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**Survey of Social Workers' Experience of
Supervision and Management in
Children's Disability Network Teams**



IASW

**Irish Association of
Social Workers**

**Progressing Disability
Services Working Group – a
subgroup of the (IASW) Social
Workers in Disability
Special Interest Group**

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Introduction

Progressing Disability Services (PDS) and the rollout of local Community Disability Network Teams is a welcome new development in providing services to children with additional needs and their families throughout Ireland. This initiative has introduced new ways of working and new models for service delivery.

In order to reflect on how social work is adapting and contributing to developments, we undertook a survey of social workers' experiences within the Children's Disability Network Teams (CDNT). Our focus on this occasion was to gather feedback on Supervision and Management, which is one of the areas that has experienced change within this new model. Social Work is a profession regulated by CORU with obligation to meet set standards to practise safely and effectively within the legal, ethical and practice boundaries of the profession. Professional supervision is a mechanism by which social work standards and practice are maintained and supported.

The Irish Association of Social Workers circulated a survey nationally to all social workers, asking for those involved in PDS to give structured feedback. The survey was introduced as:

"The SWID (Social Workers in Disability) SIG [Special Interest Group] PDS (Progressing Disability Services) subgroup are inviting you to participate in a survey about your experience of supervision and management under the Progressing Disability Services model in comparison to previous experiences of supervision prior to Progressing Disability Services. This survey will help Social Workers practicing in the Progressing Disability Services model to identify common benefits and concerns and further input to the ongoing development of this model..."

Fifty-seven social workers of various grades, from across Ireland, responded to the survey. This represents approximately 48% of social workers employed in the reconfigured Children's Disability Services in Ireland at that time¹. The majority of respondents had over ten years' experience as a professional social worker while nearly half had over five years' experience of working specifically within children's disability services. The following is a summary of findings. Quantitative data are presented through the report in graphic figures; additional qualitative comments from respondents are grouped in separate text boxes.

Survey Feedback:

Supervision

Nearly all social work respondents (96%) received professional supervision prior to PDS amalgamation. Since moving to their Children's Disability Network Team (CDNT), the numbers receiving professional social work supervision had dropped (to 84%), with some worrying comments from individuals:

- *I am the only SW [social worker] on a CDNT for over 400 children with no line manager supervision and no senior social worker allocation on the CDNT.*
- *I manage myself in clinical work - luckily, I have experience.*
- *I have an external supervisor now. This is concerning for caseload management and accountability.*
- *I had to advocate vociferously for myself to get supervision and was without it for a period of time.*
- *I do not get regular 1:1 supervision as my line manager is extremely busy and increasingly unavailable due to the pressure of their role.*
- *I am currently covering a full SW service on my own as my colleague is on extended leave. ... I'm covering 2x full time posts.*
- *Supervision is not beneficial when my supervisor is no longer practicing. There is no management of workload and I'm expected to just cover it all.*
- *I have been on sick leave with exhaustion and feel burnt out.*
- *I'm a PQSW [Professionally Qualified SW] in a rural area. I'm the only one in my CDNT.*
- *The PDS manager is very helpful, but her workload is huge, so it is impossible for her to support every team member.*
- *Lots of dissatisfaction across the team and there is a lot of work stress.*
- *Families are frustrated and cross at the lack of service on the ground and this is very hard to deal with as a social worker on a daily basis.*

¹ The HSE National Report 2022, Children's Disability Network Team, Staff Census and Workforce Review.

For those receiving supervision within the CDNT model, respondents identified changes to established practice for professional supervision, both in terms of quantity and quality.

Findings indicate that many social workers are receiving supervision less frequently. Respondents identify a change in how supervision is provided, with some indicating a shift from a senior social worker supervisor to a non-social work manager supervisor.

Others reported being supervised by an external social worker some with, and some without, practice experience of children's disability services. While there were a couple of notable exceptions, findings also indicate a level of confusion between operational and clinical aspects of supervision.

