Iowa Department of Human Services
Committed to Excellence through Supervision

Child Welfare Supervision Manual

Template Forms for Use in Individualized Supervision Programs

Developed by Nina Hamilton, LCSW

National Resource Center for Family Centered Practice
University of Iowa School of Social Work

University of Iowa School of Social Work – National Resource Center for Family Centered Practice
"*Committed to Excellence Through Supervision*," USDHHS Grant # 90CT0111

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Introduction

Using a Supervision Manual

The most efficient way to establish and sustain a supervision program is to develop a supervision manual that specifies policies and procedures and becomes a reference guide for staff.

What are the Advantages?

A manual:

- makes the supervision process transparent and transparency decreases anxiety,
- standardizes orientation of staff,
- provides a reference tool independent of supervisor time,
- organizes all supervision information in one place,
- is easily reproducible for new staff,
- can be easily updated or expanded.

Supervisor Contact Information

Immediate Supervisor:
Office Location:
Office Hours:
Office Phone Number:
Email:
Home Phone Number:
Cell Phone Number:

Backup Supervisor:
Office Location:
Office Hours:
Office Phone Number:
Email:
Home Phone Number:
Cell Phone Number:

Office Location:
Office Hours:
Office Phone Number:
Email:
Home Phone Number:
Cell Phone Number:

When To Contact Your Supervisor Immediately

Contact your supervisor immediately in the following situations:

- ☐ Child medical emergencies (accidental, self-inflicted, or during restraint)
- ☐ Child psychiatric emergencies
- ☐ Moving child/children from one home to another
- ☐ Suicide threat by any client
- ☐ Homicide threat
- ☐ Homicide
- ☐ Social worker in danger or injured
- ☐ Threats made against IDHS (bomb, firearms, etc.)
- ☐ Missing/runaway/abducted child
- ☐ Abandoned child
- ☐ Child in immediate danger
- ☐ Child death
- ☐ High profile report (media involvement)
- ☐ Homeless family
- ☐ Abuse/Assault/Neglect of ward (sexual, physical, emotional, or verbal)
- ☐ IDHS staff or POS staff arrested and/or charged/convicted of crime
- ☐ Foster parent arrested and/or charged/convicted of crime
- ☐ Other serious incident resulting in legal action by/against child care facility
- ☐ Violation of court order by or against client
- ☐ Other:

If your immediate supervisor is not available, contact backup.

If backup is not available, contact _____

IDHS Case Practice Supervision

Case practice supervision in the Iowa Department of Human Services is a formal process of professional support and learning which enables individual child welfare practitioners to:

- Establish and maintain collaborative relationships with clients.
- Assess child safety, risk, and family functioning through observation, interviewing, and assessment tools.
- Make case decisions by integrating data from collaterals, case records, and other sources.
- Uses family team meetings as the primary strategy for engagement and decision-making through the life of the case
- Develop time-limited, outcome-based case plans for permanency, and facilitate and oversee implementation of the plan through the life of the case.
- Safely close cases.
- Practice in accord with legal and policy requirements, professional values, principles, ethics and standards; and
- Assume responsibility for enhancing their own child welfare practice knowledge and skill.

Case practice supervision is designed to support the child welfare Model of Practice through the following strategies:

- Focused case supervision
- Live practice oversight (joint home visits, participation in FTMs, observation in court or other meetings) followed by de-briefing and coaching.
- Full case reviews (written review of compliance, internal and external reports, attention to critical case decision points, examination of how well the caseworker has analyzed and synthesized all information and components of the cases)
- Stuck case conferences
- Record reviews/Record Audits
- Specific clinical problems
- Peer consultation
- Clinical supervision tools such as the *Guide for Reflective Practice*.

Supervisor Competencies in the Case Practice Domain

For use with the Developmental Planning and Support Tool

1. Uses supervision and the supervisory relationship to promote the values, principles, and standards of child welfare practice and a practice culture that is family-centered, strength based, and solution focused.

