This issue provides information and resources to help agencies strengthen and support the critical role child welfare supervisors play in organizational improvement. Supervision is a complex topic on which expert opinion varies, but we have identified some key steps agencies need to take to support supervisors. Our main article defines these steps, illustrates them with quotes from current child welfare supervisors, and ends with a 10-point summary for agencies to consider.

We also highlight technical assistance and resources related to supervision available from the National Resource Centers in the Children’s Bureau Training and Technical Assistance Network, and include lessons learned from the Southern Regional Quality Improvement Center about structured clinical supervision. Finally, this issue introduces a new feature—the Training System News column. This column will alternate with the QI Corner in future issues.

We hope this array of agency practices and resources will be helpful to you as you work to strengthen supervision in your agency.

As always, we welcome your feedback. You can let us know what you think by going to the “your input” link on our website, www.nrcoi.org.

Thanks
Peter Watson, Director

National Child Welfare Resource Center for Organizational Improvement
a service of the Children’s Bureau, US Department of Health and Human Services

Strengthening Child Welfare Supervision

As child welfare agencies are pushed to achieve outcomes, there is growing attention to the importance of the role of the child welfare supervisor. Since supervisors are the key link between management and the caseworkers who deliver services, managers are expecting more from them, and their role is becoming increasingly complex. For example, many agencies have set out in their Program Improvement Plans (PIPs) under the Child and Family Services Review (CFSR) process to make changes in caseworker practice—such as increasing the engagement of families—and have tasked supervisors with facilitating this change. In addition, workforce issues—such as worker turnover—create barriers to achieving the improvements in outcomes demanded by the CFSR process, and strong supervision is one factor consistently linked to worker retention.

Due to this complexity, there is increasing recognition in the literature of the need to provide training to supervisors, and to provide extensive support for them as they carry out their roles. To explore the steps agencies need to take to support supervisors, this article features initiatives in four states—Arizona, Missouri, New York and Oklahoma. Through a review of current activity and discussions with national experts we identified these agencies as ones that recognize the importance of supervision, and that have taken steps to support their supervisory staff. To hear directly from supervisors in these systems, we interviewed a panel of supervisors from the four agencies (see “Meet the Supervisors” on page 3). Selections from their comments are presented here.

In addition to highlighting the training and general support that agencies offer, we focused our discussion with supervisors on three functions of supervision identified by Alfred Kadushin in *Supervision in Social Work* and used extensively in supervisory training curricula. These functions reflect some of the key tasks child welfare supervisors are expected to undertake today, such as communicating organizational goals, acting as practice change agents with their staff, and contributing to worker retention. We explored how agencies support supervisors as they carry out these functions.

Continued on page 2.
Administrative: Help to implement organizational objectives by communicating the agency mission and goals to staff and advocating for needed changes with management and in communities.

Provide tools to help supervisors talk with workers about agency goals and current performance.

Agencies can support supervisors in their administrative role by developing tools that help supervisors talk with workers about where the unit is now on specific indicators related to critical outcomes, and where the agency wants to go. Two such tools are data reports leading to clinical discussions with workers on practice issues, and clinically focused case review processes that also generate data on trends to share with workers.

Russell (AZ): Our database is extensive but it was difficult to get concise and helpful data out of it. In the last year and a half, the agency started a dashboard to track timely intakes, response times, how quickly they’re putting in findings and completing their cases. It also tracks getting out to see kids, families and providers, which I use extensively with my workers. I print out the report on each worker’s cases twice a month and review it with them. We talk about barriers and how they’re trying to engage families. It’s useful to have all the information synthesized in one place.

Sadler (OK): In Oklahoma reports show workers how many assessments and investigations were initiated and completed in a timely manner, if children and parents were visited and how often, and if the assessments and service plans have been completed promptly. They also tell us if siblings are placed together and the length of time to reunification. I’ve developed an extensive conference form to use with each one of my staff every month to go over all the important topics. The reports help them to see where they are and where we need to go, so it gives them a direct goal to reach. It is an extremely helpful tool.

Provide ongoing professional development.

Supervisors also value actions their agencies have taken to support supervisors’ ongoing professional development.

Sadler (OK): Our leadership initiative teaches leadership principles to all levels of managers. One of the components is the 360-degree assessment, given to supervisors every 2 years, which assesses different aspects of our personal development such as communications, leadership, adaptability, relationships, and task management. The County Director reviews the results with each supervisor and together they develop a plan for how that supervisor can improve their skills.

