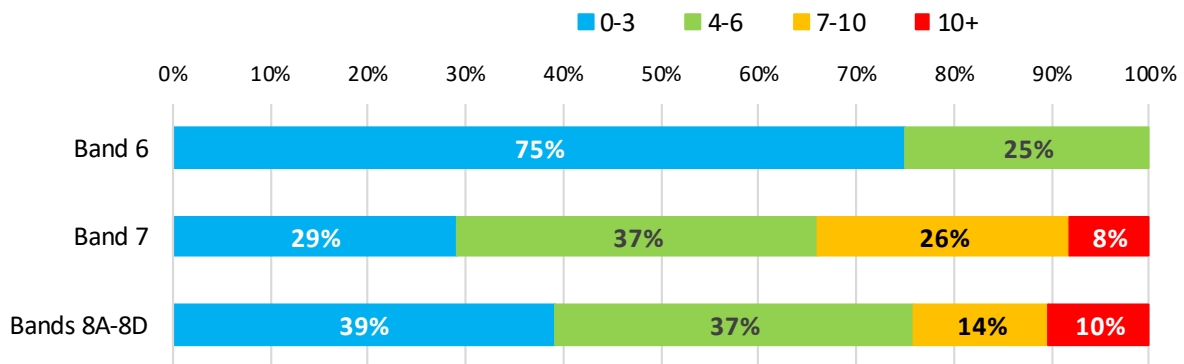
Supervisors were asked to indicate the number of social work staff they supervise, including other disciplines if appropriate. Almost two fifths (37%) of respondents stated that they supervised between 4 and 6 social workers, one third (33%) supervised between 0 and 3 social workers, over one fifth (21%) supervised between 7 and 10 social workers, and less than one tenth (9%) supervised more than 10 social workers.



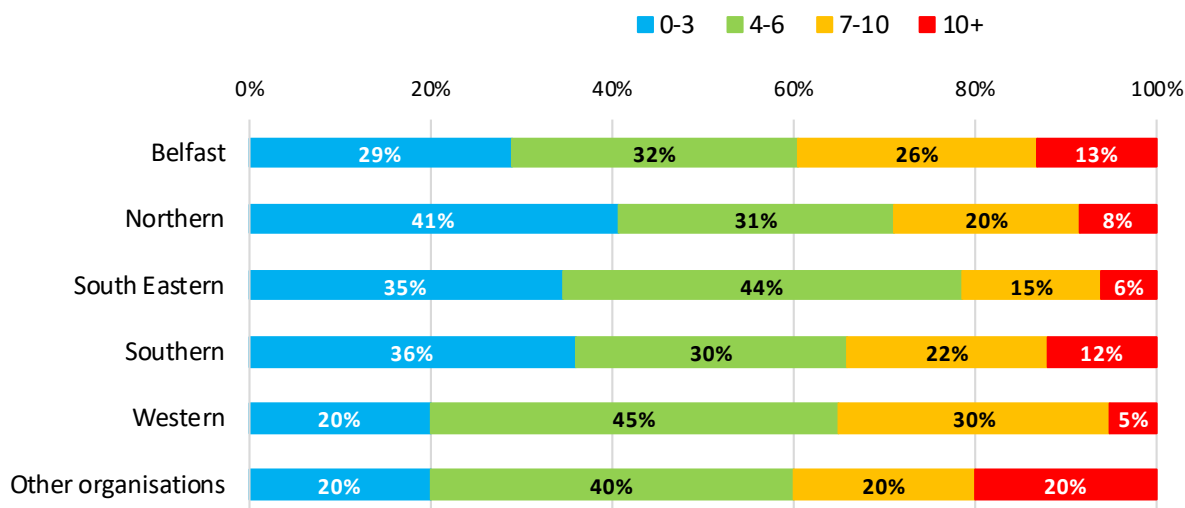
Over one third (36%) of respondents in the adult PoC supervised between 0 and 3 social workers, one third (32%) supervised between 4 and 6 social workers, and the remaining third (32%) supervised 7 or more social workers. Comparing this to respondents in the children’s PoC, 28% supervised between 0 and 3 social workers, 44% supervised between 4 and 6 social workers, and 27% supervised 7 or more social workers.