Comments from Social Workers as Supervisees

- *I had not received supervision in a number of months.*
- *I've been without supervision / SW Team Leader (SWTL) for months. It wasn't made clear if a person had been identified to provide supervision. We have a new SWTL starting which will hopefully provide stability and a supervisory structure. There's uncertainty about the SW role within the team.*
- *Support is extremely limited as the supervisor is geographically not located near the CDNT.*
- *I was offered a supervisor in (another) service which I felt was inappropriate as I am working in a children's service. I feel strongly that supervisors should be aware of the day-to-day issues which are impacting practice and service delivery.*
- *The PSW provides supervision, but she is not part of the network. This, in my opinion, leaves social workers vulnerable as who takes responsibility for the day-to-day caseloads of social workers? Is it senior social workers?*
- *The fact that my supervisor does not practice in the CDNM area can sometimes be a little. I find that sometimes accessing specific advice can be a more time- consuming laborious experience than it might be, such as...(if) I had access to a supervisor from within the CDNM service.*

- *To be fair, my line management by CDNT manager is excellent - very supportive, open to communication but is not a social worker and unable to provide the needed clinical supervision required.*
- *As a staff grade SW, I also work mostly alongside senior clinicians (OT, SLT, PT & psychologists) with no differentiation made for my grade versus their grade. The clinical supervisor is too far away to fully appreciate practice issues on the ground. Social workers are involved in the most complex of cases and are often expected to lead the management of these cases.*

Comments from Social Workers as Supervisors

- *It can be a challenge to provide support and mentorship without the management function and ability to ensure that the supervisee is carrying an appropriate and safe caseload.*
- *There needs to be a clear outline between social work roles and being managed by a non-social work manager and meeting the criteria in a balanced way for both social work practice and CDNT practice too.*
- *There is less control over training opportunities, ensuring that the supervisee keeps CPD going and encouraging reflective time / TOIL and annual leave, which are essential to the overall wellbeing of the supervisee and ultimately the families they support. In my opinion, it is necessary that by agreement with the manager, these functions remain with the supervisor and the HOD [Head of Discipline].*
- *PDS has been and continues to be an extremely stressful experience for my supervisees.*
- *It needs to be made clear, within the model, that staff grade SWs are supervised by senior social workers. Staff grade SWs are being supervised by the manager of the service, so the role of the manager and the role of the senior SW needs to be clarified and expectations made clear for all involved.*
- *I am so mindful that I am not allocating correct time as we are so busy. I need to make this protected time which should be highlighted to CDNM [Children's Disability Network Manager] and also revised supervision training within this model would be useful.*

- *SW Team Leaders are still practicing with massive caseloads.*
- *I am in the process of taking up a senior role and have concerns re same in terms of who will provide my supervision and mentor me as I begin to take on these new responsibilities.*
- *Supervisees are very stressed due to very high caseload numbers; too few social workers in Network Teams; lack of resources, including respite; poor job satisfaction; dealing with angry and frustrated families; attempting to support colleagues who are struggling and stressed.*
- *The lack of supervision for professional development, no shadowing or proper induction for new staff.*
- *Reflective practice model is not happening and proper time allocation to supervise basic grade for me is really challenging.*

