Child Welfare Supervision
Skill-building and Practical Application Training

Participant Workbook

Developed by Methodist University in partnership with North Carolina Department of Health and Human Services - Child Welfare Division

Curriculum developed by:
Wanda F. Reives, MSW
Alycia Blackwell-Pittman, JD, MSW

July 2018
Welcome to Nuts and Bolts of Child Welfare Supervision. This multi-day learning course builds on and reinforces information learned in the Introduction to Child Welfare Supervision course. Some participants took the Intro to Child Welfare Supervision course many years ago and for others, it may be more recent.

Nuts and Bolts was developed as part of a multifaceted response to the 2015 Child and Family Services Review and its related Program Improvement Plan. The curriculum targets key areas to enhance supervisory performance to improve outcomes for children and families involved with child welfare services. The curriculum has been divided into modules that address best practices in child welfare supervision as recommended by the NC Child Welfare Supervisors Advisory Committee and adopted by NC Division of Social Services. The Five Best Practices are identified as follows:

1. Child welfare supervisors shall hold weekly scheduled supervision with staff and at least two scheduled individual conferences per month.

2. Child welfare supervisors shall protect scheduled time by being truly available to the worker (placing “do not disturb” notices on phones and doors, not answering e-mails during worker meetings, etc.).

3. Child welfare supervisors and workers shall use a structured, purposeful format for supervision.

4. Child welfare supervisors shall coach and mentor staff to use supervision time more purposefully.

5. Child welfare supervisors shall use a consistent case review tool on at least two case records from each staff member each quarter.
The curriculum also addresses selected supervisor competencies and the three main functions of the child welfare supervisor: Administrative, Educational and Supportive supervision. The goal of this course is to ensure that supervisors have the knowledge and skills necessary to engage with staff to interpret and operationalize policies and procedures related to child welfare. Additionally, Supervisory Best Practices for child welfare will be incorporated in this training to enhance the practices adopted by NC Division of Social Services.

This 6-day course is divided into two sessions; each session is three days in length. The course is instructor-guided with in-class and out-of-class learning activities designed to engage participants in learning experiences that address selected Supervisor Competencies. This course includes the use of theoretical foundations as well as numerous opportunities to practice the integration of the material learned. The training is designed to be highly interactive. Participants are encouraged to share their experiences to create learning opportunities supporting the enhancement of their practice, and delivery of key supervisory functions.
Table of Contents

Module 1...................Orientation to *Nuts and Bolts of Child Welfare Supervision*

Module 2...................Effective Use of Self

Module 3...................Teachable Moments: Integrating Administrative, Educational and Supportive Supervision into Policy and Practice

Module 4...................Implementing Key Roles and Functions of the Supervisor

Module 5...................Implementing Key Roles and Functions of the Supervisor (continued)

Module 6...................Putting the Pieces Together

Appendix A.................CPS Case Review Tool Reference Guide

Appendix B.................In-home Services Review Tool Reference Guide

Appendix C...............Foster Care Services Review Tool Reference Guide
# MODULE 1: ORIENTATION TO NUTS & BOLTS OF CHILD WELFARE SUPERVISION

