

# **STANDARD FOR SUPERVISION**

## **PURPOSE**

The purpose of this standard is to provide direction and guidance to the Child and Family Services (CFS) program regarding supervision. This standard is intended to achieve statewide consistency in the development and application of CFS core services and shall be implemented in the context of all applicable laws, rules, and policies. The standard will also provide a measurement for program accountability.

## **INTRODUCTION**

Supervisors are responsible for ensuring the safety, permanency and well-being of children in state custody. In doing this, supervisors can have multiple roles, such as coach, mentor, evaluator, advocate, trainer, and manager. Family-centered practice shapes the way in which these roles are carried out within the agency. Family-centered practice supervisors work with supervisees to help them work with families to enhance their capacity to care for and protect children.

## **TERMS**

### **Administrative Supervision**

Administrative supervision is supervision that oversees the coordination of work among multiple supervisees to facilitate the effective completion of job responsibilities. Administrative supervision also attends to supervisees' adherence to agency policy and procedure.

### **Case Work Supervision**

Case work supervision is supervision that focuses on compliance with agency policy, procedure, and expectations as they pertain to clients.

### **Clinical Supervision**

Clinical supervision is the process of developing critical thinking, self-awareness, and case decision-making abilities in social workers and clinicians.

### **Educational Supervision**

Educational supervision is supervision that addresses the knowledge, attitude, and skills required to perform a work task effectively.

### **Family-Centered Practice**

Family-centered practice is a strength-based approach that builds on existing strengths to enhance capacity and views the family as central to the child's well-being.

### **Group Supervision**

Group supervision is a forum in which the CFS supervisor meets with two or more supervisees at one time to conduct supervision.

### **Individual Supervision**

Individual supervision is a forum in which the CFS supervisor meets with only one supervisee at a time to conduct supervision.

### **Learning Labs**

Learning labs are structured, facilitated, regularly scheduled peer learning and support groups where supervisors can gather and learn from one another's experience and help each other improve supervisory skills.

### **Peer Consultation**

Peer consultation is an intentional and sanctioned connection with a CFS social worker who has been designated to be an expert on a particular area of child welfare practice to obtain advice, enhance awareness of processes, and practice direction, or decision-making in specific case situations.

### **Peer Support Group**

A peer support group is a group of people, sometimes led by a facilitator, who provides each other moral support, information, and advice on problems, decision points, and intervention strategies relating to CFS case work responsibilities. While participation in this group is voluntary, the group is sanctioned by the Department, is held at a scheduled time, and has an agenda.

### **Peer Mentoring**

Peer mentoring is an on-going educational process where novice staff are paired with more experienced staff for educational purposes. It is sanctioned and arranged by a supervisor. The role of the mentor is to guide and coach, model, advise, and promote intentional learning.

### **Peer Support**

Peer support is naturally occurring support, where colleagues share information, provide practical advice and feedback, and support anticipated actions on case or supervision issues.

### **Six Principles of Partnership**

The six principles of partnership are: (1) everyone deserves respect, (2) everyone needs to be heard, (3) everyone has strengths, (4) judgments can wait, (5) partners share power, and (6) partnership is a process.

### **Supportive Supervision**

Supportive supervision is supervision that enhances morale and job satisfaction by addressing job-related discouragement and giving supervisees a sense of worth as professionals through the agency vision, a sense of belonging through being a part of a

professional team, and a sense of security in their performance through on-going development.

### **IMPLEMENTING THE STANDARD**

The primary purpose of child welfare supervision is to ensure the safety, permanency, and well-being of children by CFS supervisors providing staff:

- Formal and informal training;
- Support through risk management and shared decision making;
- Mentoring through either the supervisor mentoring the supervisee or designating a mentor to the supervisee;
- Application of CFS practice standards to case scenarios;
- Oversight and accountability; and,
- Management of daily operations of the agency.

Currently, formal supervisor training is offered to CFS supervisory staff. This training may also be made available to individuals who are in lead-worker positions or have an interest in developing supervisory skills. Additional supervisory training is also made available as needs are identified. This standard is specific to Child Welfare supervisory practices to enhance the quality and consistency of supervision provided to CFS staff statewide. Staff participation in offered statewide training should continue.