2. Supervises staff in implementing IDHS's practice model (e.g., engaging family members and service teams; functional assessment; family team meetings; service planning;; implementing plans; accessing services; working with independent providers and provider agency staff; monitoring progress and adapting services with on-going safety assessment and planning; closing cases, documenting practice, using technology).

3. Provides training/education to enhance competence of staff.

4. Coaches staff in documenting case management (e.g., writing assessments, family case plans, safety plans, case notes, court reports, progress reports, referral letters).

5. Evaluates the clinical/casework performance of staff.

6. Interprets program rules and regulations for staff to inform casework decisions.

7. Adapts supervisory interventions to supervisee developmental stage, skill level, learning style, and culture.

8. Manages legal risk of practice and supervision (e.g., confidentiality, full disclosure and informed consent, supervision programming, supervisory competence, staff competence and case assignment, use of consultation, documentation of supervision, written policies and procedures).

9. Establishes a protocol for managing crisis situations (e.g., suicide and suicide attempts, threats by clients, witnessing disasters and violent events, personal crises of supervisees).

10. Demonstrates culturally competent supervision and develops cultural competence in staff.

11. Counsels impaired staff whose professional judgment may be adversely affected.

12. Provides mentoring to further staff career development.

13. Stays current on issues facing child welfare such as substance abuse and current drugs, mental health and psychiatric conditions, abuse and violence, and safety and risk assessment methods, neurobiology and trauma, treatment modalities.

14. Establishes and maintains working relationships with referral networks.

15. Monitors available resources (fiscal and programmatic) and maximizes their effective allocation.

16. Implements a supervision program (e.g., explicit attention to supervisory relationship, developmental processes of supervisor and supervisee, teaching/learning strategies, various formats and tools, and task/activities).

Social Worker Competencies in the Case Practice Domain

For use with the Developmental Planning and Support Tool

1. Establishes and maintains collaborative relationships with clients.

2. Assesses child safety, risk, and family functioning through observation, interviewing, and assessment tools.

3. Makes case decisions by integrating data from collaterals, case records, and other sources.

4. Develops time-limited, outcome-based case plans for permanency.

5. Facilitates and oversees implementation of family case plans through the life of the case.

6. Safely closes cases.

7. Uses family team meetings as the primary strategy for engagement and decision-making through the life of the case.

8. Prepares case records and reports, and documents case work using IDHS forms and management information systems.

9. Practices in accord with professional values, principles, ethics and standards.

10. Complies with legal requirements, IDHS policies and procedures, and applies to specific cases.

11. Participates in and makes use of supervision.

Competencies that will be addressed in upcoming training modules:

12. Applies requisite specialized knowledge in making assessments and case plans (e.g., substance abuse, domestic violence, MR/DD, MI, attachment, trauma, child development, treatment models).

13. Addresses personal well-being by identifying origins and consequences of work-related stress.

14. Recognizes indicators of potential danger and employs strategies to enhance personal safety on the job.

Staff Performance Evaluation

Performance evaluations in supervision are both **formative** and **summative**.

- **Formative performance evaluation** is feedback provided to a supervisee on an ongoing basis to shape the supervisee's professional growth and development. Formative evaluation is provided during informal discussions and scheduled supervision sessions.

- **Summative performance evaluation** is formal oral and written feedback provided at scheduled intervals. Summative evaluations are conducted at the end of the probationary period and annually thereafter. During summative evaluation sessions the supervisee's work performance is evaluated against outcome-oriented performance expectations (e.g., the DPST and the task analyses of social worker competencies). Following the evaluation, the supervisor and supervisee work collaboratively to develop an Individual Development Plan and, if necessary, a plan to remediate and insufficiently developed competencies. Supervisees are given an opportunity to question or refute their evaluations. Summative performance evaluations become part of the supervisee's personnel file. A copy of the evaluation is be provided to the supervisee.