## Day 1 Agenda

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Introductions</td>
<td>9am</td>
</tr>
<tr>
<td>- Why are we here?</td>
<td></td>
</tr>
<tr>
<td>- Why this training?</td>
<td></td>
</tr>
<tr>
<td>Introductions</td>
<td></td>
</tr>
<tr>
<td>- Name, Agency, Experience</td>
<td></td>
</tr>
<tr>
<td>Overview and Logistics</td>
<td></td>
</tr>
<tr>
<td>Group Norms</td>
<td></td>
</tr>
<tr>
<td>Review Pre-Training Assignments</td>
<td></td>
</tr>
<tr>
<td>- Review/summarize content</td>
<td></td>
</tr>
<tr>
<td>- Review posts from pre-course activities.</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td>11:00a-11:15a</td>
</tr>
<tr>
<td>Change and Transition</td>
<td>11:15a</td>
</tr>
<tr>
<td>- Discussion/Reflection</td>
<td></td>
</tr>
<tr>
<td>- Activity- Times are Changing</td>
<td></td>
</tr>
<tr>
<td>Legal and Policy Context for Child Welfare Services</td>
<td></td>
</tr>
<tr>
<td>- Review key principles</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>12:30p-1:30p</td>
</tr>
<tr>
<td>Legal and Policy Context for Child Welfare Services</td>
<td>1:30p</td>
</tr>
<tr>
<td>- Review key principles</td>
<td></td>
</tr>
<tr>
<td>Introducing the Johnsons: A Case Study Exercise</td>
<td>2p- 3p</td>
</tr>
<tr>
<td>- Blending Policy and Practice</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td>3p -3:15p</td>
</tr>
<tr>
<td>Introducing the Johnsons: A Case Study Exercise</td>
<td>3:15p- 4p</td>
</tr>
<tr>
<td>- continued</td>
<td></td>
</tr>
<tr>
<td>Conclude Module 1</td>
<td>4p-4:30p</td>
</tr>
<tr>
<td>- Summary of Module 1</td>
<td></td>
</tr>
<tr>
<td>- Transfer of Learning</td>
<td></td>
</tr>
<tr>
<td>- Introduce Module 2</td>
<td></td>
</tr>
</tbody>
</table>
Competencies and Learning Objectives for Module 1 Nuts & Bolts Training

Competencies

- Knows the role of the agency in facilitating information-sharing.
- Can apply the relevant federal, state and local laws, policies, procedures and best practice standards related to their area of practice and understands how these support practice towards the goals of permanency, safety and well-being for children.

Learning Objectives:

A. Give 2 examples of how the social work supervisor can safeguard confidential information.
B. Identify 3 resources to locate guidance on legal supervisory responsibilities and respective policies.
C. Using a CPS Intake Scenario identify at least 3 policies addressed during the Intake process.
Recommended Best Practices for Child Welfare Supervision

Based on results from the 2009 Best Practice Study and a two-year pilot of best practices in supervision, the NC Division of Social Services and Child Welfare Supervisors Advisory Committee made the following recommendations for supervision in child welfare. After endorsement by the NCACDSS Children’s Services Committee, the Division formalized the recommendations in a June 2011 “Dear County Director” letter, which cited the following recommendations as vital to improving the supervision in child welfare across the state:

1. Child welfare supervisors hold weekly scheduled supervision with staff and at least two scheduled individual conferences per month

2. Child welfare supervisor protect scheduled time by being truly available to the worker (placing “do not disturb” notices on phones and doors, not answering e-mails during worker meetings, etc.)

3. Child welfare supervisor and worker use a structured, purposeful format for supervision

4. Child welfare supervisor coaches and mentors staff to use supervision time more purposefully

5. Child welfare supervisors use a consistent case review tool on at least two case records from each staff member each quarter.
1. What are some of the explicit tasks that are part of your supervisory responsibilities?

2. What are some of the implicit tasks that are part of your supervisory responsibilities?

3. Give 2 examples of the way you exercise each of the following duties:
   i. Prioritizing the agency’s interests on behalf of children and families
   ii. Safeguarding confidential information
   iii. Acting within the scope of your authority
   iv. Acting with due care

3a. How might a breach of these duties affect your relationship with your agency?

4. Identify three resources that you can access to locate guidance regarding your legal supervisory responsibilities and respective policies:
   a. Resource 1 ________________________________
   b. Resource 2 ________________________________
   c. Resource 3 ________________________________
§ 7B-302. Assessment by director; access to confidential information; notification of person making the report.