CFS supervision includes an amalgamation of clinical supervision, administrative supervision, educational supervision, and supportive supervision. Clinical supervision is the process of developing critical thinking and case decision-making abilities in social workers and clinicians. Generally, this process occurs during individual supervision, case reviews, and staffing through structured interactions which are designed to enhance a case worker's proficiency in knowledge, skills, evidence-based practices, critical decision-making, and attitudes which are essential to job performance and best practice principles. It includes how the worker's values and reactions to a case impact agency goals and outcomes.

Administrative supervision oversees the coordination of work among multiple supervisees to facilitate the effective completion of job responsibilities and attends to supervisees' adherence to agency policy and procedure. Case work supervision is a component of administrative supervision that focuses on individual workers and their compliance with agency policy, procedure, and expectations as it pertains to clients. Educational supervision addresses the knowledge, attitude, and skills required to perform a work task effectively.

Finally, supportive supervision enhances morale and job satisfaction by addressing job-related discouragement and giving supervisees a sense of worth as professionals through the agency vision, a sense of belonging through being a part of a professional team, and a sense of security in their performance through on-going development.

### **Family-Centered Practice Supervisory Model**

Family-centered practice is the philosophy that guides both CFS practice and CFS supervision. Family-centered practice and the six principles of partnership (everyone desires respect, everyone needs to be heard, everyone has strengths, judgments can wait, partners share power, and partnership is a process) lay the foundation for supervision.

Family-centered practice is a way of working with families to enhance their capacity to care for and protect children. Family-centered practice recognizes the strengths of family relationships and, through partnering with families, builds on these strengths to achieve desired outcomes. During supervision, CFS supervisors ask questions that promote family-centered practice principles and critical thinking and decision making through a family-centered practice lens (See attachment 3: Questions Supervisors Can Ask to Promote Family-centered Practice).

As a foundation, family-centered practice supervisors work under the following framework:

- Families know more about their situation than anyone;
- Families can formulate their own goals and build their solutions;
- Families tend to maintain solutions they create;
- Families are doing the best they can in difficult situations;
- Family strengths can be enhanced; change can happen;
- Families are our partners and need our support;
- Families can enhance and improve the well-being of their children, with assistance and support;
- Safe solutions will be found in partnerships among parents, workers, supervisors, and other community partners;
- Families have a right to be supported in their efforts to improve their children's well-being;
- Most children can be protected by their parents; and
- Child protection must also focus on family protection.

There is a parallel process in how family-centered practice principles are applied by supervisors with workers, and how workers apply those same principles in their work with families. Family-centered supervision employs the same principles that workers use when using family-centered practice with families. The same collaborative processes that help families find solutions to everyday problems also work in supervision as workers seek to find solutions to barriers when working with families. As supervisors model the characteristics of family-centered practice and demonstrate the six principles of partnership with staff, social workers are better prepared to demonstrate these principles with families.

CFS supervisors undertake multiple roles as they provide family-centered practice supervision. They lead, model, communicate, advise, teach, coach mentor, collaborate, evaluate, and learn. While no two supervisors are alike, CFS supervisors are expected to continually develop their abilities to fulfill supervisory roles in increasingly family-

centered ways. The chart below illustrates how various supervisory roles are carried out from a family-centered practice perspective.