Evaluation of Supervisor

For period from:_____ to: _____

Supervisee: _____ Supervisor: _____

1= Unsatisfactory, 2= Satisfactory, 3= Excellent, NA= Not Applicable

1.	**Availability**					
	a.	Is available at numbers, locations, and times listed on contact sheet	1	2	3	NA
	b.	Arrives to work and scheduled appointments prepared and on time	1	2	3	NA
2.	**Communication Skill**s					
	a.	Explains policies and procedures clearly	1	2	3	NA
	b.	Gives clear, forthright feedback	1	2	3	NA
	c.	Listens and responds to problems/questions with relevant information	1	2	3	NA
3.	**Ethics and Legal Knowledge**					
	a.	Follows ethical standards set by the agency and the profession	1	2	3	NA
	b.	Exhibits knowledge of laws related to agency practice	1	2	3	NA
4.	**Evaluations**					
	a.	Provides clear professional and job-specific standards/expectations	1	2	3	NA
	b.	Evaluates fairly, according to the prescribed standards	1	2	3	NA
	c.	Uses same evaluation process for all employees in same positions	1	2	3	NA
5.	**Supervision**					
	a.	Provides supervision as outlined in supervision program manual	1	2	3	NA
	b.	Allots sufficient time for scheduled supervision sessions	1	2	3	NA
	c.	Responds to unscheduled supervisee needs	1	2	3	NA
6.	**Training and Coaching**					
	a.	Provides training as outlined in supervision program manual	1	2	3	NA
	b.	Encourages professional growth beyond scheduled agency trainings	1	2	3	NA
	c.	Provides support and suggestions for handling difficult cases	1	2	3	NA
	d.	Does not supervise or allow supervisees to accept cases outside their competencies	1	2	3	NA
7.	**Professionalism**					
	a.	Maintains professional relationships (appropriate boundaries) with supervisees	1	2	3	NA
	b.	Resolves conflicts/issues promptly and professionally	1	2	3	NA

Additional Comments:

_____

_____

_____

_____

_____

Supervisee Signature_____ Date_____

Supervisor Signature_____ Date_____

Glossary of Selected Terms for Ethical Child Welfare Practice

Abandonment
Unavailability to a client when needed, including terminating services without adequate referral to alternative services when a client still needs services.

Avoid harm/minimize harm when it is unavoidable
Child welfare professionals should act in the best interest of those toward whom they have professional responsibilities. However, choices must often be made from among competing values and responsibilities, resulting in some values being given priority over others. Child welfare professionals promote clients' welfare and should avoid causing harm to them. Where harm is unavoidable, they must act to minimize the harm.

Child welfare professional
A person who functions in a societally-sanctioned, decision-making capacity with neglected and/or abused children and their families. When individuals accept the role of child welfare professional and the authority delegated to them, they publicly acknowledge having the professional responsibilities which accompany that authority and are expected to conduct themselves and to intervene in families according to the prevailing standard of care, regardless of their education, training or experience.

Competence
For professionals: Having the requisite ability or means to carry out one's professional responsibilities. In child welfare, competence must be assessed in three contexts: 1) assessment of the client's strengths and needs; 2) selection of appropriate strategies to address them; 3) implementation of the strategies chosen; and 4) evaluation of the results of the intervention.

For clients: Having the mental capacity to make one's own decisions

Confidentiality
The ethical value that requires the protection of information shared within the professional-client relationship.

Conflict of interest
A situation that arises when a child welfare professional entrusted to exercise objective judgment in the service of an agency and its clients has an interest that could interfere with the objectivity of that judgment.

A *potential conflict of interest* is where there is no existing conflict, but there is some likelihood that the situation will change such that there would be an interest which could reasonably affect future decision-making.

Continuity of care/service
Consistent, ongoing care without lapses in services to which the client is entitled.

Duty to Warn
The responsibility to inform third parties or authorities if a client poses a threat to himself or herself or to another identifiable individual. First established in the California case of *Tarasoff v. Regents of the University of California* (1976), a number of states (but not Iowa) have created a statutory duty to warn.

Evidence-based
The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individuals

Fiduciary relationship
The relationship that exists between a professional and a client that is dependent on the client's trust that the professional will use his or her skill and authority in the client's best interest.

Full disclosure
Related to honesty and informed consent, full disclosure is the requirement that workers inform clients of all relevant factors in their case, including the agency's "bottom line", time frames, available resources and strategies, and available evidence about the efficacy of recommended services.

