Developing a Framework for Child Welfare Supervision: What have we learned?

Crystal Collins-Camargo, MSW PhD
University of Louisville
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Child Welfare Supervisors Are Asked to Invest Alot in Their Work

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States Must What Supervision Is in their Child Welfare System—We can begin with what it is not...

Emerging Framework and Model for Child Welfare Supervision (2009)

- Joint initiative of the NRCOI and NRCFCPPP based on CFSR findings and states efforts to enhance supervision
- Comprehensive review of the literature
- Working group of child welfare administrators, supervisors, and others interested in supervision
- Structured key informant interviews with practitioners, supervisors and administrators, experts in child welfare supervision and members of the NRCOI Peer Training Network

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Critical Step in Defining a Model for Child Welfare Supervision:

- Identify the functions and specific job responsibilities of child welfare supervisors
  - Kadushin's model: Administrative, Educational, and Supportive Supervisory Functions (1976)
  - Strong consensus on 31 job responsibilities
  - Variations in relative importance by perspective (i.e. supervisors, administrators, caseworkers)
- Why is this important?
  - Clear job description
  - Supervisor performance expectations
  - Setting priorities for structures and activities to support supervisor practice

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SR QIC Summit on Child Welfare Supervision

- 36 states, DC, Canada and Puerto Rico
- Pre-summit assessment : Supervisor training
  - 6 states none required;
  - 5 have initial but no ongoing/advanced;
  - Of those requiring initial training, ranged from 4.5 days to 6 weeks
  - Primary focus: 9% casework supervision only; 15% admin. supervision only; 18% none required; 27% admin + casework supervision; 27 % admin., casework and clinical.

Supervisory Supports Offered by States (other than training)

- Quarterly supervisors meetings (11)
- Consultation with CO/sr. mgmt (8)
- Formal mentoring (7)
- Middle managers (6)
- None (5)
- Clinical or multidisc. consultation groups(4)

- 3 states:
  - Varies across state
  - MSW education
  - Statewide conference
  - Supervisor certification
  - Supervisors' guide/ newsletter
- 2 states
  - Website
  - Supervisors' Assoc
  - Peer circles

Greatest Challenges Related to Frontline Supervision

- Staff vacancies (23)
- Caseload (10)
- Lack of appropriate super. trng (10)
  - + 5 said lack of trng on clinical aspects
- Inexperienced supervisors (8)
- Balancing administrative & clinical supervision (7)
- Dramatic practice change (5)
- Complexity of problems faced by families and resource parents (5)
- Administering progressive discipline (4)

Roundtable Discussion on Balancing Administrative and Clinical Roles

- **Top 3 Issues**: Organizational structure focuses on administrative duties; multiple new initiatives on the backs of sups; crisis-driven nature of work
- **Barriers to Resolution**: lack of time; administrative duties take precedence; supervisory role
- **Solution focused action steps** (examples): peer circles; support regularly scheduled supervision sessions; make data/EIP available related to practice outcomes; clarify roles

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- Recruit, select, train (or arrange for training), and retain staff
- Identify/manage/evaluate caseworker performance
- Facilitate communication and collaboration
- Build and maintain working relationships with other units in agency
- Manage caseloads
- Manage time and workflow for supervisor
- Monitor caseworker responsibilities to supervisor
- Provide leadership to unit
- Provide leadership within organization

- Anticipate/address/manage change within unit
- Interpret and influence the organizational culture within the unit
- Manage time and workflow for caseworkers
- Provide leadership within community
- Influence agency
- Anticipate/address/manage change within agency
- Use management information systems (MIS)

Back to the Framework: Job Responsibilities Ranked 'most Important/Important' in what study called "Administrative Supervision"

Educational Supervision

- Case staffing/case reviews
- Address ethics in caseworker practice
- Address ethics in supervision
- Provide ongoing professional development for supervisor
- Develop/monitor caseworkers' family-centered practice competence
- Promote caseworkers' self-reflective practice, critical thinking and case decision-making
- Develop/monitor caseworkers' cultural competence

- Provide ongoing professional development for caseworkers
- Promote evidence-informed practice
- Assist caseworkers in applying learning from training, workshops, etc.