(a) When a report of abuse, neglect, or dependency is received, the director of the department of social services shall make a prompt and thorough assessment, using either a family assessment response or an investigative assessment response, in order to ascertain the facts of the case, the extent of the abuse or neglect, and the risk of harm to the juvenile, in order to determine whether protective services should be provided or the complaint filed as a petition. When the report alleges abuse, the director shall immediately, but no later than 24 hours after receipt of the report, initiate the assessment. When the report alleges neglect or dependency, the director shall initiate the assessment within 72 hours following receipt of the report. When the report alleges abandonment of a [juvenile] or unlawful transfer of custody under G.S. 14-321.2, the director shall immediately initiate an assessment. When the report alleges abandonment, the director shall also take appropriate steps to assume temporary custody of the juvenile, and take appropriate steps to secure an order for nonsecure custody of the juvenile. The assessment and evaluation shall include a visit to the place where the juvenile resides, except when the report alleges abuse or neglect in a child care facility as defined in Article 7 of Chapter 110 of the General Statutes. When a report alleges abuse or neglect in a child care facility as defined in Article 7 of Chapter 110 of the General Statutes, a visit to the place where the juvenile resides is not required. When the report alleges abandonment, the assessment shall include a request from the director to law enforcement officials to investigate through the North Carolina Center for Missing Persons and other national and State resources whether the juvenile is a missing child.

(a1) All information received by the department of social services, including the identity of the reporter, shall be held in strictest confidence by the department, except under the following circumstances:

(1) The department shall disclose confidential information to any federal, State, or local government entity or its agent, or any private child placing or adoption agency licensed by the Department of Health and Human Services, in order to protect a juvenile from abuse or neglect. Any confidential information disclosed to any federal, State, or local government entity or its agent under this subsection shall remain confidential with the other entity or its agent and shall only be redisclosed for purposes directly connected with carrying out that entity's mandated responsibilities.

(1a) The department shall disclose confidential information regarding the identity of the reporter to any federal, State, or local government entity or its agent with a court order. The department may only disclose confidential information regarding the identity of the reporter to a federal, State, or local government entity or its agent without a court order when the entity demonstrates a need for the reporter's name to carry out the entity's mandated responsibilities.

(2) The information may be examined upon request by the juvenile’s guardian ad litem or the juvenile, including a juvenile who has reached age 18 or been emancipated.

(3) A district or superior court judge of this State presiding over a civil matter in which the department of social services is not a party may order the department to release confidential information, after providing the department with reasonable notice and an opportunity to be heard and then determining that the information is relevant and necessary to the trial of the matter before the court and unavailable from any other source. This subdivision shall not be construed to relieve any court of its duty to conduct hearings and make findings required under relevant federal law, before ordering the release of any private medical or mental health information or records.
related to substance abuse or HIV status or treatment. The department of social
services may surrender the requested records to the court, for in camera review, if
the surrender is necessary to make the required determinations.

(4) A district or superior court judge of this State presiding over a criminal or delinquency
matter shall conduct an in camera review prior to releasing to the defendant or
juvenile any confidential records maintained by the department of social services,
except those records the defendant or juvenile is entitled to pursuant to subdivision
(2) of this subsection.

(5) The department may disclose confidential information to a parent, guardian,
custodian, or caretaker in accordance with G.S. 7B-700 of this Subchapter.

(a2) If the director, at any time after receiving a report that a juvenile may be abused, neglected,
or dependent, determines that the juvenile's legal residence is in another county, the director shall
promptly notify the director in the county of the juvenile's residence, and the two directors shall
coordinate efforts to ensure that appropriate actions are taken.

(b) When a report of a juvenile's death as a result of suspected maltreatment or a report of
suspected abuse, neglect, or dependency of a juvenile in a noninstitutional setting is received, the director
of the department of social services shall immediately ascertain if other juveniles live in the home, and, if
so, initiate an assessment in order to determine whether they require protective services or whether
immediate removal of the juveniles from the home is necessary for their protection. When a report of a
juvenile's death as a result of maltreatment or a report of suspected abuse, neglect, or dependency of a
juvenile in an institutional setting such as a residential child care facility or residential educational facility
is received, the director of the department of social services shall immediately ascertain if other juveniles
remain in the facility subject to the alleged perpetrator's care or supervision, and, if so, assess the
circumstances of those juveniles in order to determine whether they require protective services or
whether immediate removal of those juveniles from the facility is necessary for their protection.