Individualized intervention
An individualized intervention is tailored to the strengths and needs of a particular family. With involuntary child welfare clients, these interventions should be directed at improving the parents' ability to meet the child's basic needs.

Informed consent
The ethical requirement to inform clients of their rights and the probable outcomes of their alternatives before clients consent to any treatment or program.

Elements of informed consent include: 1) absence of coercion or undue influence; 2) capacity of client to give consent; 3) a clear examination of the aims and methods of the recommended treatment; 4) description of anticipated costs, discomfort and risks, and hoped-for benefits; 5) a description of alternative service method and their goals, benefits and risks; 6) an offer to answer any questions; and 7) informing clients that they are free to withdraw consent and discontinue participation at any time.

For mandated clients, the result of discontinuing participation may be loss of their parental rights, but they nonetheless have options to consider and decisions to make within the framework of a mandated intervention.

Minimum change necessary/least restrictive alternative/least restrictive placement
In the context of non-voluntary clients, the due process notion that a person's fundamental rights (life, liberty – including the right to raise one's children/live as a family, and property) should be abridged only as necessary to achieve a substantial interest of the state (child protection). Children should remain in their homes, if possible, and if not possible, they should be placed in the most family-like setting. Case plan requirements should be tailored to address: 1) the issues that brought the child under court jurisdiction; and 2) other issues or risks which, if not ameliorated, will prevent the child's safe maintenance or reunification with the family.

Malpractice
Professional misconduct, or failure to apply a reasonable degree of knowledge, training or skill, resulting in harm to a client.

Multiple relationships
When a child welfare professional finds himself in a situation in which he has a nonprofessional relationship with anyone in whom he is also expected to make professional decisions.

Negligence/professional negligence
Negligence is doing something that a reasonable person would not have done under the circumstances or failing to do something which a reasonable person would have done.

Professional negligence is the failure to apply the acceptable degree of knowledge, training and skill ordinarily possessed by others in the profession.

Recognizing personal impairment and seeking consultation and/or treatment
Professionals are obligated to monitor for and respond to deficits in their own or another's professional functioning that are judged to be symptoms of some underlying problem (e.g., substance abuse, psychopathology).

Self determination
The right to determine the course of your life by the choices you make.

Standard of Care/Best Practices
The *standard of care* is the provision of services and the application of knowledge, training and skill which a reasonable professional would be expected to provide under similar circumstances. The standard of care tends to be judged by national, rather than state or local, *best practices*; that is, treatment which experts agree is appropriate, accepted and widely used.

Best practices also refers to strategies, activities, or approaches that have been shown through research and evaluation to be effective and/or efficient.

Triage
Assigning priority order to cases or projects on the basis of where services, funds and resources can be best used or are most needed.

Adapted by Lisa D'Aunno, J.D., National Resource Center for Family Centered Practice, from:

Ethical child welfare practice: A companion handbook to the Code of Ethics for Child Welfare Professionals (Volume I). (1999). Springfield, IL: Office of the Inspector General, Illinois Department of Children and Family Services/University of Chicago School of Social Services Administration.

Barker, R.L., & Branson, D.M (2000). Forensic social work: Legal aspects of professional practice (2nd ed.). Binghamton, NY: The Hawthorne Press.

Falvey, J.E. (2002). *Clinical supervision: Ethical practice and legal risk management.* Pacific Grove, CA: Brooks/Cole

Guidelines for Supervision Program

A "supervision program" is defined as *the deliberate, systematic, formal commitment to providing comprehensive documented case practice supervision*. Reasons for implementing a systematic supervision program include: increasing staff competence, decreasing risk to clients and staff, limiting liability, and increasing efficient use of supervisor time. The process for establishing an explicit supervision program includes attention to the:

- **Supervisory Relationship**
  - Maintain trusting relationship with supervisees – throughout life of the employee
  - Be consistently available for supervision
  - Ensure consistent and transparent application of agency policies
  - Develop supervisee "inner-vision" through reflective, strength-based supervision
  - Establish peer consultation to support supervisory practice