Almost three tenths (29%) of Band 7 respondents supervised between 0 and 3 social work staff, compared to almost two fifths (39%) of Bands 8A-8D. The same proportion of band 7 and Bands 8A-8D respondents (37%) supervised between 4 and 6 social workers. Over one third (34%) of Band 7 respondents supervised 7 or more social workers compared to almost one quarter (24%) of Bands 8A-8D. Of the small number of Band 6 respondents (n6), three quarters (75%) supervised between 0 and 3 social workers, with the remainder (25%) supervising between 4 and 6 social workers. The frequency of supervising Band 5 (AYE) social workers was also highlighted as impacting on a supervisor's time.



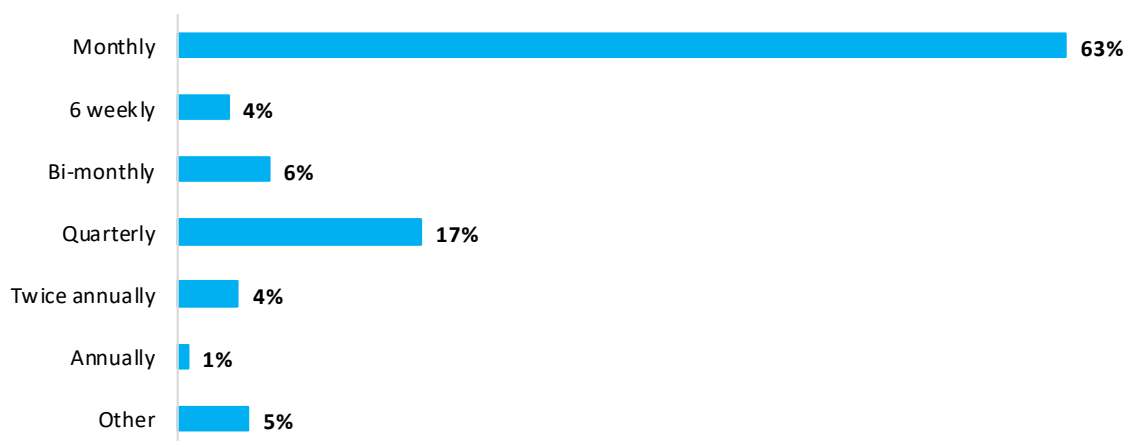
Two fifths of staff working in other organisations (40%) and the BT (39%) supervised 7 or more social workers. In the SET, almost four fifths (79%) of staff supervised 6 or less social workers. These results highlight regional variation regarding the number of social workers, an individual may be required to supervise.



For consideration: Discussion of the results raised questions about whether supervisors have to be team leaders or if there can be more of a role for senior or principal practitioners? It was also suggested that there may be a role for Band 6 social workers in supervising AYE (Band 5) staff. It may also be helpful to have guidance on how many social workers it is realistic for an individual to supervise as part of their substantive job role.