Other Comment

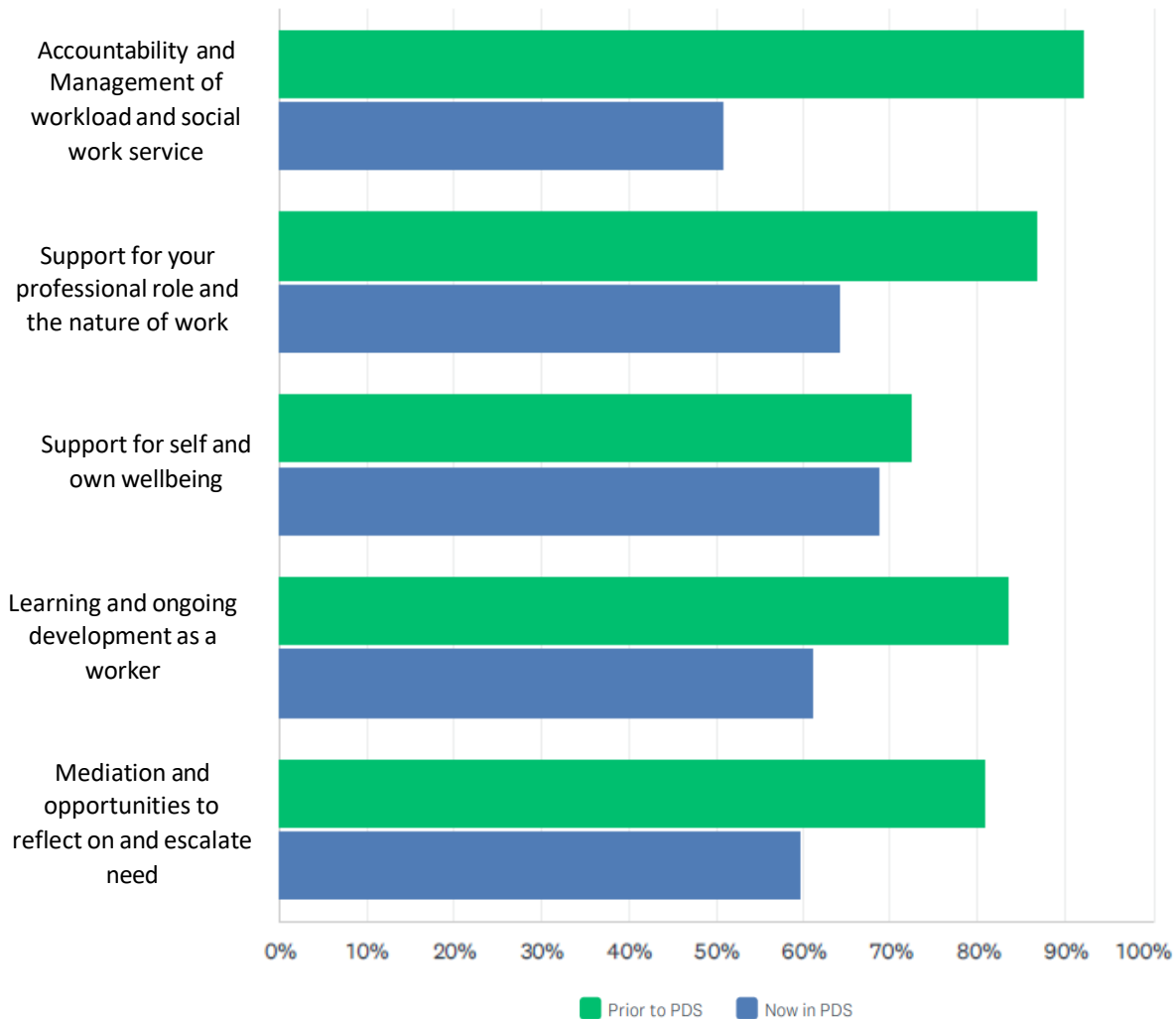
- *Excellent CDNT manager. Best manager I have ever had in my working life, and better than all previous social work and clinic manager.*

Changes in the functions of professional social work supervision were also noted. Respondents indicated a reduction across all functional areas of supervision, with a particular decline experienced in accountability and management of workload, and with mediation and opportunities to reflect on and escalate need (see Figure 1).

Figure 1

Q8 Which of the following functions, if any, does Professional Social Work supervision provide to you?

Answered: 57 Skipped: 0



Clarity of roles

- *More clarity needs to be provided on the management structure and who and how social work is supported and who is providing day to day oversight of the social work service. Social workers risk being in a vulnerable situation without clarity of roles and expectations around supervision, support, and accountability.*
- *Given independence to do the job but no direct access within my lead agency to social work issues or how to grow and develop social work service including issues such as*

advocacy for respite.

- *As a staff grade social worker transitioning into a senior social worker role I am very concerned about our lack of Head of Discipline and how this will impact on my professional development in terms of lack of mentoring and supervision structure.*
- *Having no Head of Discipline creates challenges when advocating for complex cases that need escalation at a management level..., very high numbers of children on our team causes huge difficulties in caseload management.*
- *Lack of consultation on SW specific areas, i.e. respite in our area & rolling out regional development meetings without SW input.*

Findings indicate a high reporting of complementary supervision models in use such as peer-to-peer and group supervision, even in the absence of 1:1 supervision arrangements.