<b>Role</b>	<b>Family-Centered Practice</b>
<b>Lead</b>	Family-centered supervisors share power. They have a vision of what family-centered practice on the ground looks like, and are able to get worker buy-in into family-centered principle-based solutions from the individuals they supervise. They are able to articulate family-centered principles and strategies and explain to others how the application of these principles and strategies benefit everyone. They focus on families and seek to find realistic solutions that result in good outcomes. They emphasize the importance of partnering with families and affirm progress and success.
<b>Model</b>	Family-centered supervisors are able to model skills to the social workers they supervise. They are able to demonstrate how to engage families, how to assess family strengths and needs, and how to include families in the planning process. They are able to demonstrate and explain processes to the individuals they supervise.
<b>Communicate</b>	Family-centered supervisors communicate expectations clearly and respectfully. They are able to draw the line between expressions of concern and frustration, and expressions that promote negativity. They listen and know that “everyone needs to be heard”, even when there is little impact that can be made on a situation. They acknowledge another’s feelings and input and seek solutions whenever possible.
<b>Advise</b>	Family-centered supervisors seek opportunities to explain, demonstrate, and support workers as they develop skills. They encourage workers to attend training and follow-up with workers to apply what is learned in training to their work with families.
<b>Teach, Coach, and Mentor</b>	Family-centered supervisors guide workers throughout the flow of the case. Each case, each family’s experience, is seen as a source of knowledge. Family-centered supervisors look for peer learning opportunities and have regularly, scheduled case consultation.
<b>Collaborate</b>	Family-centered interactions are team-focused and collaborative. Workers have opportunities to take “lead” roles in peer learning.
<b>Evaluate</b>	Evaluation is on-going and mutual. The supervisor identifies strengths and competencies in workers, and together, they plan how to build worker strengths. Informal evaluation occurs regularly during scheduled supervision. Formal evaluation occurs at least annually through the completion of a written performance evaluation. Data

	indicators, such as CQI data, can be used to track how implementation of policies and practices impact agency outcomes.
<b>Learn</b>	Attend training and keep current in best practices. They are open to learning and open to the idea they can improve.

### **Supervisors as Change Agents**

Change within the CFS organization is on-going due to continuous quality improvement efforts and ever shifting resources. Supervisors play a key role as change agents within the CFS organization, as they lead through this on-going change. They provide feedback both up and down agency lines of communication, to administrators and to the individuals they supervise. They are the link that ties administration to direct practice as they take administrative standards and policies and apply them to daily CFS practice.

CFS supervisors are responsible for leading the climate and culture of their unit. The attitude CFS supervisors model directly impacts the attitudes of the individuals they supervise. Therefore, CFS supervisors should strive to model and maintain a family-centered attitude. Maintaining a family-centered attitude and building on strengths is demonstrated as individuals recognize and acknowledge solutions are possible. Being strength based considers an entire situation, with both strengths and needs, and seeks to find a workable solution. When concerns are present, CFS supervisors are expected to bring these forward to the appropriate individual for resolution, such as their immediate supervisor.

Just as family-centered practice helps us to understand families are more likely to maintain solutions they helped create, workers and supervisors are more likely to maintain change when given an opportunity to be part of the change process. Efforts to support and involve supervisors in the change process include:

- Systematically include supervisors in quality assurance activities, development of standards, program evaluation, forms, and procedures;
- Train supervisors on policy and practice changes so they are prepared in providing this information to staff they supervise and overseeing implementation;
- Collect data to recognize how supervisors' efforts as change agents impact families and agency outcomes; and
- Frequently recognize their own and their unit's accomplishments.

### **The Structure of Supervision**

CFS supervision should be: a) intentional; b) have consistent and sufficient frequency; c) should have time set aside specifically for supervision; and d) should have a structured format. Tools can also be utilized to facilitate the supervisory and case review processes.

### Purpose and Intention

Supervision is the primarily tool for ensuring the safety, well-being, and permanency of children in state custody. It is the venue in which supervisors carry out their multiple roles. Supervision should be an intentional use of time, with participants sharing an understanding of what is to be accomplished. As supervision time becomes more planned, the time spent conducting unplanned “crisis” supervision decreases.

Every effort should be made to accommodate scheduled supervision, avoid interruptions, and to reschedule conflicting appointments. Supervisors who have an “open door policy” to make themselves available to staff, should also clearly communicate specific blocks of time set aside for formal individual supervision. Supervision time should only be interrupted in emergency situations and as a last resort.

### Frequency

The frequency of supervision between the social worker and their supervisor, as well as between the supervisor and their supervisors, should be determined, mutually understood, and based on the worker’s level of experience, abilities, and caseload. In general, frequency would be similar to the chart below, but could vary as appropriate:

Level of Experience	Frequency of Supervision
Non-Social Work Staff	Individual supervision once monthly
Social Worker 1	Weekly individual and group supervision
Social Worker 2	Alternating bi-weekly individual and group supervision
Social Worker 3	Bi-weekly individual supervision. 1-2 group supervision per month
Supervisor	1 per month individual supervision; 1 per month group supervision
Chief of Social Work	1 per month individual supervision; 1 per month group supervision

### Form and Content

Supervision time should have a clear structure of what is to be covered so that all individuals can know what to expect and be adequately prepared. Participants should be clear as to the purpose of the time spent, whether it is to complete a task together during supervision, receive training, make a decision, summarize progress, or something else.