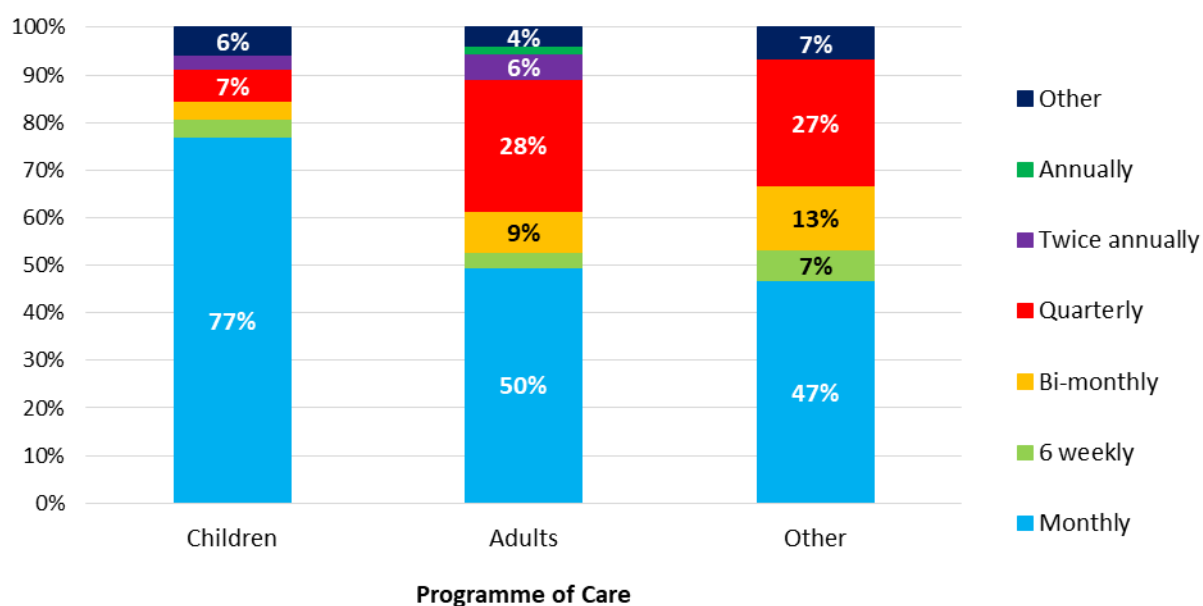
4.8 Frequency of own supervision

Almost three quarters (73%) of respondents stated that they receive professional social work supervision regularly within every two months. This comprised of 63% on a monthly basis, 4% every 6 weeks, and 6% every two months. One in six (17%) respondents stated that they receive professional social work supervision on a quarterly basis, while a small proportion of respondents totalling 5% receive it less regularly.

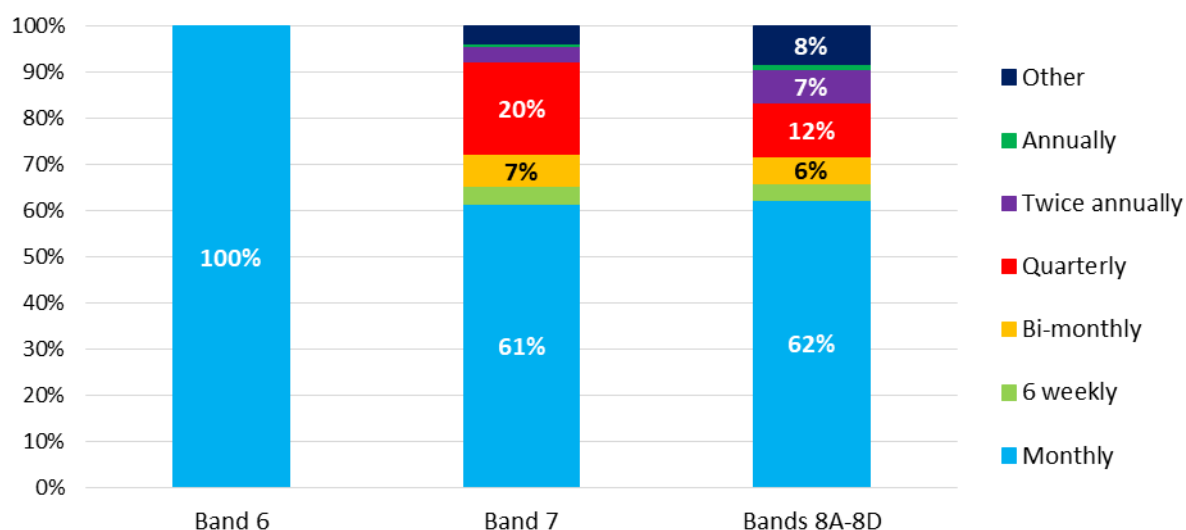


A further 5% of respondents stated that they receive professional social work supervision at 'other' frequencies. Many of these responses indicated that supervision does not happen regularly or is cancelled due to other work demands.

