

# A review of social care employer Supervision Policy and practice across the statutory and independent sectors in Northern Ireland



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This report was undertaken by Suzanne McStravick, Independent Consultant, on behalf of the Social Care Council.

# 1. Introduction



## 1.1 Background and context

The social care workforce is the largest workforce in Health and Social Care in Northern Ireland (NI). Despite progress made in recent years, much remains to be done to ensure that social care practitioners feel valued, supported and recognised as skilled and respected professionals. The [Social Care Workforce Strategy 2025–2035](#) highlights this challenge clearly, noting that social care staff often experience limited opportunities for development, inconsistent supervision, and variable organisational support.

As the regulator, the Northern Ireland Social Care Council (the Social Care Council), plays a pivotal role in ensuring the workforce is competent, confident, and committed to delivering safe and effective care and support. Equally, the Social Care Council is committed to strengthening the conditions that enable practitioners to thrive — including high-quality learning, development and supervision that supports professional growth, reflective practice and wellbeing.

This report examines the potential to establish a consistent, evidence-informed approach to supervision across all social care sectors and settings in Northern Ireland. It explores how a more coherent regional model could enhance quality, safety, workforce wellbeing, regulation, and learning and development. The analysis includes:

- A comprehensive mapping of current supervision policies and practices across statutory and independent sectors, and emerging service models such as integrated care teams, community-led support, reablement approaches, trauma-informed practice and personalised/self-directed support.
- Identification of the minimum standards and core components required for effective supervision, including structure, frequency, documentation and quality assurance.

- Benchmarking against national and international best practice, as well as relevant regulatory and professional standards.
- Consideration of the possible components of a standardised regional supervision policy framework for social care practitioners.

The findings highlight significant variation in how supervision is defined, delivered, recorded and quality-assured across the sector. While strong practice exists, it is not universal. A regional framework offers an opportunity to bring greater consistency, strengthen governance, support practitioner wellbeing, and enhance outcomes for people who use services.

## 1.2 Supervision definition

In the context of social care, supervision is a process that involves meetings between a supervisor and a supervisee to review work practices and its impact.

The *Social Work (NI) Supervision Policy 2024* provides the clearest formal definition of supervision issued by the Department of Health (DoH). Although designed for registered social workers, it is widely referenced across the broader social care sector. Document review, training materials and stakeholder feedback indicate that many providers use the policy as a benchmark for good supervision practice, particularly where organisational or sector-specific guidance is limited.



Supervision in social work provides a formal and ongoing process that is vital to quality practice, professional development, practitioner well being and enhanced relationships with people we support and colleagues.

**Social Work (NI) Supervision Policy, 2024.**



### 1.3 Scope of the report

In this report supervision practices are explored in the following sectors:

- Statutory (Health and Social Care Trusts, education, justice and probation).
- Community and voluntary.
- Private.

### 1.4 Methodology

A mixed-methods approach was used to develop this report, drawing on several complementary sources of evidence:

- Document and literature review: Analysis of online materials, policy documents and published articles relevant to supervision in social care.
- Stakeholder engagement: Meetings with representatives from Regulation and Quality Improvement Authority (RQIA), Belfast Health and Social Care

Trust, DoH, Independent Health and Care Providers (IHCP), independent sector organisations and the Social Care Council Workforce Development Team. Engagement also included a widespread circulation of two surveys to gather first-hand accounts of social care practitioners' and supervisors' experiences of supervision, and considerations about possible improvements for future supervision practice.

- Comparative and benchmarking analysis: Examination of supervision models and standards across different organisations and areas to identify common themes, gaps and opportunities for improvement.
- Review: Advising on the possible components of a standardised regional supervision policy framework for social care practitioners.



## 2. Current supervision policies and practice in Northern Ireland



This section provides an overview of the current landscape of supervision policies and practices for social care practitioners in Northern Ireland. It outlines the guidance and regulatory frameworks set by key stakeholders, examines the approaches adopted by Health and Social Care Trusts, and highlights common principles and variations across the sector. The information presented draws on survey data and policy documentation to map the expectations, structures and standards that underpin supervision in the social care workforce.

## 2.1 Overview of the existing policy landscape

### Department of Health (NI) guidance

There is currently no dedicated DoH regional supervision policy for the social care practitioner workforce. As previously mentioned, the only formal DoH-issued supervision policy is the *Social Work (NI) Supervision Policy 2024*. This policy applies to registered social workers employed within Health and Social Care Trusts and suggests other employers of social workers may find the policy useful and wish to adopt it.

However, the DoH does set the standards for supervision in social care and it is the role of RQIA to inspect against those service standards and regulatory requirements. Currently work is underway to review the *Minimum Standards for Domiciliary Care and Residential Care Homes*.

### RQIA Standards

Whilst RQIA does not publish a single, consolidated supervision policy, supervision requirements are embedded across a range of Service Standards, inspection frameworks and provider guidance.

The following Minimum Standards include mandatory expectations relating to supervision:

- Domiciliary Care Agencies Minimum Standards (2021).

- Residential Care Homes Minimum Standards (2022).
- Care Standards for Nursing Homes (2022).
- Adult Placement / Shared Lives Minimum Standards (2022).
- Day Care Settings Minimum Standards (2021).
- Supported Living Services (covered under Domiciliary Care).

### Social Care Council Standards of Conduct and Practice

Whilst the Social Care Council does not issue a standalone supervision policy for social care, it provides a regulatory framework through the Standards of Conduct and Practice (2015), which set expectations for both employers and registered social care workers.

Supervision is a key mechanism through which workers are supported to meet these standards. Practitioners must demonstrate that they are:

- Protecting the rights and wellbeing of people supported.
- Working in a person-centred, compassionate, respectful manner.
- Promoting independence, autonomy, equality, diversity and inclusion.
- Providing safe, effective, high-quality care.
- Practising accountably and understanding the consequences of unsafe or unethical behaviour.

Social Care Council Standards require workers to:

- Participate in supervision and appraisal.
- Seek support and guidance.
- Reflect on practice.
- Maintain competence.

## Health and Social Care policies

The Belfast Health and Social Care Trust introduced a dedicated *Social Care Supervision Policy for Social Care Practitioners* in September 2025. The policy aims to ensure:

- Safe and effective delivery of social care services.
- Access to professional development and support for Trust-employed social care staff.
- A consistent approach to supervision through ten supervision standards. A copy of the ten standards is attached in Appendix 1.

This *Social Care Supervision Policy* recommends the type and frequency of supervision is determined through a service-area supervision plan and tailored to the roles and responsibilities of individual social care practitioners. The policy aligns with the current service standards and supports staff to apply the Social Care Council Standards of Conduct and Practice. For example, as detailed in Standard 3 of the *Standards of Conduct and Practice for Employers (2017)*, “3.3 Providing appropriate supervision and support to registrants, ensuring they provide safe, effective and values-led care”.

The Southern Health and Social Care Trust are currently reviewing their supervision policy for their social care workforce. It is unclear if there will be a link or reference to other Health and Social Care Trust policies and no published information is currently available for comparison.

The Northern Health and Social Care Trust has established *Managerial Support and Supervision Policy Guidelines for Managers / Supervisors of Social Care Staff (Adult and Children’s Services)*. The policy recognises that effective staff supervision is crucial for delivering quality services. It offers direction on how to supervise Social Care staff, aiming

for a consistent approach throughout the service. The guidelines set out clear divisional procedures and help staff understand the purpose, advantages, and their responsibilities regarding supervision. The document explains the various supervision methods, which include group or team supervision, direct observation of practice, informal supervision, and one-to-one sessions. This policy has clear and specific high expectations regarding the frequency of supervision, which depends on the staff member’s role and band.

Other Health and Social Care Trusts are at different stages of reviewing and developing supervision policies for their social care workforce.

## 2.2 Mapping of organisational policies

This section offers a comprehensive overview of supervision policies and practices for social care practitioners, highlighting the lack of publicly available policies due to most being held internally. It effectively summarises common elements across Health and Social Care Trusts and the independent (community, voluntary and private) sector. This information has been supported by the results of two supervision surveys.

- Review of supervision policies and practices for the social care workforce – social care practitioner survey – February 2026.  
Responses to this survey: 213.
- Review of supervision policies and practices for the social care workforce – social care supervisor survey – February 2026.  
Responses to this survey: 93.

## 2.2.1 Purpose and principles of supervision

Supervision in the social care sector in Northern Ireland is expected to be available to all social care staff, regardless of role, setting, or level of qualification. This expectation is drawn from the Social Care Council *Standards of Conduct and Practice*.

As defined in section 1.2 above, effective supervision fulfils managerial, developmental, and supportive functions. The process of supervision ensures a link between the values, policies and statutory responsibilities of the organisation and the delivery of best practice. Practices across organisations may vary, however, there are many common components across organisations – where supervision is seen as an opportunity to:

- Maintain quality of care and support. Supervision is a formal process to outline the expected standards and set personal objectives, to ensure that staff deliver high-quality care and support.

- Reflect on practice and performance to ensure that standards are maintained, and actions taken to improve better outcomes for those supported.
- Promote a two-way communication process between management and staff to share challenges or issues with the aim of developing trusting relationships and fostering competence.
- Support ongoing learning and identifying gaps in knowledge and skills.
- Provide space and time to problem solve. Supervisees directly supporting people will have valuable ideas and input to resolving issues, managing risk and identifying person centred outcomes.
- Meet regulatory standards which state that staff must receive the support, training, professional development, supervision and support.

## 2.2.2 Frequency and format

The frequency of supervision varies dependent on the nature of the service. The table below sets out RQIA minimum standards.

| Service Standards   | Frequency of Supervision  |
|---|---|
| <i>Care Standards for Nursing Homes, RQIA 2022</i>            | Staff have recorded individual, formal supervision according to the home's procedures, and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily. |
| <i>Residential Care Homes Minimum standards, RQIA 2022</i>    | Staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.  |
| <i>Domiciliary Care Agencies Minimum standards, RQIA 2021</i> | Service providers are required to have policy and procedures detailing the arrangements for and frequency of supervision and staff appraisal.   |
| <i>Day Care Settings minimum, RQIA 2021</i>                   | Staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.   |

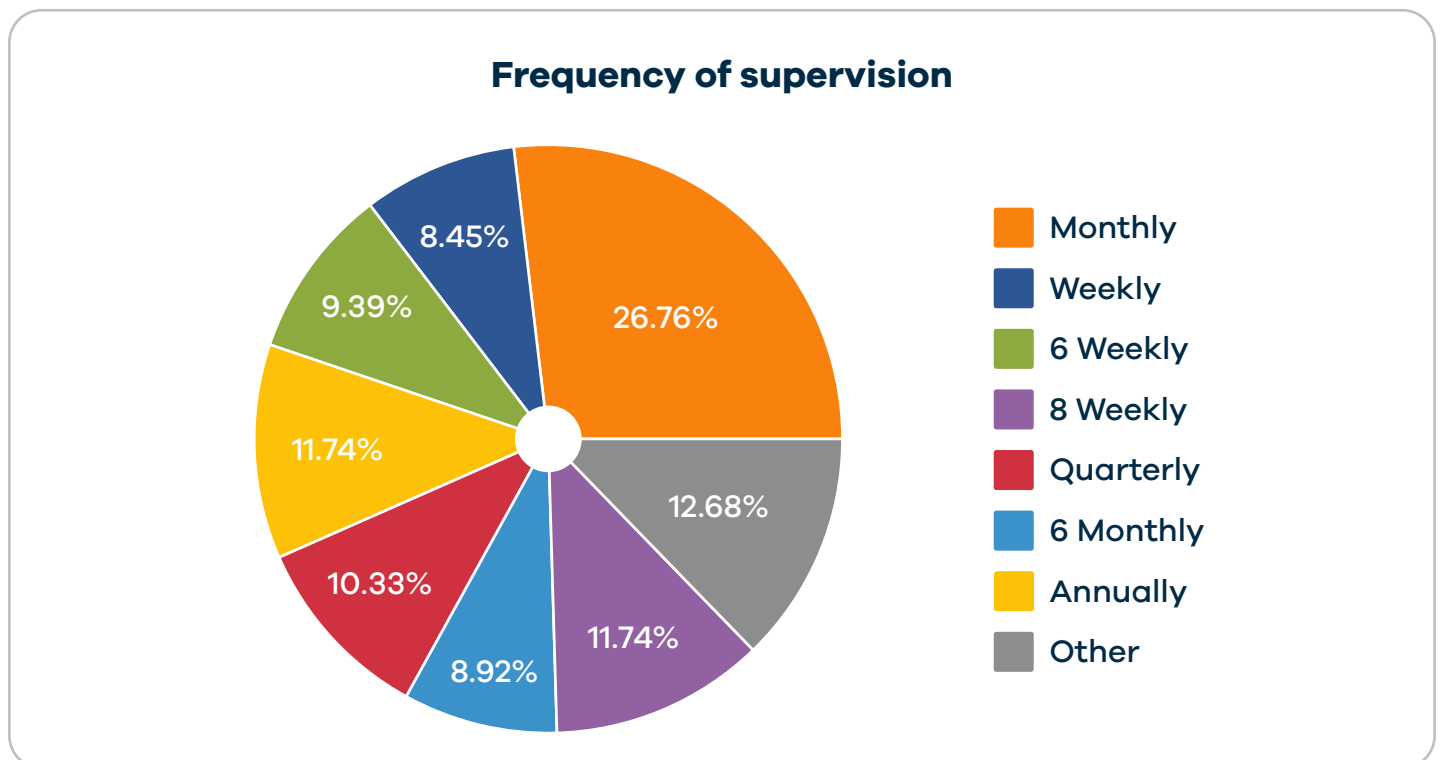
The following illustrations highlight some of the key findings from two surveys carried out in February 2026:

1. Review of supervision policies and practices for the social care workforce – social care practitioner survey.
2. Review of supervision policies and practices for the social care workforce – social care supervisor survey.

These should be read in conjunction with this report (see Appendix 2 and Appendix 3 for full survey reports).

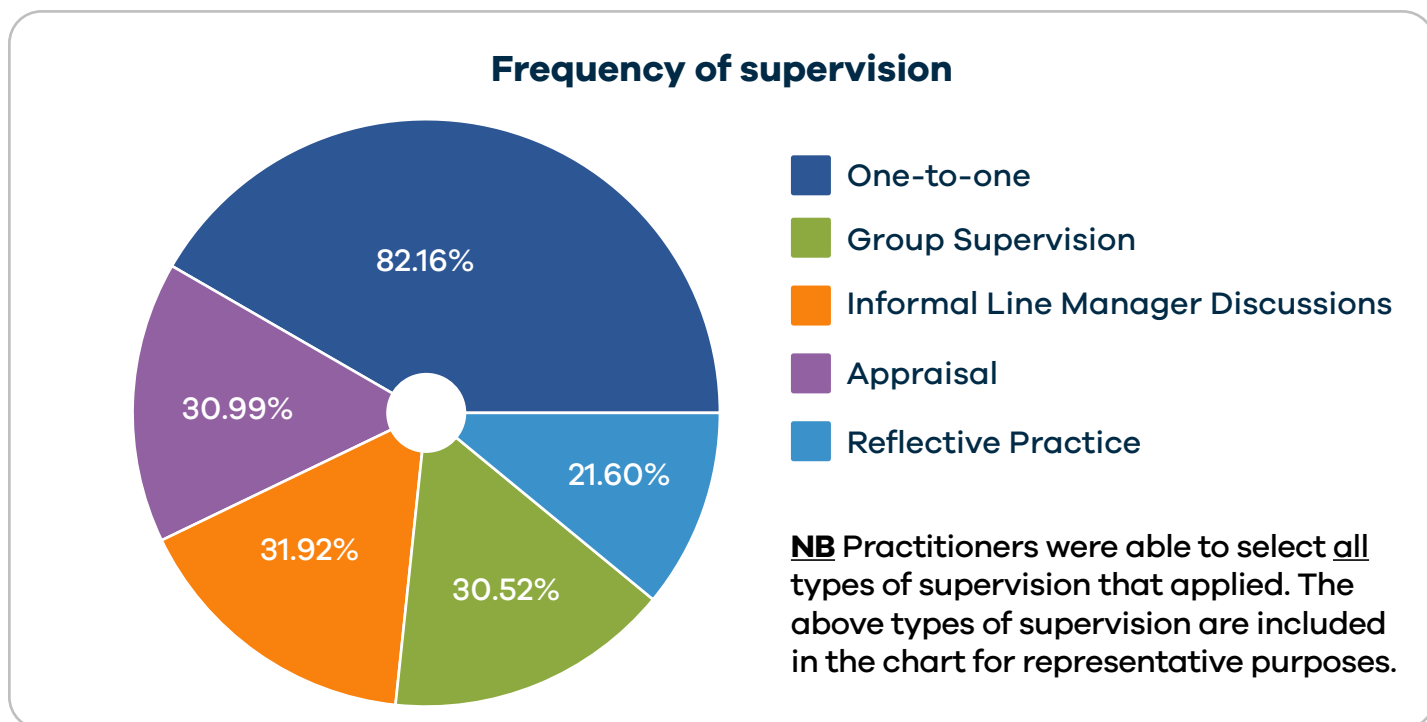
### Chart 1: Frequency of supervision

Findings from the social care practitioners survey show the experience of supervision frequency varies greatly and depend on the specific policy of the organisations. Frequency may also relate directly to certain roles and responsibilities which lead to increased frequency or on an ad-hoc basis. New employees, or those in their probationary period, may receive supervision more frequently (e.g. weekly for the first month of employment and monthly during the first six months) to support induction and development.



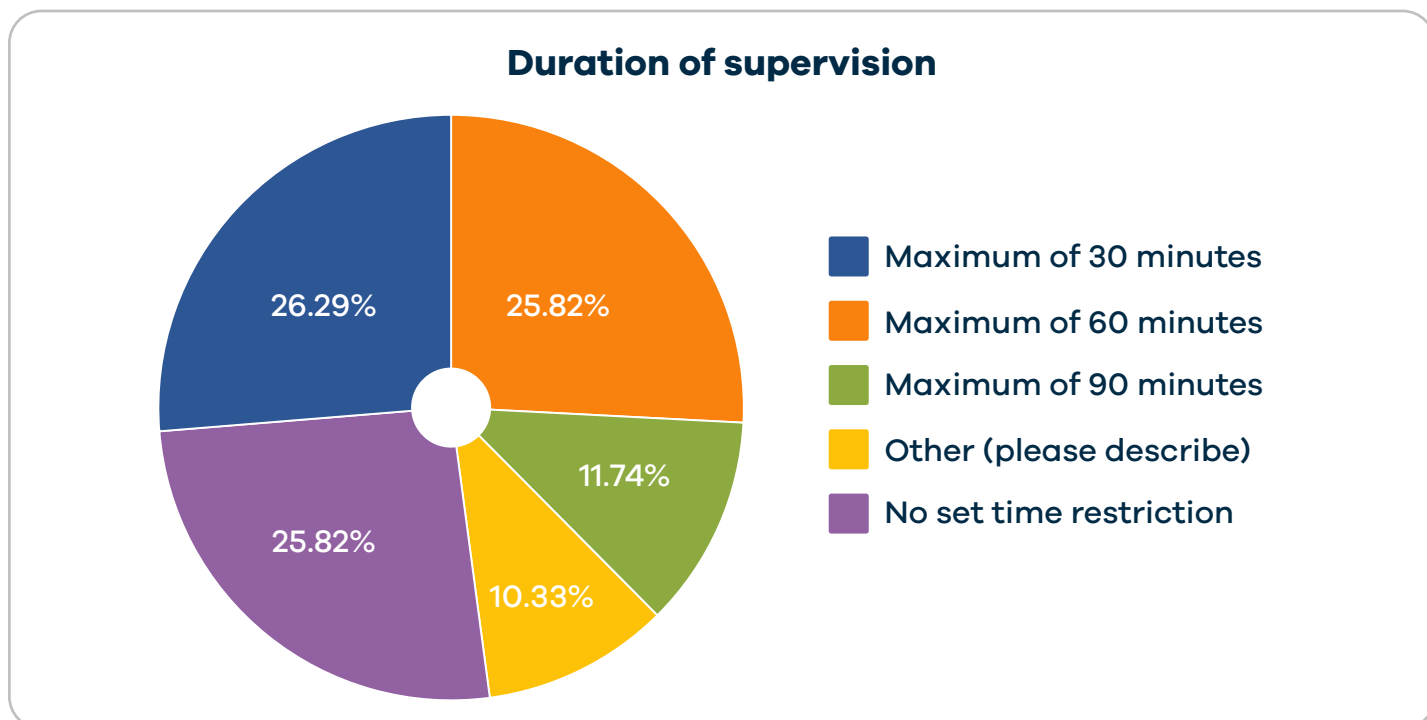
## Chart 2: Type of supervision

The survey findings reflected the types of supervision received by social care practitioners. While formats vary across the social care sector, RQIA do specify that individual or one to one supervision are held. It is perhaps due to this stipulation that there is less evidence of group supervision, reflective practice supervision, peer supervision. Interestingly appraisals are seen as a form of supervision rather than a performance management tool.



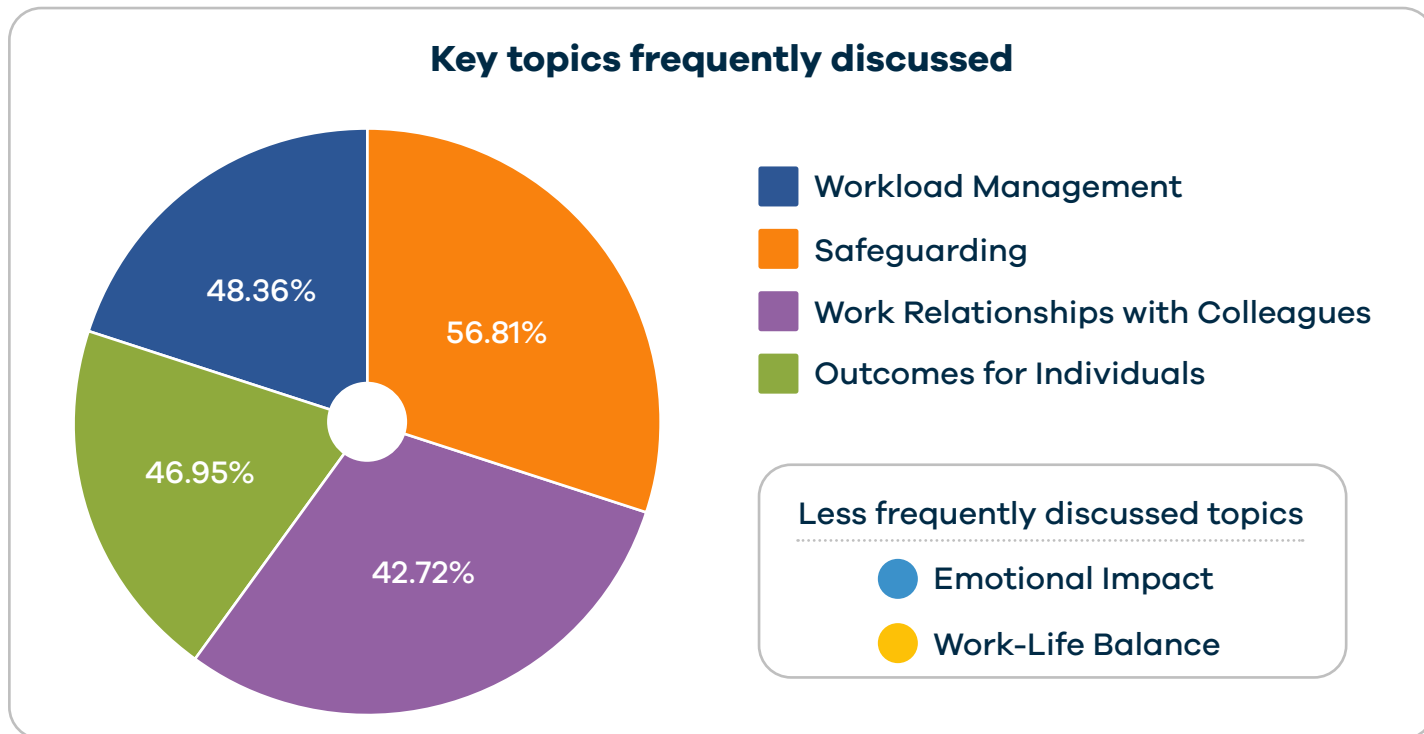
## Chart 3: Duration of supervision

The social care practitioner survey showed the duration of an average supervision session is often approximately one hour. Although this time is often not protected time and interruptions or late cancellations and rescheduling of meetings can happen. Again, there are many variations with supervision time reportedly taking place within a few minutes.



## Chart 4: Key topics discussed at supervision

As can be evidenced by the results of a supervision survey, supervisees report the core agenda items discussed were relating to workload management, safeguarding issues, relationships with other colleagues/ individuals supported and outcomes for individuals. What was less of a priority during supervision was the time discussing the effect of work on the social care practitioner's life, work life balance and resilience (see a full list of key topics discussed during supervision is available in Appendices).



## Recording and confidentiality

All supervision policies have an obligation to record formal supervision provision which should be recorded and stored in line with the *General Data Protection Regulation (GDPR) and the Data Protection Act (2018)*.

For the purposes of this report RQIA outlined how supervision may be explored during inspections. Inspectors typically seek assurance that:

- A policy and procedure for supervision is in place and being implemented.
- A supervision matrix is maintained, with gaps identified and addressed.
- Managers can articulate how the policy translates into practice.
- Social care practitioners can validate the supervision they receive and describe the support provided.

- Supervision records, if consent has been given for them to be reviewed by the inspector, include clear actions and follow-up.

There is considerable evidence to suggest the recording of supervision is both comprehensive and robust, with some of the examples including:

- A supervision plan addressing skills gaps and training needs.
- A supervision agreement / contract which records for example, the aims and objective of supervision, frequency and duration, roles and responsibilities and preferred learning and communication styles.
- Supervision meeting records which feature the agenda for the meeting, a summary of the discussions and an action plan summarising the decisions made.

- Case note supervision includes minutes from a structured discussion on specifics about the support for a person and what agreements and/ or learning was considered.
- Ad-hoc or informal supervision will also record the date and time the meeting took place, issues raised, advice given and follow up actions to be taken.



### 3. Benchmarking social care supervision: national and international standards



This section offers an overview of how supervision practices within Northern Ireland's social care sector compare with national and international standards, including best practice and relevant regulatory and professional expectations.

By examining global frameworks, country-specific approaches, and regulatory guidance, the analysis identifies areas of alignment and divergence, providing valuable insights that inform the development of robust and effective supervision for social care practitioners, as well as supporting local practice.

### 3.1 International frameworks for supervision

Across the globe, supervision practices in social care vary; however, three consistent functions emerge internationally, as identified by the Global Social Service Workforce Alliance:

- **Administrative / Managerial:** Ensures compliance with policy, quality assurance, safety, and performance management.
- **Educational / Developmental:** Supports skills development, reflective practice, critical thinking, and problem solving.
- **Supportive / Restorative:** Addresses the emotional impact of care work, wellbeing, resilience, and personal development.

Globally, as has already been acknowledged, supervision is expected to provide a forum for safe and effective practice, accountability, and improved outcomes for people supported. Findings from the surveys conducted as part of this report are consistent with international contexts, such as positive feedback highlighting clarity, support, and growth while negative responses often reflect a task-focused approach delivered by untrained supervisors, resulting in feelings of judgement rather than support.

## Country-specific comparisons

- **Australia:** The National Disability Insurance Scheme (NDIS) offers a structured, competency-based supervision framework. It emphasises reflective practice, wellbeing, boundaries, and quality assurance, and includes participants in supervision, promoting empowerment and improved outcomes.
- **New Zealand:** Supervision is embedded in workforce development strategies with a focus on cultural safety, resilience, reflective practice and trauma-informed care.
- **Canada:** Supervision frameworks vary by province but consistently require clear expectations for frequency, competency-based assessment, and integration with training and career progression.
- **Sweden:** The term 'supervision' (tillsyn) is primarily a regulatory function, focusing on disciplinary control and compliance, rather than staff development. Supportive supervision by line managers exists but complements the regulatory approach.
- **Denmark:** Like Sweden, supervision centres on external inspections for quality assurance and legal compliance, while staff development is managed internally.
- **Finland:** National agencies and municipalities conduct inspections and enforce standards, with a primary focus on safety, rights, and quality. Developmental supervision exists but is secondary.

### 3.2 National framework for supervision in the United Kingdom

Instead, regulations and guidance direct employers to interpret and implement supervision in line with workforce needs.

There is no unified supervision framework for social care practitioners across England, Scotland, Wales and Northern Ireland.

| Nation           | Service Regulator                                   | Workforce Regulator   |
|------------------|---|---|
| England          | Care Quality Commission (CQC)                       | Skills for Care   |
| Scotland         | Care Inspectorate                                   | Scottish Social Services Council (SSSC), NHS Education for Scotland (NES) |
| Wales            | Care Inspectorate Wales                             | Social Care Wales   |
| Northern Ireland | Regulation and Quality Improvement Authority (RQIA) | Social Care Council   |

#### National practice examples

- England:** The Care Quality Commission (CQC) requires providers to ensure staff are “supported, trained, supervised, and appraised” for competency and safe care. Skills for Care defines supervision as regular one-to-one meetings for reviewing work, setting expectations, monitoring performance, and identifying learning needs. Guidance on frequency and format is set by each employer.
- Scotland:** The Care Inspectorate and SSSC promote regular, structured supervision for competency and professional accountability. There is no statutory frequency; good practice is promoted through resources like the SSSC Supervision Learning Resource. Providers such as Cornerstone publish frameworks emphasising regular, reflective supervision every 6–8 weeks, with additional sessions as required.
- Wales:** The Care Inspectorate Wales regulates services, while Social Care Wales sets workforce standards. Regulations require supervision at least quarterly, with sector practice often recommending every two months.

## Minimum standards and core components of effective supervision in NI

The Social Care Council, through standards and guidance, clarify that supervision is a structured professional process, ensuring safe, competent, and ethical practice, supporting learning and reflective practice, promoting wellbeing and accountability, strengthening relationships and upholding conduct standards.

- **Regulatory and workforce context:** The RQIA regulates services. The Social Care Council regulates the workforce and sets standard of conduct and practice.
- **Supervision in practice:** Supervision supports workers to meet the Social Care Council standards, provides oversight and development, and demonstrates to RQIA that staff are supported and competent.

Benchmarking supervision in Northern Ireland against national and international standards highlights the importance of structured, reflective, and supportive practice. While frameworks vary, core functions are consistent; ensuring compliance, promoting development and supporting wellbeing. Effective supervision is central to quality, governance and positive outcomes in social care.



## 4. Comparative analysis



## 4.1 Areas where Northern Ireland practice does align with best practice

- a) Northern Ireland has a strong regulatory foundation through:
- *RQIA Minimum Standards* (supervision and appraisal are required in all care settings).
  - *Social Care Council Standards of Conduct and Practice* (require reflective practice, accountability, and seeking support).

This mirrors international best practice, where supervision is anchored in professional standards, regulatory expectations, quality assurance frameworks and best practice principles and structures.

- b) Supervision practices in Northern Ireland also reflect best practices, focusing on quality, safety, and accountability. Ensuring safe practice through safeguarding frameworks, competencies through workforce development, quality person-centred outcomes for those who use social care services and accountability through standards and codes for practice compare with practices such as:
- UK Professional Capabilities Framework.
  - Australian National Standards for Supervision.
  - New Zealand Social Services Supervision Framework.
- b) Supervision is integrated into Northern Ireland's quality assurance framework. As mentioned previously, RQIA inspections routinely examine supervision records, the frequency of supervision and support, the documentation of supervision and appraisals along with vital feedback from staff regarding their experience of and impact following supervision. This is consistent with the Care Inspectorate Scotland, CQC in England and international accreditation bodies.

- d) Supervision as a leadership model is a powerful concept in Northern Ireland's social care sector, and it is one that already sits quietly inside many of the policies, standards, and expectations already explored. The potential to frame supervision as leadership, shifts supervision from a procedural requirement to a core mechanism for shaping culture, practice, safety, and workforce development. This mirrors Scotland's "supervision as leadership" approach, Wales' emphasis on organisational culture and international models where supervision is a core leadership function.

## 4.2 Areas where Northern Ireland practice does not align with best practice

### a) Limited adoption of reflective and flexible supervision methods

The *Social Work (NI) Supervision Policy (2024)* stresses the value of reflective and flexible supervision methods, including group and peer supervision. These models mirror practices seen in Scotland, Wales, Australia, and New Zealand. However, Northern Ireland has yet to fully adopt these approaches, highlighting a need for broader implementation to match international standards.

### b) Insufficient emphasis on wellbeing within supervision

The *Social Work (NI) Supervision Policy (2024)* clearly articulates a commitment to supporting practitioner wellbeing. Historically, supervision practices have prioritised managerial responsibilities and organisational development, which, although integral, often diminish attention to practitioner wellbeing. Ensuring equal consideration of wellbeing enables social care professionals to feel valued, fosters resilience, and promotes confidence and competency.