- *Peer supervision is good but individual supervision is very important.*
- *Peer support is occurring at local level as a means of accessing support.*

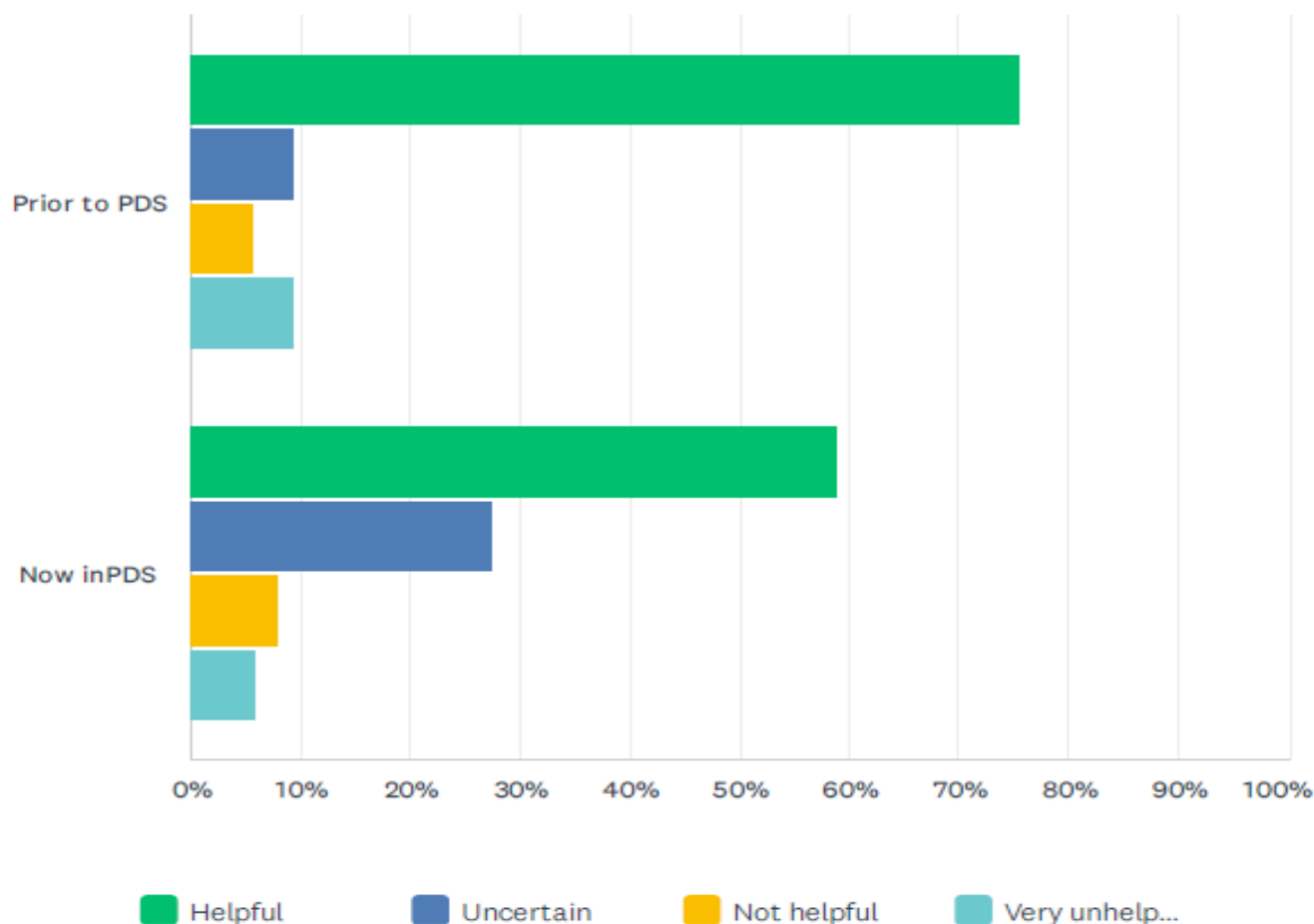
More social workers express uncertainty about how helpful supervision is for them within the PDS model.

Question 10 in the survey asked respondents how helpful they believed social work supervision was for them. Responses are collated and represented in Figure 2 following.

Figure 2

Q10 Do you believe your Social Work supervision is?

Answered: 56 Skipped: 1



More than half of respondents did not believe that their social work supervision supports CPD requirements as set out by CORU.