(c) If the assessment indicates that abuse, neglect, or dependency has occurred, the director shall
decide whether immediate removal of the juvenile or any other juveniles in the home is necessary for their
protection. If immediate removal does not seem necessary, the director shall immediately provide or
arrange for protective services. If the parent, guardian, custodian, or caretaker refuses to accept the
protective services provided or arranged by the director, the director shall sign a petition seeking to invoke
the jurisdiction of the court for the protection of the juvenile or juveniles.

(d) If immediate removal seems necessary for the protection of the juvenile or other juveniles in
the home, the director shall sign a petition that alleges the applicable facts to invoke the jurisdiction of the
court. Where the assessment shows that it is warranted, a protective services worker may assume
temporary custody of the juvenile for the juvenile's protection pursuant to Article 5 of this Chapter.

(d1) Whenever a juvenile is removed from the home of a parent, guardian, custodian, stepparent,
or adult relative entrusted with the juvenile's care due to physical abuse, the director shall conduct a
thorough review of the background of the alleged abuser or abusers. This review shall include a criminal
history check and a review of any available mental health records. If the review reveals that the alleged
abuser or abusers have a history of violent behavior against people, the director shall petition the court
to order the alleged abuser or abusers to submit to a complete mental health evaluation by a licensed
psychologist or psychiatrist.

(e) In performing any duties related to the assessment of the report or the provision or
arrangement for protective services, the director may consult with any public or private agencies or
individuals, including the available State or local law enforcement officers who shall assist in the
assessment and evaluation of the seriousness of any report of abuse, neglect, or dependency when
requested by the director. The director or the director's representative may make a written demand for
any information or reports, whether or not confidential, that may in the director's opinion be relevant to

Nuts and Bolts of Child Welfare Supervision
July 2018
the assessment or provision of protective services. Upon the director's or the director's representative's request and unless protected by the attorney-client privilege, any public or private agency or individual shall provide access to and copies of this confidential information and these records to the extent permitted by federal law and regulations. If a custodian of criminal investigative information or records believes that release of the information will jeopardize the right of the State to prosecute a defendant or the right of a defendant to receive a fair trial or will undermine an ongoing or future investigation, it may seek an order from a court of competent jurisdiction to prevent disclosure of the information. In such an action, the custodian of the records shall have the burden of showing by a preponderance of the evidence that disclosure of the information in question will jeopardize the right of the State to prosecute a defendant or the right of a defendant to receive a fair trial or will undermine an ongoing or future investigation. Actions brought pursuant to this paragraph shall be set down for immediate hearing, and subsequent proceedings in the actions shall be accorded priority by the trial and appellate courts.

(f) Within five working days after receipt of the report of abuse, neglect, or dependency, the director shall give written notice to the person making the report, unless requested by that person not to give notice, as to whether the report was accepted for assessment and whether the report was referred to the appropriate State or local law enforcement agency.

(g) Within five working days after completion of the protective services assessment, the director shall give subsequent written notice to the person making the report, unless requested by that person not to give notice, as to whether there is a finding of abuse, neglect, or dependency, whether the county department of social services is taking action to protect the juvenile, and what action it is taking, including whether or not a petition was filed. The person making the report shall be informed of procedures necessary to request a review by the prosecutor of the director's decision not to file a petition. A request for review by the prosecutor shall be made within five working days of receipt of the second notification. The second notification shall include notice that, if the person making the report is not satisfied with the director's decision, the person may request review of the decision by the prosecutor within five working days of receipt. The person making the report may waive the person's right to this notification, and no notification is required if the person making the report does not identify himself to the director.