Respondents to the survey who worked in the children’s PoC received professional supervision frequently, with more than three quarters (77%) receiving this monthly, compared to half (50%) in the adult PoC and almost half (47%) in other PoC.

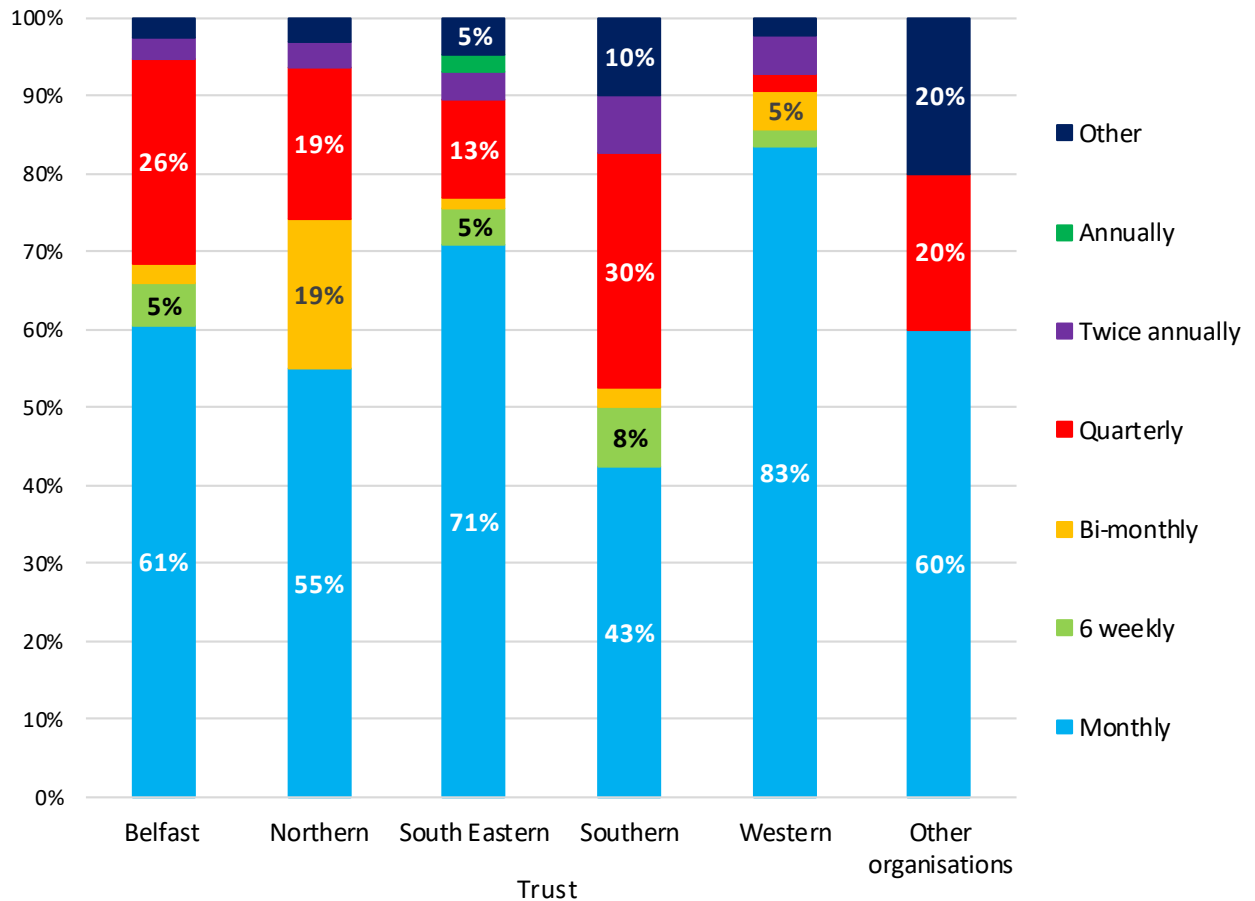


All (100%) band 6 respondents stated that they received professional social work supervision on a monthly basis, in comparison to just over three fifths of Band 7 and Bands 8A-8D respondents (61% and 62% respectively).