Involve supervisors in organizational improvement processes and community collaboration.

Agencies can also engage supervisors in promoting improvements within the agency, and in collaborating with key partners across systems and in the community. All four of these agencies have processes in place to listen to and engage supervisors and other staff in suggesting improvements in the agency, such as quality improvement processes, workgroups and surveys. The supervisors noted that these have improved communication and empowered some staff, but emphasized the need for follow-up by management and being informed about practice and policy changes prior to implementation.

Schwach (MO): My Director has asked me to be on a couple of different workgroups—including the supervisory workgroup that developed our strategic plan for supervision (see page 6). Being on these workgroups has helped me realize how important supervisors are, and what I need to be doing with my staff.

One of the things that we developed through our supervisory workgroup is an automated, clinically-focused supervisory case review tool. I do reviews of randomly selected cases for my workers, and get a report that helps me see trends in my group and for the agency. I go over these with workers to look at where the agency is going and how they need to improve. It has been a tremendously helpful tool.
Child welfare agencies support supervisors by clearly defining their job expectations and providing training on carrying out those tasks. All four agencies are moving towards creating clear job descriptions and related evaluation procedures. All provide extensive training to supervisors, and many spread this training out over time to provide opportunities to practice skills and reflect on the experience. As agencies expect supervisors to guide workers on practice changes, such as family-centered practice, agencies can select as supervisors individuals who have this capacity, and then provide training on this clinical role along with case planning and assessment processes that help them reinforce the desired practice.

**Schwach (MO):** I participated in new clinical training for supervisors as part of a grant funded by the Southern Regional Quality Improvement Center (see page 7). This is solution-focused, strengths-based training that a group of supervisors got every quarter over two years. This has changed my practice more than anything, and it has had a huge impact on what my workers are doing. A modified version of this training is now being provided to all supervisors.

**Schwach (MO):** One of the big pushes in our strategic plan for supervision was to develop a sequence for training and policy and practice changes. Now, the expectation is that agency leadership, field leadership and supervisors are trained first, prior to the front-line workers, so they can reinforce expected practice with them.

**Russell (AZ):** The National Resource Center for Child Protective Services and the National Resource Center for Family-Centered Practice and Permanency Planning worked with a statewide workgroup to develop better family-centered practice. The agency did really well at engaging supervisors first—the national consultants held teleconferences for supervisors on the concept of family-centered practice, and talked about the changes with supervisors during our monthly leadership meetings before we rolled it out to workers. We’ve revised our training to promote family-centered practice, and we’re revising our safety assessment, risk assessment and case plans. We are changing from incident- and compliance-based case planning to engaging and looking at the family as a whole. A workgroup developed a supervisory guide for supervisors to help workers be more family-centered through the assessment and case planning process. My district piloted the new process and the state made a national consultant available—she was on the phone with us monthly and sometimes weekly to give us guidance and direction and that was really great.

**Schwach (MO):** We realized that we needed to get our management more involved. Now the agency expects Program Managers to meet with supervisors on a regular basis and do clinical case consultations—the same kind of thing we are supposed to do with front-line staff.

**Russell (AZ):** In each of our buildings consulting psychologists come in at least weekly to meet with staff and talk about difficult cases. They also meet with supervisors to talk about difficult situations.

**Wright (NY):** During our new worker training period there is a pre-, mid- and post-conferences with the trainer, the supervisor and the caseworker, so the supervisor is fully informed and engaged.

**Meet the Supervisors:**

**Arizona:** Cheryl Russell is a CPS Ongoing Unit supervisor.

**Missouri:** Lissa Schwach is a CPS Ongoing Unit supervisor.

**Schoharie County, NY:** Amy Wright is a CPS Unit supervisor.

**Oklahoma:** Pamela Sadler is a comprehensive supervisor of Investigations and Permanency Planning.
Supportive: Create a climate where staff needs are addressed and caseworkers support one another in a team.

Create opportunities for peer networking.
Supervisors appreciate case consultation and feedback from their peers and supervisors, especially when these managers have experience in child welfare and understand the issues supervisors are facing.

Sadler (OK): Supervisors are assigned to a quarterly case consultation group with supervisors from all over the state. It’s a very supportive group and has been one of the most wonderful experiences I have had in supervision.