(h) The director or the director's representative may not enter a private residence for assessment purposes without at least one of the following:

1. The reasonable belief that a juvenile is in imminent danger of death or serious physical injury.
2. The permission of the parent or person responsible for the juvenile's care.
3. The accompaniment of a law enforcement officer who has legal authority to enter the residence.
4. An order from a court of competent jurisdiction. (1979, c. 815, s. 1; 1985, c. 205; 1991, c. 593, s. 1; 1991 (Reg. Sess., 1992), c. 923, s. 3; 1993, c. 516, s. 5; 1995, c. 411, s. 1; 1997-390, s. 3.1; 1998-202, s. 6; 1998-229, ss. 2, 19; 1999-190, s. 2; 1999-318, s. 2; 1999-456, s. 60; 2001-291, s. 1; 2003-304, s. 4.1; 2005-55, s. 4; 2006-205, s. 1; 2009-311, s. 1; 2012-153, s. 6; 2015-123, s. 4; 2016-94, s. 12C.1(e); 2016-115, s. 4.)

§ 7B-700. Sharing of information; discovery.
(a) Sharing of Information. - A department of social services is authorized to share with any other party information relevant to the subject matter of an action pending under this Subchapter. However, this subsection does not authorize the disclosure of the identity of the reporter or any uniquely identifying information that would lead to the discovery of the reporter's identity in accordance with G.S. 7B-302 or the identity of any other person where the agency
making the information available determines that the disclosure would be likely to endanger the life or safety of the person.

(b) Local Rules. - The chief district court judge may adopt local rules or enter an administrative order addressing the sharing of information among parties and the use of discovery.

(c) Discovery. - Any party may file a motion for discovery. The motion shall contain a specific description of the information sought and a statement that the requesting party has made a reasonable effort to obtain the information pursuant to subsections (a) and (b) of this section or that the information cannot be obtained pursuant to subsections (a) and (b) of this section. The motion shall be served upon all parties pursuant to G.S. 1A-1, Rule 5. The motion shall be heard and ruled upon within 10 business days of the filing of the motion. The court may grant, restrict, defer, or deny the relief requested. Any order shall avoid unnecessary delay of the hearing, establish expedited deadlines for completion, and conform to G.S. 7B-803.

(d) Protective Order. - Any party served with a motion for discovery may request that the discovery be denied, restricted, or deferred and shall submit, for in camera inspection, the document, information, or materials the party seeks to protect. If the court enters any order granting relief, copies of the documents, information, or materials submitted in camera shall be preserved for appellate review in the event of an appeal.

(e) Redisclosure. - Information obtained through discovery or sharing of information under this section may not be redisclosed if the redisclosure is prohibited by State or federal law.

(f) Guardian Ad Litem. - Unless provided otherwise by local rules, information or reports obtained by the guardian ad litem pursuant to G.S. 7B-601 are not subject to disclosure pursuant to this subsection, except that reports and records shall be shared with all parties before submission to the court. (1979, c. 815, s. 1; 1998-202, s. 6; 1999-456, s. 60; 2009-311, s. 4.)

Step 1: Congress passes and the President signs legislation that creates or amends a federally funded child welfare program.


Step 3: The Children’s Bureau disburses funds to support child welfare programs as authorized by Federal legislation.

Step 4: In response to Federal legislative mandates, policy, and/or funding requirements, States may enact statutes, and State and Tribal welfare agencies may develop programs.

Step 5: The Children’s Bureau monitors State child welfare services through data collection and onsite reviews to ensure that programs achieve positive outcomes for children and families.

Step 6: The Children’s Bureau responds to Congressional mandates to report on State performance in delivering child welfare services.

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children’s Bureau
Johnson Family Case Study

Part I
Household:
Patricia Johnson – Mother  Race: White/Caucasian  Gender: Female  Age: 40
Cindy Johnson – Child  Race: White/Caucasian  Gender: Female  Age: 5
Anthony Johnson – Child  Race: Caucasian/AA  Gender: Male  Age: 12
Jean Johnson – Adult Child  Race: White/Caucasian  Gender: Female  Age: 19

A call comes into the agency at 4:00pm on Wednesday December 21. The caller is reporting the admission of 12-year-old Anthony Johnson. Anthony was brought to the hospital by his mother. He reportedly has severe bruising on his face and upper body. The emergency room doctors are sending him for x-rays to determine if there are injuries. Ms. Johnson is with Anthony but she is not explaining how he was injured. The agency recently closed an assessment with no findings of abuse or neglect.