This approach is consistent with Scotland’s trauma-informed supervision models, Wales’ wellbeing-focused guidance, and international research that demonstrates the link between supervision and practitioner retention and resilience. However, wellbeing remains an inconsistent focus within supervision across Northern Ireland, highlighting the need for further integration of this perspective.

### c) Training and time constraints

Supervisor training in Northern Ireland varies by setting, and some locations lack dedicated time for supervision. These issues lead to inconsistent practices and make it harder to meet international standards.

- Supervisor training is inconsistent.
- Protected supervision time is limited in certain areas.



## 5. Barriers and enablers to implementing a regional supervision policy for social care practitioners in Northern Ireland



The development and implementation of a regional supervision policy for social care practitioners in Northern Ireland is a complex process, influenced by a diverse range of challenges and enabling factors. Key obstacles include a fragmented social care landscape, varied workforce roles, inconsistent standards, resource limitations, differences in supervision skills, organisational culture, regulatory uncertainty, bureaucratic concerns, and the absence of shared terminology.

A clear understanding of these barriers, alongside the conditions that can support progress, is essential for creating an effective and sustainable supervision framework across the sector.

## 5.1 Barriers to implementing a regional policy

### Fragmented Social care landscape

Northern Ireland's social care system is highly fragmented, with delivery occurring across five Health and Social Care (HSC) Trusts and hundreds of independent sector providers. Services span a wide variety of types, including domiciliary care, supported living, day services, residential care, and short breaks. Each provider operates with its own policies, templates, terminology, and supervision expectations. This fragmentation creates substantial challenges for standardising supervision practices and achieving regional coordination.

### Variation in workforce roles and skill mix

Social care practitioners in Northern Ireland encompass a broad spectrum of roles, such as domiciliary care workers, supported living staff, day opportunity workers, residential care assistants, and floating support workers. The range of roles make it difficult to design a single supervision framework that is both consistent and practical. Ensuring flexibility within any regional policy is essential to accommodate the diversity of these positions.

### Lack of consistent minimum standards

Northern Ireland does not currently have mandated supervision frequencies, a regional definition of supervision, standardised recording templates, or a competency framework for supervisors. In contrast to other UK regions, the absence of these minimum standards means that providers interpret supervision differently, which hinders efforts to align practices across the sector.

### Resource and capacity constraints

Resource limitations are a major barrier identified by providers. High vacancy rates, limited time for supervisors, heavy caseloads, challenging shift patterns, and insufficient backfill for frontline staff all contribute to concerns about the feasibility of implementing a regional standard. Without additional funding or increased workforce capacity, providers fear that any new policy may be unattainable.

### Variable supervision skills among supervisors

Many supervisors in social care settings are promoted from frontline roles and have limited formal training in supervision. As a result, they may lack confidence and have an inconsistent understanding of effective supervision. Addressing these skill gaps is necessary for a successful regional framework.

### Cultural differences across organisations

There are notable cultural differences across organisations. Some services foster a strong reflective culture, while others regard supervision primarily as a compliance exercise, a performance management tool, or simply a tick-box requirement. These cultural variations can undermine the consistent implementation of regional policies.

## **Regulatory ambiguity**

RQIA expect supervision, but as previously stated, the minimum standards are determined by the Department of Health. As these standards are being reviewed, there is an opportunity to promote consistency and reduce disparity in supervision frequency between services, expand the types of supervision available beyond one-to-one sessions, and implement consistent audits of supervision experiences. Without such clarity, the prioritisation of supervision remains inconsistent.

## **Fear of increased bureaucracy**

Providers frequently express concerns that a regional supervision framework could result in increased paperwork, a greater audit burden, reduced flexibility, and policies disconnected from the realities of frontline practice. Resistance may arise unless the framework is co-designed with clear tangible benefits for practitioners and providers.

## **Lack of shared language and understanding**

Terminology such as supervision, reflective practice, case discussion, support session, and performance review are used interchangeably across Northern Ireland. The absence of a shared language complicates efforts to align supervision practices regionally, further impeding the development and implementation of a common policy.

## **5.2 Enablers to implementing a regional policy**

The development of a regional supervision policy for non-professional social care practitioners in Northern Ireland is supported by several key enablers. These factors not only facilitate the creation of a cohesive framework but also align with current workforce reforms, recognised good practice and regulatory expectations.

## **Clear regional commitment to workforce reform**

Northern Ireland is undertaking deliberate efforts toward workforce stabilisation, enhancing quality and consistency, and achieving greater parity across sectors. These aims reflect a strong regional dedication to reform, providing a solid basis for implementing a regional supervision framework. Such a framework would directly advance these priorities and confer both political and strategic credibility to the initiative.

## **Shared recognition of the value of supervision**

Health and Social Care Trusts and independent providers/ organisations all agree supervision is essential, forming a solid basis for collective action and regional policy.

Supervision, improves practice, supports wellbeing, strengthens safeguarding and reduces risk. This consensus enables effective collaboration to advance supervision sector-wide.

## **Ability to build on existing good practice**

Northern Ireland has strong supervision practices, including trust-developed models, reflective practice in the voluntary sector, and providers with robust supervision templates. These templates offer tools such as recording forms, agreements, plans, and records. A regional framework can build on these proven methods instead of reinventing the process.

### **Wider use of additional supervision tools**

Wider use of supervision methods – including group and peer supervision, action learning sets, coaching, and mentoring – supports social care practitioners' growth both professionally and personally. These varied approaches also reduce the burden on line managers. By expanding how supervision is delivered, managers are less likely to be solely responsible, which helps when their schedules are demanding or teams are large and busy.

### **Opportunity to define regional supervision standards**

A regional definition of supervision for social care practitioners could enhance wellbeing by including personal support alongside performance management and professional development.

Personal support enables supervisees to reflect on their work, consider the impact on themselves, and identify their support needs.

### **Emphasis on quality of supervision**

Prioritising quality supervision over frequency boosts staff resilience, guides decisions, encourages reflection, and strengthens commitment. Well-supported teams retain staff better and attract new recruits.

## 6. Recommendations for a regional supervision policy in Northern Ireland



The following recommendations recognise the existence of both positive, supportive supervision and less favourable or absent supervision experiences across Northern Ireland's social care workforce. Rather than suggesting that all supervisors need to enhance their practice, these proposals identify opportunities for sector-wide development, aiming to ensure supervision becomes a professional practice that is responsive to the evolving and often challenging demands faced by social care practitioners in their essential roles. By supporting and caring for the workforce, widespread benefits can be achieved.

Drawing on survey feedback and stakeholder engagement, the recommendations outlined here focus on strengthening supervision practice through meaningful supervision, defined standards, enhanced training, workforce involvement, protected time, and the adoption of varied supervision tools. The intention is to encourage a consistent, supportive, and reflective culture that values practitioners and promotes quality outcomes for those supported.

## 1. Supervision must be meaningful

I find supervision to be supportive and informative. It is a good space to reflect on practice and identify stressors and how best to approach them. The level of supervision is enough for me (monthly) however, I also have informal, ad-hoc supervision when needed. It would be difficult to improve my experience of supervision.

**(Social Care Practitioner Survey, Feb. 2026)**



The current requirement to complete a formal supervision document every four weeks can feel like a tick-box exercise for both staff and management. This risks reducing the quality of supervision, as the focus shifts towards completing paperwork rather than having meaningful, reflective discussions.

**(Supervision Survey feedback, Feb. 2026)**



A regional policy is only effective when everyone understands the importance of supervision. Establishing a clear, shared purpose for supervision should encompass safe practice, wellbeing, development, and quality. A consistent message across all Trusts, providers, and commissioning bodies is needed to create a culture and practice of meaningful supervision.

Feedback such as supervision being “usually completed in minutes on the doorstep” (Supervision Survey, Feb. 2026) highlights the reality for some practitioners. Meaningful supervision must be purposeful, relational, reflective and supportive. It should help social care practitioners feel valued, confident and safe in their practice, therefore enhancing outcomes for those supported.

## 2. Defined standards and minimum expectations

Social care practitioners have clearly voiced, through the supervision survey, the inconsistency of supervision. Defined standards with regional minimum expectations would provide the necessary guidance and structure to reflect the value of the social care workforce. This should not only include minimum expectations but also outline the key functions of supervision, present a range of acceptable and accessible supervision models, and offer tools that encourage participation and ownership of supervision time, whether in one-to-one, group, peer or reflective formats.

### 3. Training and capability building for supervisors and supervisees

While supervision is largely seen as beneficial, challenges identified by supervisors include time constraints, workload pressures, staffing issues, and the need for more structured, less formal, and more supervisee-led approaches.

A summary of what supervisees recommended included regular, structured supervision, protected time, better follow-up on issues, longer sessions, confidentiality, and supervisor training. Concerns include supervision being a tick-box exercise, staffing issues impacting quality, and lack of action on raised concerns. Many emphasise the need for a, “supportive, person-centred approach that promotes wellbeing, professional growth, and work-life balance.” (Summary from Social Care Supervisors Survey, Feb. 2026)

Feedback from both supervisors and supervisees points to a desire for improved supervision regionally. The quality of supervision depends greatly on the skills, attitudes, behaviour, knowledge, empathy, and experience of the supervisor. There is a risk that untrained supervisors and uninformed supervisees base their supervision on past experience alone. Targeted training, distinct from performance management training, should address:

- **Managerial functions:** exploring how supervision complements and extends beyond performance monitoring and management.
- **Support functions:** building staff confidence, self-awareness, assertiveness, and resilience; developing reflective practice and self-care skills.
- **Development functions:** understanding how adults learn and how supervision can support professional learning and development.



It would be helpful to new managers to have supervision training at the onset to ensure no poor habits develop / and that adequate support is available to the supervisee.

**(Social Care Supervisors Survey, Feb. 2026)**



### 4. Engagement and co design with the workforce

Policies are most effective when developed with, rather than imposed on, the workforce. Going forward, the co-design, testing, and piloting of different supervision models in varied settings, including social care practitioners, supervisors, managers, and people we support, are most likely to improve regional supervision practice. Capturing lived experience will inform guidance and tools that are practical and accessible.

In preparing this report, many champions focused on good supervision for social care practitioners participated in this scoping exercise. The high survey response rate from both supervisees and supervisors underscores the importance and vitality of effective supervision in supporting the social care workforce.

### 5. Protected time for supervision

Protected time is not a luxury but a core requirement for safe, reflective, and sustainable quality practice. Survey feedback from both supervisors and supervisees made it clear that supervision is often squeezed in when possible or cancelled due to time and resource pressures. When supervision is rushed or repeatedly cancelled, its value is undermined. When protected, supervision becomes a powerful tool for quality, wellbeing and retention.

Social care work involves risk, complexity, and emotional challenges. Practitioners need structured space to reflect, discuss

concerns, explore dilemmas and safely escalate issues. Without protected time, these conversations are likely to be hurried or reactionary, raising the risk of mistakes or oversight.

Practitioners often carry significant emotional burdens, sometimes in isolation. Protected supervision time supports psychological safety and trust, facilitating honest dialogue about mistakes, uncertainty, or emotional strain. It creates space for decompression, emotional support, early identification of stress or burnout, and access to resources or adjustments. This is crucial for retention, especially in a workforce with high turnover.



I have never felt so isolated and unsupported in a job the last couple of years. I have been through so much... It is not good enough—managers need to step up if they want to keep their staff. It all helps towards recruitment: a good supportive relationship. No one in this day and age should ever feel isolated.

**(Supervision Survey, Feb. 2026)**



## **6. Increasing awareness, understanding, acceptance and use of a variety of supervision tools**

Meaningful supervision is not reliant on a single approach but rather a toolkit of methods. Employing a mix of formal, informal, reflective, group-based, peer-led, digital, and in-person supervision creates a richer and more responsive system. Each method offers unique benefits, and together they provide a more robust, person-centred framework.

Reflective models of supervision are particularly effective, leading to improved decision-making, enhanced professional skills, greater resilience, a deeper understanding of practice, and more positive outcomes for those supported. Action learning in supervision further enables enhanced reflection, peer support, creative problem-solving, continuous professional development and improved communication and collaboration.

Using a variety of approaches strengthens the quality, consistency, and impact of supervision across the workforce. No single method can meet all the diverse needs of practitioners or the complexities of their work environments. A blended approach ensures supervision remains accessible, meaningful and responsive.

## 7. Conclusion

This review has demonstrated that supervision is widely recognised across Northern Ireland's social care sector as essential to safe practice, workforce development, and quality outcomes, yet its implementation remains inconsistent, fragmented, and highly variable. While both the statutory and independent sectors acknowledge the importance of supervision, the reality of not having a regional policy for social care practitioners means no assured consistent approach for all.

The findings highlight that existing supervision arrangements are shaped largely by organisational context, regulatory interpretation, and resource capacity rather than by a consistent evidence informed model. As a result, supervision is often experienced as task focused and compliance driven, with less consistent emphasis on reflective practice, wellbeing, and emotional support.

Evidence from stakeholder engagement and the regional supervision surveys confirms that good supervision practice does exist across Northern Ireland. Many practitioners report positive, meaningful supervision that supports learning, confidence, and safe practice. However, these experiences are not universal. Too often, supervision is affected by lack of protected time, staffing pressures, inconsistent supervisor training, and organisational cultures that prioritise performance management over reflection and wellbeing. This variability creates inequity in practitioner support and undermines the potential of supervision as a protective and developmental mechanism.

Benchmarking against national and international practice reinforces that effective supervision is not defined solely by frequency or documentation, but by quality, purpose, and relationship. High performing systems consistently embed reflective practice, supervisor capability,












flexibility of supervision models, and explicit attention to practitioner wellbeing. While Northern Ireland aligns strongly with best practice in terms of regulatory oversight and accountability, it has further work to do to embed these broader, restorative and developmental dimensions of supervision across all sectors.

The report identifies significant barriers to implementing a regional supervision policy, including the fragmented provider landscape, diversity of roles, resource constraints, and fears of increased bureaucracy. However, these challenges are counterbalanced by strong enablers: a shared recognition of the value of supervision, existing examples of effective practice, ongoing workforce reform, and regulatory expectations that supervision must be demonstrable, meaningful, and effective.

Taken together, the evidence strongly supports the case for developing a flexible, proportionate, and co designed regional supervision framework for social care practitioners in Northern Ireland. Such a framework would not replace organisational responsibility or professional judgement, but rather provide clarity, consistency, and minimum expectations, while allowing services to tailor supervision to context and need.

Ultimately, this report concludes that supervision should be reframed as a regional core professional and leadership function, not a procedural requirement. When supervision is meaningful, reflective, and properly supported, it strengthens workforce resilience, enhances quality and safety, improves retention, and leads to better outcomes for people who use social care services. Investing in supervision is therefore an investment in the sustainability, professionalism, and future of Northern Ireland's social care workforce.

## 8. References

-  [Social Care Workforce Strategy 2025 - 2036, DoH.](#)
-  [Social Care Council, Standards and Guidance.](#)
-  [Regulation and Quality Improvement Authority \(RQIA\) standards.](#)
-  [Social Work \(NI\) Supervision Policy 2024.](#)
-  [Guidance manual on Strengthening Supervision for the Social Service Workforce 2020.](#)
-  [Effective Supervision Guide, Skills for Care.](#)
-  [National Supervision Policy Guideline, Life Without Barriers.](#)
-  [Reflective Supervision: Resource Pack, F Earle, J Fox, C Webb, S Bowyer, S Flood.](#)
-  [Supervision Learning Resource, Scottish Social Services Council.](#)
-  [Workforce Capability Supervision Resource, NDIS.](#)
-  [The Supervision Hub, Social Care Wales.](#)

# Appendix 1

## **An excerpt from the Belfast Health and Social Care Trust Social Care Supervision Policy September 2025**

### **10 Supervision Standards**

1. The development of a service area supervision plan and an individual supervision agreement reflecting the needs of the social care worker, dependant on roles, responsibilities and level of support required.
2. Ensuring all social care staff are aware of and have access to, the supervision they are entitled to.
3. Supporting staff to apply the NISCC Standards of Conduct and Practice through the provision of guidance, support and development opportunities.
4. The provision of protected time to allow for discussion about workload and supports required; supervision should be planned and facilitate an opportunity for reflection and discussion.
5. Keeping a written formal record of supervision that is available to the supervisee and the supervisor.
6. Supporting staff with NISCC Post Registration Training and Learning (PRTL) requirements (if required due to registration status) and any other learning and development needs identified.
7. Promoting equality, diversity, inclusion and anti-discriminatory principles.
8. Providing a safe environment where staff can share openly and honestly and request support if life outside work may have an impact on their well-being or ability to carry out their role.
9. Providing a safe environment where staff can raise workplace concerns and have confidence these are responded to.
10. Ensuring evaluation is integrated into the supervision process with supervisors and supervisee's regularly reviewing the efficacy of process for them, their team and for their service.

## Appendix 2

### Review of supervision policies and practices for the social care workforce - social care practitioner survey – February, 2026

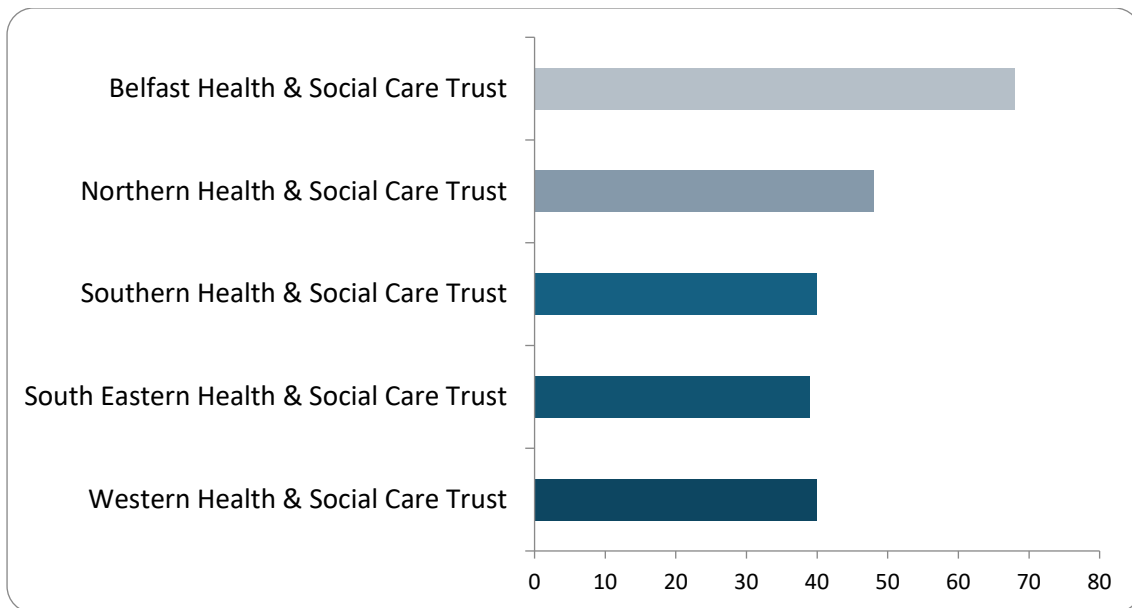
The activity ran from 16/02/2026 to 27/02/2026

Responses to this survey: **213**

1: Which Health and Social Care Trust area do you work in? (tick all that apply)

#### Work location

There were 213 responses to this part of the question.

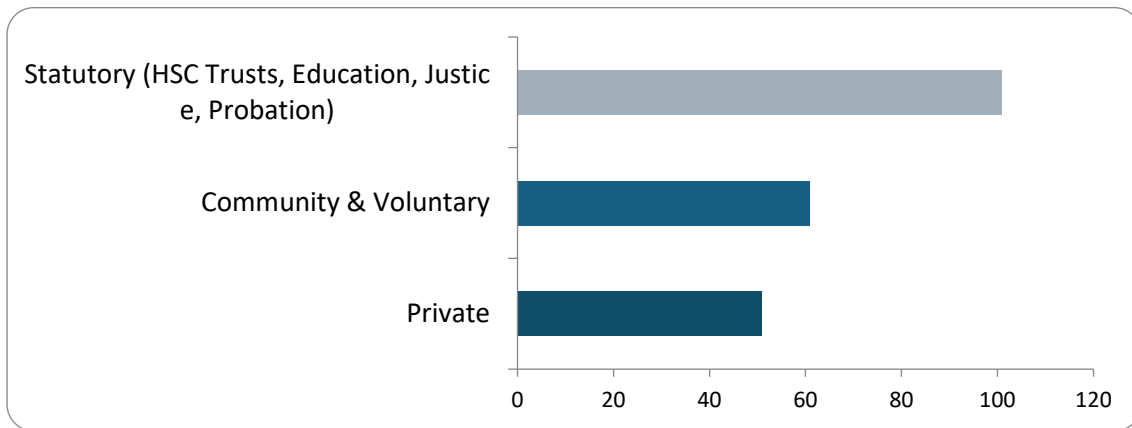


| Option                                   | Total | Percent |
|--|-------|---------|
| Belfast Health & Social Care Trust       | 68    | 31.92%  |
| Northern Health & Social Care Trust      | 48    | 22.54%  |
| Southern Health & Social Care Trust      | 40    | 18.78%  |
| South Eastern Health & Social Care Trust | 39    | 18.31%  |
| Western Health & Social Care Trust       | 40    | 18.78%  |
| Not Answered                             | 0     | 0.00%   |

## 2: Which sector do you work in?

### Sector

There were 213 responses to this part of the question.

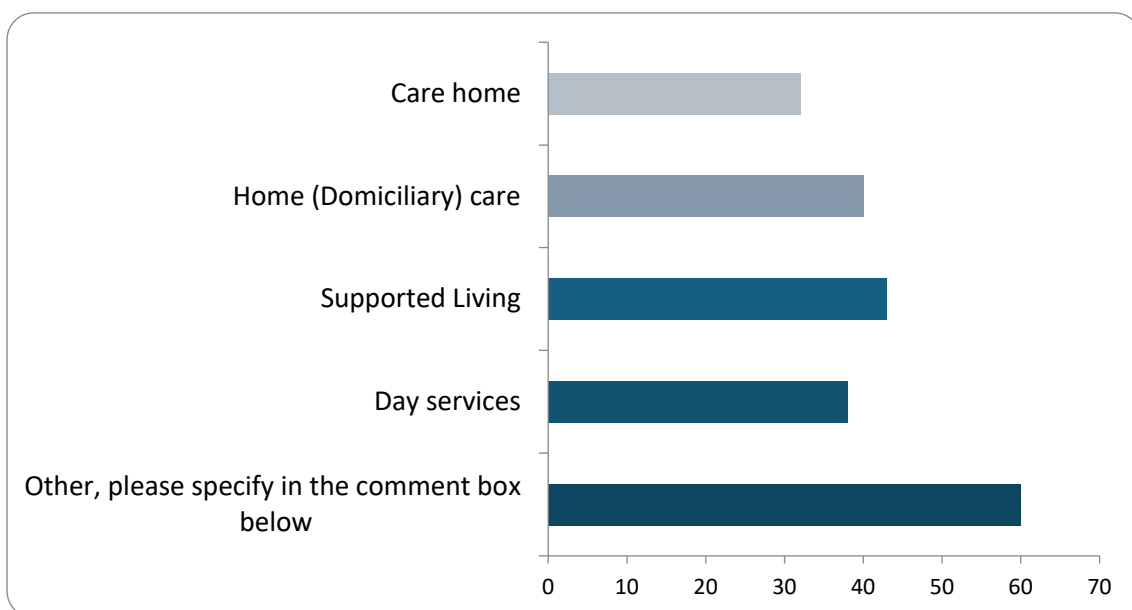


| Option  | Total | Percent |
|---|-------|---------|
| Statutory (HSC Trusts, Education, Justice, Probation) | 101   | 47.42%  |
| Community & Voluntary                                 | 61    | 28.64%  |
| Private   | 51    | 23.94%  |
| Not Answered  | 0     | 0.00%   |

## 3: Which care/support setting best describes where you work most?

### Setting

There were 213 responses to this part of the question.



| Option   | Total | Percent |
|--|-------|---------|
| Care home                                      | 32    | 15.02%  |
| Home (Domiciliary) care                        | 40    | 18.78%  |
| Supported Living                               | 43    | 20.19%  |
| Day services                                   | 38    | 17.84%  |
| Other, please specify in the comment box below | 60    | 28.17%  |
| Not Answered                                   | 0     | 0.00%   |

### 'Other' setting

There were 60 responses to this part of the question.

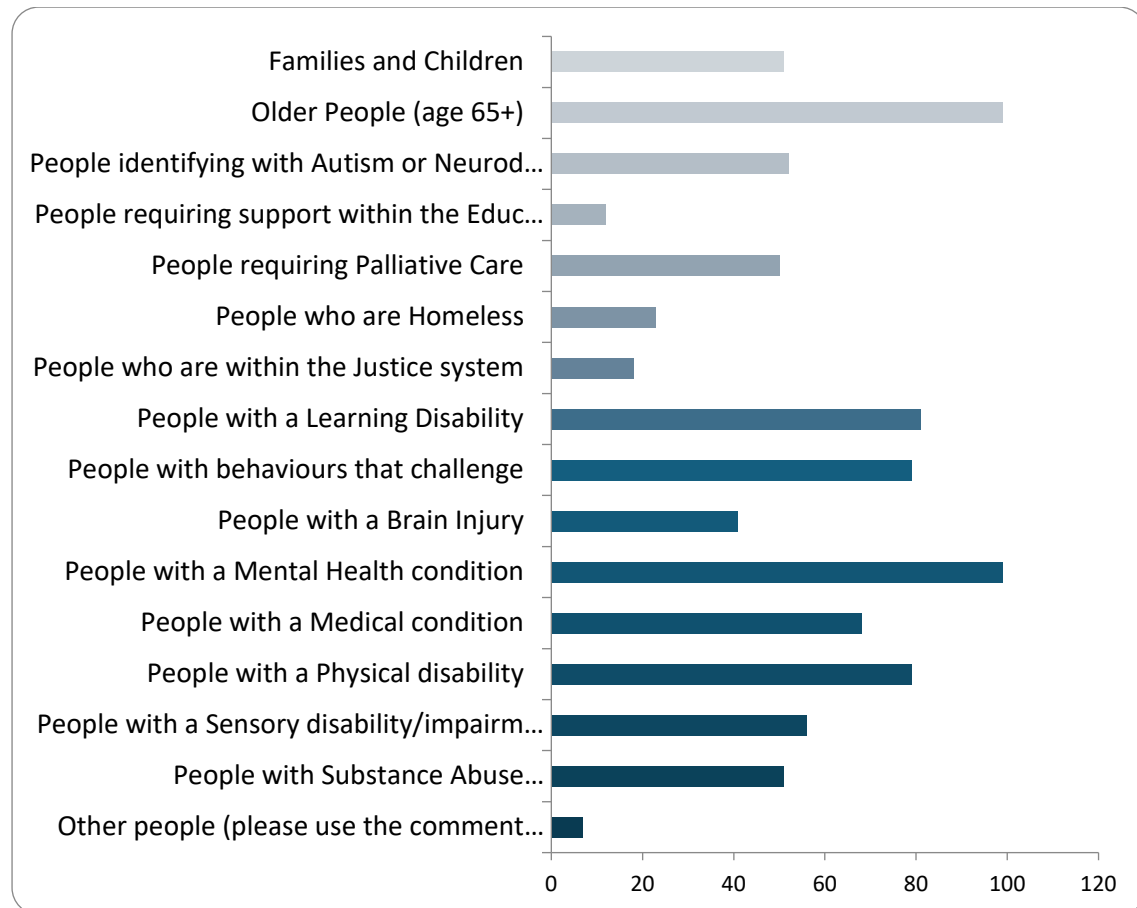
- Hospital
- Community
- Outreach
- Psychiatric hospital
- Wellbeing home visit
- Social Work
- Clinical Assessor - Troubles Disablement pension scheme (Capita for Victims payment board)
- Hospital
- Family and children - Education
- Mental health
- Child Services
- Hospital
- Work with young people providing respite and support
- Children's Services
- Children's
- Hospital
- Peer Support
- Homeless hostel
- Education welfare
- Hospital
- Criminal justice sector
- Care Management
- Eductaion
- Schools
- Hospital, Assessment unit
- Social Services
- Hospitals and care home
- Community mental health
- Community Older People with Dementia
- Post Adoption Services
- Education welfare
- Hospital
- MDT
- Children's Residential

- Respite
- Care management
- Social work
- Clinic
- Social services
- Community
- Bank
- Primary care
- Community
- Children's home
- Criminal justice
- Care assistant
- Primary care
- Student on placement
- Homeless shelter
- Assessment
- Field social work
- I supervise staff across both acute, and community settings
- social work for children & young adults
- Field work based Team
- Safeguarding children
- Remote
- Independent Visitor
- GP surgery social worker so cover all of the above and other areas within a surgery's remit
- Adult mental health
- ACOPS

4: Which of the following groups of people do you provide social care/support for? (tick all that apply)

### Support services

There were 213 responses to this part of the question.



| Option  | Total | Percent |
|---|-------|---------|
| <b>Families and Children</b>                                | 51    | 23.94%  |
| <b>Older People (age 65+)</b>                               | 99    | 46.48%  |
| <b>People identifying with Autism or Neurodiversity</b>     | 52    | 24.41%  |
| <b>People requiring support within the Education system</b> | 12    | 5.63%   |
| <b>People requiring Palliative Care</b>                     | 50    | 23.47%  |
| <b>People who are Homeless</b>                              | 23    | 10.80%  |
| <b>People who are within the Justice system</b>             | 18    | 8.45%   |
| <b>People with a Learning Disability</b>                    | 81    | 38.03%  |
| <b>People with behaviours that challenge</b>                | 79    | 37.09%  |
| <b>People with a Brain Injury</b>                           | 41    | 19.25%  |
| <b>People with a Mental Health condition</b>                | 99    | 46.48%  |
| <b>People with a Medical condition</b>                      | 68    | 31.92%  |
| <b>People with a Physical disability</b>                    | 79    | 37.09%  |
| <b>People with a Sensory disability/impairment</b>          | 56    | 26.29%  |

|   |    |        |
|---|----|--------|
| <b>People with Substance Abuse conditions/Addictions</b>  | 51 | 23.94% |
| <b>Other people (please use the comment box below to describe the people you provide social care/support for)</b> | 7  | 3.29%  |
| <b>Not Answered</b>   | 0  | 0.00%  |

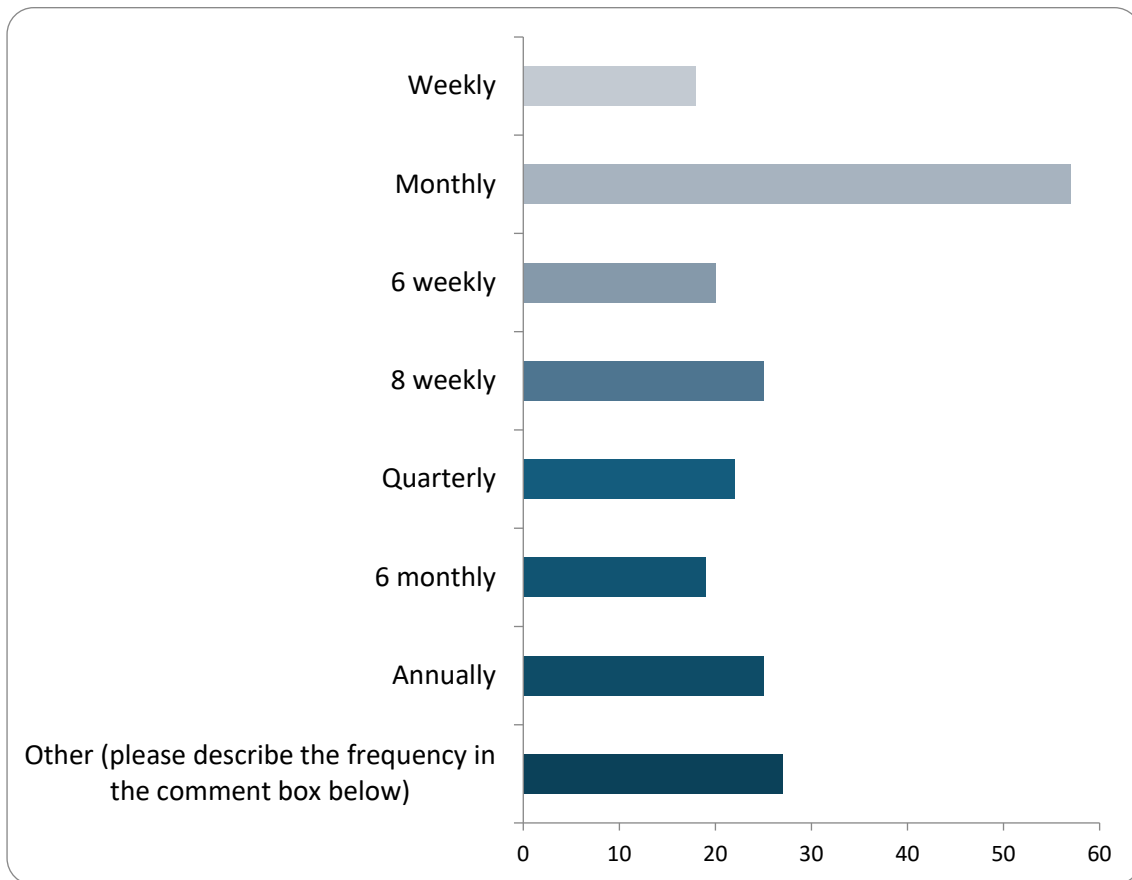
#### **'Other' support services**

- There were 8 responses to this part of the question.
- Care Leavers
- People with a permanent physical/psychological disablement due to troubles related incident
- Alcoholism
- Dementia
- School and Education Authority Staff
- All patients
- Dementia
- Children & young adults - trafficking/exploitation; unaccompanied asylum seeking/refugee status

5: In your experience, what is the frequency of your supervision?