- *No time available for reflective practice or CORU cpd portfolio.*

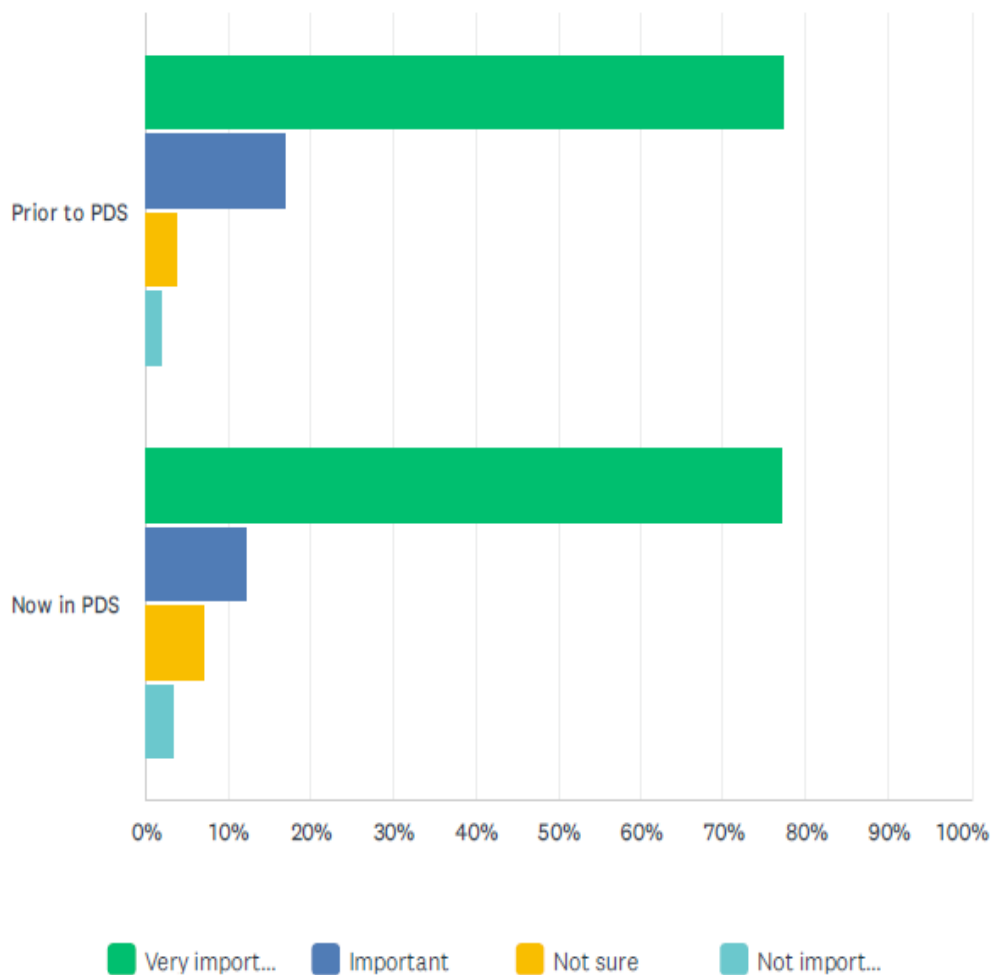
Management

Seventy-two percent (72%) of respondents reported that they are no longer a part of a social work team led by a social work Head of Discipline, yet most (77%) felt that a link to a Head of Discipline is very important to their professional role (see Figure 3).

Figure 3

Q13 How important is a link to a Social Work Head of Discipline to you?

Answered: 57 Skipped: 0



Professional / Clinical Governance and Risk

- *Without senior grade staff, we are left out of team development meetings. (Yet) we are being asked to take complex cases with no option to defer to a senior grade - potentially unsafe practice.*
- *Removal of operational accountability from HODs has made team operation much more corporate and medical model focused. Job satisfaction is at an all-time low. Stress is high, retention of staff difficult and recruitment very difficult. Essential elements of the PDS model such as family-centered care are not happening.*

- *Lack of head social worker or principal support or guidance*
- *Lack of respite services and no clarity on accessing same. Social work not involved in respite planning and prioritisation.*
- *Having no Head of Discipline creates challenges when advocating for complex cases that need escalation at a management level... very high numbers of children on our team [caseload] causes huge difficulties in caseload management.*
- *Lack of consultation on SW specific areas, i.e., respite in our area & rolling out regional development meetings without SW input.*
- *Extremely limited access to respite services and in-home supports for our families - onus is then put on social worker to feedback respite decisions to families when they in fact have little influence on the respite decision.*
- *For the most part I work in isolation being the only SW on the team for approx. 740 families.*
- *I am expected to manage a full caseload with never-ending amounts of referrals on my own. Managing complex risk cases. Self-management.*
- *The new management structure of CDNT manager vs Principal Social Worker is very challenging, especially in managing Tusla.*
- *Discipline of SW is being unheard.*
- *Social work practice and governance is a significant risk in CDNTs without proper SW support structures in situ.*
- *I am lucky as my CDNM is a social worker by background - I feel this is a huge asset to myself as a social worker as I feel my manager can offer knowledge, advice, and guidance in relation to cases and also acts as a great advocate for the social work profession. I also have access to a senior social worker for clinical supervision which seems to be working well for me.*
- *SW teams need development. The families we work with will tell you this.*