- **Developmental Processes of Supervisor and of Supervisee**
  - Define and articulate expected competencies
  - Discuss expected proficiency for each developmental stage using task analyses
  - Assess and develop staff competence using both formative and summative evaluation processes
  - Create individual, unit, and supervisor development plans according to respective strengths/challenges

- **Teaching/Learning Strategies**
  - Maintain up-to-date knowledge about clinical, legal, ethical and best practice issues guiding case practice
  - Assess for preferred learning styles
  - Provide regular in-service training for line staff

- **Formats and Tools**
  - Supervision Manual
  - *Guide to Reflective Practice*
  - Use multiple methods of supervision:
    - Group supervision
    - Live practice oversight followed by de-briefing and coaching
    - Focused case supervision
    - Full case reviews
    - Stuck case conferences
    - Record reviews/record audits
    - Consultation on specific clinical problems
    - Peer consultation

- **Tasks**
  - Documentation all supervisory activities
  - Communication
  - Reward and recognition
  - Others

Supervision Scheduling

❖ Consultative Supervision

Individual Supervision

Frequency: [recommended weekly]
Time allotted:
Strategies: Focused case supervision, full case review, case record audit
Purpose: Staff cases and provide consultation as requested or necessary.
Conduct formative and summative evaluations
Negotiate individual development plans

Ad Hoc Supervision

Frequency: As needed.
Time allotted: As needed.
Strategies: Focused case supervision
Purpose: Responding to specific difficulties and crises

Group Supervision

Frequency: [recommended monthly]
Time allotted:
Strategies: Stuck case conferences
Specific clinical problems
Purpose: Staff cases
Brainstorm approaches to recurrent case practice issues
Review community resources
Policy and procedure updates

❖ Direct Supervision

Individual Supervision

Frequency: [annually]
Time allotted:
Strategies: Live practice oversight
Purpose: Observe social worker interactions with clients in varied settings (e.g., joint home visits, FTMs, in court, other meetings)
Provide coaching and debriefing
Provide formative evaluations

Brief Case Presentation Format

Caseworker: _____ Case ID: _____ Date: _____

Date Opened:_____

Presenting Problems:

Assessment Summary:

Current case plan including services:

Progress toward goal to date:

Current assessment of child safety:

Specific Questions for Supervision:

Focused Case Supervision Format

(for stuck cases)

Caseworker: _____ **Case ID:** _____ **Date:** _____

Relevant Case Information: (What is happening?)

_____
_____
_____

Goal for Supervision: (What do you need from supervision? What decisions need to be made?)

_____
_____
_____

Immediate Case Objective: (What do you want to achieve with the child/family/collateral?)

_____
_____
_____

Strategy/Interventions Tried: (What have you tried?)

_____
_____
_____

Barriers to the Objective: (How are you stuck?)

_____
_____
_____

Questions for Supervision: (What are your questions for supervision?)

_____
_____
_____

Solution to the Barrier: (Actions you will take, as a result of reflection, to get unstuck.)

_____
_____
_____
_____

Considerations for Structuring Group Supervision

Determine Purpose: What is the purpose for this particular group supervision session? (e.g., Staff cases; brainstorm approaches to recurrent case practice issues; review records for compliance, review community resources; provide policy and procedure updates)

Assign Roles: What roles will each participant take. For example, Supervisor (may be formal supervisor, advanced professional), Case Presenter(s), "Devil's Advocate," Notetaker (if other than the formal supervisor), "Jargon Buster" (e.g., ask for definition when jargon is used).

Select Tools: Which tools are most effective for the purpose at hand (e.g., Focused Case Supervision Format, Full Case Review, Case Records)?

Prepare Participants: What preparation is needed by participants (e.g., all staff, case presenter, notetaker)?

Allot Time: How much time will be allotted for presentation? For discussion?