### Frequency of supervision

There were 213 responses to this part of the question.



| Option   | Total | Percent |
|--|-------|---------|
| Weekly   | 18    | 8.45%   |
| Monthly  | 57    | 26.76%  |
| 6 weekly   | 20    | 9.39%   |
| 8 weekly   | 25    | 11.74%  |
| Quarterly  | 22    | 10.33%  |
| 6 monthly  | 19    | 8.92%   |
| Annually   | 25    | 11.74%  |
| Other (please describe the frequency in the comment box below) | 27    | 12.68%  |
| Not Answered   | 0     | 0.00%   |

### Other frequency

There were 38 responses to this part of the question.

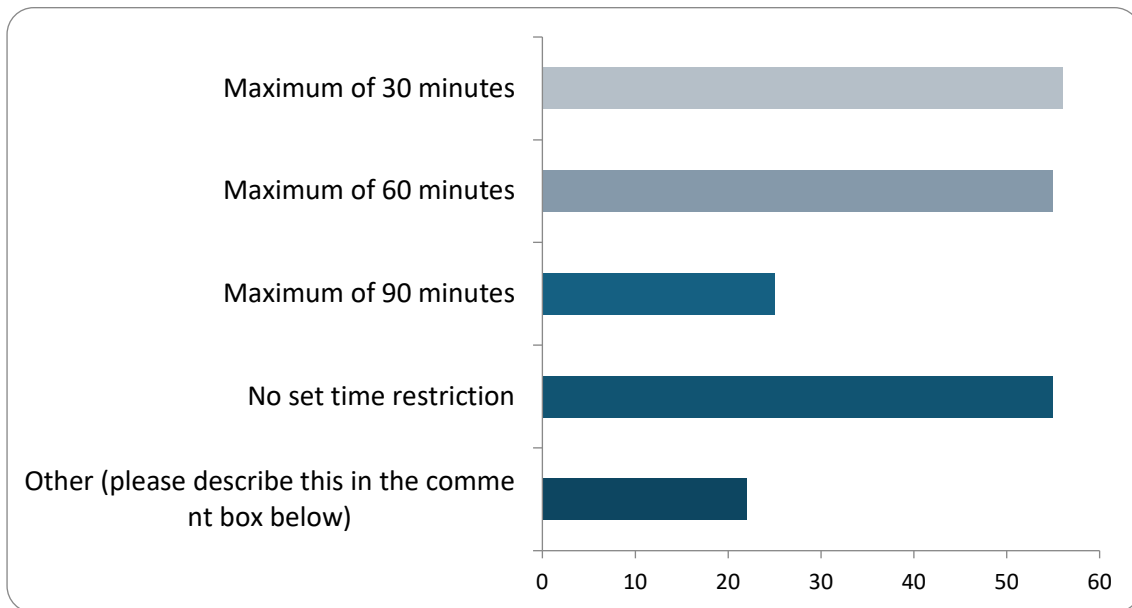
- No supervision other than the nurses during our shift
- To be 4 weekly but often is 8 weekly
- Supposed to be monthly but some months it didnt happen

- No set date
- Haven't had one
- I have peer mentoring 1-2 monthly. Groupe peer supervision 3-4 monthly. Peer management supervision 3-4 monthly. Team managerial supervision 3-4 monthly
- When needed
- Depends on who current manager is, between never and 3/4 monthly
- Every three months
- Only once in my 4 years of service
- Meant to be 8 weekly but went 6 months without supervision even no I requested it
- Infrequent - often cancelled
- At times supervision is missed because seniors are too busy
- No consistency with supervision
- Due to staffing, supervision has been very adhoc
- I work in admin as a new start and currently receive daily supervision in tasks
- Almost never
- Open door..accessed when needed
- Inconsistent
- None
- #Only had a supervision once in 2 years
- Im never called in and given one. A box gets ticked
- Adhoc-have to ask
- Rarely done unless inspections coming up
- I haven't supervision in 3 years.
- Yearly
- if needed, it will be more frequent
- Unsure
- When the manager remembers
- Bi monthly
- Depending on the need of myself within my own supervision and then depending on needs of the peer support workers whom I supervise- can be more or less than 8 weekly
- Depended on what was going on in the Home and staffing levels
- Sporadically (eg: every month for 3 months then no supervision for 6 months)
- Supposed to be monthly, didn't have supervision for 6 months.
- Fortnightly
- Can be adhoc due to SWL pressures.
- Review
- In 5 years I have had 2 supervisions

6: In your experience what is the duration of a normal supervision session?

**Duration of supervision**

There were 213 responses to this part of the question.



| Option  | Total | Percent |
|---|-------|---------|
| Maximum of 30 minutes                                 | 56    | 26.29%  |
| Maximum of 60 minutes                                 | 55    | 25.82%  |
| Maximum of 90 minutes                                 | 25    | 11.74%  |
| No set time restriction                               | 55    | 25.82%  |
| Other (please describe this in the comment box below) | 22    | 10.33%  |
| Not Answered  | 0     | 0.00%   |

**Other duration**

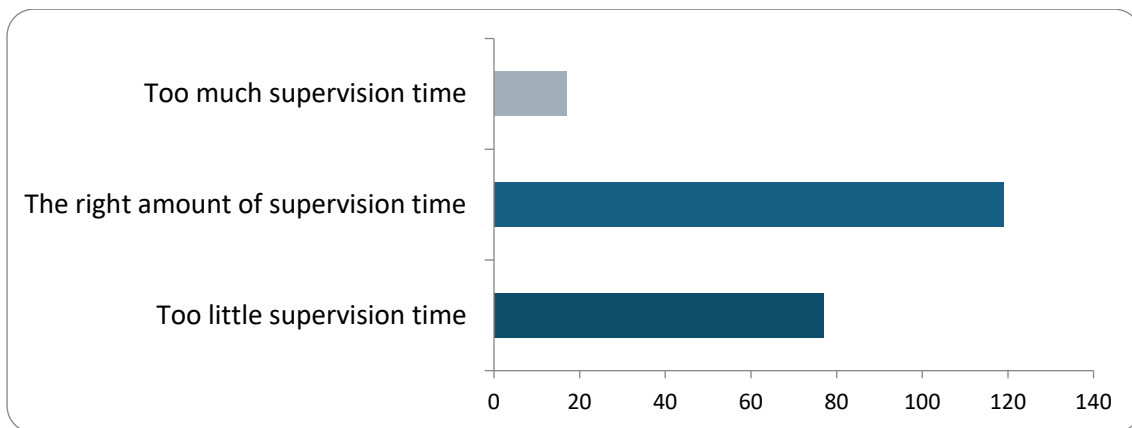
- There were 22 responses to this part of the question.
- 60-90 minutes. Can take 2 hours if necessary
- However long the tasks are that day
- Phone call
- n/a
- 5 mins
- Two minutes as it is just signing the form in a car park
- Under 15 minutes
- 10 minutes
- As quick as possible
- 120 minutes
- Supervision is rushed as quick as possible
- 36 hours
- No supervision

- 120 minutes
- My last proper supervision almost 3 years ago
- Was done by a nurse lasted about 10 minutes, although I answered each question the nurse wrote no issues and signed it off
- Less than 10/15 minutes
- Unsure
- For 1-1 peer supervision it is 1 hour. For group peer supervision it is 2.5 hours. For coaching supervision it's 1 hour or for group coaching supervision its 1.5-2 hours.
- 5 minutes
- Id say it was aprx 40 min
- 5-20 minutes

7: How would you describe the amount of supervision time you have received over the last 12 months?

**Amount of supervision time**

There were 213 responses to this part of the question.

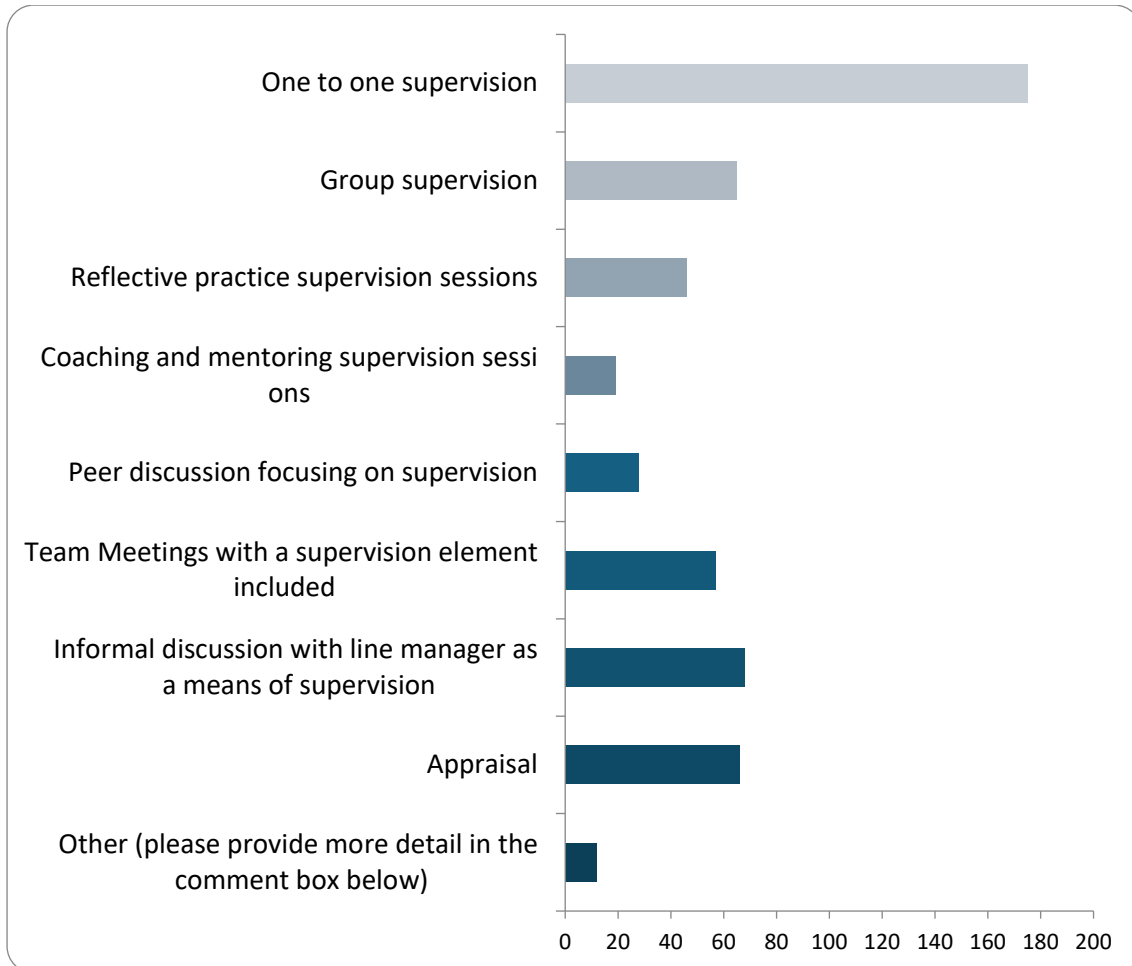


| Option                               | Total | Percent |
|--------------------------------------|-------|---------|
| Too much supervision time            | 17    | 7.98%   |
| The right amount of supervision time | 119   | 55.87%  |
| Too little supervision time          | 77    | 36.15%  |
| Not Answered                         | 0     | 0.00%   |

8: Which of the following describes the type of supervision available to you? (tick all that apply)

**Type of supervision**

There were 213 responses to this part of the question.



| Option   | Total | Percent |
|--|-------|---------|
| <b>One to one supervision</b>  | 175   | 82.16%  |
| <b>Group supervision</b>   | 65    | 30.52%  |
| <b>Reflective practice supervision sessions</b>                        | 46    | 21.60%  |
| <b>Coaching and mentoring supervision sessions</b>                     | 19    | 8.92%   |
| <b>Peer discussion focusing on supervision</b>                         | 28    | 13.15%  |
| <b>Team Meetings with a supervision element included</b>               | 57    | 26.76%  |
| <b>Informal discussion with line manager as a means of supervision</b> | 68    | 31.92%  |
| <b>Appraisal</b>   | 66    | 30.99%  |
| <b>Other (please provide more detail in the comment box below)</b>     | 12    | 5.63%   |
| <b>Not Answered</b>  | 0     | 0.00%   |

## 'Other' type of supervision

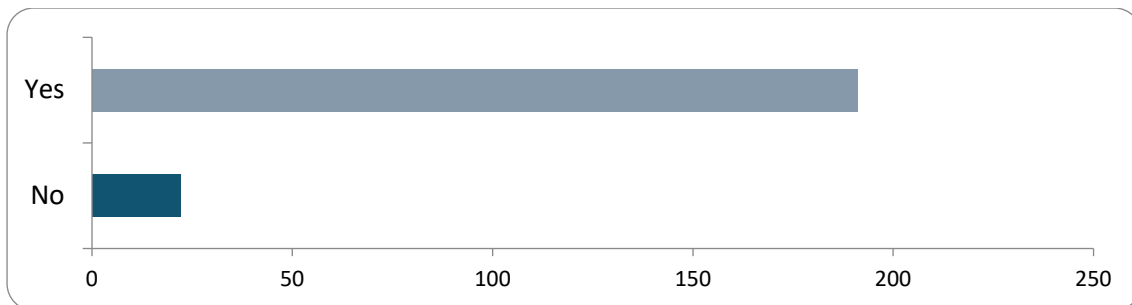
There were 13 responses to this part of the question.

- Professional supervision 4/12 as well as operational
- Not sure
- Phone call
- Supervisions have been non existent since well before Covid we receive no team meetings or supervisions.
- Supervision now done online, manager reviews, expect me to sign before I've spoken to manager
- Professional supervision is also provided as my line manager is not a SW
- Psychotherapy work discussion
- Ive no words
- Tick box excercise
- Haven't had any supervision
- Clinical supervision with counsellor
- Everyone read highlighted companies policy when an issue arises, sign you know what it means and you do it, no discussions about the issue, just sign and give back to the office
- Case discussions

9: Does supervision occur during your working hours?

### Supervision during working hours

There were 213 responses to this part of the question.

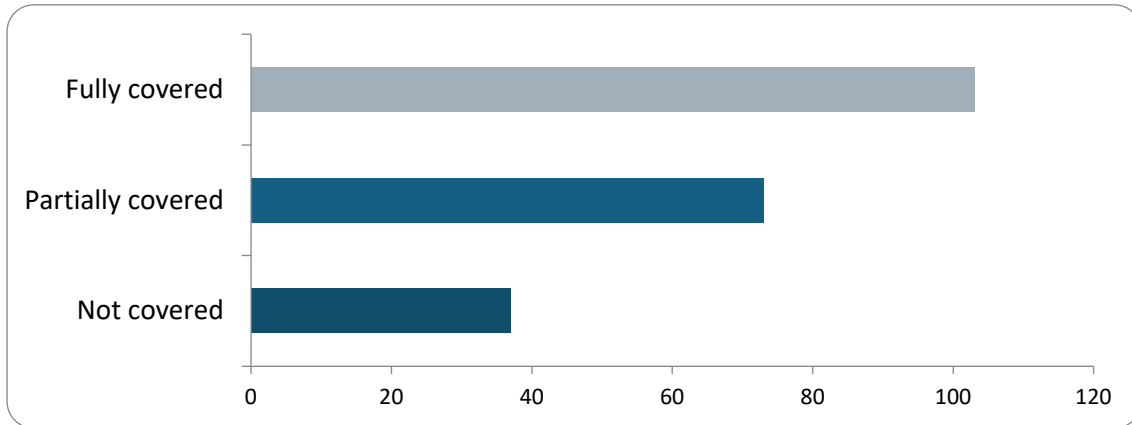


| Option       | Total | Percent |
|--------------|-------|---------|
| Yes          | 191   | 89.67%  |
| No           | 22    | 10.33%  |
| Not Answered | 0     | 0.00%   |

10: Please indicate on the grid below, the extent to which the topics listed are discussed within a normal supervision session?

**Supervision Topics - 1. Workload management.**

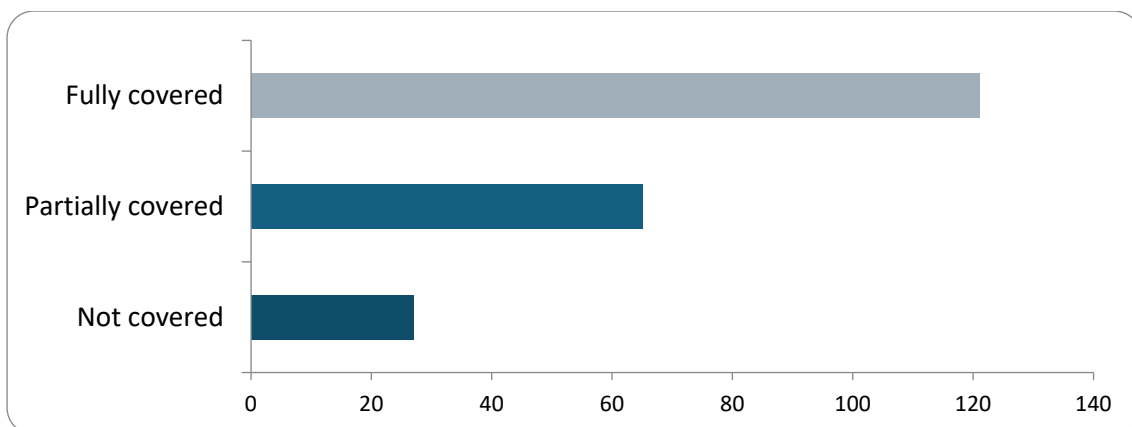
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 103   | 48.36%  |
| Partially covered | 73    | 34.27%  |
| Not covered       | 37    | 17.37%  |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 2. Safeguarding and/or risk management issues for persons supported.**

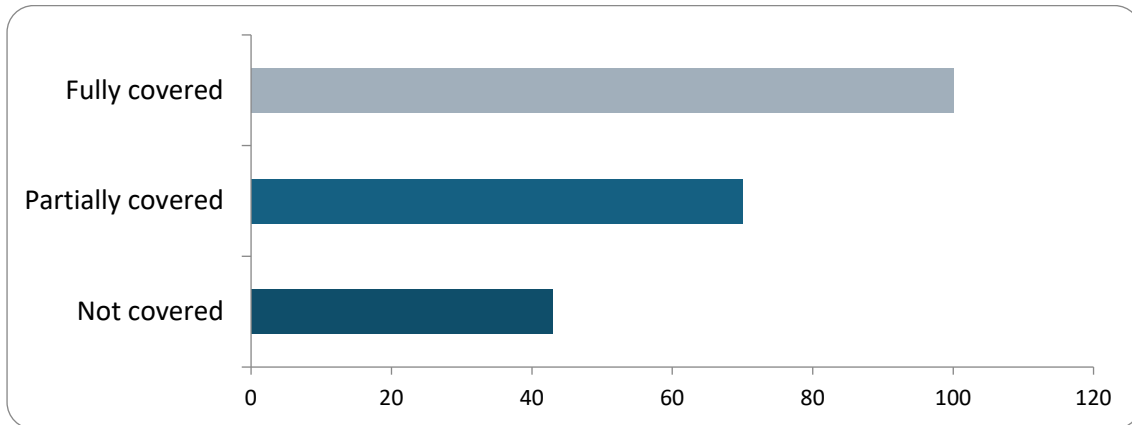
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 121   | 56.81%  |
| Partially covered | 65    | 30.52%  |
| Not covered       | 27    | 12.68%  |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 3. Working relationships with individuals supported.

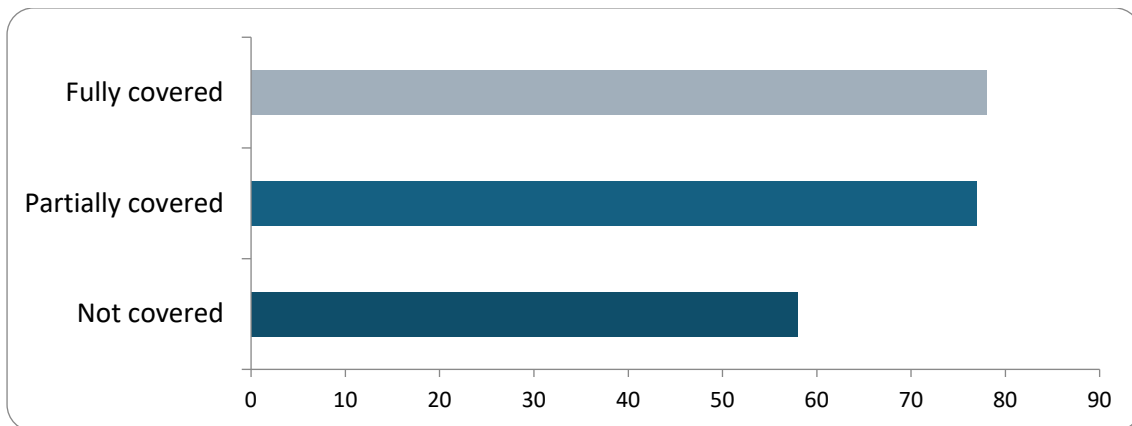
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 100   | 46.95%  |
| Partially covered | 70    | 32.86%  |
| Not covered       | 43    | 20.19%  |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 4. Working relationships with colleagues and other professionals.

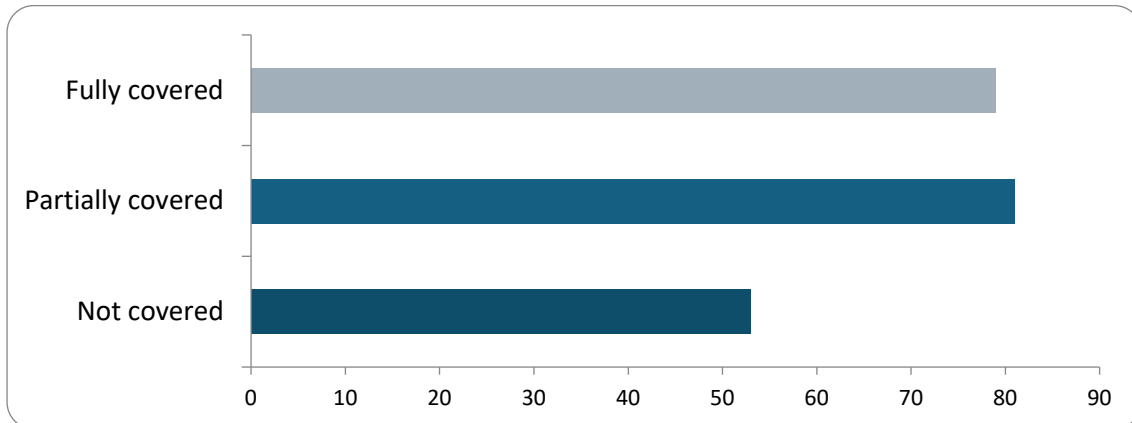
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 78    | 36.62%  |
| Partially covered | 77    | 36.15%  |
| Not covered       | 58    | 27.23%  |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 5. Legislation, guidance and best practice issues.**

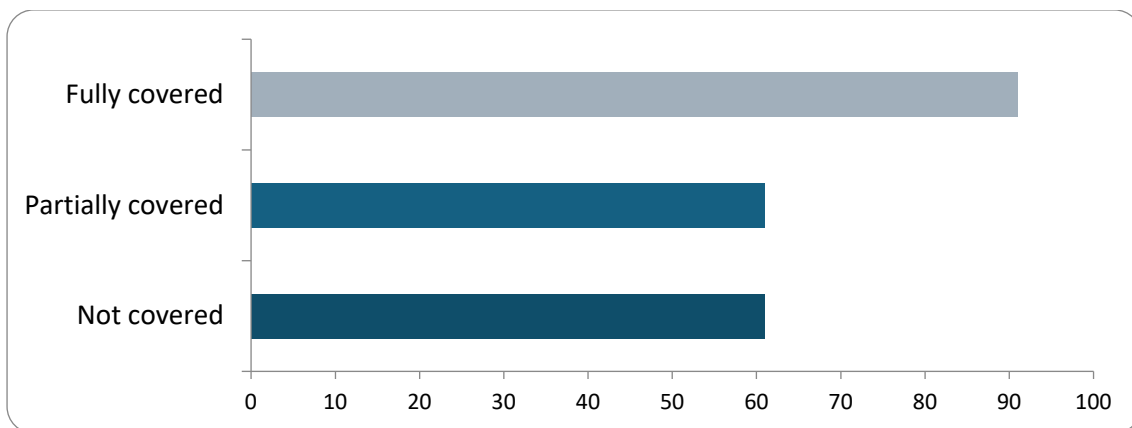
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 79    | 37.09%  |
| Partially covered | 81    | 38.03%  |
| Not covered       | 53    | 24.88%  |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 6. Outcomes for individuals supported and how your practice makes a difference in their lives.**

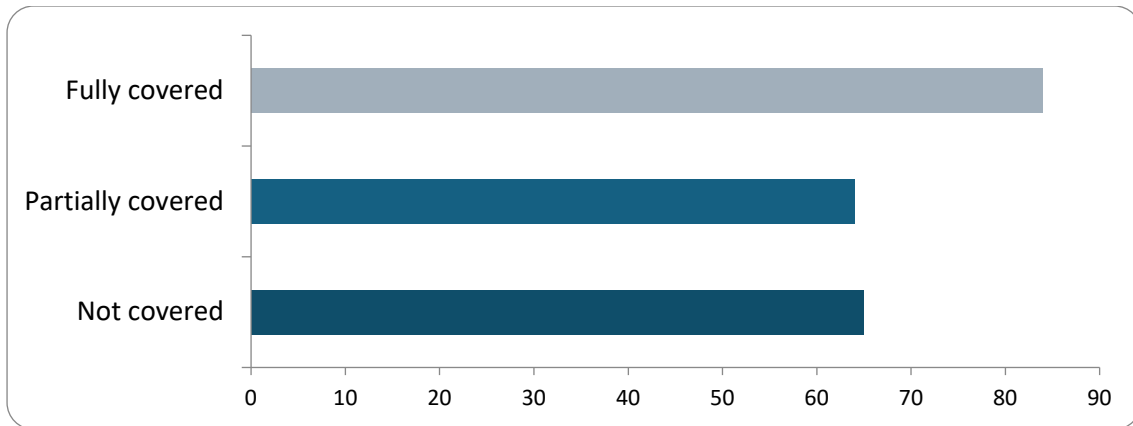
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 91    | 42.72%  |
| Partially covered | 61    | 28.64%  |
| Not covered       | 61    | 28.64%  |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 7. How professional standards, ethics and values apply to your practice.**

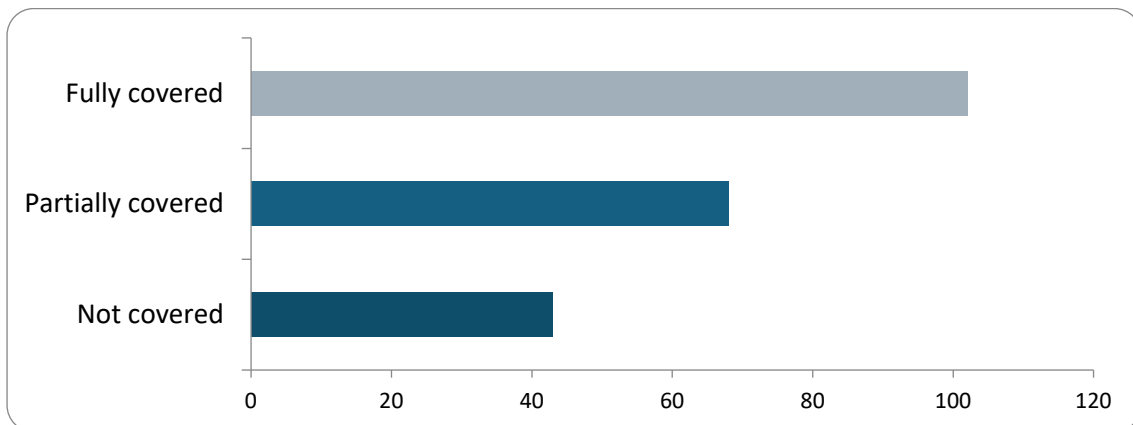
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 84    | 39.44%  |
| Partially covered | 64    | 30.05%  |
| Not covered       | 65    | 30.52%  |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 8. Training, professional development, and career opportunities.**

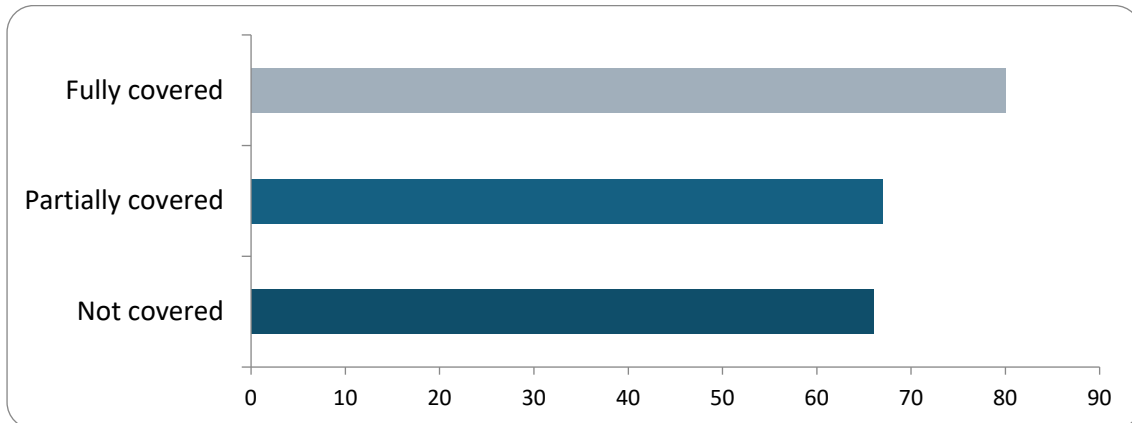
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 102   | 47.89%  |
| Partially covered | 68    | 31.92%  |
| Not covered       | 43    | 20.19%  |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 9. Reflective practice to draw out new learning and insights.

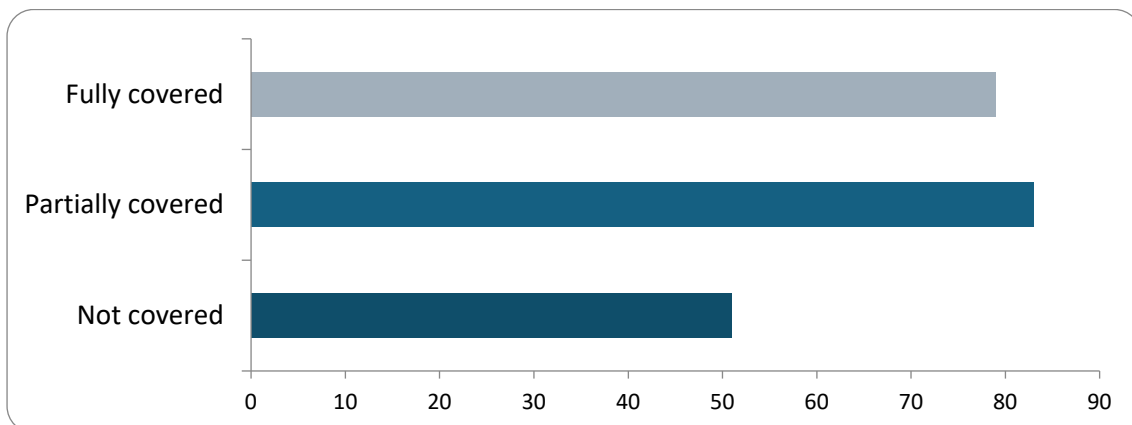
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 80    | 37.56%  |
| Partially covered | 67    | 31.46%  |
| Not covered       | 66    | 30.99%  |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 10. Feedback to improve practice.