Part II
Anthony lives in a small 2-bedroom apartment with his mother, Patricia Johnson and his 5 and 19-year-old sisters. The home conditions for this family are reported to be appalling and unsafe. Anthony shares a bedroom with is 19-year-old sister while the 5-year-old shares a bedroom with his mother. There are problems with roaches that the landlord refuses to address. The apartment also needs repairs to light fixtures. Some rooms have exposed wires. There were problems with the heating system so Ms. Johnson purchased space heaters and placed them in the 2 bedrooms. The family shares washers and dryers that are in the basement of their 12-unit apartment building. Ms. Johnson works full time as a teacher’s assistant at Anthony’s school; and part-time, nights and weekends, at a local convenience store. She works approximately 72 hours at the two jobs each week.

Anthony is small for his age, weighing only sixty-three pounds. He presented as different from his classmates. He likes wearing a jacket and tie to class and would sometimes stand up and act out answers to teachers’ questions. He has an IQ of 139 but his school performance was of such that he was placed in special education classes for an undefined learning disability when he was in the 2nd grade. He was dropped from special education as he entered 6 grade. There was no testing or processing of this change to determine what was needed for him to rejoin mainstream classes. Anthony is bullied in school. Children report he is pushed, hit, kicked and choked. There have also been incidents where he has had belongings stolen. Anthony has hygiene problems. He frequently does not bathe or brush his teeth. He frequently wears the same clothes at least 4 out of 5 days each week. There have been incidents where he has urinated or defecated in his pants while at school as a means to be sent home. He will return to school the next day wearing the same soiled clothes. School personnel and the nurse report they are both embarrassed to address these hygiene issues with Anthony. His mother is at the school daily but no one has tried to engage her in a plan to address these issues.
Intake: Intake Steps

CPS INTAKE STEPS

Step 1: Complete the structured intake form using a strengths-based approach with the reporter.
Step 2: Consult maltreatment screening tool(s) which correspond to the allegations. Make screening decision.
Step 3: Determine residency and the county responsible for completing the CPS Assessment.
Step 4: Consult the response priority tools to determine initiation timeframe.
Step 5: Determine appropriate Assessment track, Investigative or Family.

The Intake Tool must be used to collect information and document decision points throughout these steps.

CONFLICT OF INTEREST
If after completing the Intake Form a Conflict of Interest (COI) is identified, immediately stop and refer to COI policy.

New reports on an open COI case must be referred to and screened by the partner county with the open case.
Intake Scenario Observation

Using your assigned role, document the Supervisor’s process according to the questions below:

1. How did the Supervisor begin the discussion of this Intake with the worker?

2. What steps were taken to address the legal and statutory basis for child welfare intervention?

3. What policies were addressed during the intake process?

4. How did the Supervisor process the decision to accept this Intake with the worker?

5. Were there areas of disagreement between the Supervisor and the Worker? If so, how were they addressed?

6. What process did the Supervisor use to determine which worker would receive this Intake?

7. Was there anything you would have done differently?
## Module 2: Effective Use of Self

### Day 2 Agenda

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>9a</td>
</tr>
<tr>
<td>Operational Uses of Self</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td>10:15a-10:30a</td>
</tr>
<tr>
<td>Practice Exercise</td>
<td>10:30a</td>
</tr>
<tr>
<td>• Use of Self</td>
<td></td>
</tr>
<tr>
<td>Creating a Culture of Appreciation</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>12:00p-1:00p</td>
</tr>
<tr>
<td>Coaching</td>
<td>1p</td>
</tr>
<tr>
<td>• Discussion</td>
<td></td>
</tr>
<tr>
<td>• Practice Exercise</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td>2:15p</td>
</tr>
<tr>
<td>Applying Motivational Interviewing Skills</td>
<td>2:30p</td>
</tr>
<tr>
<td>• Discussion</td>
<td></td>
</tr>
<tr>
<td>• Practice Exercise</td>
<td></td>
</tr>
<tr>
<td>Conclusions</td>
<td>4p – 4:30p</td>
</tr>
<tr>
<td>• Feedback from the day</td>
<td></td>
</tr>
<tr>
<td>• Questions for processing</td>
<td></td>
</tr>
<tr>
<td>• Preparation for Module 3</td>
<td></td>
</tr>
</tbody>
</table>
Competencies and Learning Objectives for Module 2 Nuts & Bolts Training

Competencies Addressed:

- Able to communicate in a clear, precise and understandable manner in both oral and written communication.
- Engages in practices consistent with values and attitudes, which support positive approaches to work with the community, agency, staff and clients.
- Understands a partnership-based coaching model and can use coaching strategies.

Learning Objectives

A. Give examples of the way in which personal values, aptitudes, and skills of the supervisor can impact communication with staff regarding policy and practice.
B. Explain two (2) dimensions of Use of Self in the role of the supervisor.
C. Describe how the Stages of Change drive positive approaches to consistent practice.
D. Describe how to use an adapted form of motivational interviewing to facilitate positive changes in clients.
E. Define a “culture of appreciation” and explain how it builds and maintains positive relationships both internally and externally.
F. Identify at least two action steps to create a culture of appreciation among staff.
G. Apply the coaching process in a CPS Assessment role play using the Plan, Do, Study, Act model to create a safety plan.
Self-Assessment


Nuts and Bolts of Child Welfare Supervision
July 2018
Self-Assessment Worksheet Questions

This process begins with a good self-assessment/personal inventory. Reflect upon questions such as:

1. Why am I in this position?

2. What personal need does it fulfill?

3. What traits do I bring to this position?

4. What do I enjoy about this position?

5. If a worker resists my directions, how does it reflect my behavior/emotions/work?

6. What makes me uncomfortable in my work?

7. As a supervisor, what strategies do I use to implement child welfare policy?
Creating a Culture of Appreciation

As a supervisor, you have a key role in setting the tone of how positive or negative your supervisees view their roles within the agency and as a team. While each agency has its own culture, supervisors create microcosms in which their teams exist. Supervisors often have the ability to create their own norms and have the opportunity to boost team morale.

As a supervisor, you have the ability to motivate your team and be a vehicle for positivity. Keep in mind that your team is constantly watching how you handle stressful situations, as well as any actions or comments that can be perceived as negative. Next to dissatisfaction with salary, one of the primary reasons in which employees leave their jobs is their dissatisfaction with their supervisor and lack of feeling appreciated.

While we have little ability (or control) to offer substantial increases in salary, there is research that tells us that feeling appreciated and recognized plays a significant role in employee happiness and morale. There are four core conditions that supervisors can demonstrate to help show appreciation and boost morale.

Four conditions that need to be present for team members to feel truly appreciated, include¹,²:

1. **Appreciation is communicated regularly.** What does regularly mean? It varies depending on the work setting, the frequency of interaction between coworkers, and the nature of the relationship. However, it clearly implies more than once a year at a performance review or when someone receives a “Staff Member of the Month” award.

2. **Appreciation is communicated through language and actions important to the recipient.** Most of us communicate appreciation through actions we value, but those actions may not be meaningful to our colleagues. Some people value words of affirmation, while others are encouraged when someone helps them with a task. Spending time is another way to demonstrate support. One employee reported “I just want my supervisor to stop by my office every once in a while and see how I’m doing.” Bringing a colleague a cup of coffee when you know your colleague worked late last night can be a pick me up. Even a celebratory high five or a fist bump when a difficult project has been completed can be valuable.

3. **Appreciation is personal and individualized.** Recognition of a group effort is a good start, but if the appreciation does not relate to how an individual team member contributed


to the task, the communication can fall flat. People want to hear about what they have done – i.e. that you appreciate that they remained calm while relating to a difficult client.