The majority of respondents identified inconsistencies in social work practices across their Community Health Organisation (CHO) region.

- *No two teams work the same, depending on the CDNM, this is reflected in SW practice on teams and how they work, or how they are understood and valued.*

- *More need for cohesive practice amongst social workers across the CDNTs and need for Senior [SW] allocation to each CDNT.*

Since moving to PDS, an increased number (81%) identify the need to access a social worker at a higher grade as very important.

- *Regular supervision with the Principal Social Worker is absolutely vital to my continuing professional development, for clinical guidance on cases and the provision of social work services to a huge number of families.*
- *Not having a Principal SW is hugely impacting my social work practice and the protection of our role within the new model.*

A majority reported that the current PDS structure does not assist them in their professional and career development.

- *This isn't sustainable. Social workers in this field need to be seen as important as other staff and be given opportunity to progress in their careers. I'm burnt out and not sure how sustainable this role is.*
- *This model, despite its aspirations, doesn't work in practice. Supervision is only one part of it. No matter how good, professional, supportive supervision is, the environment we are working in has changed so fundamentally that I am afraid we will continue to lose talented social workers to other sectors and families will continue to suffer.*
- *[No] room to progress and go into management of social work roles and supporting front lines social work staff.*
- *No opportunities for career progression.*

The challenges experienced and reflections on CDNTs:

Respondents also gave many examples of areas that are challenging for social workers' practice within the PDS:

Challenges

- *PDS does not lend itself to allowing development of relationships with families which is an important tool in working with families. PDS does not encourage a holistic approach to working with families as goals are very specific.*
- *Equity of service for the families.*
- *Management, support emotionally and professionally.*
- *Intensity of workload allows little time for communication between social workers for support and sharing of information.*
- *Respite applications, too large caseloads, leading to unsafe practice and high levels of stress among some social workers and inability to fulfil important SW roles, not just crisis management.*
- *Caseload is too large, impossible to do good work.*
- *For me the main challenge is the professional isolation on the team.*
- *I am new to the role of social worker in the MDT [Multi-Disciplinary Team] and in the disability sector linking in with peer social workers in the surrounding area has proven useful but because this never gets to happen in-person I find that challenging.*
- *Prioritisation tools that are not created by social workers and do not reflect family-centered practice. These tools remain medically focused on the individual and are directly contradictory to the social model of disability [that] PDS is supposed to espouse.*
- *Lack of understanding of benefits of family work.*
- *Lack of knowledge about social work grades in PDS.*
- *Uncertainty in role, lots of stress and uncertainty across the PDS team and this is impacting on individuals and the families we support.*
- *Huge caseload and very tiny social work allocation making it impossible to address needs properly.*
- *Higher caseloads have led to deprioritisation of work which in the past, when delivered in a timely manner, was proven to lead to very good outcomes for families (e.g. early intervention).*
- *Some families on waitlists continue to wait for essential services including social work support.*
- *Taking cases off the waitlist is now the responsibility of the manager who may not prioritise social needs.*