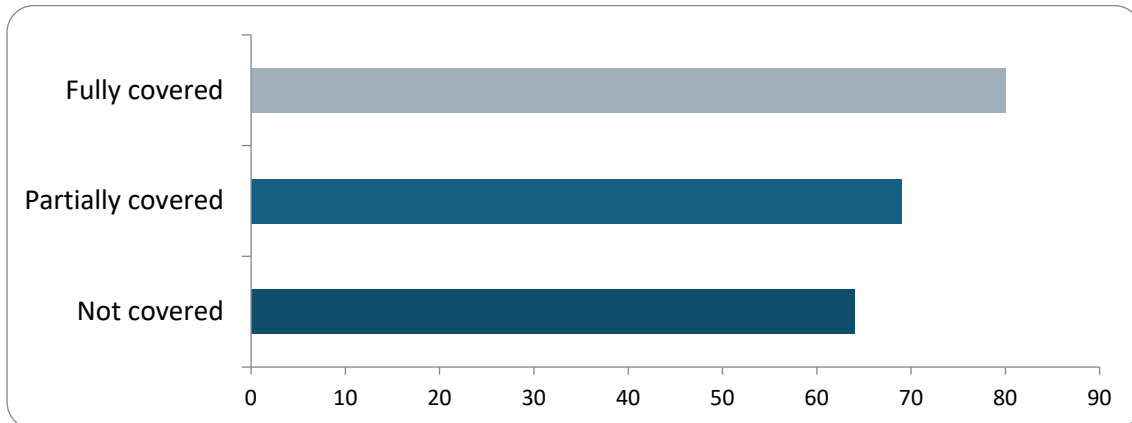
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 79    | 37.09%  |
| Partially covered | 83    | 38.97%  |
| Not covered       | 51    | 23.94%  |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 11. Support for your personal development.**

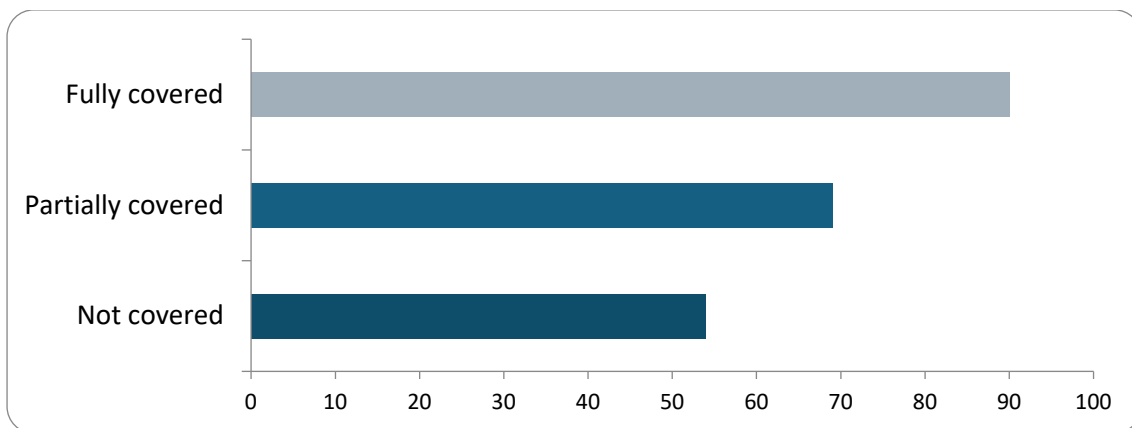
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 80    | 37.56%  |
| Partially covered | 69    | 32.39%  |
| Not covered       | 64    | 30.05%  |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 12. Specific issues relevant to work life balance e.g. TOIL, leave cover, flexible working etc.**

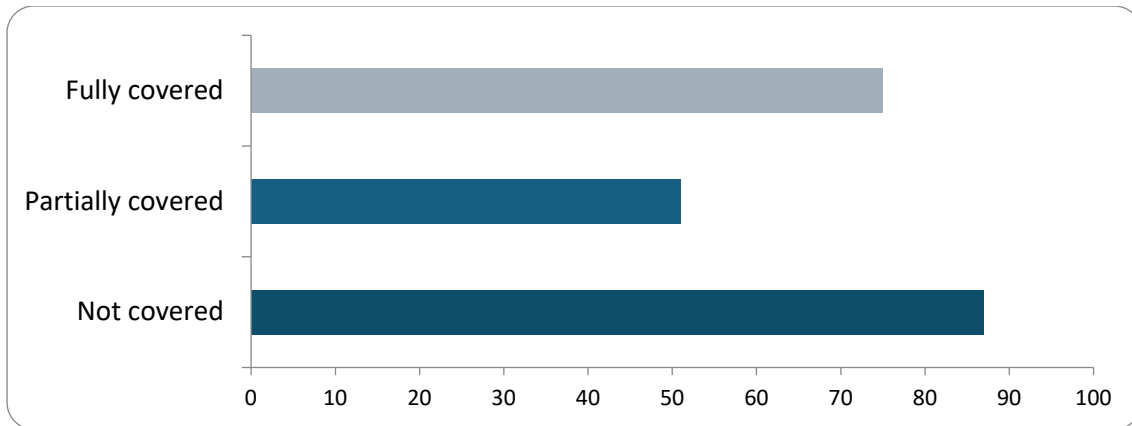
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 90    | 42.25%  |
| Partially covered | 69    | 32.39%  |
| Not covered       | 54    | 25.35%  |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 13. Exploration of the emotional impact of the work including any recent traumatic experiences related to your role.**

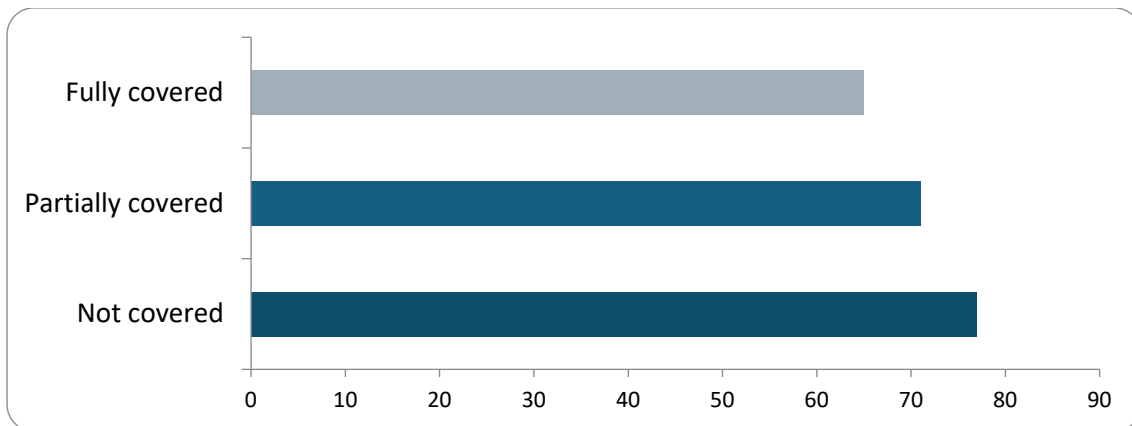
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 75    | 35.21%  |
| Partially covered | 51    | 23.94%  |
| Not covered       | 87    | 40.85%  |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 14. Exploring the use of other resources to support your work.**

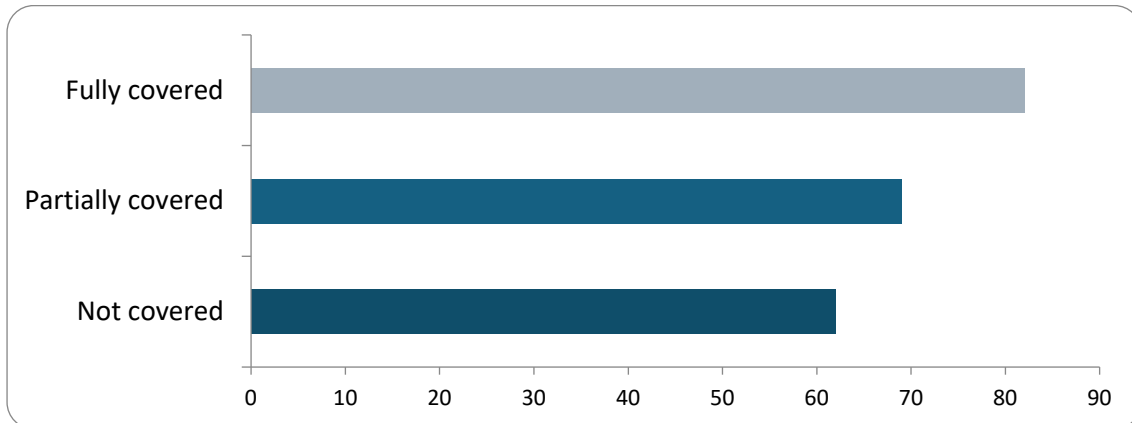
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 65    | 30.52%  |
| Partially covered | 71    | 33.33%  |
| Not covered       | 77    | 36.15%  |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 15. Your wellbeing and resilience.

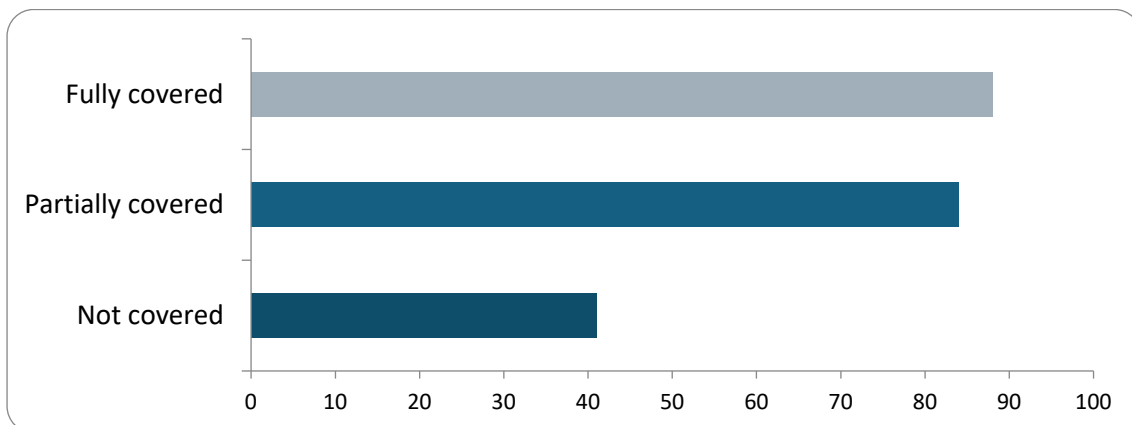
There were 213 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 82    | 38.50%  |
| Partially covered | 69    | 32.39%  |
| Not covered       | 62    | 29.11%  |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 16. Exploration of any concerns.

There were 213 responses to this part of the question.

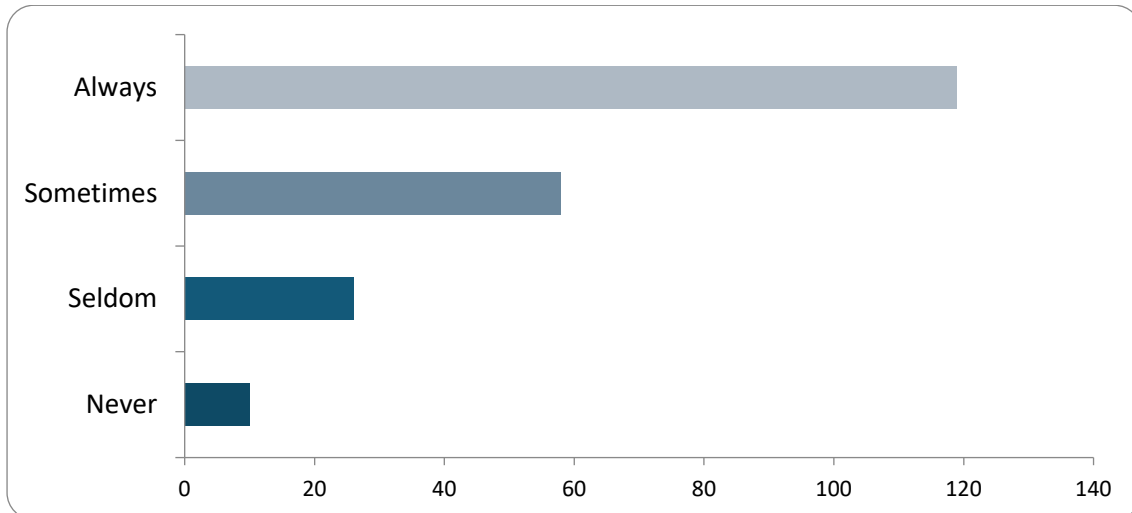


| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 88    | 41.31%  |
| Partially covered | 84    | 39.44%  |
| Not covered       | 41    | 19.25%  |
| Not Answered      | 0     | 0.00%   |

11: Please read each of the statements listed below and indicate on the grid how often your supervision experience meets these.

**Supervision experience - 1. My supervisor is skilled as a supervisor and knowledgeable about my role**

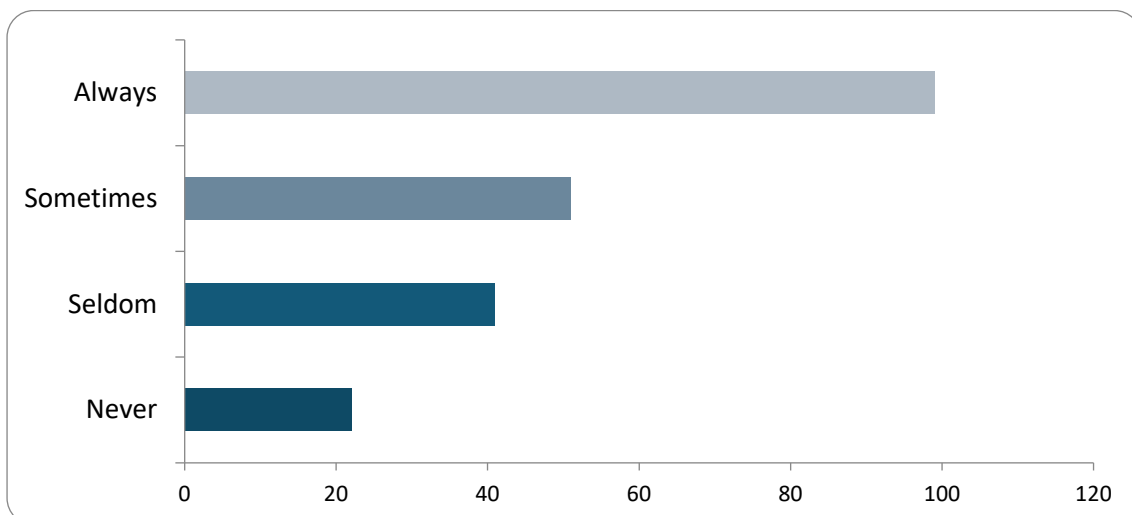
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 119   | 55.87%  |
| Sometimes    | 58    | 27.23%  |
| Seldom       | 26    | 12.21%  |
| Never        | 10    | 4.69%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 2. My organisation provides regular, punctual supervision**

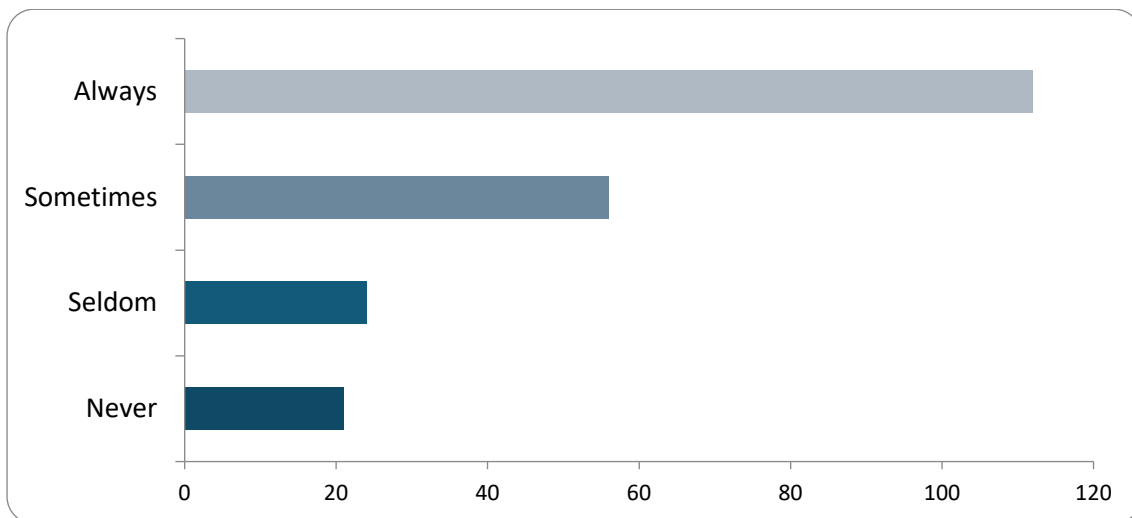
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 99    | 46.48%  |
| Sometimes    | 51    | 23.94%  |
| Seldom       | 41    | 19.25%  |
| Never        | 22    | 10.33%  |
| Not Answered | 0     | 0.00%   |

### Supervision experience - 3. My supervisor is well prepared for the supervision

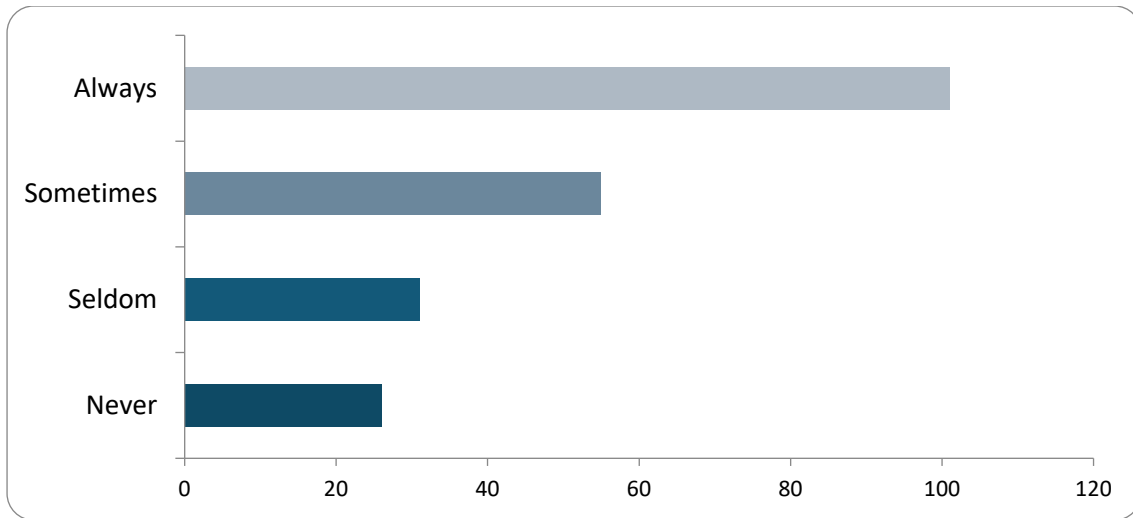
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 112   | 52.58%  |
| Sometimes    | 56    | 26.29%  |
| Seldom       | 24    | 11.27%  |
| Never        | 21    | 9.86%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 4. My time to take part in supervision is protected time that is valued by my manager**

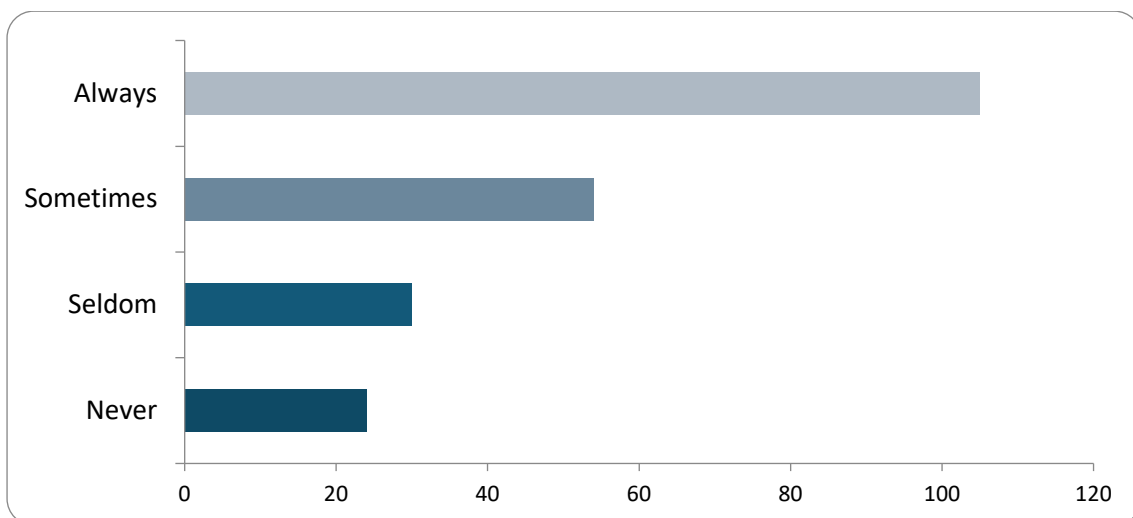
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 101   | 47.42%  |
| Sometimes    | 55    | 25.82%  |
| Seldom       | 31    | 14.55%  |
| Never        | 26    | 12.21%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 5. Supervision is a positive and much needed use of time**

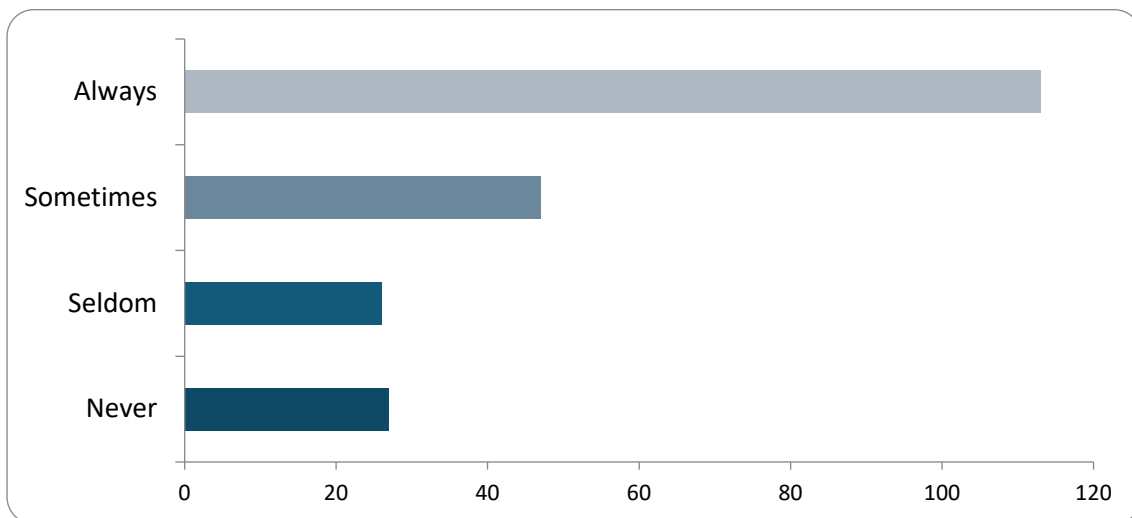
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 105   | 49.30%  |
| Sometimes    | 54    | 25.35%  |
| Seldom       | 30    | 14.08%  |
| Never        | 24    | 11.27%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 6. My supervisor provides a comfortable confidential space that is not rushed**

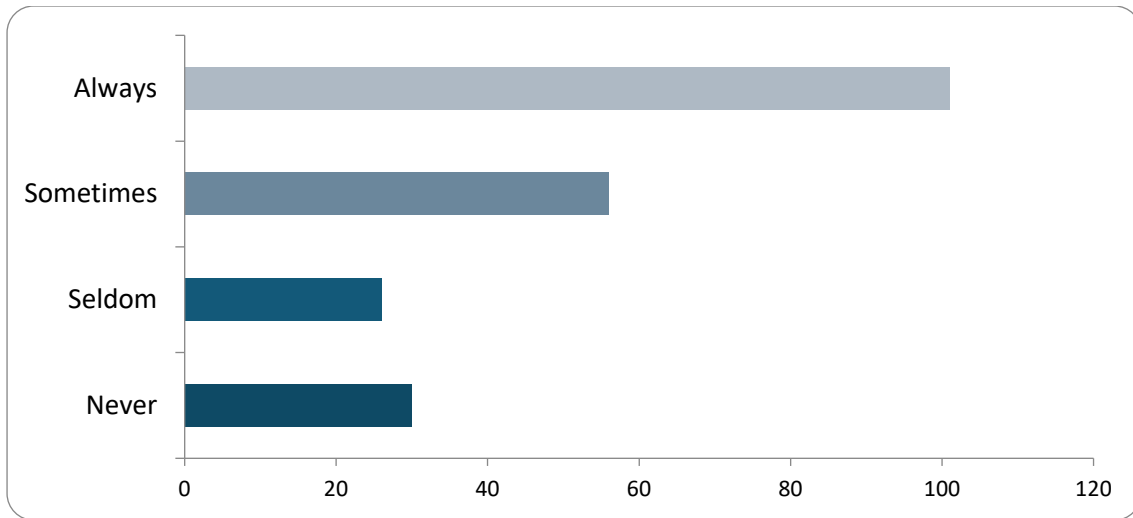
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 113   | 53.05%  |
| Sometimes    | 47    | 22.07%  |
| Seldom       | 26    | 12.21%  |
| Never        | 27    | 12.68%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 7. Supervision is a reflective space which is non-judgemental**

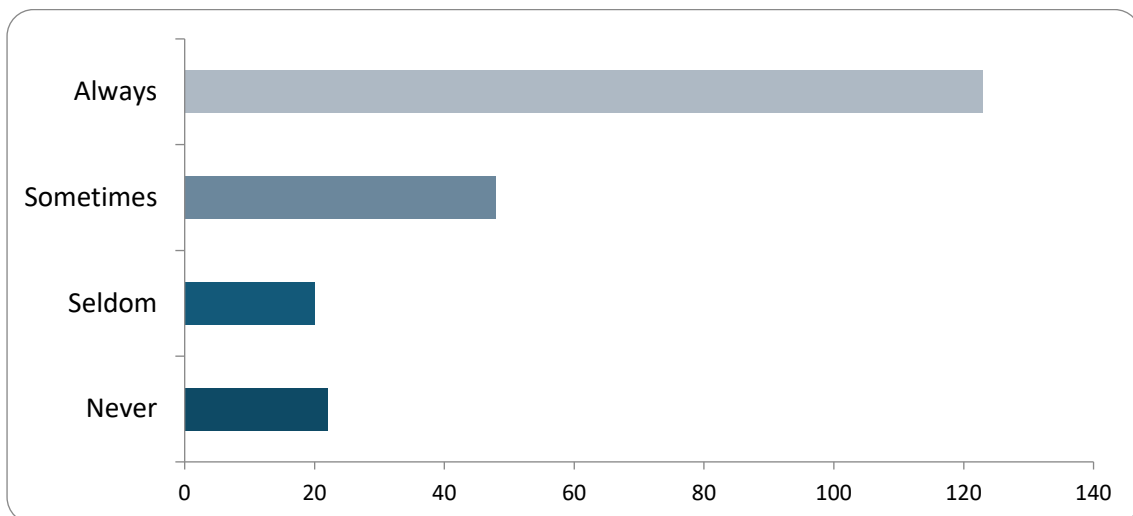
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 101   | 47.42%  |
| Sometimes    | 56    | 26.29%  |
| Seldom       | 26    | 12.21%  |
| Never        | 30    | 14.08%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 8. My supervisor communicates openly and frankly encouraging me to act in the same manner**

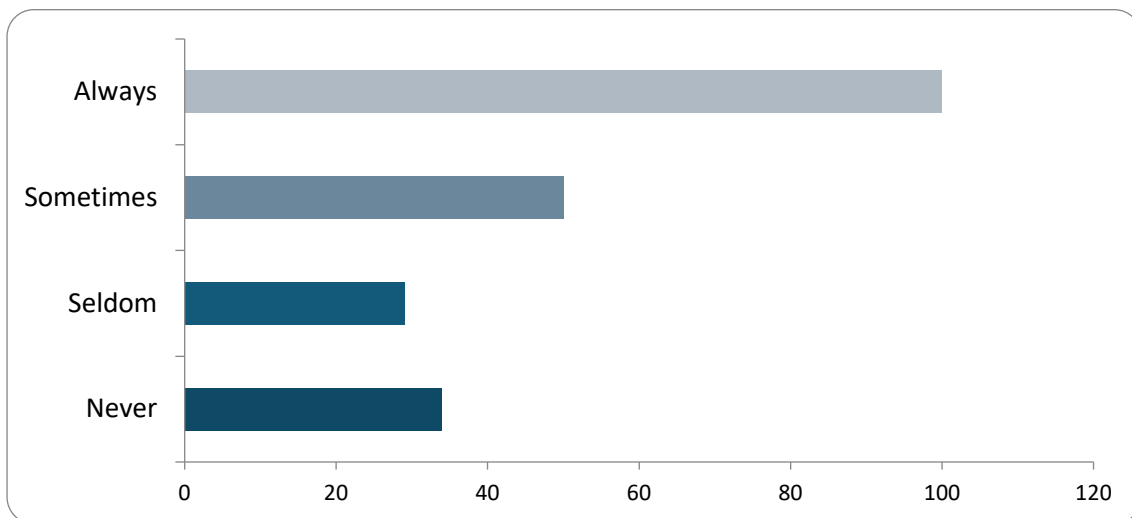
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 123   | 57.75%  |
| Sometimes    | 48    | 22.54%  |
| Seldom       | 20    | 9.39%   |
| Never        | 22    | 10.33%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 9. My supervisor uses my practice experience (good and bad) in a way that helps me learn and grow**

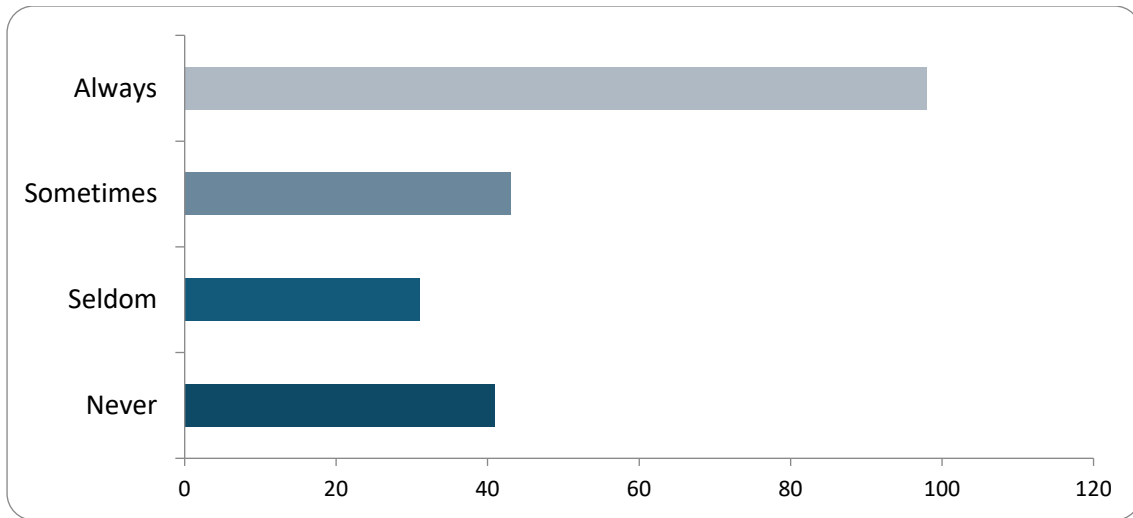
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 100   | 46.95%  |
| Sometimes    | 50    | 23.47%  |
| Seldom       | 29    | 13.62%  |
| Never        | 34    | 15.96%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 10. My supervisor encourages me to apply my knowledge and skills and share with others**