Schwach (MO): We had group case consultation where we got together as a team to review cases and benefit from the collective knowledge of the group. My workers have a wide variety of experience levels and it has been helpful for them to work as a team. I think they all realize, even the most experienced workers, there’s going to be times where they need support from myself and their co-workers. They just cannot do it all—this is a big job for anybody.

Provide supervision and mentors for supervisors.
All four supervisors talked extensively about the importance of the support available to them, and noted three types: support from their own supervisor, advice and assistance from outside consultants or mentors, and opportunities to meet with other supervisors.

Wright (NY): A consultant funded through our recruitment and retention grant meets with supervisors about once a month. We also have weekly meetings of a Dispositional Committee, where we present our cases. All of the supervisors are there, as well as the Commissioner, Deputy Commissioner and the Services Coordinator, and you get advice from other units. Both of those things are very helpful to me as a supervisor. In New York State there are also quarterly meetings of CPS supervisors in our region to go over problems and concerns. This is helpful because in my agency I am the only CPS supervisor.

Wright (NY): I’m grateful that my boss was my previous supervisor in Child Protective so she knows what I go through every day. We have a really great open door policy and management is always willing to listen to anything I have to say.

Value, respect and recognize the contributions of supervisors.
While not a comprehensive picture, these observations and comments on efforts to build strong supervision in four agencies illustrate the wide array of training and supports that agencies can put in place to assist supervisors in the complex and important role they play in child welfare agencies today.

Lessons Learned on Supervision from the Child and Family Services Reviews (CFSRs)
Many agencies are actively engaged in strengthening child welfare supervision, and at least twenty two states included strategies in their PIPs in the first round of CFSRs related to supervision. The lessons learned during the first round parallel many of the observations of activity in the four states we highlight in this issue.

The CFSR team analyzed 33 completed PIPs from the first round of reviews to assess the effectiveness of PIP strategies (see www.acf.hhs.gov/programs/cb/cwmonitoring). Through a content analysis and interviews with administrators, the team identified lessons learned on supervision:
- Hire more, train and support them well
- Provide 2nd tier of supervision for front-line supervisors
- Increase opportunities for networking
- Critical role of supervisors in enhancing and monitoring practice
- Develop clinical skills of supervisors
- Engage supervisors in change process
Summary: How agencies can strengthen supervision

1. **Value, respect and recognize the contributions of supervisors.** Agency leadership needs to see the importance of supervisors and give them the supports they need to do their job.

2. **Define job responsibilities and expectations.** Supervisors need to have a clear definition of what their job entails, especially as expectations change. This includes job descriptions, and related performance expectations and performance appraisal processes.

3. **Provide training for supervisors.** Supervisors need training, both when they take on their jobs and on an ongoing basis. Often it is most effective to spread training out over a period of time so that it can be more integrated with the supervisors’ day-to-day work. As supervisors’ roles in practice change increase, many agencies are adding clinical training to their supervisory training curriculum.

4. **Provide ongoing professional development.** Supervisors value processes that allow them to continually develop skills and competence, such as assessment processes and personal development plans, career ladders and educational opportunities.

5. **Provide supervision and mentors for supervisors.** Supervisors need opportunities for case consultation and feedback, especially from people with experience in child welfare. This can be provided by the next level up in management—the supervisor of the supervisors—and/or by consultants or mentors who meet regularly with supervisors to assist them in their work.

6. **Create opportunities for peer networking.** Supervisors particularly value opportunities to interact with and learn from other supervisors. Many agencies organize regular meetings or learning labs that allow supervisors to meet together, sometimes assisted by a facilitator, to support one another.

7. **Provide tools to help supervisors talk with workers about agency goals and current performance.** Tools that help supervisors educate workers about where the agency wants to go and how their current practice affects performance include data reports and clinically focused case review processes.

8. **Involve supervisors in organizational improvement processes and community collaborations.** It is important that supervisors are listened to and given an active role in strengthening the agency and its services. Agencies involve supervisors by including them in quality improvement processes, workgroups and surveys. Supervisors also have a role in collaborating with key partners in the community.

9. **Involve supervisors in training workers.** Supervisors need to be engaged in the training of new staff, and should be integrally involved in the ongoing caseworker training. Agencies should partner with supervisors to develop and deliver worker training.