While supervision could be conducted in either an individual or group setting, one forum may be more conducive for anticipated tasks than the other, depending on the circumstances.

Individual supervision is useful for:

- Routine tasks;
- When working with a supervisee who is applying newly acquired skills to practice;
- When working with an individual who is less comfortable in group settings and would be less likely to ask questions or participate in that setting;

- In instances when feedback is specific to the supervisee, such as processing countertransference or reviewing an incident that might be uncomfortable to the individual if discussed in a more public setting;
- Topics related to performance development; and
- Sorting out ethical dilemmas.

Group supervision is useful for:

- A case provides a learning opportunity for group participants;
- When discussion would enhance the critical decision-making process;
- To increase consistency in response among supervisees in attendance;
- One team member has a specialty or skill-set that the supervisor would like entire group to benefit from;
- Training policy or practice changes; and
- Review of data or evaluating outcomes particularly at the regional level.

### Tools

There are many useful tools to facilitate effective supervision. The Concurrent Planning Tool outlines the flow of a case and should be used during supervision to assist in case planning. The CQI review instrument is another tool for supervisors and supervisees to become familiar with agency outcomes and monitoring how practice in program improvement efforts impact families served. Learning Labs also create opportunities for supervisors to come together to discuss practice.

Examples of two staffing forms (A Brief Case Presentation Outline and Staffing Form) are attached (see attachment A and B). The Brief Case Presentation Outline is more comprehensive, while the Staffing Form deliberately targets a specific decision point. Both forms are brief and designed to facilitate a case staffing in twenty minutes or less. These staffing forms are intended to provide an outline for staff when asked to present case information. Use of these forms is not mandatory, but intended to be available as a guide in situations where a formal case presentation outline is not available or has not been established.



Attachment A

**Brief Case Presentation Outline**

Name

Purpose of Case Presentation (Type of Decision):

1. Family Composition/Family History/and Family Support
  - a. Ethnicity, gender, age, relationship to child, significance of relationship to child
  - b. Cultural, socio-economic issues
  - c. Family strengths
  - d. Proximity
  - e. What relatives are involved at this time? What does their involvement look like?
  - f. Eco map
  - g. Genogram
  
2. Presenting Issue: How did case come to the attention of CFS? Why is CFS involved?
  
3. Legal History
  - a. Time in state custody
  - b. Court status of case / Permanency Goal
  - c. Location of siblings
  - d. Other Legal issues
  
4. Family Engagement and Service Planning
  - a. Services in place
  - b. Progress in reducing safety threats and emerging danger / increasing protective capacities
  - c. What has been effective? What has not?
  
5. Recommendations

Attachment B

**Staffing Form**

Date

Purpose of Staffing (What decisions are you contemplating?):

Family composition (genogram):

Where are we in the case?

What does the family think would help or should happen?

Ideas to consider / Recommendations:

### Attachment 3: Questions Supervisors Can Ask to Promote Family-Centered Practice

- How can we reunify the family and build a safety net for the child?
- If you were \_\_\_\_\_ (birth father, foster parents, etc.), what would you want to see happen?
- Describe a resolution in which everyone wins.
- What has happened so far on this case?
- What information are we missing?
- On a scale of 1 to 10, how ready is mom (or dad) to parent?
- What are the birth mother's (father's) strengths?
- How can we build on her (his) strengths?
- What would it take for dad (mom) to show he's (she's) overcome his (her) substance abuse problem?
- How willing are the birth family and the foster parents to participate in a FGDM meeting?
- How can we help the child feel more connected to both the birth family and the foster parents?
- How do you (as worker) see your role in helping this plan come together?
- How do you think others (the grandmother, the mother, other agencies, the court) see their roles?