Across Trusts, there were varying responses on the frequency of supervision. Nine in ten (90%) respondents in the WT received regular supervision within every two months, compared to the ST with just over half (53%).

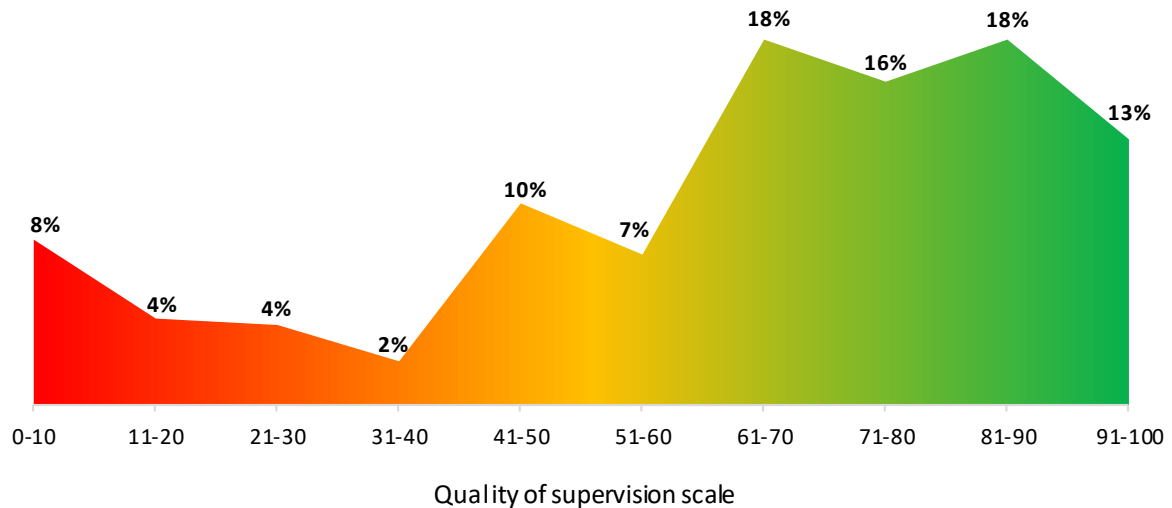
With the exception of the ST and other organisations, at least 90% of respondents in all other Trusts received regular supervision within every quarter.



For Consideration: Frequency of supervision is seen to be less often for some in more senior positions. The importance of supervision for staff at all levels should be considered in the review of the supervision policy.

4.9 Quality of own supervision

The results here were encouraging in terms of most respondents finding their own experience of supervision supportive. Respondents were asked on a scale of 0 - 100 (poor to excellent), almost two thirds (65%) of respondents rated the quality of the supervision they receive above 60. Almost one fifth (18%) rated it below 40, and one sixth (17%) rated it between 40 and 60.



A selection of comments from various points on the quality scale are detailed below:

Scale: 0-40

'Rarely receive supervision. Not reflective, not supportive. No interest in promoting my professional development.'

'Line manager lacks time and has too many staff to supervise.'

'I feel it's just about the delegation of more work and further demands being placed upon me.'

'Often cancelled, just a tick box management exercise.'

'Supervision tends to be procedural and that has been my experience for the last 20yrs regardless of my role.'

Scale: 41-60

'Do not feel supervisor promotes my confidence, ideas or encourages development.'

'It can feel rushed and not enough time given to discuss certain issues.'

'I receive a lot of support informally outside of supervision. I don't particularly see formal supervision as central in meeting my need for support in relation to my work.'

'I would like manager to have more time to really listen and to be able to discuss issues in depth. Constructive feedback would also be beneficial.'

Scale: 61-100

'Management aspects of supervision are covered however at times personal development and personal well-being are not included.'