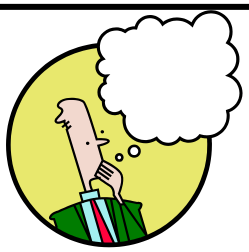
Facilitate Group Process: How will group dynamics be handled? For example,

- Advice-giving
- Inadequate case information presented
- Overly verbal or reticent members
- Defensiveness of case presenter
- Non-constructive criticism
- Stereotypical and biased assumptions
- "Groupthink"
- Someone who has firsthand experience of the issues the client is struggling with (e.g., domestic violence, mental illness)

Close Session: How will closure be brought to the conversation? How will "next steps" be summarized? How will the group's learning points be reviewed and positive aspects of conversation affirmed?

"Groupthink"

Group reasoning or decision-making characterized by uncritical acceptance or conformity to prevailing points of view.



Techniques for Preventing Groupthink

- Give permission/encourage members to raise alternative points of view
- At each meeting, assign a member the role of proposing alternative views, pointing out flaws in logic or overlooked information (e.g., the "devil's advocate")
- Model questions which challenge underlying assumptions or which ask for evidence upon which a conclusion is based.
- Model use of non-confrontational language (e.g., "I'm wondering about....", "I could be wrong, but ....", "I see your point, and at the same time I am curious about...."
- Leader/supervisor should avoid stating preferences at the outset
- Ask open ended questions to reflect on whose voices are missing from the conversation (e.g., "Whose perspective would be useful to have in this conversation?" "What if the family were present in the room, what might they say?" "If a respected leader in their community were present, how might they see this situation?")
- Pay attention to the demographics within the group and assign tasks to seek out additional perspectives not present in the conversation.

Reflective Practice Questions for Supervision of The Iowa Model of Practice*

Engagement: Has a trust-based working relationship been established with the child and family and other service partners involved in the case?

- How did you go about engaging the child and family?
- What behaviors of the child and family indicate that they are engaged/not engaged in the service process?
- What did you observe that indicates trust has been established/not established?
- What worked well to establish a working relationship that you would do again? Why were these engagement techniques successful?
- What do you think accounts for the family remaining unengaged?
- What are the barriers to establishing a working relationship?
  What would it take to remove the barriers?
  What is the first step you could take?
- What would you do again?
- What would you do differently?

- Does the service team include the important people in the child's life?
  If not, who else should be included?
- How did you establish a working relationship in the family's best interests with the service partners engaged in the case?
- What evidence do you have that each service partner is committed to helping the family and to achieving positive results?
- If members of the service team are not committed, what could you do to enlist them?

* Adapted from:
Human Systems and Outcomes, Inc., (September, 2002), *Guide for Reflexive Practice.*
IDHS*, Child Welfare Practice in Iowa Trainer's Guide* and *Participants' Handouts*.

Reflective Practice Questions for Supervision of the Iowa Model of Practice*

Assessment: Is the family situation sufficiently understood to determine the services that will produce desired results?

- In what ways were the child and family engaged in the assessment process?
- What are the presenting problems?
- What underlying issues and family dynamics created the situation that led to DHS involvement?
- What legitimate needs result in the dysfunctional behavior (symptomatic behavior) of family members?
- How was the child's functional status assessed?
- How are the child and family's basic needs being met?
- What risks have been identified?
- Is a safety plan in place? How is it working?
- What are the family's "inventoried" and "functional" strengths including resources?
- How do the family's strengths modify risk and/or provide a foundation for change?
- What does the family identify as their strengths, needs, and preferences?
- How does the family's perspective influence your assessment of risk?
- What patterns of behavior have you identified in the family?
- What is your best guess about what's happening in the family?
- What is your hypothesis about what is maintaining the problem?
- What does the sequence of behavior look like? Who does what when? And then what?
- What are the payoffs for the behavior? Function of the symptom?
- What supports and services does the family receive?
- Given your answers to the above questions, is the child safe at this time?
- If not, what specifically makes the child unsafe?

* Adapted from:
Human Systems and Outcomes, Inc., (September, 2002), *Guide for Reflexive Practice.*
IDHS*, Child Welfare Practice in Iowa Trainer's Guide* and *Participants' Handouts*.

Reflective Practice Questions for Supervision of the Iowa Model of Practice*

Planning: Does the Family Case Plan address the issues identified in the assessment and lead to safety, permanency, and well-being?