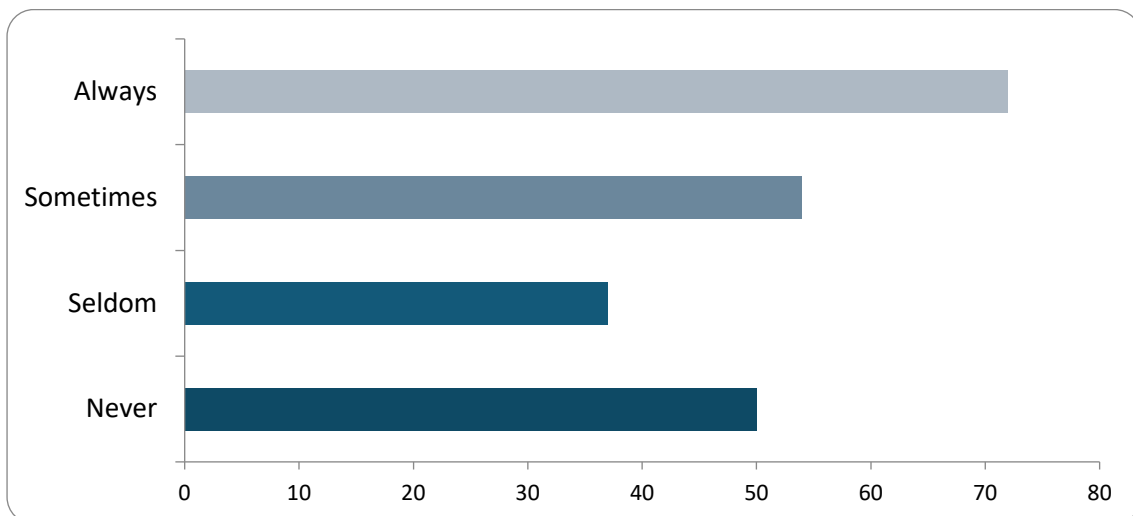
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 98    | 46.01%  |
| Sometimes    | 43    | 20.19%  |
| Seldom       | 31    | 14.55%  |
| Never        | 41    | 19.25%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 11. Supervision helps me to achieve and maintain a better work life balance**

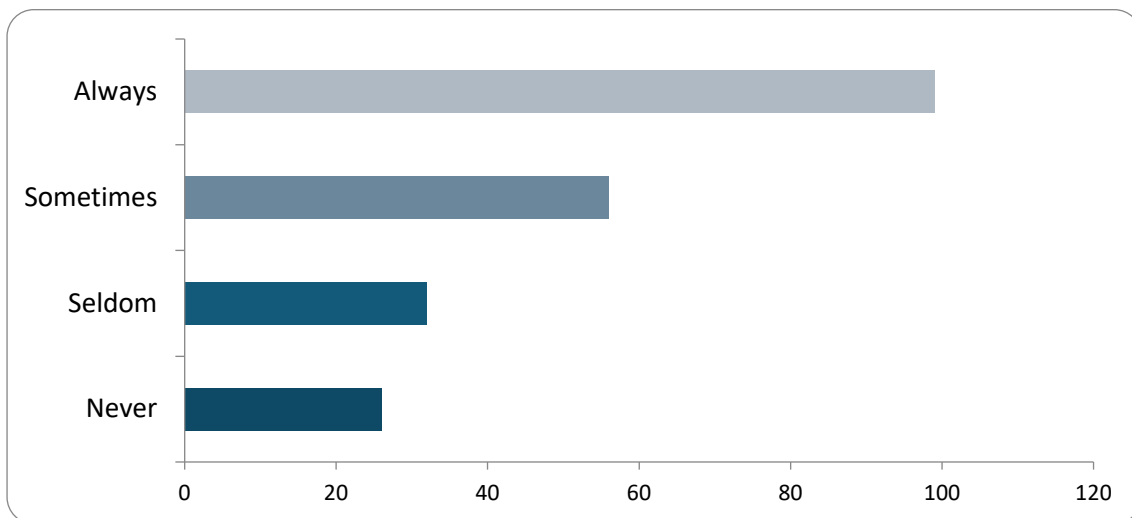
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 72    | 33.80%  |
| Sometimes    | 54    | 25.35%  |
| Seldom       | 37    | 17.37%  |
| Never        | 50    | 23.47%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 12. My supervisor holds each person mutually accountable for implementing actions agreed**

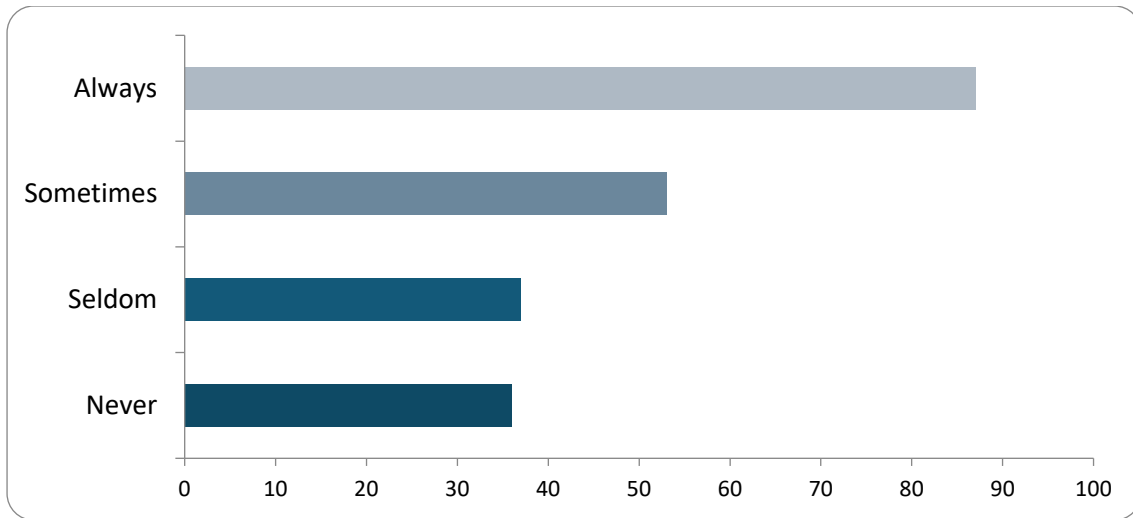
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 99    | 46.48%  |
| Sometimes    | 56    | 26.29%  |
| Seldom       | 32    | 15.02%  |
| Never        | 26    | 12.21%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 13. My supervisor encourages me to explore creative solutions to problems and issues**

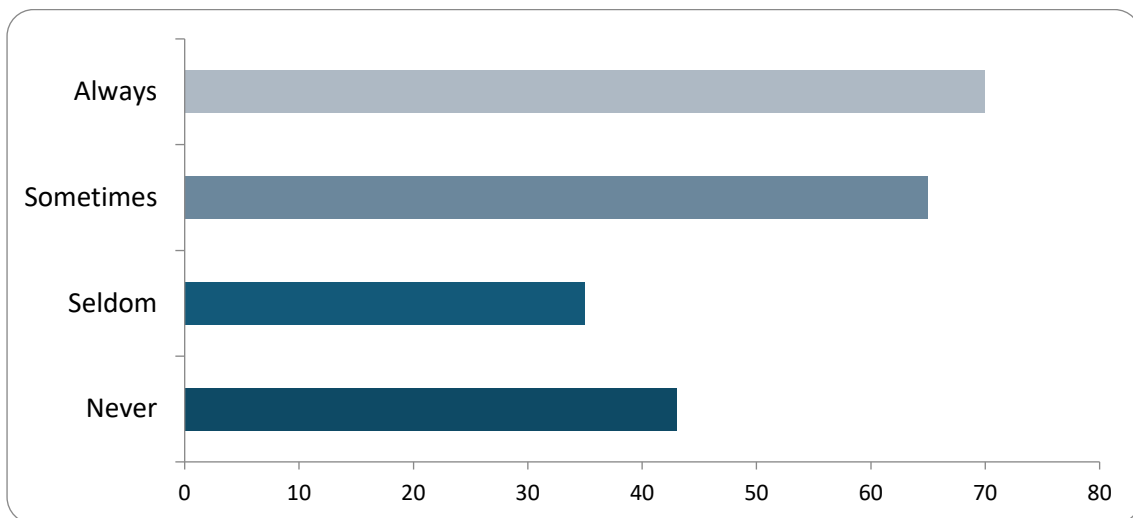
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 87    | 40.85%  |
| Sometimes    | 53    | 24.88%  |
| Seldom       | 37    | 17.37%  |
| Never        | 36    | 16.90%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 14. Supervision helps me deal with frustrations and difficulties in the workplace**

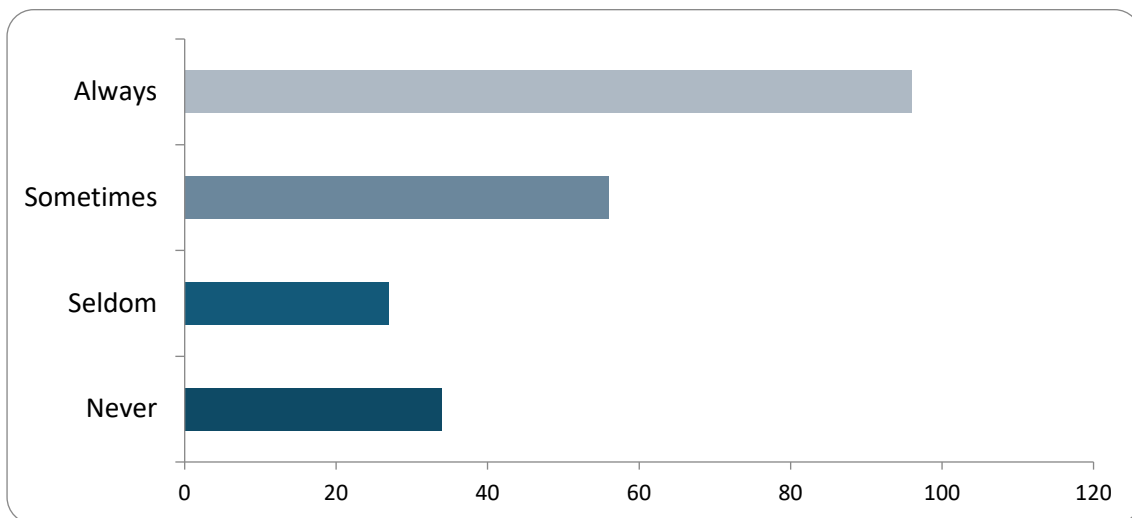
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 70    | 32.86%  |
| Sometimes    | 65    | 30.52%  |
| Seldom       | 35    | 16.43%  |
| Never        | 43    | 20.19%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 15. My supervisor acts as a role model in terms of performance and professional standards**

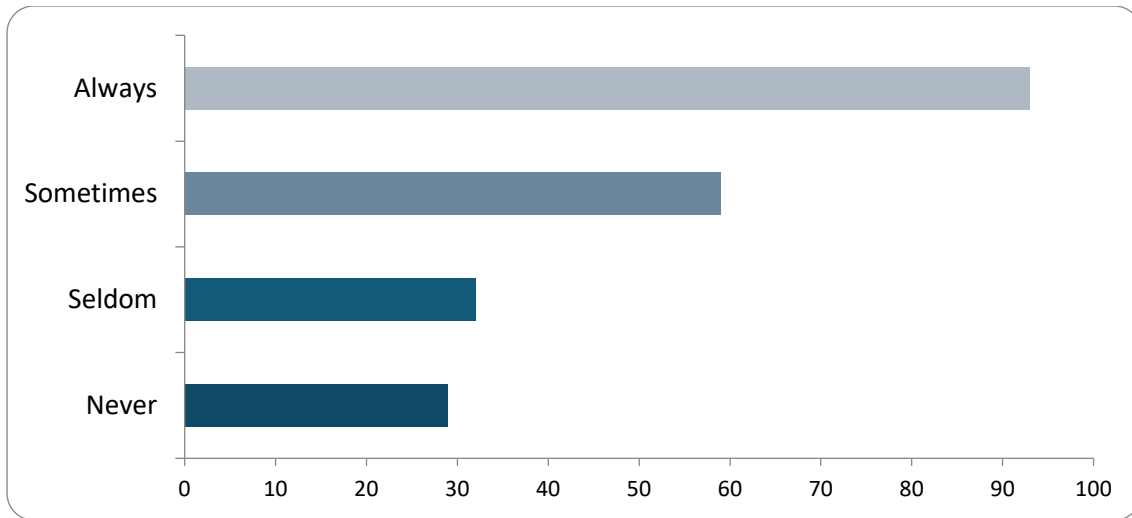
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 96    | 45.07%  |
| Sometimes    | 56    | 26.29%  |
| Seldom       | 27    | 12.68%  |
| Never        | 34    | 15.96%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 16. My supervisor helps me to establish reasonable and realistic work targets and outcomes**

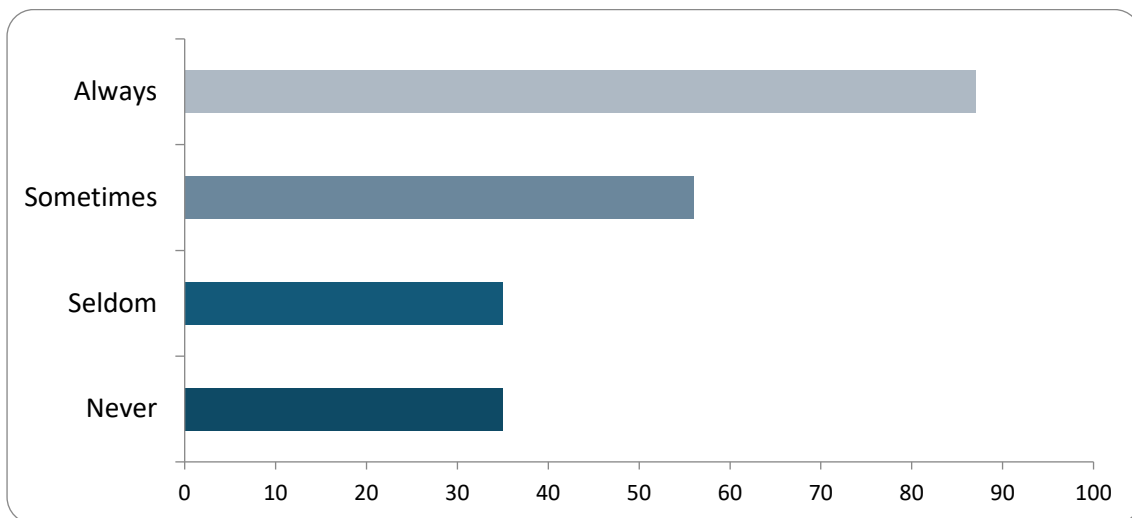
There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 93    | 43.66%  |
| Sometimes    | 59    | 27.70%  |
| Seldom       | 32    | 15.02%  |
| Never        | 29    | 13.62%  |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 17. My supervisor provides feedback to help me build on my strengths and identify areas to develop**

There were 213 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 87    | 40.85%  |
| Sometimes    | 56    | 26.29%  |
| Seldom       | 35    | 16.43%  |
| Never        | 35    | 16.43%  |
| Not Answered | 0     | 0.00%   |

12: Please use this comment section to provide any suggestions you would like to share with the review team on how supervision could be improved in social care settings across Northern Ireland.

### Additional comments (if applicable)

There were 90 responses to this part of the question.

- Educate the work force on a workers right to regular supervision sessions
- I work within Regional Emergency Social Work Service
- Supervision is only offered as part of a yearly appraisal. Peer supervision happens ad hock on the corridor or in offices and is not structured for my pay band. The appraisal is a tick box exercise and has not been beneficial for professional growth or creativity. Any ideas shared are not listened to or taken forward
- That whatever is discussed especially work life balance and a request for certain shifts is taken seriously and implemented where possible
- NA
- When you were supervising a Patient, some of the Nurses would Come and called you to go to another Bay for help, leaving your Patient there, which was not good. And it was Dangerous to leave your Patient. They have to tell the Nurses to stop those things. Thank you.
- Supervision is always impacted by staffing issues within the workplace and is often cancelled due to this a better way of solving this needs to be found
- Supervision notes are not shared or shared months after supervision. Supervisor adds workers signature to supervision notes. Supervisor does not read or action any amendments or discuss disagreements
- Follow up on issues raised by supervisee
- Supervision should be longer to really equip the care worker and be confident to handle every work conditions.
- Make it just not a paper exercise. Nothing is ever acted on.
- Supervision is a tick box exercise in my work place, it is not confidential and often any concerns or issues someone brings up is discussed with others as personal files are accessible to others
- More training needed for supervisors, time should be protected- take place as agreed, and supervisor should not take calls/answer emails during supervision. Supervision should be about person getting supervision, give them time to talk etc
- Always negative feedback. Never concentrates on the positive
- My role is in admin and my supervision is largely non-official ie casual help and advice / discussions with line manager and site managers

- I have had six supervisors in a ten year period , the present one only communicates when it suits them
- Provide a safe space to discuss workload and shift patterns. Review working hours to prevent burnout and fatigue. Identify signs of stress or work-related pressure. Encourage use of annual leave and rest breaks. Promote flexible working where possible. Discuss reasonable adjustments if personal circumstances change. Review performance against job role and care standards. Identify strengths and areas for improvement. Set clear, achievable goals (SMART targets). Discuss training needs and qualifications (e.g., NVQ/Diploma in Health & Social Care). Encourage career progression opportunities. Reflect on practice and learning from incidents. Provide a confidential, non-judgemental space. Allow discussion of difficult experiences (e.g., safeguarding, end-of-life care). Offer emotional support and reassurance. Identify early signs of compassion fatigue or burnout. Signpost to wellbeing support if needed. Recognise achievements and positive contributions. Review care plans and individual service user needs
- Discuss safeguarding concerns. Reflect on incidents, complaints, or near misses. Promote person-centred care. Ensure compliance with policies and regulatory standards. Encourage reflective practice. Identify improvements in care delivery. Regular (e.g., every 6–8 weeks). Structured with clear agenda. In conclusion when supervision is effective: Staff wellbeing improves. Staff retention increases. Professional skills develop. Care standards rise. Residents experience better outcomes. Confidential. Two-way discussion. Documented with agreed action plan. Supportive rather than punitive
- I find supervision to be supportive and informative. It is a good space to reflect on practice, and identify stressors and how best to approach them. The level of supervision is enough for me (monthly) however, I also have informal, ad-hoc supervision when needed. It would be difficult to improve my experience of supervision.
- Managers are either encouraged to develop their use of reflective supervision or staff receive this form of support elsewhere and their management supervision focused on caseload etc to be within the team
- Supervisor is simply a process to comply with standards and regulations. It is not a process to address concerns or generate any positive or constructive actions.
- My manager has never attended training to provide supervision. It is ALL about work management and not about anything else
- My supervision is valuable, regular and of good standard. I feel supported and valued. It's important for me to remember I took have role in ensuring I contribute and use supervision effectively
- My job should be with more respect
- The supervision paperwork is massive overkill.
- I have to be honest i have never felt so isolated and un supported in a job the last couple years. I have been through so much with the loss of my father. Im a part time unpaid carer for mum and i am still waiting on support. It is not hood enough managers need to step up if they want to keep their staff. It all helps towards recruitment a good supportive relationship. No one in this day and age should ever feel isolated. Big red flag

- Supervision in all trusts is dire. I would like to draw attention to the north recovery team in old see house in bhsct. supervision is non-existent and when happens at your requests multiple times it is very very brief and you do not have a voice in your supervision at all.
- I currently role supervision as a protected time and important part of the role. In previous health care posts it's at times felt rushed and a tick box exercise which is reflective of the stressors within the team and department as a whole. It's due to funding and staff pressures working higher caseloads and more complex risk - supervision is needed but at times can add on stress as you don't have the space to be fully engaged with the process. It could be improved by more staffing to meet the needs of the service and to reduce unrealistically high caseloads. The staff and management see the value and are skilled in supervision processes but in the system they are working in that doesn't give space for managers and staff to fully engage in the process.
- Enlighten service user on our roles more on our roles.
- Being done by the home manager, not done in 10 spare moments during a night shift, being closed down if anything negative is answered
- Any issues raised or concerns are never dealt with and only concerned if something happens, very little support and understanding for you as an individual
- Regular supervision & the supervisor organised for it
- We need more supervision and training regarding the specific problems we face due to the particular conditions our service users have. Sometimes it feels like we just have to suck it up.
- My manager is very supportive and encouraging but also confident and knowledgeable in her role and indeed our work. Sometimes expectations can differ of how efficient workers can be to complete work/reports etc as she is particularly gifted in this area. Hence caseloads can feel heavier for 1 individual as opposed to another!
- Whilst my manager is excellent there is very little time in her role for proper supervision. Often it feels more of a tick box exercise than a tool. I have worked for the Trust for 5 years and don't believe I've ever had a supervision that has been thorough and one that I have left feeling heard, supported and excited for development. I do not hold managers to blame for this though, their time is limited and something has to give.
- Just do it!!!!
- focus of supervision tends to be workload management, professional development is not always discussed openly. Even though I am an experienced worker I would benefit from discussion re developing practice and being encouraged to seek new work experiences /opportunities
- All is well and must continue to be done
- Employer doesn't care about the staff it's about the money they can pull in from the service user
- Supervision should not be a tick box exercise or a list of what needs to be done. A strengths based approach in terms of learning and development would be more supportive for staff....We all have strengths yet also things we can all learn.
- I have been in job 4 months and never had supervision

- Training on reflective practice for managers to use with supervised. Sometimes it's just getting through the discussing the caseload and seeing where you are up to. I wonder if managers perhaps are not confident or are too busy for the reflective side.
- Maybe have a separate role purely to develop have a reflective practice aspect to working with cases. I would find this help in developing as a practitioner.
- Supervisor sends emails and takes calls throughout supervision
- My supervisor is under significant pressure and is working multiple roles and therefore is unable to prioritise supervision to the extent that's required. In addition whilst my supervisor tries and is under pressure they have only got 3 years experience as a social worker before moving in to management, as a result they are managing complex cases and issues that they and I have no experience in. My supervision is modelled on theirs so it's clear it's a whole system issue.
- Positive reinforcement lacking
- This seems to relate to operational and professional Social Work supervision. In Social Services, working with the pain and trauma, on the front line with children and families, I remain shocked that reflective practice, separate to operational and professional supervision is not mentioned. Group Psychoanalytic Reflective Supervision should be mandatory in many of the areas we work in. For example, Dr Deirdre Meehan does this with healthcare staff and nursing staff in Beechcroft Inpatient Unit. This should be extended to all Teams throughout Social Services, particularly in areas like CAMHS and LAC (including Children's Home). There is such a strong evidence base for this and it has been rolled out in many parts of England, Scotland and Wales where Child & Adolescent Psychoanalytic Psychotherapy is commissioned. Whilst it is recognised as a core MDT profession through the Mental Health Strategy in NI, it has not been commissioned but there is number of trained staff who can do this in NI. I really do struggle to understand why the emotional aspect of our work in Social Services is not sufficiently thought about and contained as doing so can really help the children, young people and families with whom we work.
- Supervision for me is a very stressful period, manager will never give praise or take on board what I say. Wellbeing would have been top of the agenda but now it's only about what I have to say.
- Across NI supervision for peer support workers is extremely patchy, with Belfast Trust being the only Trust which delivers peer 1-1 and group supervision by qualified peer supervisors. In other Trusts peer support workers are given supervision by their line managers who have no experience of being peer support workers and typically not trained in reflective/peer supervision. This has a detrimental impact on peers who are doing very unique roles which include sharing their own lived experience of mental health challenges and at times working in a very different way to traditional staff within their teams. Where there aren't more senior peer support workers/supervisors to support and guide this can lead to isolation, dilution of the role - peer drift into traditional support worker roles.
- Very positive experience of supervision in my team - different types used & managers very available in between formal supervision. Feel importance of supervision is recognised & promoted.
- Supervision needs to be protected

- Supervision is mainly used to check on how things are with the service users. i would also bring up concerns with staff which isn't always recorded or dealt with. due to short staffing any additional training beyond mandatory training is non existent.
- Manager doesn't address widespread issues unless its emailed to him.
- Ive worked in sector for over 25 years and Im considering leaving. Re supervision, I get more disheartened esp the last few years, as I feel a lot of standards which I agree with- covered in level 3 NvQ, which I try to implement are ignored by management. The system is more interested in how many calls can be fitted in per hour than the standard of having time with clients. I can suggest all I like in supervision, but nothing ever changes. I do have a reasonably good rapport with supervisor/manager but when staff get very little positive feedback on how they are supporting clients im not hopeful of changes.
- One to one is preferable
- Managers should be held accountable for promises of furthering the knowledge of their team through further education and then doing nothing about it. just accepting the minimum requirement for the role, offering progression and not delivering the product is bad practice. In my opinion, leaving a 'supervision' form for you to sign and not actually carrying out what is in the supervision document should not happen. They are signed and returned without reading or actual visual supervising of the issues.
- In South Eastern Trust Older People Services supervision covers only case discussions. They don't comply with their supervision policies.
- Personal thing but I don't like supervision and never have. Very little supervision, especially formal supervision, would be fine with me. I have always found informal supervision much more important and beneficial
- Standardised supervision re: case management and clinical across all sectors - public/private/voluntary to ensure standards are the same - if requiring social work qualification for a role, employers should offer the same frequency and quality of supervision across the board
- Supervisions seem to be a tick box task for line managers . In fact a lot of paperwork is completed by manager and we are asked to sign.I think that supervision should be carried out by managers from other projects not the direct line manager
- Would like it to be less of a box ticking exercise
- I work in childrens residential. Often with yp banging on the door whilst supervision is in session. Having supervision off site would be better
- Some focus on career progression
- Managers and senior practitioners are under a lot of pressure from senior management, and often tasked to do things at short notice. This takes priority over planned supervision, so supervision can be cancelled at short notice. Supervision is not protected time due to this.
- In 5 years i have had 2 supervisions, in 5 years I have has 6 supervisors, I currently have no supervisor
- Satisfied
- Regular supervision and monitoring should be done and considered important to all staff members so that Staff will improve and provide better care quality

### Appendix 3

#### Review of supervision policies and practices for the social care workforce - social care supervisor survey – February, 2026

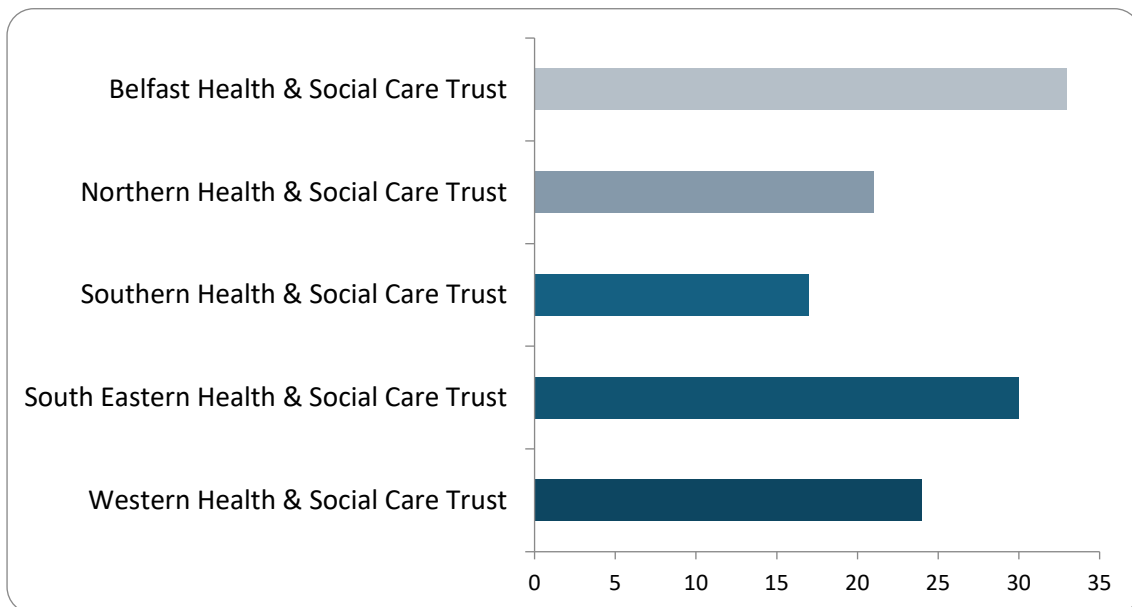
The activity ran from 16/02/2026 to 27/02/2026

Responses to this survey: **93**

1: Which Health and Social Care Trust area do you work in? (tick all that apply)

#### Work location

There were 93 responses to this part of the question.

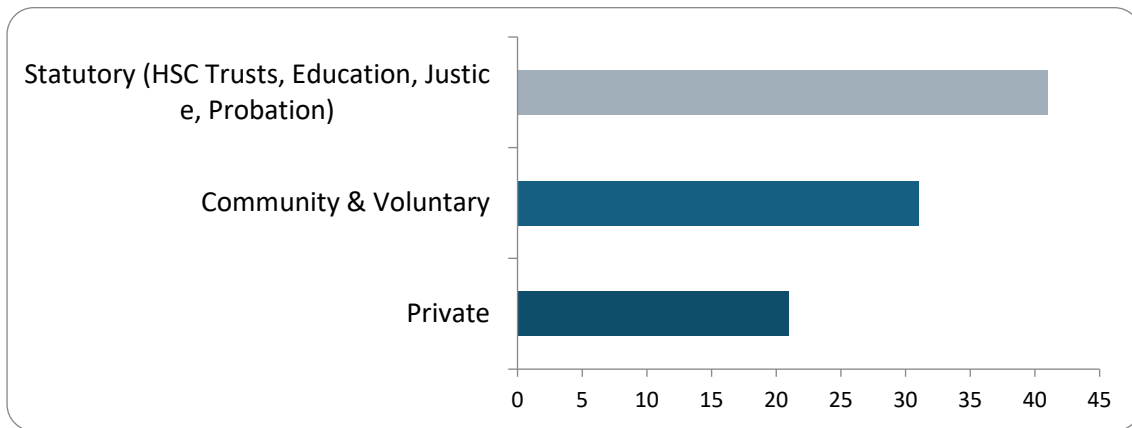


| Option  | Total | Percent |
|---|-------|---------|
| <b>Belfast Health &amp; Social Care Trust</b>       | 33    | 35.48%  |
| <b>Northern Health &amp; Social Care Trust</b>      | 21    | 22.58%  |
| <b>Southern Health &amp; Social Care Trust</b>      | 17    | 18.28%  |
| <b>South Eastern Health &amp; Social Care Trust</b> | 30    | 32.26%  |
| <b>Western Health &amp; Social Care Trust</b>       | 24    | 25.81%  |
| <b>Not Answered</b>                                 | 0     | 0.00%   |

## 2: Which sector do you work in?

### Sector

There were 93 responses to this part of the question.