'Feel supported but there is not always enough time to complete supervision or there are too many interruptions/ other issues that need addressed.'

'I find that I am challenged through supervision to improve. The experience I have also helps me to improve the supervision I provide to the staff under myself.'

'Both supervisors are experienced, knowledgeable and compassionate leaders. As such supervision is a continuous shared learning and supportive experience.'

'I have regular quality supervision, with excellent support, advice, guidance and genuine interest in my health and well-being.'

Discussion at the results interpretation workshop reflected that whilst there were clearly some areas for improvement it was positive that so many respondents reported the quality of their own supervision to be good particularly at a time for significant challenges in terms of changes in the workforce and new developments. Where supervision is not experienced as of good quality the themes are similar to those raised in answer to challenges (4.3). Lack of time presents as an issue impacting on quality of experience and was the most frequently cited issue for improvement (4.5).

For consideration: The quality of supervision is impacted upon by issues relating to lack of protected time which has been a persistent theme in the survey. Discussion at the results interpretation workshop also suggests that supervisors would benefit from appropriate training to enhance skills in providing good quality supervision.

APPENDIX ONE: SUPERVISOR SURVEY RESULTS INTERPRETATION WORKSHOP; ISSUES FROM DISCUSSION

Supports

Importance of support for supervisors (esp. Adult Services) + health context.

Awareness of other supports? (corporate or training teams)

Where is role of Senior Practitioner in providing supervision? Need Review of this role.

Different types of supervision

A framework required that gives assurances and differentiates operational and professional supervision. –

Need to champion what is professional supervision and why important.

Content of supervision

Concerns about where ethics and values get covered.

Low EBP in survey versus results of what's reported in NISCC review of Degree - 'Leakage' that happens post training.

Where are the opportunities for debriefing – Emotional Wellbeing and Trauma work?

Where is reflective practice happening?

Social workers are 'change makers' - space for this reqd in supervision.

Capacity of Supervisors

'Churn' of staff – promoted to roles v quickly
Staff replicate experience of own supervision.

Training for supervisors and supervisees–

Operationally focused / need to develop a culture of reflection.

Number of staff being supervised – for some managers this is too many

Leadership

Issues for social workers supervised by non - social workers

Social work voice – undervalued

Challenge for Trusts / Senior leaders.

Collective approach from all leaders.



ANNEX 1

Social Work Supervision Survey

There are three sections to the survey:

Section 1: Generic anonymous demographic questions (for analysis of trends)

Section 2: Your recent experience of supervision based on **your last three supervision sessions**. This provides an 'evidence base' for your responses i.e. what actually happened.

Section 3: Other forms of support.

Time Frames

The survey is to be completed online during the two weeks of 20.11.18 – 03.12.18.

Section 1: Demographics (these will be drop down menus)

Q1.1 Your Programme of Care (please tick):

- Children's
- Adults

Q1.2 Length of Time Qualified (please tick)

- 6 -12 months
- 1 - 5 years
- 6 -15 years
- > 15 years

Q1.3 Please state what band you are:

- Band 5
- Band 6
- Band 7
-

Q1.4 Setting (please tick)

- Community
- Residential
- Day care
- Respite
- Primary health care
- Acute health care
- Other

Q1.5 Gender (please tick)

- Male
- Female

- Transgender
- Prefer not to say

Q1.6 Please specify the professional discipline(s) of the individual(s) that provide you with supervision (tick all that apply).

- Social Work
- Nursing
- Occupational Therapist
- Psychology
- General Management
- Other

Q1.7 Please state your employment status.

- Permanent full-time
- Permanent part-time
- Temporary full-time
- Temporary part-time
- Agency full-time
- Agency part-time

Section 2: Your Most Recent Supervision

Q2.1 Below are statements describing themes and topics that may be explored in social work supervision. Thinking of your **last 3** supervision sessions, please tick **whether the themes** in Column 1 were fully covered, partially covered or not covered at all.