Supportive supervision

- Prevent/address stress/secondary traumatic stress/burnout for supervisor
- Anticipate/manage risk (safety)
- Prevent/address stress/secondary traumatic stress/burnout for caseworker
- Enhance caseworkers' job satisfaction/build and maintain morale

An Activity Worth Trying

- Identify
  - 1) your perceptions of relative importance of selected (20 of 31) supervisory responsibilities and
  - 2) your agency's perceptions of relative importance of selected supervisory responsibilities
- Identify your perceptions of obstacles and supports to accomplishing supervisory responsibilities in your agency

Supports for Effective Supervision

- Anticipate, address and manage change within the unit
  - › Training for supervisors and middle managers on systems change management followed by strategic planning for locally feasible change
- Provide regular case reviews and case staffings
  - › Arkansas: Regularly scheduled case conferences using Structured Case Review Tool modeled through mentorship
- Assure ongoing professional development for supervisors
  - › Missouri: 360 Degree Evaluation and Employee Development Planning

Supports for Effective Supervision

- Recruit, select, train or arrange for training, and retain staff
  - › Georgia: Three Part Employee Selection Protocol
- Identify, manage, and evaluate frontline practitioners' performance
  - › Missouri: Role Demonstration Model of Supervision
- Build and maintain strong working relationships with other units in the agency
  - › Kentucky: Quarterly Regional Peer Consultation Groups to promote data-driven solution-building and improved collaboration

Supports for Effective Supervision

- Promote practitioner's self-reflection, critical thinking, and case decision-making
  - › Mississippi: Regional Learning Labs for Supervisors
- Prevent and address stress, secondary traumatic stress, and burnout for frontline practitioners
  - › Ontario, Canada: Clinical supervision model focused on support and reduction of compassion fatigue
- Build and maintain morale and enhance frontline practitioners' job satisfaction
  - › Northern California: Clinical supervision training through learning laboratories and mentoring for supervisors focused on educational and supportive roles of supervision, and measurement of organizational culture

A Bit About Our Research and How it Relates to your Plans

Southern Regional Quality Improvement Center on Child Protection: *Tested the Effectiveness of Structured Clinical Casework Supervision on Organizational, Practice and Client Outcomes in Four States*

Structured Clinical Casework Supervision

- *A well-defined series of activities purposefully conducted in the supervision of CW workers designed to*
  - › *create a supportive organizational culture promoting learning and an outcomes-oriented approach,*
  - › *enhance workers' ability to think critically and make good decisions regarding the assessment of their cases and application of information gained in their intervention, and*
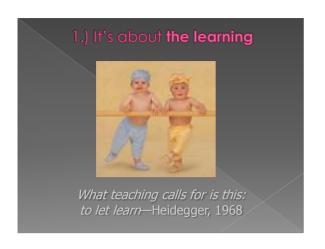 - › *to promote evidence-informed practice.*

Does this fit with Minnesota's Concept of What Child Welfare Supervision Might Be?

A Number of Supervisory Practices Seemed Particularly Important to Workforce Development and Effective Practice

- Scheduled individual or group **supervision conferences**;
- Enhancing worker **critical thinking** skills;
- Promoting **worker self-reflection**;
- Promoting worker identification of **important casework questions** at the heart the family maltreatment and their application in assessment and treatment;
- Modeling **evidence-based practice**—both in looking to the professional literature for guidance and in the implementation of an outcomes orientation to their work;
- Establishing an **organizational culture** in which support, learning, and clinical supervision and consultation are encouraged; and,
- Using **case review**, **observation**, and similar methods to assess worker skill and gauge progress.

1.) It's about **the learning**

What teaching calls for is this:
to let learn—Heidegger, 1968

2.) It's about **the relationship**

Four States Implemented Clinical Supervision in Frontline CW

Arkansas
- Full time professional mentoring of supervisors
- Structured case review process
- Peer consultation

Mississippi
- Cultural consensus on quality supervision
- Interactional Supervision
- Peer consultation and informal mentoring

Missouri
- Role demonstration model
- 360 Degree Evaluation
- Organizational Improvement
- Solution-focused brief therapy

Tennessee
- Mentors matched within agency or training team
- Classroom modules
- Clinical decision-making