10. **Train supervisors in policy and practice changes before they are made and provide tools for supervisors to promote these changes with their workers.** Agencies need to recognize that supervisors are critical partners in implementing practice change, and select supervisors who can be effective in this role. At a minimum agencies should inform and train supervisors about policy and practice changes before they are made. To help supervisors coach workers, agencies can integrate the changes into tools used in day-to-day practice such as case planning documents and assessment tools.
HELP FROM NATIONAL RESOURCE CENTERS

National Child Welfare Resource Center for Organizational Improvement (NRCOI) in the Field

Strategic Plan for Supervision: Missouri

After Missouri’s first child and family services review, the state asked the NRCOI to provide technical assistance around developing their program improvement plan (PIP). Supervision was identified as an area needing attention, and since the pilot project on clinical supervision funded by the Southern Regional Quality Improvement Center was showing positive results, the NRCOI proposed introducing systemic change around supervision in Missouri that would sustain that work and increase support for supervisors across the agency. The agency formed a supervisory workgroup made up of and led by respected supervisors from across the state. The group first acted as a focus group to describe the current state of supervision, and then worked closely with management to develop a strategic plan to improve supervision. NRCOI consultants facilitated workgroup meetings quarterly and each of these meeting ended with a session with agency leadership and regional managers. A strategic plan for supervision was developed and the workgroup has been implementing the plan—about half of the plan’s 30 action steps are completed, and work continues on the others. The plan includes actions under four sections:

- supervisor training,
- supervisor support,
- casework practice and
- other.

Both the process—of a supervisory led workgroup developing and implementing a plan with leadership support—and the strategic plan itself can provide a blueprint for other agencies that need to improve their supervision.

RESOURCES:

CFSR Training and Technical Assistance Package: Strengthening Child Welfare Supervision as a Key Change Strategy. This focus area contains units on reconceptualizing the supervisor as a practice change agent and on redesigning supervision. See www.nrcoi.org or http://muskie.usm.maine.edu/helpkids/cfsrta.htm.

Training System Assessment Guide for Child Welfare Agencies: This guide asks agencies to examine whether supervisors receive training and whether supervisors are engaged in developing and delivering training to their workers. See: http://tatis.muskie.usm.maine.edu/pubs/pubs.asp

Assessing Your Supervisory Training: Trainer’s Guide: This curriculum will help you assess your agency’s supervisory training to determine its strengths and areas needing improvement. See http://tatis.muskie.usm.maine.edu/pubs/pubs.asp

Supervisors Guide to Implementing Family Centered Practice: Mississippi: This is an example of a supervisory guide to support supervisors in promoting family centered practice. See: www.hunter.cuny.edu/socwork/nrcfcpp/info_services/family-centered-practice.html

TECHNICAL ASSISTANCE:

National Resource Centers are available to help State, County and Tribal child welfare agencies strengthen supervision and develop tools to support supervisors in their roles. For more information or to discuss technical assistance, contact:

National Child Welfare Resource Center for Organizational Improvement: www.nrcoi.org, 1-800-HELPKID (435-7543) or email helpkids@usm.maine.edu

National Resource Center for Family-Centered Practice and Permanency Planning: www.hunter.cuny.edu/socwork/nrcfcpp, 212/452 7049 or e-mail at stephanie.serafin@hunter.cuny.edu

National Resource Center for Child Protective Services: www.nrccps.org or 505-345-2444

National Resource Center for Child Welfare Data and Technology: www.nrccwdt.org or nrccwdt@cwla.org

VISIT OUR WEBSITE: www.NRCOI.org

for information about technical assistance services, the Children’s Bureau’s Training and Technical Assistance Network, our publications and teleconferences, child welfare news and useful links.
Lessons Learned about Structured Clinical Supervision

Under a contract from the federal Children’s Bureau, the Southern Regional Quality Improvement Center (SRQIC) funded four states—MO, MS, AR and TN—to train supervisors in clinical supervision and to establish regular structured supervisory sessions with caseworkers focused on improving their clinical skills and, ultimately, outcomes for children and families. The four sites used different methods to reinforce the supervisory skills learned, including on-the-job training, mentoring, and group meetings of supervisors, known as learning labs. An evaluation comparing participating sites to comparable sites supports the potential of a more clinical approach to supervision.

During a NRCOI teleconference on Strengthening Supervision, Crystal Collins-Camargo gave an overview of the SRQIC, the research findings, and the factors most associated with successful implementation of structured clinical supervision. Excerpts from her remarks follow. The complete audio file of the teleconference is available at www.nrcoi.org.