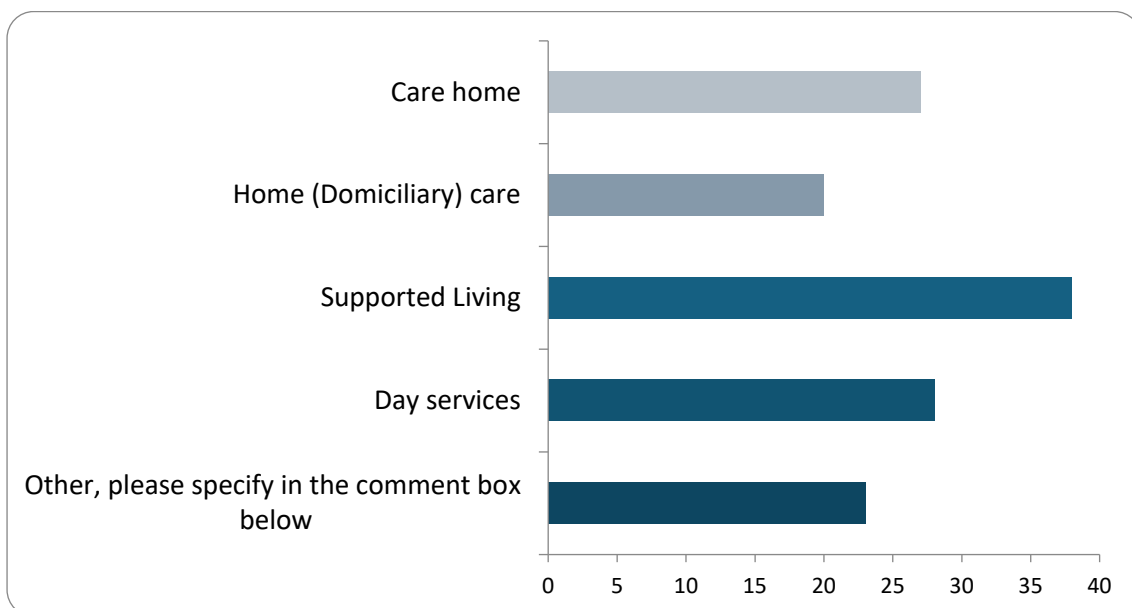


| Option  | Total | Percent |
|---|-------|---------|
| Statutory (HSC Trusts, Education, Justice, Probation) | 41    | 44.09%  |
| Community & Voluntary                                 | 31    | 33.33%  |
| Private   | 21    | 22.58%  |
| Not Answered  | 0     | 0.00%   |

## 3: Which care/support services does your organisation provide? (Tick all that apply)

### Setting

There were 93 responses to this part of the question.



| Option   | Total | Percent |
|--|-------|---------|
| Care home                                      | 27    | 29.03%  |
| Home (Domiciliary) care                        | 20    | 21.51%  |
| Supported Living                               | 38    | 40.86%  |
| Day services                                   | 28    | 30.11%  |
| Other, please specify in the comment box below | 23    | 24.73%  |
| Not Answered                                   | 0     | 0.00%   |

### **'Other' setting**

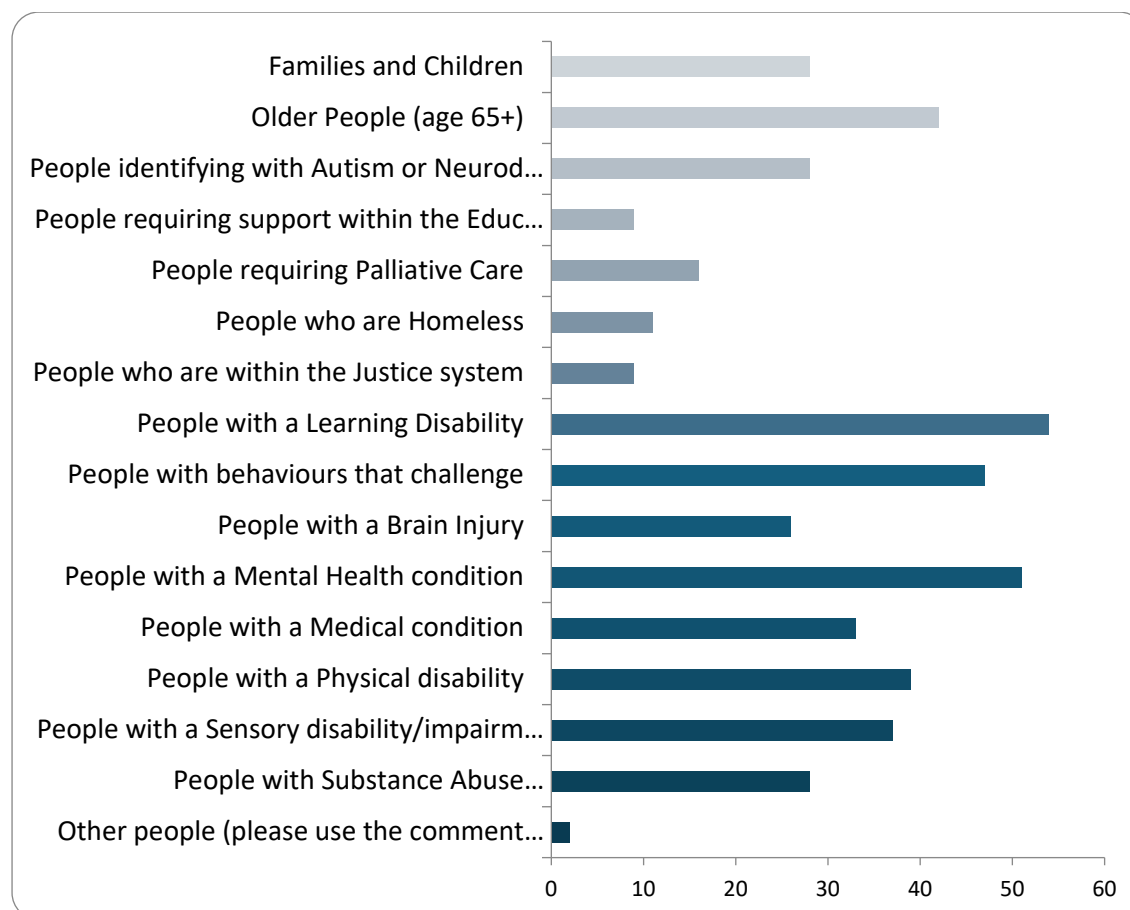
There were 23 responses to this part of the question.

- Respite provision & Day Opportunities
- Criminal Justice Offices
- Individual and group and workshop supports
- Supervision of offenders
- Learning & Development
- Sensory Support
- Community
- Community
- Client/caseload supervision
- MCA
- Hospital
- Adult residential
- Safeguarding
- Children's Services
- Floating support, supported accommodation
- Residential family assessment
- Peripatetic
- Shared Lives
- Community
- Children's
- Adult protection
- Mental Capacity Act services
- Fostering

4: Which of the following groups of people does your organisation provide social care/support for? (tick all that apply)

### Support services

There were 93 responses to this part of the question.



| Option  | Total | Percent |
|---|-------|---------|
| <b>Families and Children</b>                                | 28    | 30.11%  |
| <b>Older People (age 65+)</b>                               | 42    | 45.16%  |
| <b>People identifying with Autism or Neurodiversity</b>     | 28    | 30.11%  |
| <b>People requiring support within the Education system</b> | 9     | 9.68%   |
| <b>People requiring Palliative Care</b>                     | 16    | 17.20%  |
| <b>People who are Homeless</b>                              | 11    | 11.83%  |
| <b>People who are within the Justice system</b>             | 9     | 9.68%   |
| <b>People with a Learning Disability</b>                    | 54    | 58.06%  |
| <b>People with behaviours that challenge</b>                | 47    | 50.54%  |
| <b>People with a Brain Injury</b>                           | 26    | 27.96%  |
| <b>People with a Mental Health condition</b>                | 51    | 54.84%  |
| <b>People with a Medical condition</b>                      | 33    | 35.48%  |
| <b>People with a Physical disability</b>                    | 39    | 41.94%  |
| <b>People with a Sensory disability/impairment</b>          | 37    | 39.78%  |

|   |    |        |
|---|----|--------|
| <b>People with Substance Abuse conditions/Addictions</b>  | 28 | 30.11% |
| <b>Other people (please use the comment box below to describe the people you provide social care/support for)</b> | 2  | 2.15%  |
| <b>Not Answered</b>   | 0  | 0.00%  |

### **'Other' support services**

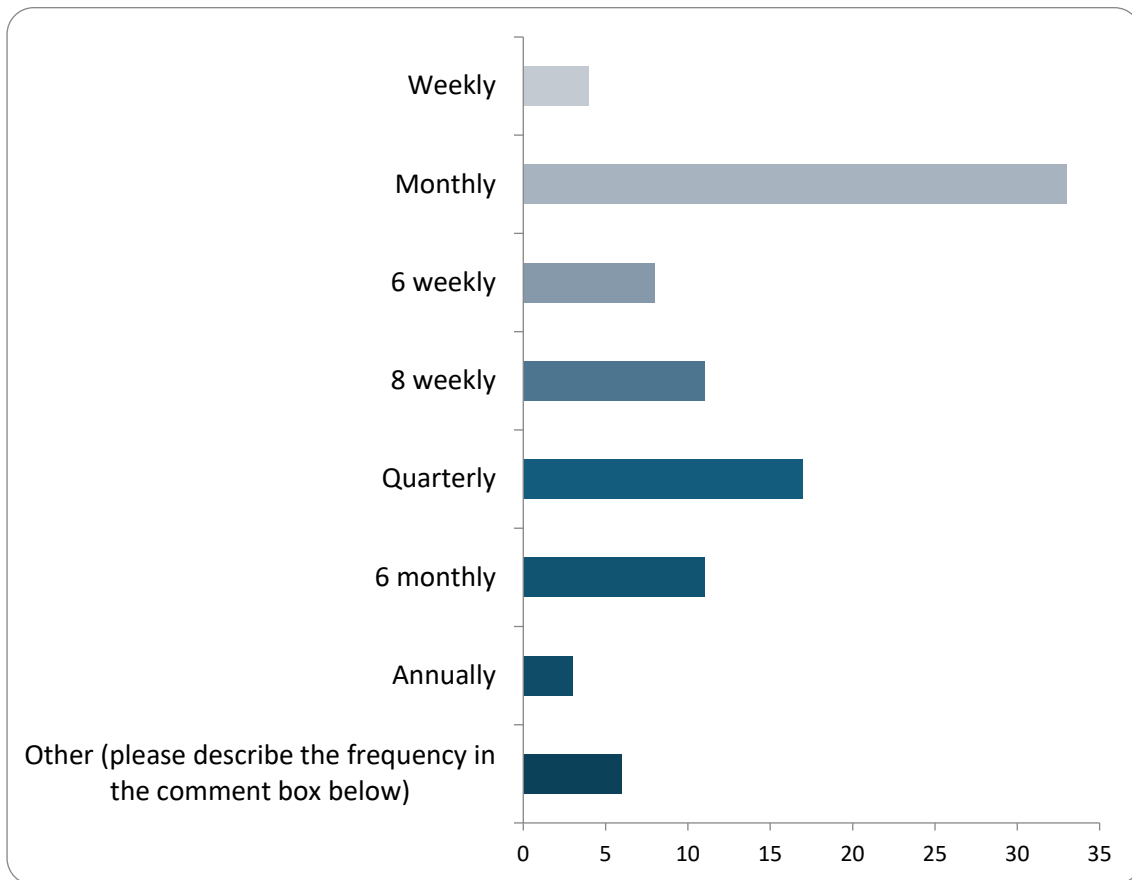
There were 5 responses to this part of the question.

- Young people 16-21 who are care experienced
- Individuals subject to statutory supervision in the criminal justice system.
- Older people with Dementia/Alzheimer's
- Dementia both mild and moderate
- Care leavers

5: In your experience, what is the frequency of the supervision your organisation provides?

### Frequency of supervision

There were 93 responses to this part of the question.



| Option   | Total | Percent |
|--|-------|---------|
| Weekly   | 4     | 4.30%   |
| Monthly  | 33    | 35.48%  |
| 6 weekly   | 8     | 8.60%   |
| 8 weekly   | 11    | 11.83%  |
| Quarterly  | 17    | 18.28%  |
| 6 monthly  | 11    | 11.83%  |
| Annually   | 3     | 3.23%   |
| Other (please describe the frequency in the comment box below) | 6     | 6.45%   |
| Not Answered   | 0     | 0.00%   |

### Other frequency

There were 18 responses to this part of the question.

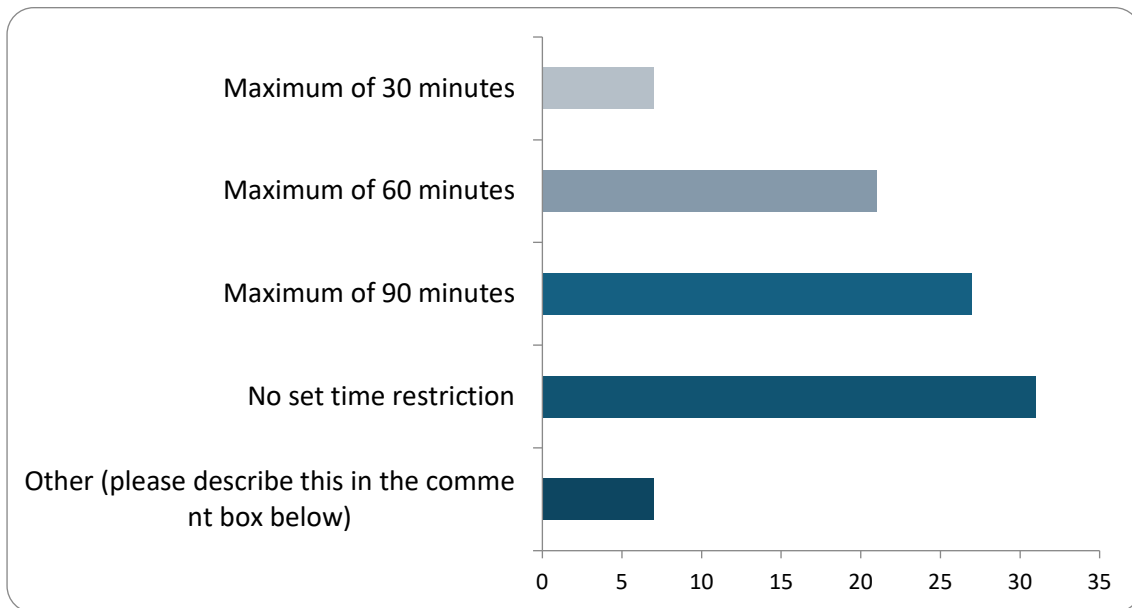
- Each job role has it's own requirements for supervision but not less than 8 weekly
- Monthly for managers, Bi monthly for Band 5 and and Band 3

- Monthly for senior staff / management. 6 weekly for care staff
- Monthly/4 weekly
- Every 4 to 6 weeks
- 24hr x7
- Plus as and when required during that month- open policy
- 4-6 weekly for full time staff, 6-8 weekly or quarterly for part time depending on frequency of shifts
- Plus staff meetings and coaching/shadowing sessions
- 2 group supervisions and 1 face to face yearly
- Bi monthly
- Depending on role-quarterly for support workers
- Monthly for Managers, Senior Care Staff and 2 monthly for Care Staff
- Monthly for Band 5 staff and bi-monthly for Care Staff Band 2
- Depending on role. Professional staff monthly, day services 6 -8 weekly , residential staff 6 monthly. Yearly appraisals
- Bi monthly
- Or in between if it is from something that needs to be improved.
- Monthly for managers/deputies, bi-monthly for team leaders, quarterly for all other staff

6: In your experience what is the duration of a normal supervision session?

**Duration of supervision**

There were 93 responses to this part of the question.



| Option  | Total | Percent |
|---|-------|---------|
| Maximum of 30 minutes                                 | 7     | 7.53%   |
| Maximum of 60 minutes                                 | 21    | 22.58%  |
| Maximum of 90 minutes                                 | 27    | 29.03%  |
| No set time restriction                               | 31    | 33.33%  |
| Other (please describe this in the comment box below) | 7     | 7.53%   |
| Not Answered  | 0     | 0.00%   |

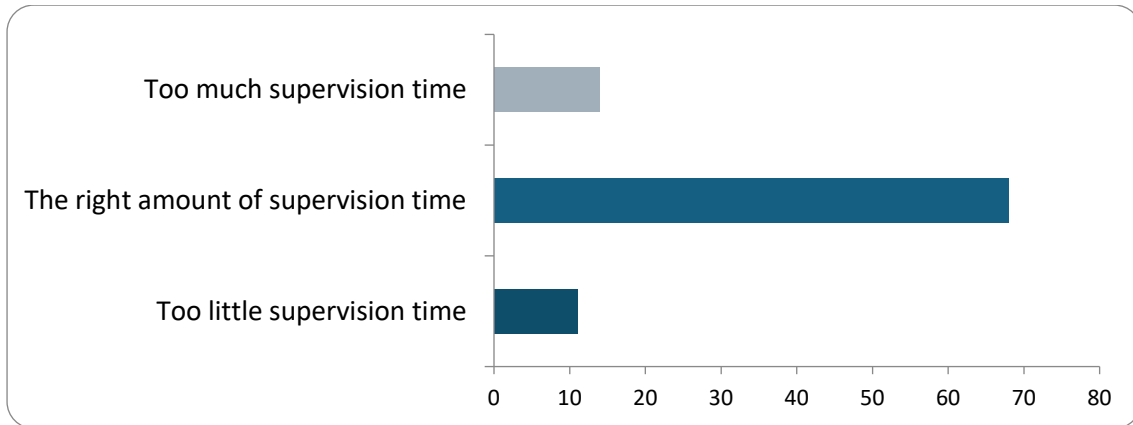
**‘Other’ duration** - There were 14 responses to this part of the question.

- Block out 2 hours in diary
- The expectation is 1:30 hours but this varies depending on the agenda.
- However tends to be allocated 60 minutes
- If staff require more time we will accommodate but usually 30-45 min
- 1-2 hours
- 120mins
- Group supervision is longer than 1 to one
- Depending on what needs discussed - may be personal issues that will take longer
- A few minutes
- 90 to 120 mins
- Done online
- Can be up to 4 hours
- Maximum 2hours
- Manager 3 hrs

7: How would you describe the amount of supervision time you have provided over the last 12 months?

### Amount of supervision time

There were 93 responses to this part of the question.

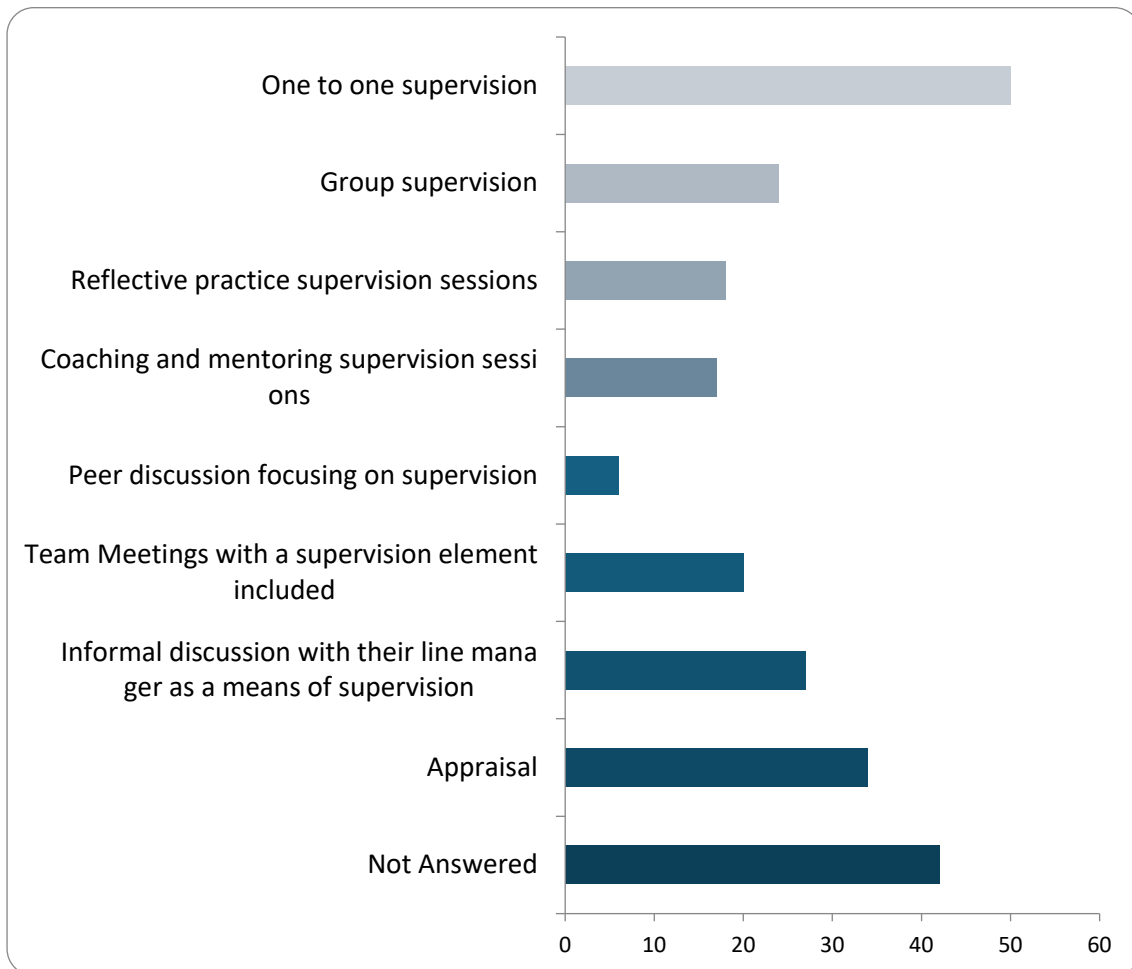


| Option                               | Total | Percent |
|--------------------------------------|-------|---------|
| Too much supervision time            | 14    | 15.05%  |
| The right amount of supervision time | 68    | 73.12%  |
| Too little supervision time          | 11    | 11.83%  |
| Not Answered                         | 0     | 0.00%   |

8: Which of the following describes the type of supervision you provide? (tick all that apply)

**Type of supervision**

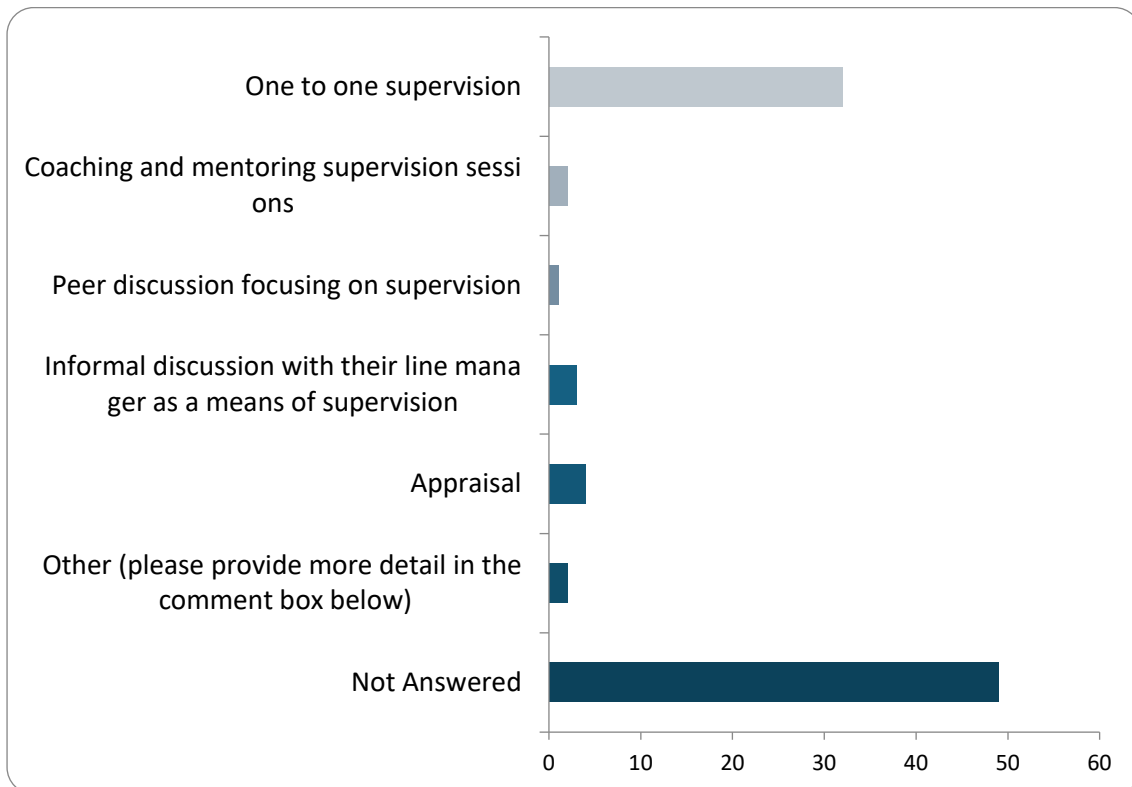
There were 51 responses to this part of the question.



| Option   | Total | Percent |
|--|-------|---------|
| <b>One to one supervision</b>  | 50    | 53.76%  |
| <b>Group supervision</b>   | 24    | 25.81%  |
| <b>Reflective practice supervision sessions</b>                              | 18    | 19.35%  |
| <b>Coaching and mentoring supervision sessions</b>                           | 17    | 18.28%  |
| <b>Peer discussion focusing on supervision</b>                               | 6     | 6.45%   |
| <b>Team Meetings with a supervision element included</b>                     | 20    | 21.51%  |
| <b>Informal discussion with their line manager as a means of supervision</b> | 27    | 29.03%  |
| <b>Appraisal</b>   | 34    | 36.56%  |
| <b>Other (please provide more detail in the comment box below)</b>           | 0     | 0.00%   |
| <b>Not Answered</b>  | 42    | 45.16%  |

8: **NB** There was an error in collating data for this question. Find additional data below:

There were 44 responses to this part of the question.



| Option   | Total | Percent |
|--|-------|---------|
| <b>DO NOT USE - This list is an error which was found after the survey was active.</b> | 0     | 0.00%   |
| <b>One to one supervision</b>  | 32    | 34.41%  |
| <b>Group supervision</b>   | 0     | 0.00%   |
| <b>Reflective practice supervision sessions</b>  | 0     | 0.00%   |
| <b>Coaching and mentoring supervision sessions</b>                                     | 2     | 2.15%   |
| <b>Peer discussion focusing on supervision</b>   | 1     | 1.08%   |
| <b>Team Meetings with a supervision element included</b>                               | 0     | 0.00%   |
| <b>Informal discussion with their line manager as a means of supervision</b>           | 3     | 3.23%   |
| <b>Appraisal</b>   | 4     | 4.30%   |
| <b>Other (please provide more detail in the comment box below)</b>                     | 2     | 2.15%   |
| <b>Not Answered</b>  | 49    | 52.69%  |

#### 'Other' type of supervision

There were 20 responses to this part of the question.

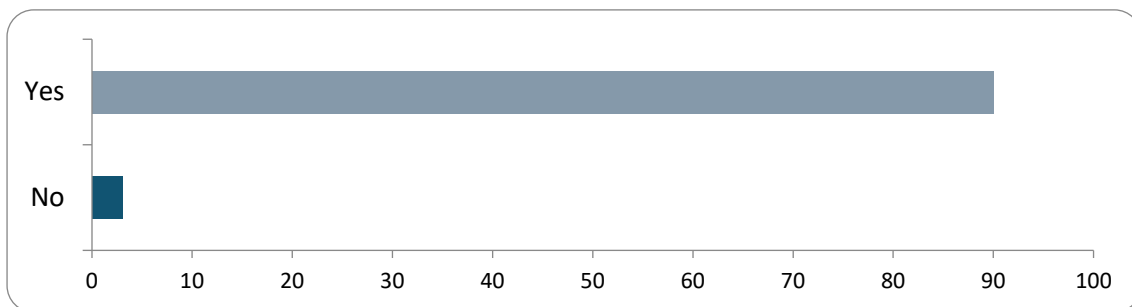
- It says tick all that apply, but only letting me choose one option

- Not letting me choose more than one - I do 1-1, group supervision and team meetings with supervision element, plus appraisals
- I am only permitted to click one.
- Can only select one however all of these apply to supervisions within my service
- Peer and group supervision is also provided with maximum of 4 a year.
- We also provide Reflective practice sessions are quarterly.
- All areas above are included but only option to choose 1
- 1 to 1, group, team meetings with supervision element, informal discussions, appraisal- not allowing to tick more than 1
- coaching and mentoring / Team meeting with sv element/ informal discussion / appraisal /
- All of the above
- 1-1, group, reflective practice twice monthly
- Can only tick one
- All of the above
- All points listed the survey would only register one choice
- All of the above as needed.
- De brief and group supervision
- We provide all of the above
- Online
- Information required to do their job, refresher, induction, material for the job eg. Training
- External clinical supervisor

9: Does supervision occur during staff working hours?

**Supervision during working hours**

There were 93 responses to this part of the question.

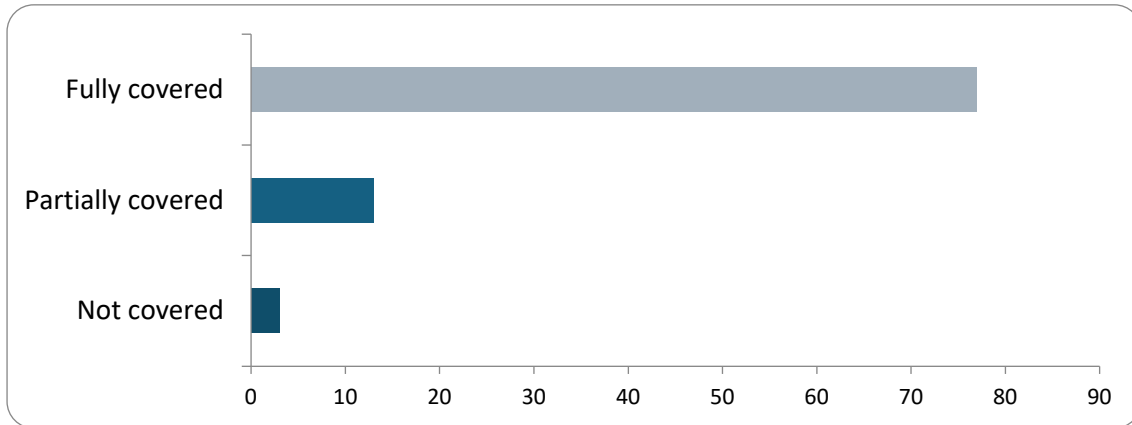


| Option       | Total | Percent |
|--------------|-------|---------|
| Yes          | 90    | 96.77%  |
| No           | 3     | 3.23%   |
| Not Answered | 0     | 0.00%   |

10: Please indicate on the grid below, the extent to which the topics listed are discussed within a normal supervision session?

**Supervision Topics - 1. Workload management.**

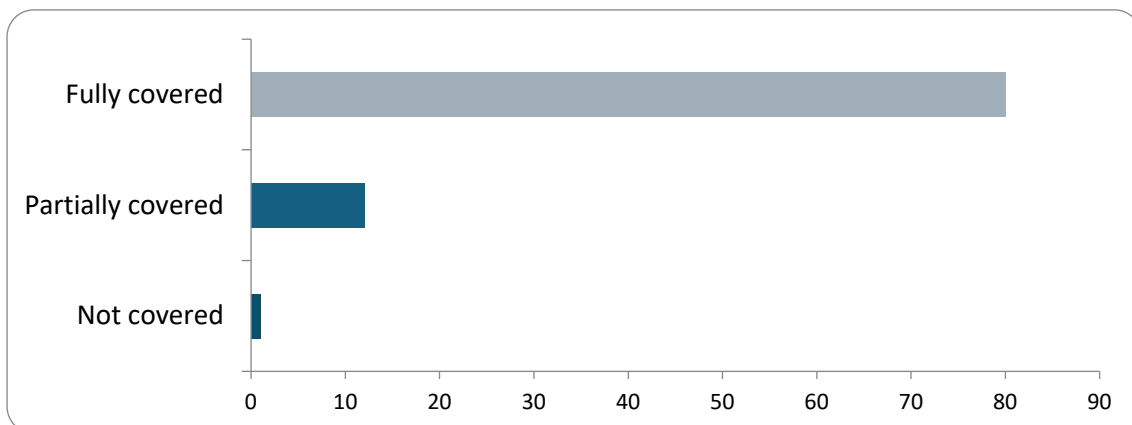
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 77    | 82.80%  |
| Partially covered | 13    | 13.98%  |
| Not covered       | 3     | 3.23%   |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 2. Safeguarding and/or risk management issues for persons supported.**

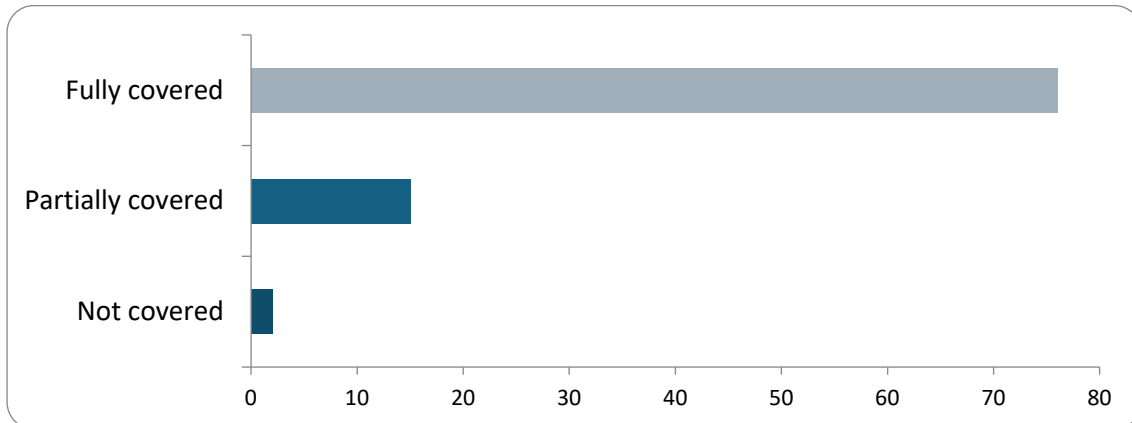
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 80    | 86.02%  |
| Partially covered | 12    | 12.90%  |
| Not covered       | 1     | 1.08%   |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 3. Working relationships with individuals supported.

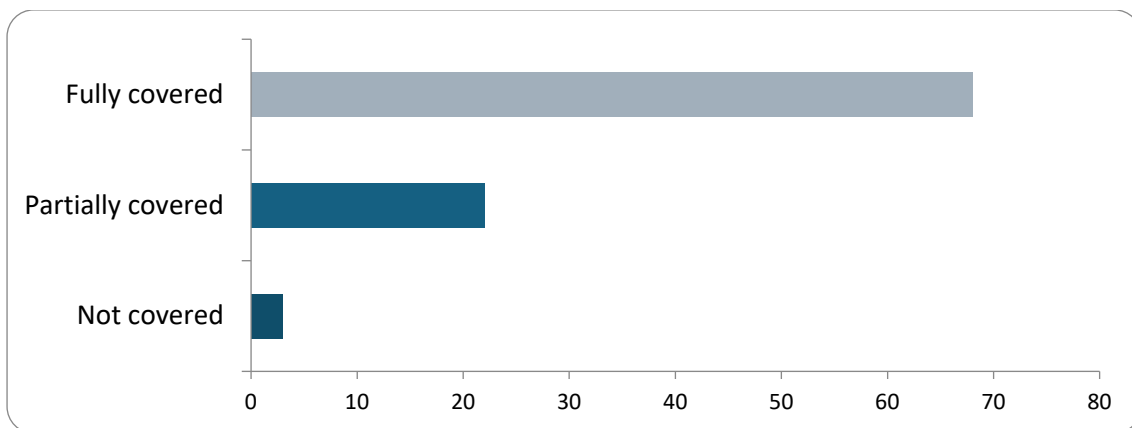
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 76    | 81.72%  |
| Partially covered | 15    | 16.13%  |
| Not covered       | 2     | 2.15%   |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 4. Working relationships with colleagues and other professionals.