Cross-Site Findings

- **Supervisory Effectiveness and Professional Organizational Culture**
  › Two states had statistically significant improvement in intervention vs. comparison groups
  › Third saw increase in case-related emphasis
- **Worker Turnover/Intent to Remain Employed**
  › One state statistically significant difference in turnover for intervention group
  › One state observed ↑ Intent to Remain Employed for Intervention ↓ Comparison

Worker Practice

- **Worker self-efficacy in child welfare tasks**
  › Two states observed significant increases in the intervention group vs. the comparison group
  › One state observed overall increase in both groups and non-significant increase in efficacy expectations in intervention group
- **Case review**
  › One state identified limited improvement favoring the intervention group for some practice indicators
- **Case/client outcome indicator trends**
  › Two states' trends slightly favored the intervention groups longitudinally

Findings from Participant Focus Groups: Implementation of Clinical Supervision Skills in Practice

- Supervisory accountability and openness to feedback [AR, MO, MS]
- Developing tools for workers to use to promote better work and reframing forms as clinical tools [MS, MO, AR]
- Use and development of peer network with other Teams/Supervisors—"one agency" [MO, MS, AR*]
- Promoting evidence-based practice [AR, MS, MO]*
- Assessment of workers' approach, skills, group dynamics [MS, MO, AR]*
- Active listening [AR, MO]*
- Focus on "the why"—in depth assessment and analysis [MS, MO]*

"*I think the more we as supervisors realize we **empower the worker by letting them make their own decisions and modeling** that with the client, they see that we are not coming to them as I know it everything and I have all the answers, listen to what I say. We are coming at it from a different approach and they are more willing to say 'I have learned a lot.' I think their growth has helped us.*"

"*I have been trying to teach my workers to look at [assessment] a little differently. **It is not their assessment it is the family's assessment.** Let the family take ownership. Let the family state what their strengths are. This has been a change.*"

Changes in Interaction with Staff

- Facilitating workers self-reflective practice, learning to ask the right questions, and make case decisions themselves [TN, MS, AR, MO]
- Use of peer casework consultation [TN, MS, MO, AR]
- Using clinical skills to assess staff/ Maximizing worker strengths [MO, MS, TN]
- Scheduled supervisory conferences [MS, MO, TN]*
- Integrating theory, research and practice [AR, MO, TN]
- Modeling clinical techniques and tools [MS, MO]*
- Modeling a more strength-based/less punitive approach [MS, MO]
- Identifying parallel process [AR, MS]
- Asking for desired work/clarity of expectations [MO, MS]*

"*I also have to step back some and really try to focus them on getting them to understand how to **think critically** about their cases. I would just ask them questions to get them to think.*"

"*When we go to have our meetings and everybody else starts talking it would be **more driven by the workers** than by me. Instead of having a unit meeting and me talking…I would start saying 'tell me about an interesting case you had this week.' Then it was like it was not just me but others and I was sitting back just listening to everything.*"

Examples of Changes in Worker Practice Attributed to Clinical Supervision

- Greater independence/Making decisions themselves [MS, MO, TN, AR]
- Philosophical change in approach as evidenced in interaction with families, narratives, and assessment of families [MS, AR, MO]
- Enhanced self confidence and empowerment [TN, MS, AR]
- Self care behaviors [MS, AR, MO]
- Enhanced teamwork and peer consultation [MS, MO]

"*I've noticed a different attitude in the workers…I have some workers that have been with the agency right at a year and I have other workers that have been with the agency several years. Those new workers have a different attitude, and I think part of that change in attitude is in the way I supervise them compared to the older workers. They have a different attitude about what they are doing and how they deal with families. They're not real cut and dry, **they are open to the families and their problems, they are more clinical in how they deal with their families.**"

Additional Changes in Worker Practice from 2005

- Comprehensive application of questions to assess cases/critical thinking [AR, TN]
- Creative solution-building, expanded horizons [MO, AR, TN]
- Targeted intervention grounded in assessment [AR, MO, MS]
- Competent articulation in court/credibility [MO, AR]
- More time working with/engagement of families to develop case plans, assess change [AR, MS, MO]
- Commitment to doing good work with clients, investment [MS, MO]
- Clear communication of expectations [AR, MS]