- It is important that supervisors drive the process and are able to focus the learning on what is most relevant to them—for example, using real case scenarios to hone clinical skills.
- Use small group learning over time as opposed to the more traditional intensive “stand and deliver” training over a week or two. We had short periods of training over long periods of time so there was a longer-term reinforcement of practice change.
- Emphasize learning reinforcement. Classroom training on its own does not have as much impact on practice as we would like. Design intentional activities to help supervisors use clinical techniques in the field, adapt them, and process the challenges they experience.
- Emphasize the development of group cohesion among supervisors. This was very powerful because many supervisors

Training System News

Welcome to Training System News. This column, which will appear periodically in Child Welfare Matters, is intended to provide you with useful information on how to develop, enhance and manage an effective child welfare training system. A Training System News column is especially timely given that many agencies are exploring ways to ensure that their training systems are supporting the organizational, system and practice improvements identified as a result of the Child and Family Services Review and Program Improvement Plan process. I welcome your comments on this column, as well as your ideas for future topics and any training system news you want to share with your training colleagues across the country.

Recently I’ve had several opportunities to talk with state and county child welfare training managers and their university partners about their training systems—the challenges they face and the successes they’ve enjoyed. During these conversations, one topic comes up over and over again—the need to provide supervisors, both new and experienced, with relevant and practical training that offers safe opportunities to try out classroom learning with their staff.

Child welfare agencies realize that successful implementation of changes in policy, casework practice and systems depends on a great extent on supervisors. Supervisors link administrators and front-line workers. In their day-to-day work, supervisors translate management priorities, reinforce practice principles and often serve as resources for community partners. Supervisors play a pivotal role in training and mentoring their staff to ensure the quality of their work with children and families. Clearly, supervisors need frequent, diverse, and regular opportunities to be trained and supported by the organization in the vital role they play in ensuring organizational and family goals are achieved. It’s no surprise that agencies are looking to their training systems to provide training events that help supervisors develop the skills, behaviors and knowledge they need to successfully carry out their diverse, challenging and frequently changing responsibilities.

If your state or county is currently developing or refining its supervisory training curriculum, we have a resource you will want to review—a curriculum entitled Supervisory Training: Putting the Pieces Together. This curriculum, developed by the Butler Institute for Families at the University of Denver, is available for use by the child welfare field. Based upon Kadushin’s functional model of supervision, the training is divided into three modules—administrative, educational and supportive supervision. This curriculum contains full instructions to trainers, the content to be presented, bibliographies, assessment tools and PowerPoint presentations. Many states have already adapted and are using this curriculum in full or part. Feel free to take a look at the curriculum to see if some of it or all of it could be valuable to you. You can access the curriculum on the NRCOI website www.nrcoi.org.

Cheers,
Susan Kanak
skanak@usm.maine.edu

Continued on page 8.
Lessons Learned about Structured Clinical Supervision
continued from page 7.

- Sors—particularly in rural areas—experience isolation, and greatly benefit from interaction with each other for shared learning, problem solving and support.
- Look at current tools (such as forms, data reports, administrative review processes) through a clinical lens. How can supervisors use what is already in place in a different way?
- Take the approach that this is not just about supervisory training; it is really about practice change—changing to a more clinical approach at the front line and to an attitude focused on organizational improvement.
- This requires not just intervention with supervisors themselves but more attention to the organizational culture and other initiatives and factors going on in the agency that may be impacting supervisory practice.
- Involve upper- and particularly mid-level management in a very direct way so they can both embrace what you are doing with supervisors but also transform their own work to support a more clinical approach. We received additional funding to work with middle managers because, although they supported the work, they were not involved at a level that was necessary to promote organizational improvement.

Staff from the funded sites have been providing assistance to other agencies interested in strengthening supervision.

More information on the SRQIC is on their website at http://www.uky.edu/SocialWork/trc/indexqic.html or contact Crystal Collins-Camargo at 859-257-5476 or Crystal.Collins-Camargo@uky.edu

FALL TELECONFERENCES...

November 8, 2007: Supervisory Case Reviews: Tools to Monitor and Improve Practice
November 13, 2007: Transforming Residential Care: Building An Array of Community-based Services
November 29, 2007: Involving Families in the CFSR Process
See our website www.nrcoi.org for complete descriptions and registration information