- In what ways were the child and family actively engaged in the service planning process?
- What do you think is needed to protect the child now?
- What needs to change (underlying issues addressed, needs met) for the child to be safe in the future?
- How can the family's needs be met in functional ways?
- What interventions are needed to make necessary changes possible?
- What supports and services does the family need to receive for which issues?
- How can the family's functional strengths be engaged in the change process?
- How can you reframe the family's behavior to generate new options for intervention?
- What reasonable efforts are required?
- Who outside the family can provide care and protection?
- How would you ensure safe and productive visitation?
- What is the basis for determining whether or not the family can be reunited?
- How do you decide which is the best possible permanency option if reunification is not possible?
- How will you go about developing the best alternative permanency plan?
- What do the parents believe to be the best path to permanency?
- Is it time to move to an alternative permanency option?
- Does the case plan treat the family needs or the symptoms?

* Adapted from:
Human Systems and Outcomes, Inc., (September, 2002), *Guide for Reflexive Practice.*
IDHS*, Child Welfare Practice in Iowa Trainer's Guide* and *Participants' Handouts*.

Reflective Practice Questions for Supervision of the Iowa Model of Practice*

Service Provision: Are the services provided meeting the child and family's needs and achieving the necessary changes?

- In what ways were the child and family actively engaged in the service provision process?
- What is the family's network of informal supports?
- Will the family's support system remain with them after case closure?
- Are the services provided using family strengths and meeting their needs?
- Are there additional services or supports that should be considered?
- Is anything interfering with successful implementation of the case plan?
- How near to closing the case are we?

* Adapted from:
Human Systems and Outcomes, Inc., (September, 2002), *Guide for Reflexive Practic*e, IDHS*, Child Welfare Practice in Iowa Trainer's Guide* and *Participants' Handout*

Reflective Practice Questions for Supervision of the Iowa Model of Practice*

Transitions and Case Closure: Has sufficient progress been made and are supports in place for the necessary transitions to move to close the case?

- Are the child and family engaged in evaluating services and the progress of those services?
- What positive changes have occurred or have been observed around why DHS is involved with this family?
- Is the child/family safer today than when we became involved in their lives? How?
- What risks still exist for the child/family? Is the family and their support system able to mange those risks?
- What transitions will need to be made for this child/family? What support with the child/family need to make the transition(s) successfully?
- What barriers/problems may come up that will stop, hinder, or delay the transition?
- What can the family and their support system do to overcome those barriers/problems?
- Is the family/team in agreement that we have reached safe case closure?

* Adapted from:
Human Systems and Outcomes, Inc., (September, 2002), *Guide for Reflexive Practic*e, IDHS*, Child Welfare Practice in Iowa Trainer's Guide* and *Participants' Handout*

SUPERVISION RECORD

Supervisee:_____Date:_____ Client ID: _____ Review Method:_____

Case Review:
Follow-up regarding previous casework recommendations for clients:

Client Progress:

Specific current concerns:

Discussion:

Supervision Session Summary

Case Recommendations:

Observations and training recommendations:
Follow-up regarding previous recommendations for social worker's development:

Supervisor's Signature_____ Date_____
Caseworker's Signature_____ Date_____

CASE LOG

Supervisor: _____ Supervisee: _____

Review Date	Current Caseload (IDs)	New Cases (IDs)	Closed Cases (IDs)	Cases Reviewed (IDs)	Next Review Date

Current Caseload: the number of cases for which the worker is currently responsible
New Cases: any cases added to the caseload since the previous review
Closed Cases: any cases which have been terminated/closed since the previous review
Cases Reviewed: any cases discussed during the current review
Next Review Date: the anticipated date of the next case review

Case Record Audit

Supervisor: _____ Supervisee: _____

Review Date	Case (IDs)	Document Name	Present Yes/No	Documentation Date

Individual Assessment and Action Plan

~ Case Practice Domain ~

Employee Name: _____ Position Held: _____

Today's Date: _____ Supervisor's Name: _____ _____

	Rating (1-4)	Data Source
CP Comp 1		
CP Comp 2		
CP Comp 3		
CP Comp 4		
CP Comp 5		
CP Comp 6		
CP Comp 7		
CP Comp 8		
CP Comp 9		
CP Comp 10		
CP Comp 11		
CP Comp 12		
CP Comp 13		
CP Comp 14		