> "*The workers are speaking for themselves now instead of always relying on me to make the decision. **They are thinking of different options … and taking the initiative to go out there and do it** where as before it was kind of like …a 'tell me what to do' kind of thing.*"

> "*They are trying to get families to participate, and the more they participate the more likely they are to accomplish their goals. **Hopefully they have a home owner's mentality and not a renter's mentality about their case plan.***"

Observed Impact on Clients

- Self-initiated treatment/active participation [AR, MS, MO]
- Engagement in case planning [MS, MO, AR]
- Families demonstrate empowerment and a desire for positive change [MO, AR]
- Cases moving more quickly, anecdotal belief that kids are going home sooner/not removed from home [AR, MO]
- Fewer client complaints, more positive feedback [MO, AR]

> "***[Parents] are wanting to be more of a participant.** When in the past …the only thing that was making them do it was a court order. It was not so much that 'I really wanted to do it to help myself. I want to do it just to satisfy the court and then I can get my child back.' …then it began to change so now 'I have a relationship with this worker and I want to do this because she sincerely cares and I want to get my child back not because I have these mandates on me.' "*

> "*When you compare how many reports you get compared to children are removed the percentage is really, really low. There has to be some social work done. We are not one hundred percent but we are moving toward **that…I think our kids stay in foster care less.***"

Lessons Learned

- Administrative decisions in the CW agency seriously impeded progress toward practice improvement
  › Punitive approach to staff
  › Policies drive supervisors away from clinical practice
  › Caseload, hiring freezes, reassignment/re-districting
- Learning reinforcement strategies in field are critical
- Assess involvement/practice of middle managers
- Learning should occur overtime, with periodic learning labs—not traditional, intensive, stand and deliver training models

Lessons Learned

- Aspects of the CW environment present major challenges due to constant change
  › Political nature/leadership
  › Focus on compliance/fiscal strategies
  › Workload/time constraints
- Importance of university/public agency partnerships
  › Alignment of purpose, timeframes, measurement strategies
- Articulation of relevance of clinical supervision (and its research) in CW for evidence-based practice, organizational culture and client outcomes—both philosophically and practically

Our clinical supervision projects reinforce an important lesson in organizational renewal

- The answers to improving child welfare outcomes do not reside in quick fixes and inadequate resources.
- Investment in clinical supervision—the lynchpin of child welfare—offers the potential for
  › Promotion of a learning organizational culture
  › A sound foundation for practice improvement over time
  › A sustained workforce

Recent Resources on Supervision in Child Welfare

- **Southern Regional Quality Improvement Center** (SR QIC) http://www.uky.edu/SocialWork/trc/indexqic.html Presents information describing the results of the SR QIC's research into structured casework supervision.
- **National Child Welfare Resource Center for Organizational Improvement (**NRCOI) www.nrcoi.org Through training, technical assistance, research and evaluation, NRCOI helps agencies improve management and operations, expand organizational capacity and promote service integration. The site provides access to handouts and audiofiles for two recent teleconferences focusing on supervision in child welfare:
  › May 28: Supporting Effective Child Welfare Supervision #1: A Framework
  › June 16: Supporting Effective Child Welfare Supervision #2: Moving Forward

Recent Resources Continued

- **National Resource Center for Family-Centered Practice and Permanency Planning** (NRCFCPPP) http://www.nrcfcppp.org The NRCFCPPP offers cutting edge information services to State, Tribal, and other publicly supported child welfare agencies to promote family-centered practices that support the safety, permanency, and well-being of children while meeting the needs of their families.
- Hess, P., Kanak, S., & Atkins, J. (2009). *Building a Model and Framework for Child Welfare Supervision*. National Child Welfare Resource Center for Organizational Improvement www.nrcoi.org. and National Resource Center for Family-Centered Practice and Permanency Planning http://www.nrcfcppp.org . This report provides child welfare agency leaders with tools and strategies they can use as they think through ways to build and sustain effective child welfare supervision in their agencies.
- Potter, C. C., & Brittain, C. R. (Eds.). (2009). *Child Welfare Supervision, A Practical Guide for Supervisors, Managers, and Administrators*. New York: Oxford University Press. **Child Welfare Supervision, A Practical Guide for Supervisors, Managers, and Administrators** translates generic principles of supervision and management and organizational theory to the specifics and reality of the child welfare practice environment.