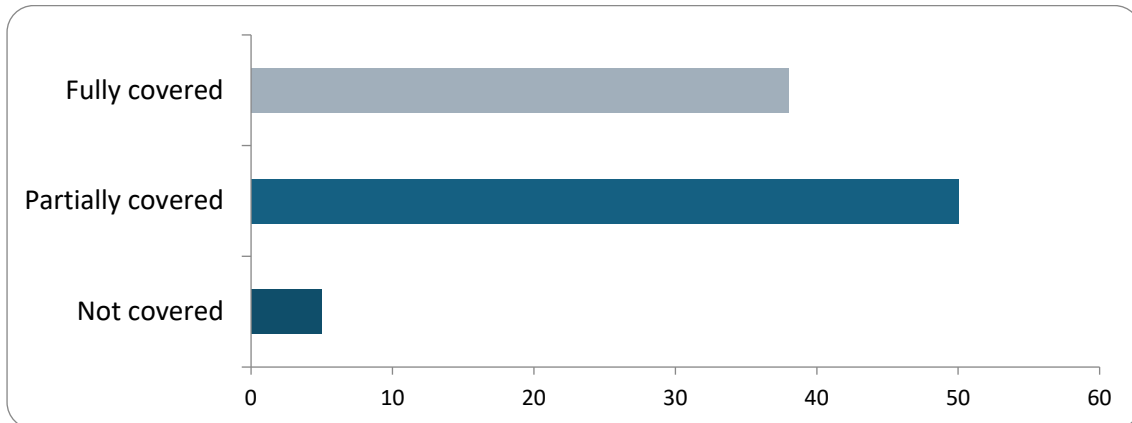
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 68    | 73.12%  |
| Partially covered | 22    | 23.66%  |
| Not covered       | 3     | 3.23%   |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 5. Legislation, guidance and best practice issues.

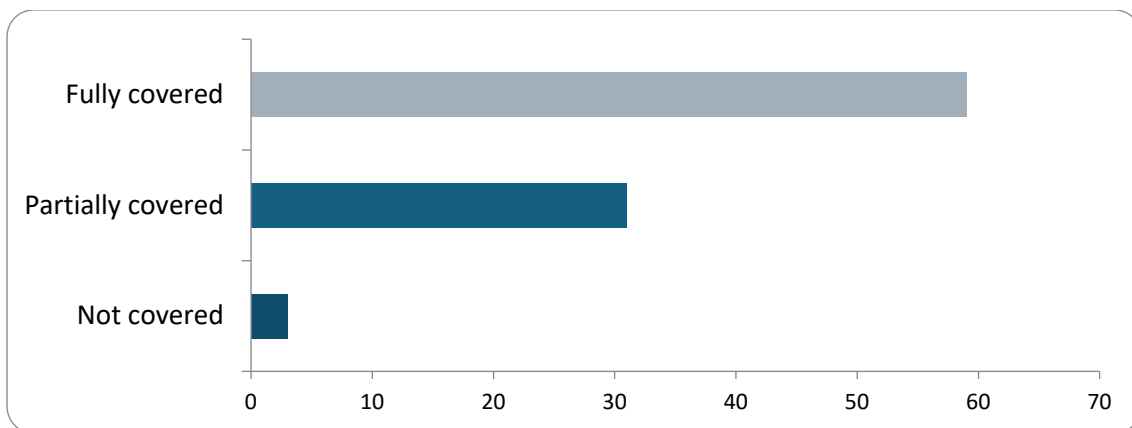
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 38    | 40.86%  |
| Partially covered | 50    | 53.76%  |
| Not covered       | 5     | 5.38%   |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 6. Outcomes for individuals supported and how good practice makes a difference in their lives.

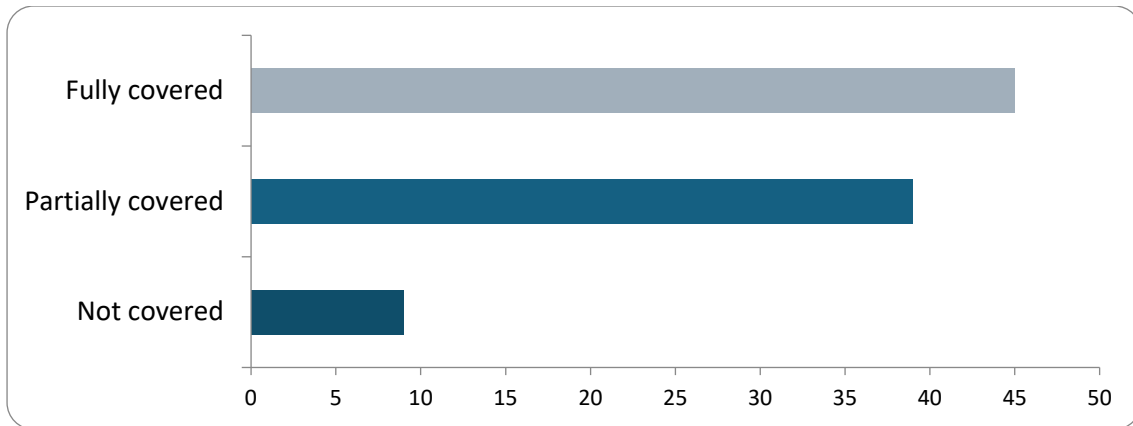
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 59    | 63.44%  |
| Partially covered | 31    | 33.33%  |
| Not covered       | 3     | 3.23%   |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 7. How professional standards, ethics and values apply to their practice.**

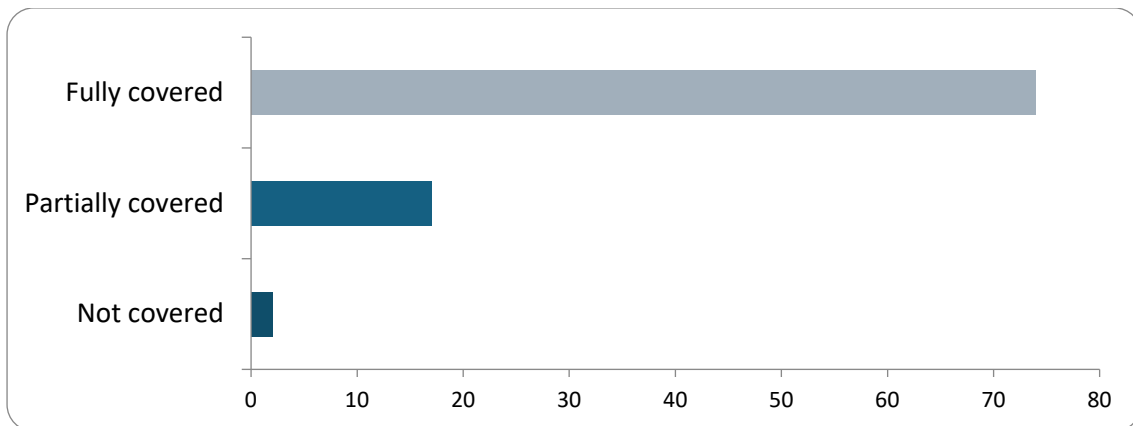
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 45    | 48.39%  |
| Partially covered | 39    | 41.94%  |
| Not covered       | 9     | 9.68%   |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 8. Training, professional development, and career opportunities.**

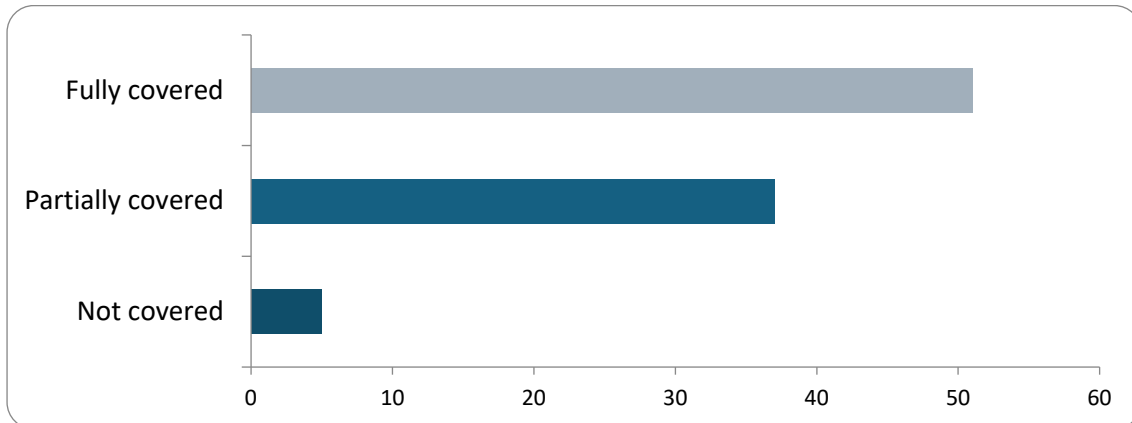
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 74    | 79.57%  |
| Partially covered | 17    | 18.28%  |
| Not covered       | 2     | 2.15%   |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 9. Reflective practice to draw out new learning and insights.

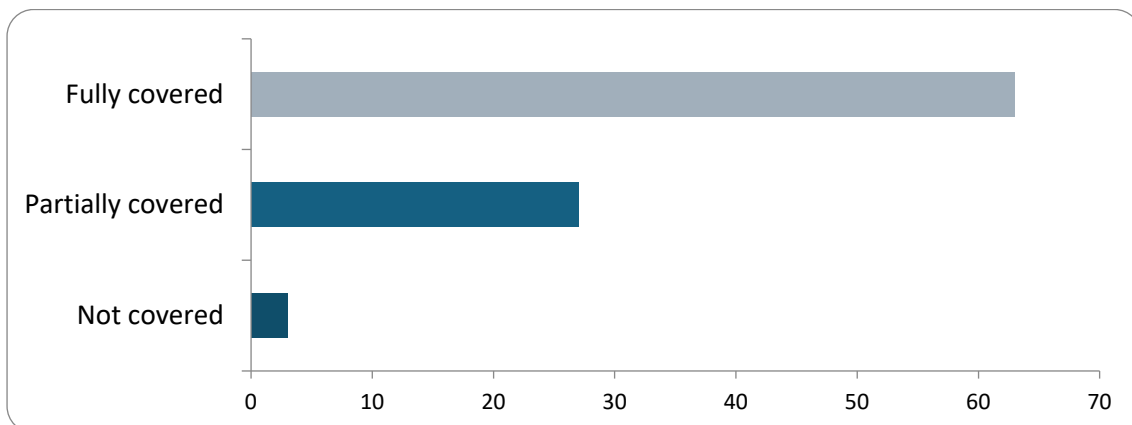
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 51    | 54.84%  |
| Partially covered | 37    | 39.78%  |
| Not covered       | 5     | 5.38%   |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 10. Feedback to improve practice.

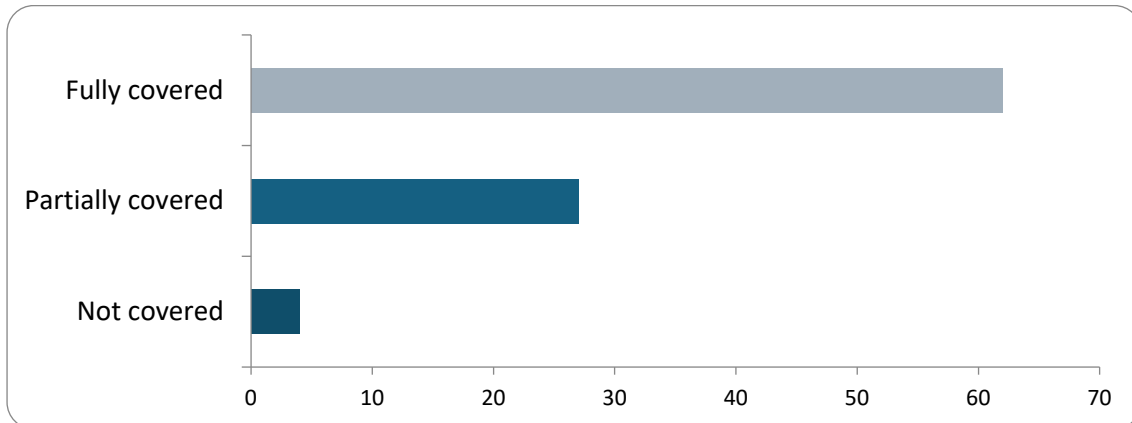
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 63    | 67.74%  |
| Partially covered | 27    | 29.03%  |
| Not covered       | 3     | 3.23%   |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 11. Support for personal development.

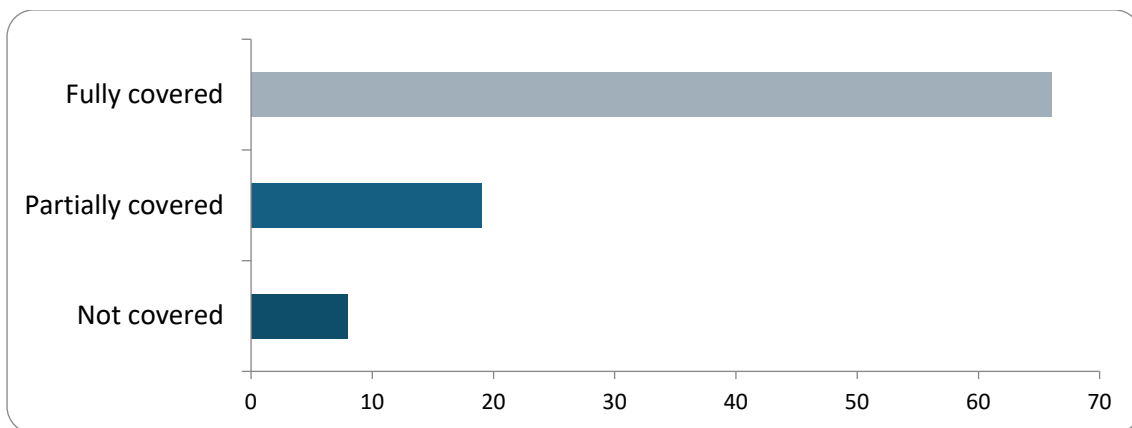
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 62    | 66.67%  |
| Partially covered | 27    | 29.03%  |
| Not covered       | 4     | 4.30%   |
| Not Answered      | 0     | 0.00%   |

### Supervision Topics - 12. Specific issues relevant to work life balance e.g. TOIL, leave cover, flexible working etc.

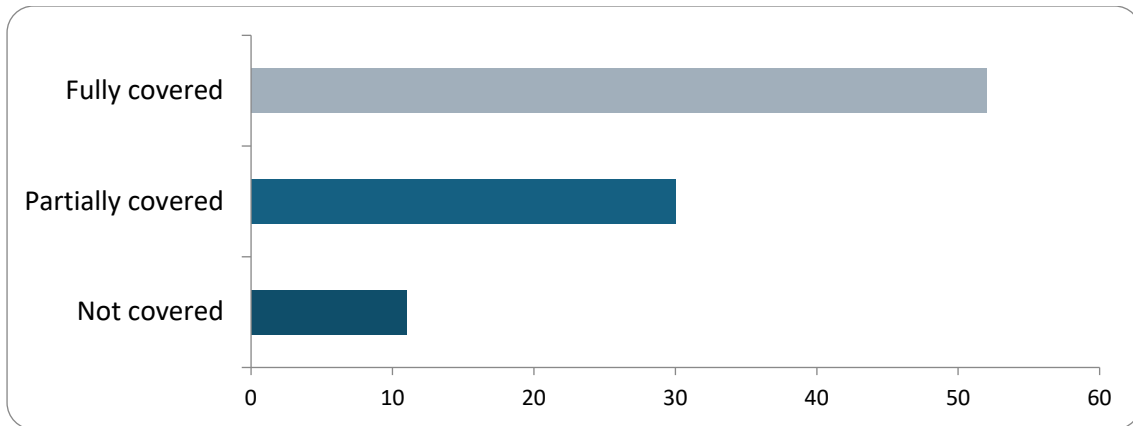
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 66    | 70.97%  |
| Partially covered | 19    | 20.43%  |
| Not covered       | 8     | 8.60%   |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 13. Exploration of the emotional impact of the work including any recent traumatic experiences related to their role.**

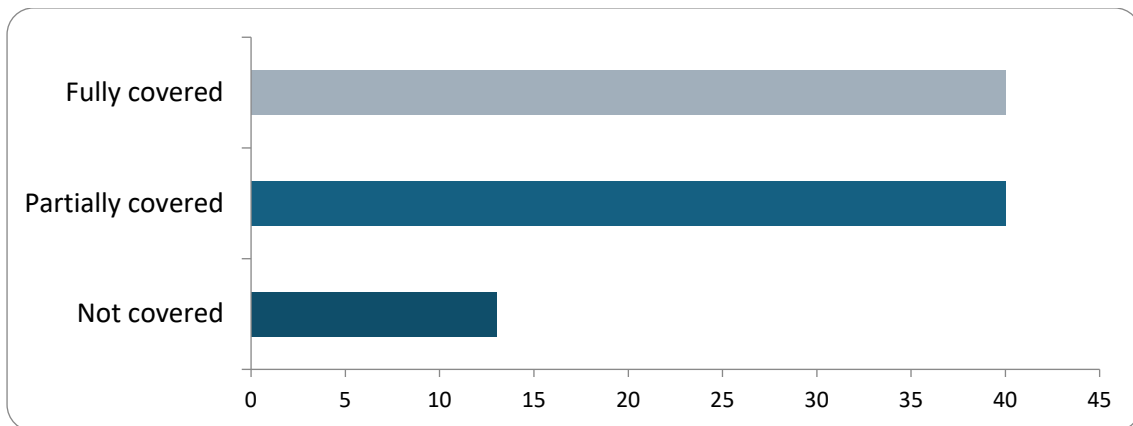
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 52    | 55.91%  |
| Partially covered | 30    | 32.26%  |
| Not covered       | 11    | 11.83%  |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 14. Exploring the use of other resources to support your work.**

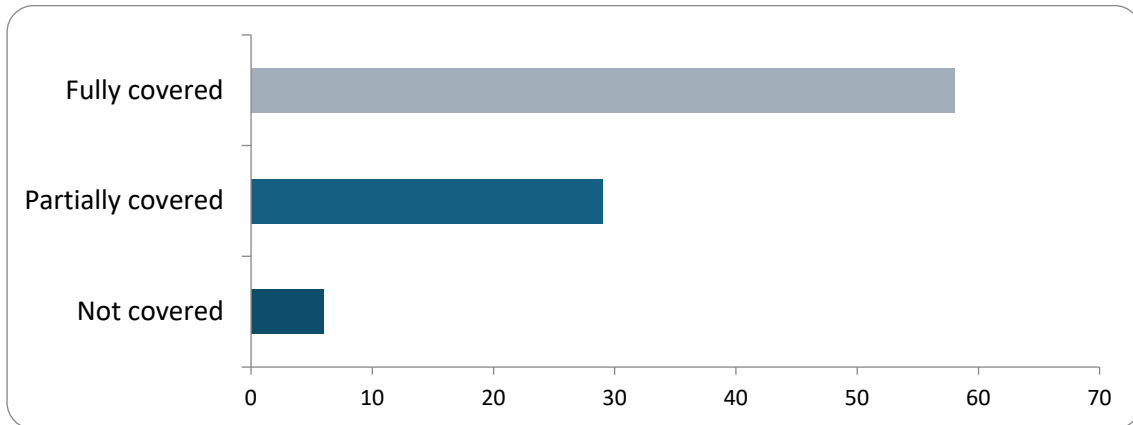
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 40    | 43.01%  |
| Partially covered | 40    | 43.01%  |
| Not covered       | 13    | 13.98%  |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 15. Personal wellbeing and resilience.**

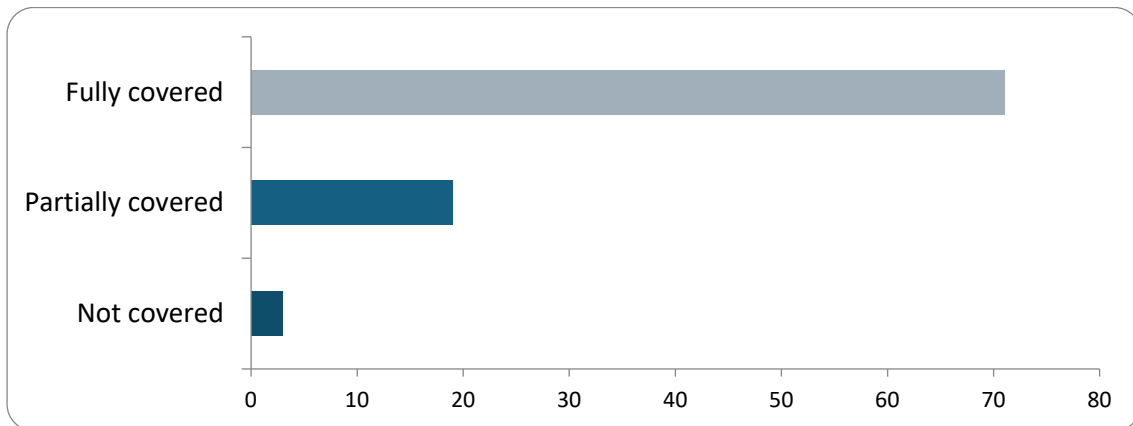
There were 93 responses to this part of the question.



| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 58    | 62.37%  |
| Partially covered | 29    | 31.18%  |
| Not covered       | 6     | 6.45%   |
| Not Answered      | 0     | 0.00%   |

**Supervision Topics - 16. Exploration of any concerns.**

There were 93 responses to this part of the question.

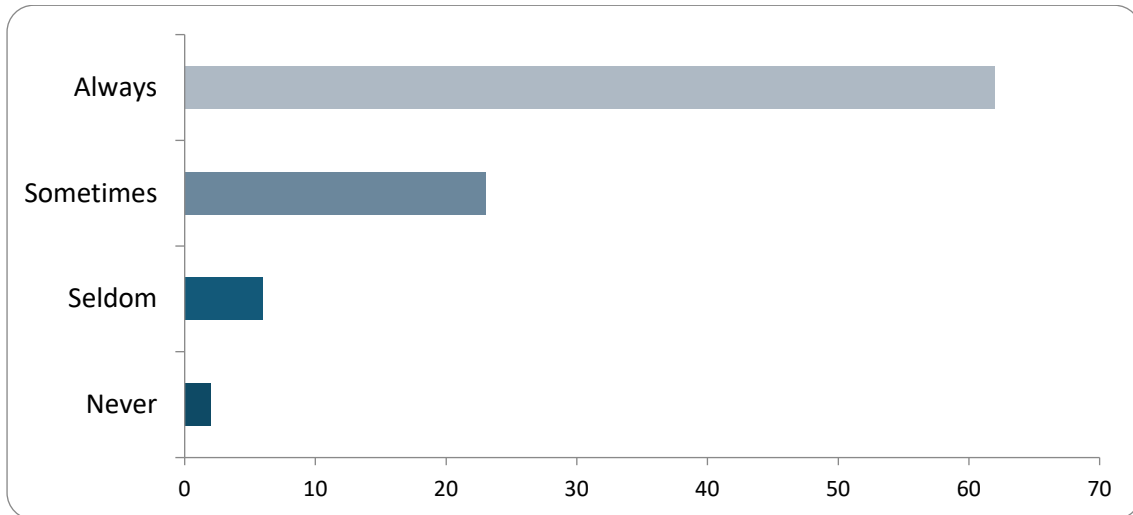


| Option            | Total | Percent |
|-------------------|-------|---------|
| Fully covered     | 71    | 76.34%  |
| Partially covered | 19    | 20.43%  |
| Not covered       | 3     | 3.23%   |
| Not Answered      | 0     | 0.00%   |

11: Delivering supervision - please read each of the statements listed below and indicate on the grid how often you are able to meet these.

**Supervision experience - 1. You have received appropriate training to carry out your role as a supervisor**

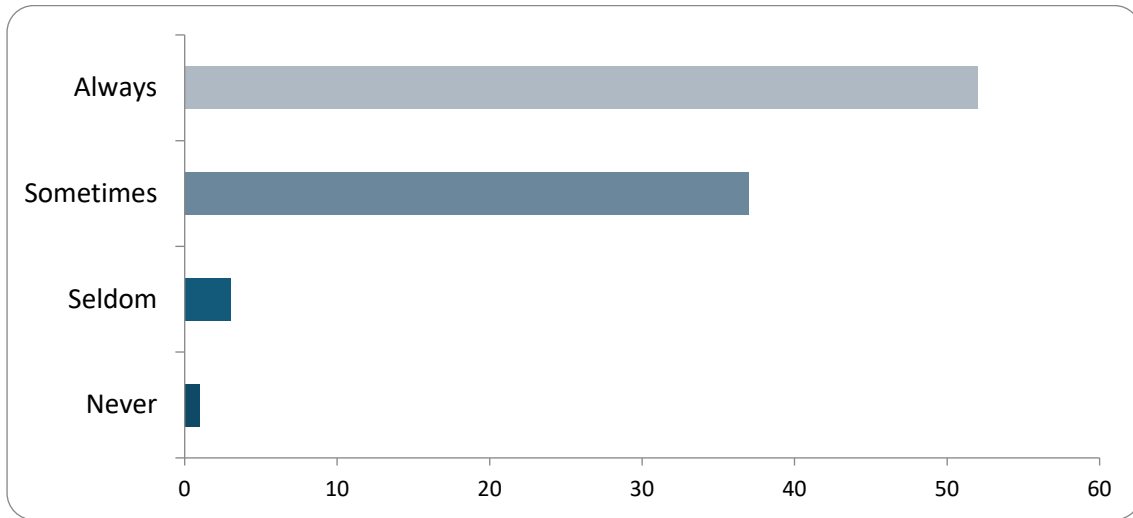
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 62    | 66.67%  |
| Sometimes    | 23    | 24.73%  |
| Seldom       | 6     | 6.45%   |
| Never        | 2     | 2.15%   |
| Not Answered | 0     | 0.00%   |

### Supervision experience - 2. You provide regular, punctual supervision

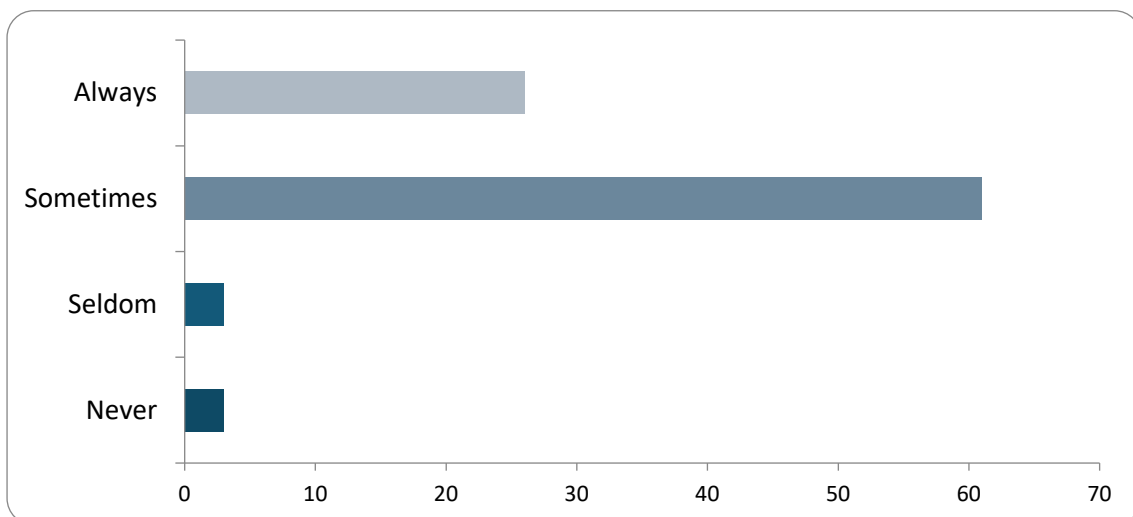
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 52    | 55.91%  |
| Sometimes    | 37    | 39.78%  |
| Seldom       | 3     | 3.23%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

### Supervision experience - 3. You have time to prepare for supervision

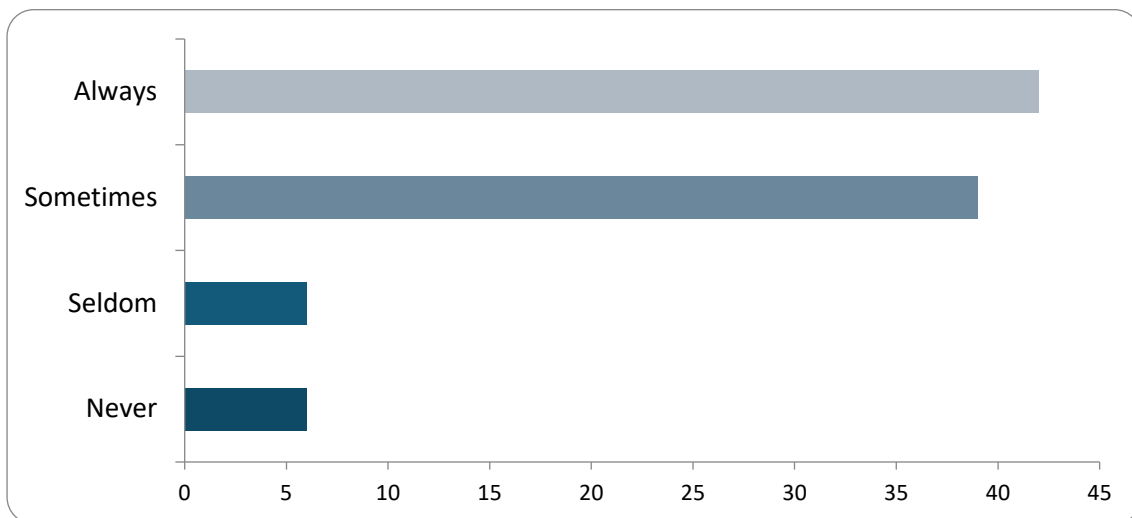
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 26    | 27.96%  |
| Sometimes    | 61    | 65.59%  |
| Seldom       | 3     | 3.23%   |
| Never        | 3     | 3.23%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 4. Your time to carry out supervision is protected time and valued by your organisation**

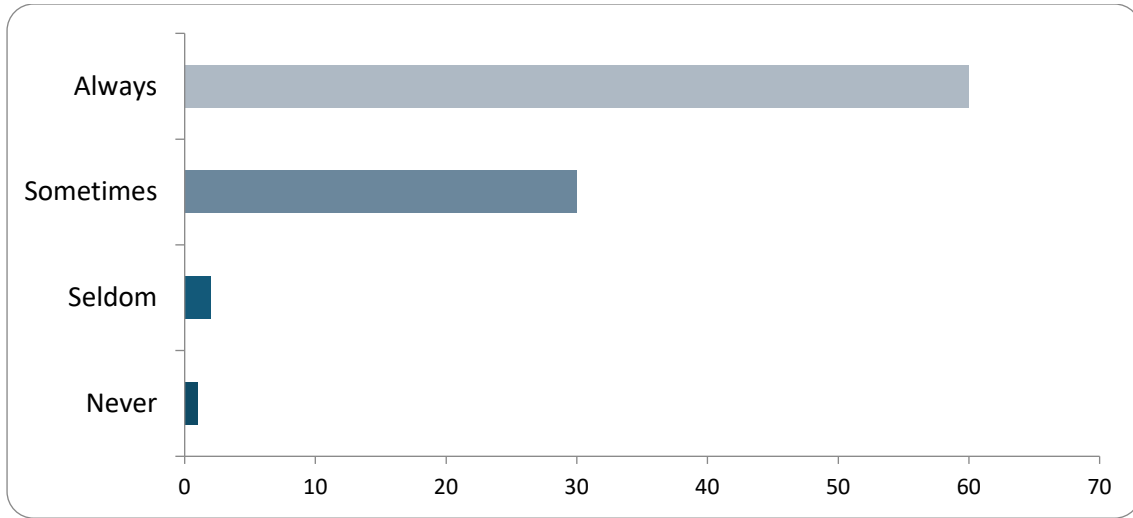
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 42    | 45.16%  |
| Sometimes    | 39    | 41.94%  |
| Seldom       | 6     | 6.45%   |
| Never        | 6     | 6.45%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 5. The supervision session is a positive and much needed use of time**