Rating Guide: Developmental Planning and Support Tool Stages

- **1 – Trainee**: *Meets minimum standards for hire on probationary status*
- **2 – Novice:** *Successfully completed probationary period; meets minimal requirements for permanent position*
- **3 – Professional:** *Meets standard level of competence for independent practice*
- **4 – Advanced Professional:** *Consistently exceeds expected level of performance*

Sources of Evaluation Data

A. Direct observation
B. Client records
C. Supervisee self report
D. Case staffings & other group supervision
E. Individual supervision sessions
F. Validated co-worker reports
G. Validated collateral reports
H. Validated client/community reports

Individual Assessment and Action Plan

~ Case Practice Domain ~

Employee Name: _____ Position Held: _____ Today's Date: _____ Supervisor's Name: _____

	Narrative	Action Plan
CP Comp 1		
CP Comp 2		
CP Comp 3		
CP Comp 4		
CP Comp 5		
CP Comp 6		
CP Comp 7		
CP Comp 8		
CP Comp 9		
CP Comp 10		
CP Comp 11		
CP Comp 12		
CP Comp 13		
CP Comp 14		

Rating Guide: Developmental Planning and Support Tool Stages

- **1 – Trainee**: *Meets minimum standards for hire on probationary status*
- **2 – Novice:** *Successfully completed probationary period; meets minimal requirements for permanent position*
- **3 – Professional:** *Meets standard level of competence for independent practice*
- **4 – Advanced Professional:** *Consistently exceeds expected level of performance*

Sources of Evaluation Data

E. Direct observation	E. Individual supervision sessions
F. Client records	F. Validated co-worker reports
G. Supervisee self report	G. Validated collateral reports
H. Case staffings & other group supervision	H. Validated client/community reports

Unit Staff Development Planning Tool

Date	**Identified Need**	**Unit Development Strategy** (e.g., in-service, stuck case conference, supervisor development)	**Resources** (e.g., existing unit strengths, expert, training tapes, advanced professional worker)	**Date for Development Activity**

In-Service Program Design Worksheet:
Program Outline

In advance: Prioritize topics for staff learning/development [*e.g., Based on unit strengths/challenges, community and agency initiatives, sequencing of learning*]

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1. Title of in-service program:

2. Target audience: [*e.g., Novices, Professionals, Advanced Professionals*]

3. Objectives for the session: [*What specifically will your staff know or be able to do differently?*]

4. Introduction of the topic [*Why you are teaching it, and what you hope staff will gain*.]

5. Presentation of new information (mini lecture)[*The main points you want staff to take away from the in-service – limit to 7 or less points*]

6. Description of specific applications to practice with concrete examples [*Explanation of how the information/skill is used in practice with real world examples*]

7. Demonstration of skill or application to practice [*Description of how you will demonstrate use of the knowledge and/or skill you are teaching*, e.g., live, videotape, DVD.]

8. Practice by staff facilitated by presenter [*Instructions for application exercise and coaching including any role play scenarios or other necessary information*]

9. Processing the practice (e.g., What worked? What didn't? Suggestions?) [*The prepared questions you will use for discussing the practice*.]

10. Planning with staff for transfer of learning to the job [*Description of how you will negotiate specific commitments from staff to implement the new knowledge and/or skill on the job – how and when they will use the training*]

11. Closing the session [*Summarizing the session; thanking staff for their work*]

12. Staff evaluation of training [*Description of how staff will evaluate the in-service – including questions for evaluation]*

13. Evaluation of Transfer of Learning *[Description of how you will assess use of the new knowledge/skill on the job]*

14. Check for Learning Strategies *[Identify where in the in-service design you have incorporated the 3 sensory representational systems. Make changes as needed.]*

- ☐ Visual
- ☐ Auditory
- ☐ Kinesthetic