- *Cases taken off the waitlist are often beyond early interventions and in crisis, so the nature of the work is firefighting rather than relationship building and preventative.*
- *Interdisciplinary working can delay referrals to social work as key contacts may not recognise social need.*
- *PDS has not gone as planned - workers and families are very disillusioned. Now the focus is on group work and to move away from individual family intervention. The family enters crisis, and the social worker then has to try and put in place supports when resources are in group interventions or tick box interventions such as IFSPs [Individual Family Support Plans], which do not provide any interventions just identifying need. The family then build up hope and are back on another waitlist.*
- *Adhering to SW code of ethics within PDS interdisciplinary.*
- *Lack of promotion opportunities.*
- *Dumping of what is perceived to be 'difficult' work or 'angry' clients onto social worker.*
- *The PDS model is very concerned with stats, logs, IFSPs, audits with little thought for quality of service and no capacity to highlight issues both for staff and the families in any meaningful way.*
- *It feels that one to one direct work has suffered. Unnecessary oversight is being employed.*
- *I feel very isolated in the current role. A lot of staff leaving the service and no acknowledgement of same, staff remaining on the ground actively looking for other jobs. When families are therefore looking for intervention, they come to social work.*
- *Feeling very frustrated in the current role and questioning the difference we are making to families.*
- *We currently have 8 staff in total for over 700 children, this is dangerous for both families and clinicians.*
- *At present I cannot see how PDS will make a positive difference to families, given the lack of resources and staff dissatisfaction resulting in colleagues leaving the service. It may be time for me to seek alternative job opportunities...*
- *New structure not working for clients or me.*
- *No section for input from social work on the IFSP - if there is no room for goals related to social work (self-care, home support, respite), then what is the role of social work within the CDNT?*

- *I feel the role of social work is being diluted within PDS. Roles/work that was specific to social work is being done by other team members and we are also expected to be experts on other roles when meeting families.*
- *The current PDS model is very worrying - diluting the sw role and not promoting it. Leaving dangerous practice by way of lack of clinical governance. Complex cases being taken and worked on by PQSW grade... crisis driven work.*

Conclusion

The survey was administered in 2022, which for a number of CDNTs, was still early on in their rollout of this new model. It reflects the experience of approximately 48% of social workers employed in the reconfigured Children's Disability Services in Ireland at that time. As the ninety-one Children's Disability Network Teams become more established, further information gathering may reflect some different experiences.

Nevertheless, it is worth noting that the survey was issued across the country to new and established teams in all nine CHO areas.

The findings indicate some concerning experiences that warrant further examination and action. This survey is seen as a starting point for understanding what is working well and what needs to be improved. It may guide further research and dialogue. There are many examples of good practice which should be explored further for wider implementation.

However, at a more immediate level, systemic responses are required to address some of the more worrying experiences of social workers within CDNTs such as:

Supervision

- An increased number of social workers are not receiving supervision. For those who are receiving supervision, questions have been raised about the quantity and quality of input and confusion that surrounds current changed practices. Given the high correlation between supervision, staff wellbeing and safety of services, this requires further review and action.

Management

- Findings indicate that some social workers are experiencing high levels of stress, isolation, large caseloads with complex and high-risk cases, and are operating with no, or unclear, support and accountability structures.
- Also indicated is the lack of opportunities to fulfil CPD and CORU requirements, to develop one's professional career within CDNTs and worrying indicators of burnout.
- Some social workers report that they are unclear of new governance structures and feel unsupported and unheard.
- Findings also indicate inconsistencies in social work practices across CDNTs.
- Seventy-seven per cent (77%) of those surveyed identified that a link to a Head of Discipline is very important to their professional role.

Other challenges

- Other challenges identified in these findings include negative experiences for families; limited resources, including in social work posts; challenges with respite and home support services; lack of social work, and thereby social model, input into wider service development; damaging changes experienced in some fundamental social work practices such as the professional relationship, early preventative intervention, and professional supervision.

The experiences of social workers, albeit gathered in the first year of PDS changes nationally, warrants further exploration and response, to ensure we maintain safe services and best social work practices within Children's Disability Service provision in Ireland.

Recommendation:

It is strongly recommended that as part of this response:

- That resources and systems are developed to ensure that all social workers operating within CDNTs receive regular and ongoing professional supervision from a senior

grade within their profession.

- Further collaborative work to be carried out, to bring greater clarity and process to clinical / operational governance and oversight.
- Proactive support and resourcing to ensure staff retention, safety, and wellbeing.
- That the role of Head of Discipline is clarified and access to Head of Discipline is assured for all social workers working in Children's Disability Network Teams.
- Greater involvement of professional groups at local, regional, and national levels in the continuing development of PDS and network teams, to ensure clinical challenges are captured, best practices are reflected and good models such as a social model of disability, are understood and applied.

Such responses will contribute to ensuring that social workers are supported in their professional role and, in partnership with CDNT managers, ensure that children and their families are assured of quality in services provided.