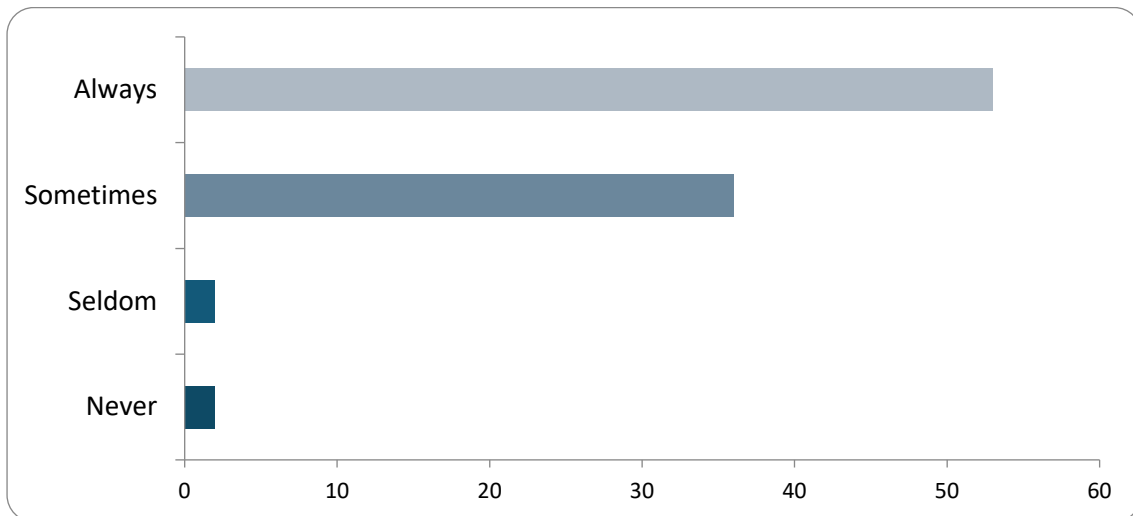
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 60    | 64.52%  |
| Sometimes    | 30    | 32.26%  |
| Seldom       | 2     | 2.15%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 6. You provide a comfortable, confidential space that is not rushed and not interrupted**

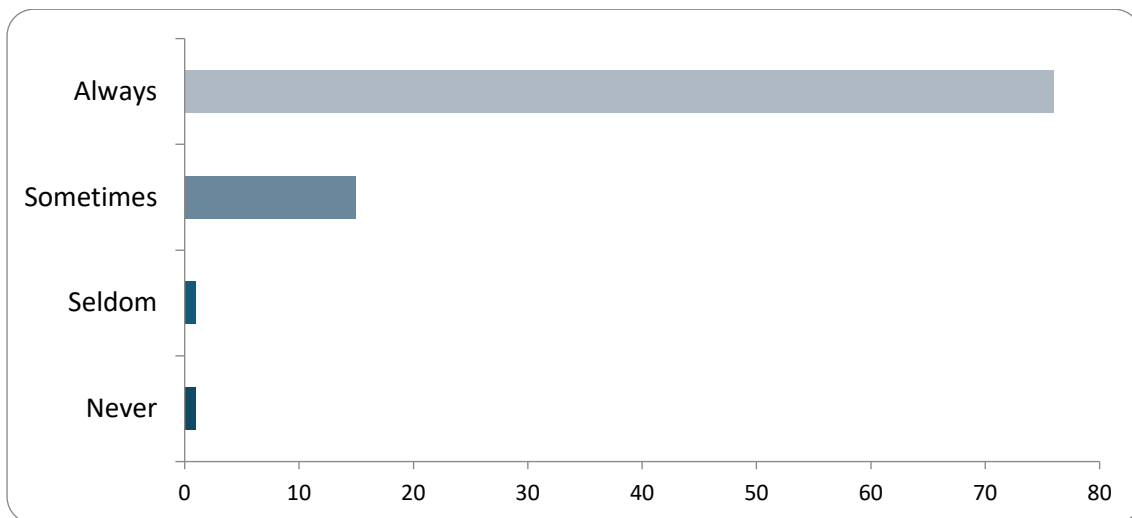
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 53    | 56.99%  |
| Sometimes    | 36    | 38.71%  |
| Seldom       | 2     | 2.15%   |
| Never        | 2     | 2.15%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 7. You provide a reflective space which is non judgemental**

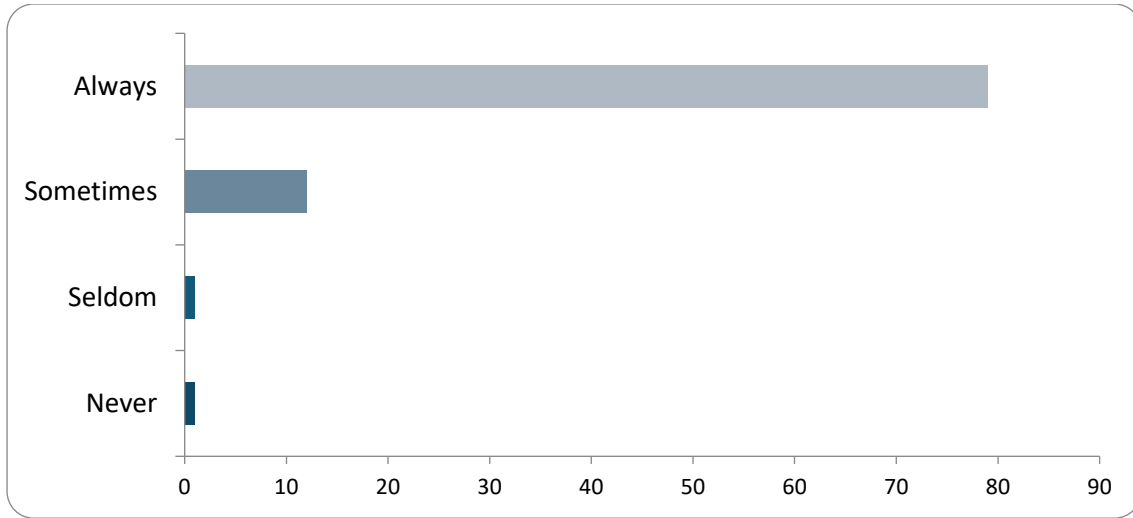
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 76    | 81.72%  |
| Sometimes    | 15    | 16.13%  |
| Seldom       | 1     | 1.08%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 8. You communicate openly and frankly, encouraging others to act in the same manner**

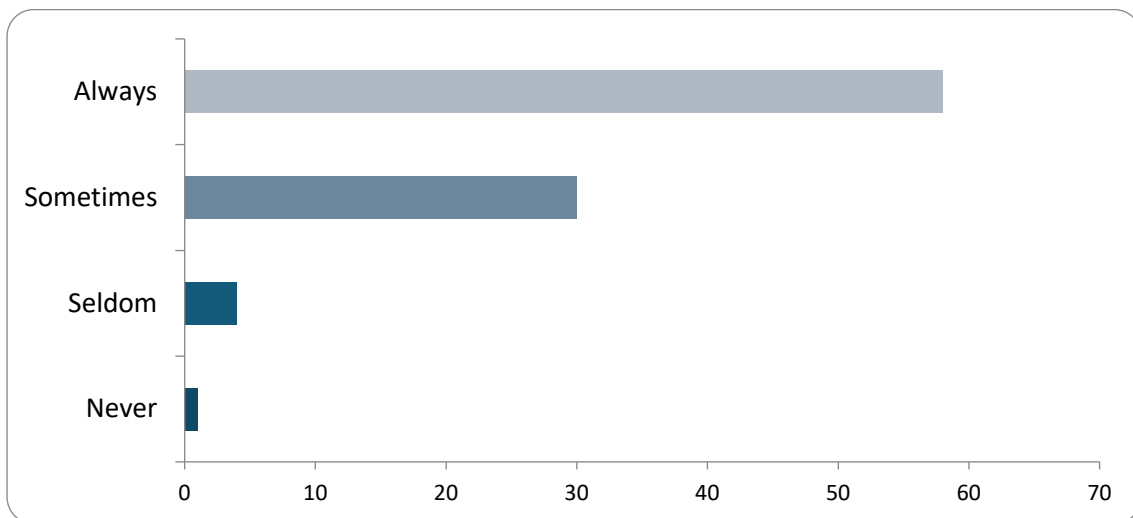
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 79    | 84.95%  |
| Sometimes    | 12    | 12.90%  |
| Seldom       | 1     | 1.08%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 9. You use the supervisee's practice experience (good and bad) in a way that helps others learn and grow**

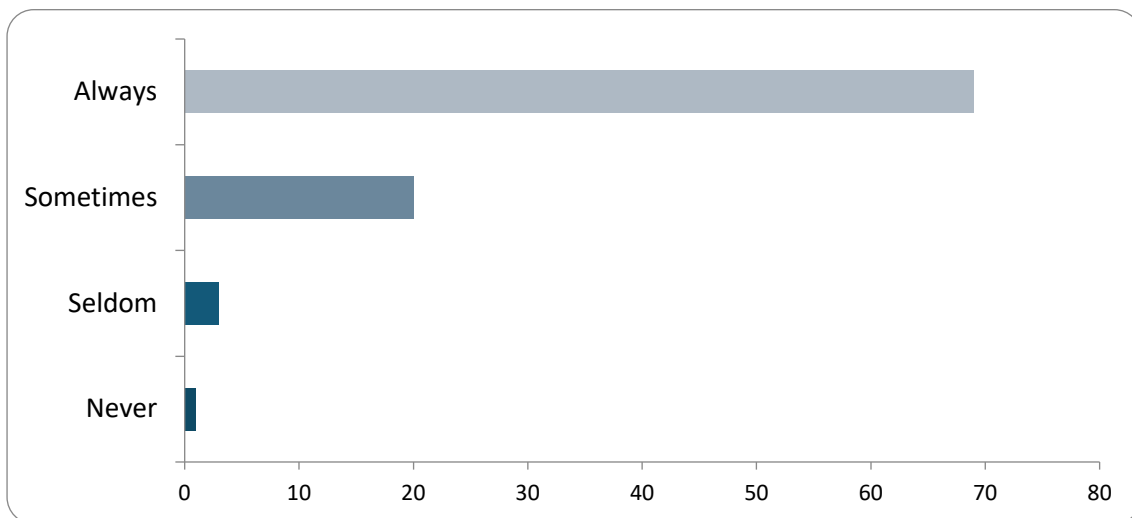
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 58    | 62.37%  |
| Sometimes    | 30    | 32.26%  |
| Seldom       | 4     | 4.30%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 10. You encourage others to apply new knowledge and skills and share with others**

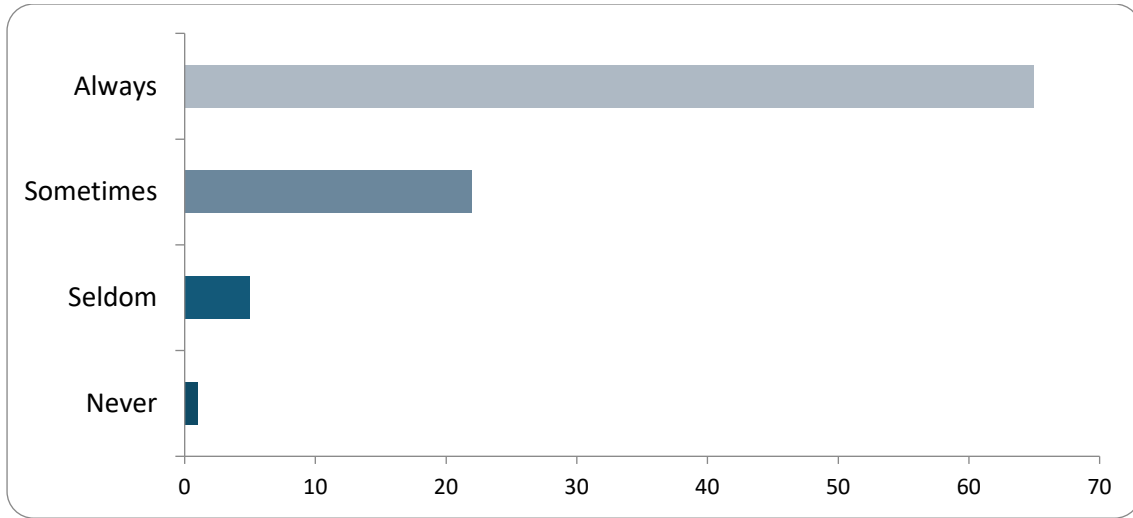
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 69    | 74.19%  |
| Sometimes    | 20    | 21.51%  |
| Seldom       | 3     | 3.23%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 11. You help the supervisee to achieve and maintain a better work life balance**

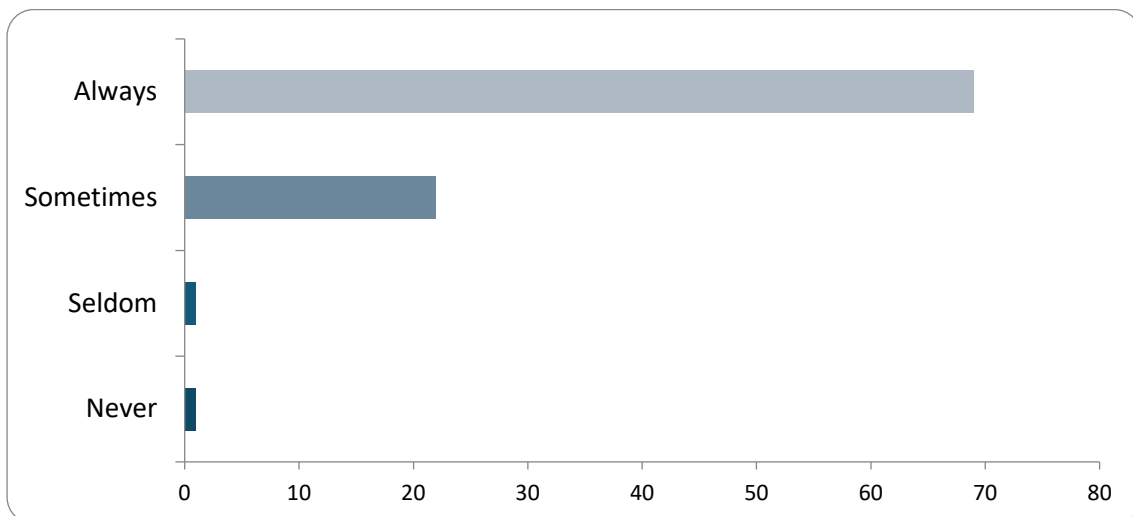
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 65    | 69.89%  |
| Sometimes    | 22    | 23.66%  |
| Seldom       | 5     | 5.38%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 12. You hold the supervisee mutually accountable for implementing actions agreed**

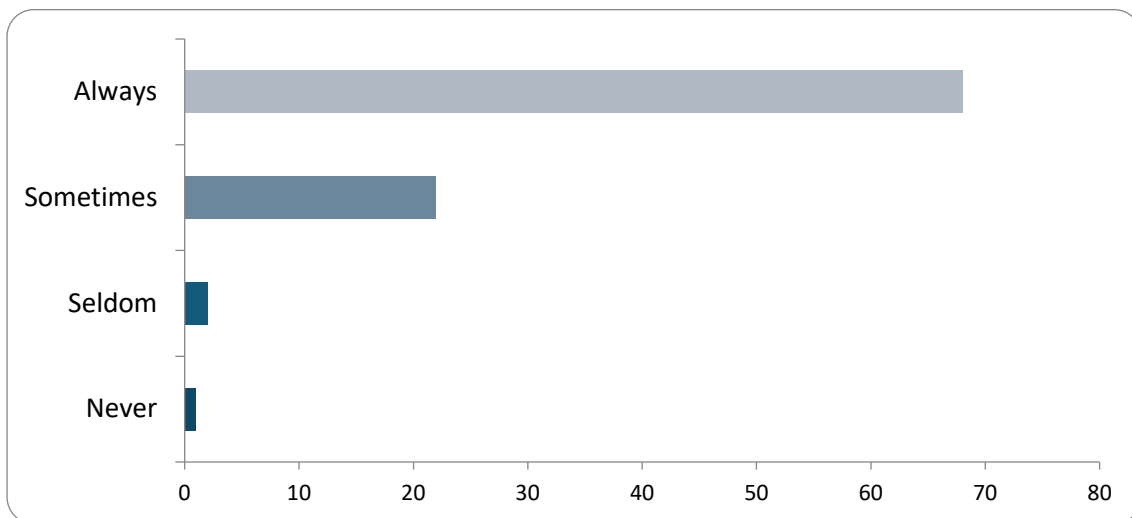
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 69    | 74.19%  |
| Sometimes    | 22    | 23.66%  |
| Seldom       | 1     | 1.08%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 13. You encourage the supervisee to explore creative solutions to problems and issues**

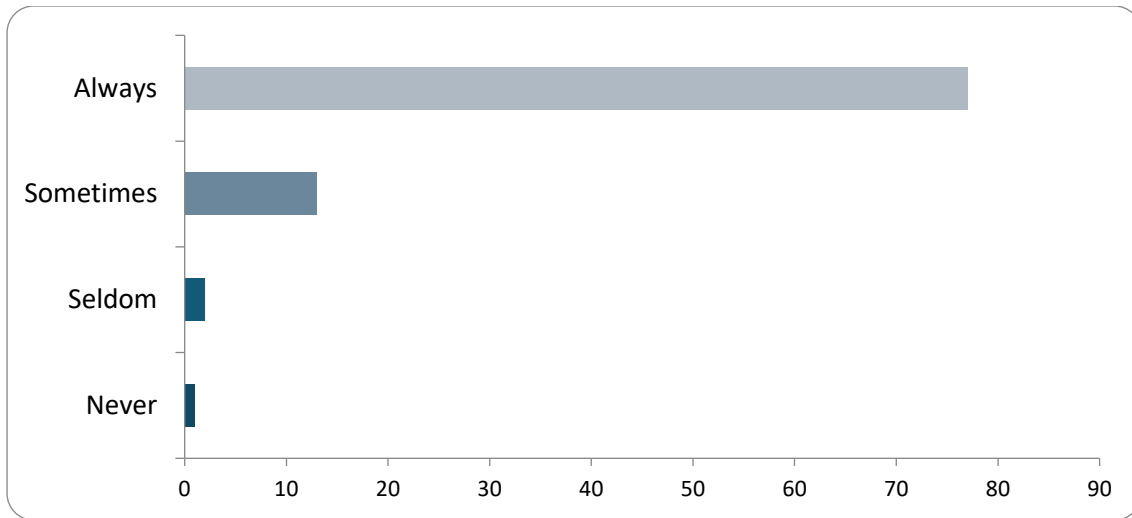
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 68    | 73.12%  |
| Sometimes    | 22    | 23.66%  |
| Seldom       | 2     | 2.15%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 14. You support the supervisee to deal with frustrations and difficulties in the workplace**

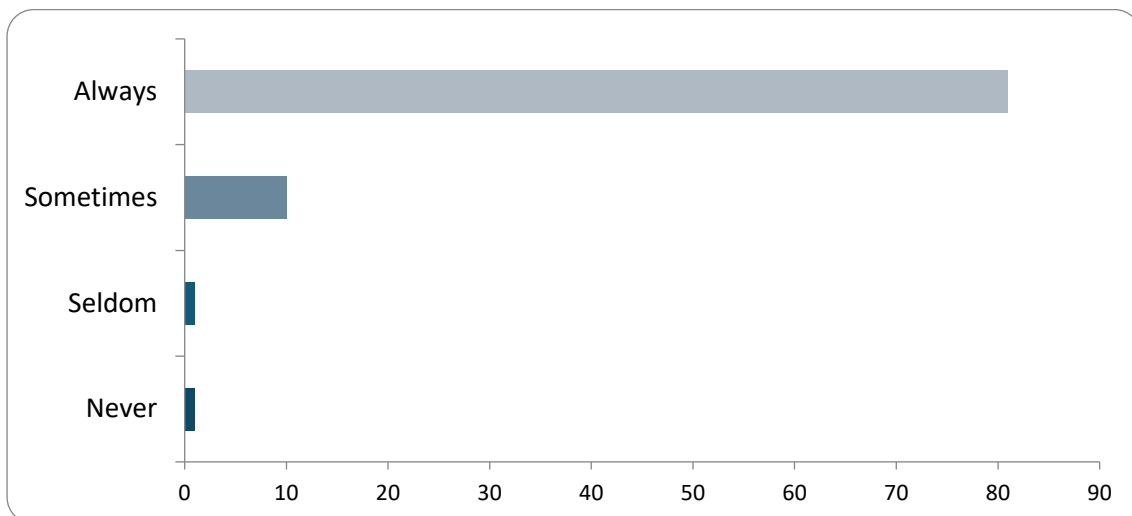
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 77    | 82.80%  |
| Sometimes    | 13    | 13.98%  |
| Seldom       | 2     | 2.15%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 15. You act as a role model in terms of performance and professional standards**

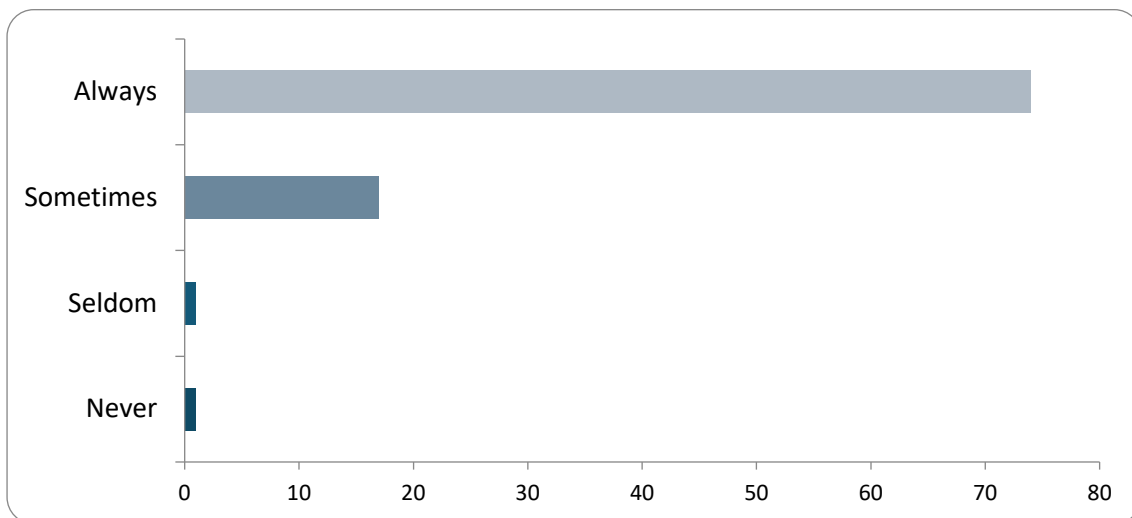
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 81    | 87.10%  |
| Sometimes    | 10    | 10.75%  |
| Seldom       | 1     | 1.08%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 16. You help to establish reasonable and realistic work targets and outcomes**

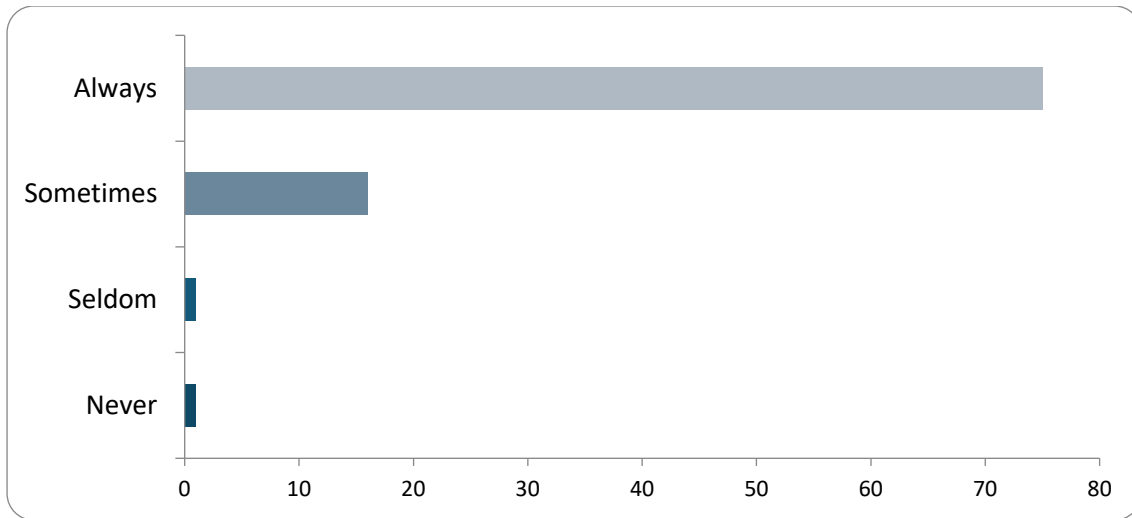
There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 74    | 79.57%  |
| Sometimes    | 17    | 18.28%  |
| Seldom       | 1     | 1.08%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

**Supervision experience - 17. You provide feedback so the supervisee can build on their strengths and identify areas to develop**

There were 93 responses to this part of the question.



| Option       | Total | Percent |
|--------------|-------|---------|
| Always       | 75    | 80.65%  |
| Sometimes    | 16    | 17.20%  |
| Seldom       | 1     | 1.08%   |
| Never        | 1     | 1.08%   |
| Not Answered | 0     | 0.00%   |

12: Please use this comment section to provide any suggestions you would like to share with the review team on how supervision could be improved in social care settings across Northern Ireland.

**Additional comments (if applicable)**

There were 29 responses to this part of the question.

- My organisation has high standards in terms of quantity and quality of supervision but they are hard to achieve with part time residential staff who are working a rolling rota. Also we have very high quality, reflective team meetings every two weeks but these are difficult to record in individual's staff files.

In my opinion, when delivering team care, in a residential setting, the quality of team supervisions, collective decision making etc is as crucial, if not more so, than individual supervision. Individual supervision is important but needs that team element too.
- Competing demands and increasing challenges to social work world in modern time has significant impact on the quality of supervision. Hence, one has to plan and manage diary in order to ensuring you have a protected time for supervision. There are times that supervision can feel rushed and having a limited time for feedback and reflective time.

- Sometimes discussing the day to day workload can get in the way of in-depth supervision and the focus on reflective practice can get lost as time gets eaten up. Given the higher numbers of new staff often more time is needed for their supervision given their stage of professional development.
- Supervision is a very important and beneficial part of my managers role. It is beneficial to the employee but also to me as it allows me to spend protected time with all of my staff on an individual basis and cover all areas of their work and work life balance. Having a large team it ensures that I get to meet all of them quarterly to discuss positives, give constructive encouragement and also deal with issues before they get to a point of becoming complaints.
- Many of the above mentioned are carried out during day to day conversations. The supervision policy suggests you prepare, cover all relevant areas and have protected time. It is difficult to find the time to have supervision as we are all stretched to capacity in our roles.
- Time constraints and workload can impact on preparation time / ability to carry out supervision at the re-arranged time
- It can be very difficult at times to have supervisions are regularly as one would want due to workloads, low staffing, annual leave, sickness, time constraint, emerging needs. More effort from senior management could be made to give protected time to allow for regular supervisions.
- Supervision I'm workplace is too frequent, as sometimes the actions points from the previous supervision cannot be actioned due to the workload of the supervisee and supervisor. I feel supervision every 3 months would be more meaningful and productive.
- Openly share outcomes with regulatory or appropriate agency's
- Refreshers on sup training, peer support groups
- It would be helpful to new managers to have supervision training at the onset to ensure no poor habits develop / and that adequate support is available to the supervisee
- Contracts should have resource built in that values supervision as a standard of good governance.
- More support for support departments, i.e HR, finance, L&D, marketing etc as these roles also directly impact the people we support and all of operational activity
- I feel that the induction process of new staff is a vital component, that needs to be structured around an individual's role, job description, responsibilities, accountabilities and the importance of them adhering to all operational Policies & Procedures. A structured induction forms the basis in supporting staff to develop the knowledge and skills mix required for the post, it also promotes job satisfaction, personal development and team building. Regular supervision and annual appraisals require to be appropriately documented, with all follow-on actions being completed in a timely manner, including policy & procedure awareness, risk assessment training, on-going mentorship with honest and constructive feedback.
- Albeit I do supervision with my team, I rarely have 1-1 time with my Manager. I think Senior Managers need to know that supervision is not just for practitioners, this is paramount in any role!
- Frequency for social care staff is too much. Following internal survey, staff indicated quarterly supervisions was appropriate and this was agreed by managers. Too frequent supervision causes a repetitive and tick box type approach, and does not take into account other supportive processes such as safety huddles, team meetings and debriefs. Staff do not engage well in the process if too frequent

- Self reflective questionnaire handed out a week before with an expectation that it will be completed. More experienced staff will also have a focus on what they suggest can be done to improve the service and discuss how newer staff are getting along
- Can be a tick box exercise and needs to be more supervisee lead. Time wasting going over topics to box tick is waste of time an energy, more scope needed to do this instead of supervisors needing to ensure they've covered all boxes
- I feel that the Trust set policies for monthly supervision which is very difficult to maintain with all the other pressures put on a Home Manager, bi monthly would be sufficient and an open-door policy to ensure the staff team they can come and chat if they are having difficulties is always an option
- Make it less formal. It is boring and functional and a tick box exercise.
- In my role as a team lead in home care supervisions I complete are expected to be slotted in between my own calls on my breaks or on a day off and is not paid or timed. Service users are often uncomfortable with an additional person in the room and any conversation with the staff member about the topic has to wait until outside so usually completed in minutes on the doorstep and in my opinion is not valuable time spent, its just a paperwork exercise. Both the staff member and I have our next call to be getting to. I think team meetings to discuss required topics would be much more beneficial to staff and their service users. We already have monthly contact with service users for feedback on the care they receive. I feel random checks lasting a few minutes with staff in a house would then be adequate to get a feeling for how professional they are eg. Communication, correct uniform, H&S application, organisational skills etc. There are currently too many topics to be discussed and it feels inappropriate to be doing most this in a service users home.
- N/A
- Supervision is essential and I fully support its purpose. However, the current expectation of completing formal supervision with 10 staff every four weeks is not realistic in practice and does not necessarily improve outcomes for staff or service users.

I have regular, meaningful contact with staff on a daily basis. Staff approach me frequently to discuss issues, reflect on practice, and seek support. These ongoing conversations are often more responsive and beneficial than a scheduled monthly meeting.

The current requirement to complete a formal supervision document every four weeks can feel like a tick-box exercise for both staff and management. This risks reducing the quality of supervision, as the focus shifts towards completing paperwork rather than having meaningful, reflective discussions.

A more flexible approach that recognises ongoing informal supervision, combined with structured formal sessions at appropriate intervals, would better support staff development, wellbeing, and quality of care.

- My line manager did not supervise me and did not value supervision - always a tick box exercise and this remains the case - only that I have the belief of the value of supervision that I maintain this approach
- I have been supervising social workers and social care staff for 15+ years and have learnt to ensure this time is completely protected, it is one of the monthly tasks that can't be cancelled or postponed and should be valued by both managers and team members. Staff should come prepared, having completed and shared a supervision report in advance and time allocated by the manager to prepare responses. Supervision contracts should be reviewed annually so both supervisor and supervisee can give some thought to what is working well and what could work better.

- All care staff should complete NISCC induction pack before starting are with their induction. Their induction should be information drawn up what is required and all should be covered with competence, confidence, knowledge, practise, experience, training. capability and their strengths and weaknesses. Have the knowledge of care plans, risk assessments, support plans. Effective handovers and good effective communication. Ensure core values are relevant in all aspects of their job role and tasks. Following Policies and procedures, legislation and Acts
- I have 30 staff. Trying to individually supervise such a large team individually is almost impossible. Monthly to 6 weekly supervision for band 3 staff is not realistic. We used to complete this 12 weekly with manager available at other times when needed. This worked really well until new senior management team changed it. Staff have voiced 4-6 weekly means their supervision has lost meaning now.
- As a Manager I have supervision structures in place, however this is not the same for my own supervision. I have no regular/ formal supervision and I have been employed for 2 years in this post. Despite being a manager, I think it is still a vital support to ensure good governance and the best is being developed in staff through 1-1 supervision.
- My sense is that within the voluntary sector we are able to maintain high standards of supervision but colleagues in Trusts are struggling. This is workforce and caseload related - staff shortages and high service demand in terms of volume due to fewer staff but also higher volume and complexity due to lack of early services, poverty, austerity impact on society and institutions, post COVID factors and the continuing legacy of the Troubles. Individual social workers are clearly not receiving sufficient supervisory support and guidance. Staff at all levels are being promoted too quickly due to staff shortages meaning they lack the experience to stay grounded and contained and provide the support other staff require. It is a perfect storm. Frequently our own managers and social workers are effectively providing supervision to Trust social workers who are often flying solo. There is a lot the voluntary sector could do to help bridge the supervision gap when working in partnership with Trusts - but Trusts would need to be less defensive, suspicious and dismissive. I know this is focused on social care - there does need to be a focus on social worker supervision - I worry that the specific needs of social workers get lost in 'social care' framing. I have longstanding worries about the adequacy of supervision for police officers in child protection and other safeguarding work which impacts on joint protocol working, which in my experience is not working as it should.

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