Supervision Theme	Fully Covered	Partially Covered	Not Covered
1. Caseload management.			
2. Complex cases and risk management explored and agreed.			
3. How service users are engaging with you or the service.			
4. Working relationships with colleagues and other professionals.			
5. Professional governance and statutory compliance in regard to caseload incl. file audit.			
6. Outcomes for service users and how my practice makes a difference in their lives.			
7. How professional standards, ethics and values apply to my practice.			
8. Application of evidence and research to my work.			
9. Reflective practice to draw out my learning and insights.			

10. Professional development and career opportunities incl. impact of training undertaken.			
11. Feedback to improve practice.			
12. Support for my personal safety, well-being and resilience.			
13. Specific Issues relevant to work life balance e.g. TOIL, leave cover, OOH working etc.			
14. Exploration of the emotional impact of the work including any recent traumatic experiences related to my role.			
15. Discussing how new regional policy and guidance is relevant to my role.			
16. Exploring the use of other organisational resources to support my work and/or wellbeing.			
17. Exploring how issues that need to “go up the line” can be progress e.g. unmet need.			
18. Developing my professional networks internally and externally.			
19. Exploration of any concerns.			
20. Any other themes discussed (free text)			

Q2.2 Please describe your lead supervisor's approach to supervision by indicating the extent to which they use the following practices and skills with you.

Supervision Practice Skills	Always	Sometimes	Seldom	Never
1. Provides regular, punctual supervision for which he / she is well prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicates openly and frankly and encourages me to act in the same manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Uses my practice experiences (good and bad) in a way that helps me grow and learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Encourages me to apply my knowledge and skills and share with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Holds each of us mutually accountable for implementing actions we agreed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Encourages me to use creative and innovative solutions to problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Helps me to deal with frustrations about work, deadlines and lack of resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Acts as a role model in terms of performance and professional values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Establishes reasonable and realistic work targets and deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Gives me feedback so I know what strengths to build on and areas I need to develop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2.3 How frequently do you receive formal one-to-one supervision?

Drop down list:

Weekly

Fortnightly

Monthly

Every 6-8 weeks

Every Quarter

Twice a year

Annually

Other: please comment

Section 3: General experience of social work supervision

Q3.1 We are interested in finding out about other forms of professional support that social workers use. Below is a list of different types of support we are aware of that take place. Please indicate the frequency of any that you use.

Form of professional support	Frequent Every 2-4 weeks	Regular (every 4-8 weeks)	Occasional (quarterly)	Never
Ad hoc support				
'Coffee and Connect' sessions				
Journal club / social work seminars				
Coaching				
Conversations with colleagues				
Conversations with other professionals				
Formal Staff/Employee Assistance Scheme e.g. Inspire				
Group supervision				
Mentoring				
Peer supervision				
Professional membership meetings e.g. NIASW				
Reflective practice sessions				
Social work forums				
Special Interest groups				
Team building events				
Team meetings				
Therapeutic / clinical supervision				
Trade Union				
Other: Free text				

Q3.2 I wish... what one thing would improve supervision for you?

Free text

Annex 2

Northern Ireland Social Work Supervisor Survey

The purpose of the Social Work Supervisor Survey is to find out what should be covered in supervision to social workers, the challenges supervisors face and how well equipped they are to provide supervision.

Definitions

Operational supervision focuses on case management and service delivery.

Professional supervision focuses on practice, professional development and well-being.

Both focus on standards, critical reflection and outcomes for service users.

Responses

Your response is anonymous and will be treated in confidence. It will be collated along with all other responses into a report. This will be used to review current supervision policies, plan how to allocate resources and improve supervision for both supervisors and their supervisees. The report will be available in the autumn of 2019.

Please complete the survey before 02.07.19. If you have any queries please contact Maire Redmond on: 028 9052 0675 or maire.redmond@health-ni.gov.uk

Thank you for taking part.

1. Below are 19 statements describing topics that may be explored in social work supervision. Thinking of **the last 5 sessions** when you provided supervision to social workers, please tick if these themes were Fully Covered, Partially Covered, Not covered or were Not Applicable.

	Fully covered	Partially covered	Not covered	N/A
Caseload management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complex cases and risk management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How service users are being engaged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working relationships with colleagues and other professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outcomes for service users and impact of social work in their lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional standards, ethics and values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Application of evidence and research to practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reflective practice to draw out learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional development and career planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feedback to improve performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for personal safety, well being and resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific issues about work life balance e.g. TOIL, leave, OOHs working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional impact of the work and any traumatic experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional policy and guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of other organisational resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to progress issues 'up the line'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing networks internally or externally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploration of any concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. What are the top 3 factors that you take into account when determining the frequency of supervision for different practitioners? Please tick the **three** that influence you most.

- Social worker's capability or level of experience
- Caseload weighting
- Imminent report required e.g. court, case conference
- Crisis situation
- If other sources of effective support are being used
- Staff demanding supervision
- Compliance with supervision policy
- Other factors (please specify)

3. What supports, as well as individual supervision, do you help your staff to avail of? Please tick all that apply.

- Human resources
- Occupational Health
- Staff Care/CareCall
- Coaching/Mentoring
- Peer supervision
- Clinical Supervision
- Group supervision including Signs Of Safety
- Practitioner fora
- Conflict mediation
- Other forms of support (please specify)

4. Below is a list of challenges that prevent effective supervision. Using the drop down tab, please rank these from 1, 2, 3,...7 where 1 is the biggest challenge you face, 2 is the second biggest and so on to 7 which is the least biggest challenge.

⋮	<input type="text" value="1"/> Not enough time
⋮	<input type="text" value="1"/> Competing work pressures
⋮	<input type="text" value="1"/> Too many staff to supervise
⋮	<input type="text" value="1"/> Devolved HR responsibilities dominate
⋮	<input type="text" value="1"/> Interruptions
⋮	<input type="text" value="1"/> No suitable accommodation e.g. privacy, room availability
⋮	<input type="text" value="1"/> Social worker comes unprepared

5. Below are listed a range of supports for supervisors. One a scale of **0 (not helpful) to 3 (extremely helpful)**, please rate how each has helped the quality of your supervision. Please mark any you have not used Not Applicable N/A..

	0	1	2	3	N/A
Supervision training including E-learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuing professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corporate support e.g. human resources, communications, administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coaching/mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Technology e.g. Skype or FaceTime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SCIE guidance (or other sources of professional guidance, evidence and research)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

6. Please tell us **one thing** that would most improve your ability to supervise social workers....?

7. Please indicate the number of social work staff you supervise, including other disciplines if appropriate.

	0-3	4-6	7-10	10+
Social Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AHPs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/clinical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

8. How often do you receive professional social work supervision?

- Monthly
- Quarterly
- Twice annually
- Annually
- Other (please specify)

9. Please move the slider to the position that shows how you rate the quality of supervision you receive?
(where 0= poor and 10 = excellent)

0 (poor) 10 (excellent)

10. Please give a reason for your answer to Q9.

11. What is your Programme of Care?

- Children
- Adults
- Other (please specify)

12. What is your service setting?

- Community
- Residential
- Day Care
- Respite
- Primary Health Care
- Acute Health Care
- Other (please specify)

13. Please indicate your Band:

- Band 7
- Band 8a
- Other (please specify)

14. Please indicate which descriptor best describes your role

- Provide operational and professional supervision
- Provide professional supervision only

Other (please specify)

15. Finally, please indicate the health and social care trust that employs you:

- Belfast Health and Social Care Trust
- Northern Health and Social Care Trust
- Southern Health and Social Care Trust
- South Eastern Health and Social Care Trust
- Northern Health and Social Care Trust
- If Other (please specify)

Thank you for completing the survey. Please click **DONE** to submit your response. Your answers will automatically be forwarded to Anne McMurray Development Ltd who is managing this survey.