4. **Appreciation feels authentic.** If the recipient does not believe the appreciation is genuine, nothing else really matters. What makes appreciation seem inauthentic? Factors include:
   - A person’s tone of voice or facial expressions do not seem to match their words.
   - How a person relates to you in front of others differs from how they interact with you privately.
   - A past relational conflict has not been addressed.
   - The person offering the praise appears to have an ulterior motive.

How do you get past perceptions that you do not truly value others? There is no magic bullet. But the best course of action is to repeatedly and regularly communicate appreciation in the language and actions important to your colleague about specific actions or character qualities that you value. Over time, you may be able to convince them that you truly mean what you are saying.

**Creating a Culture of Appreciation**

Appreciation has the most positive effect on workplace culture when both coworkers *and* supervisors offer it. A top-down approach does not work as well as an “any-direction” model. It is important that supervisors create a culture of appreciation and encourage team members to demonstrate appreciation to their fellow co-workers.

Notes:
Coaching

Coaching is a helpful model to support supervisors’ efforts in building effective teams. While there are many definitions that are applicable to describing coaching, North Carolina recognizes a two-part definition of Coaching as defined as:

- Unlocking a person’s potential to maximize their own performance. It is helping them to learn rather than teaching them.\(^3\)
- A structured process in which a coach uses specific strategies to help learners improve their performance on the job and to contribute to improved agency practice and outcomes.\(^4\)

Coaching is a collaborative, reciprocal process between a coach and a learner. We call the participant in the coaching process a “learner” to emphasize that coaching is about the engagement of that person in self-directed growth. Coaching models often describe strategies focused on helping learners assess where they want to go, where they are now, how they will move forward, and the actions they will take to get there.

---


Coaching Exercise

Instructions

Roles
The Social Worker/ Learner will play the role of a Child Welfare Assessor with 3 years of experience. Though the new Safety Assessments have been implemented for some time now, the Worker is not consistent with creating practical, action-oriented safety plans. As a Worker, you need clarification on exactly what is expected when you complete Safety Plans. Your Supervisor plans to use the Johnson Case (Part III) to coach you through the process.
As your Supervisor coaches you, note whether he/she used the following:
• Active listening
• Reflective listening
• Seeking to clarify
• Ability to ask questions that aid in solution-finding

The Coach/ Supervisor will play the role of an Assessment Supervisor. Though your worker has 3 years of experience as a Child Welfare Assessor, the new Safety Assessments have not been completed with language that is practical and action oriented. When the Worker presents a Safety Plan to you, you frequently have additional questions about safety that the worker is unable to answer. For this reason, you are often hesitant to sign off on the safety plans. You and your Worker have agreed that you will use the Johnson Case (Part III) during a Coaching session to identify ways to improve how Safety Assessments are written.
As you engage in Coaching, be sure to use the Plan, Do, Study, Act model as you lead your Coaching session. Clarify the following with the Learner:
• What is the goal of this meeting?
• What actions does the Learner/Worker need to take to meet the goal?
• What are the observations/ lessons learned?
• What changes need to be made?
Part III – Johnson Case

Intake has screened the referral and accepted the report as an investigative assessment due to the allegations of severe bruising on his face and upper body. The report was forwarded to an Assessment unit. The worker receiving the report began the investigative assessment with a visit to the hospital.

Interviews at Hospital

The worker spoke with Anthony, Mrs. Johnson and the doctors during the initial visit to the hospital. Anthony was very quiet. He avoided responding to questions about his injuries. When asked about the bruises on his face, he just looked at the worker and never responded. Mrs. Johnson expressed concerns about Anthony’s injuries. She said she found Anthony home alone in his room when she arrived home from her job at the school. She told the worker Anthony did not tell her what happened.

Doctor reported Anthony has severe bruises on his face. He reported the bruises were probably the result of being hit with a hand or fist. Anthony also has severe bruises on his upper body. The x-rays reveal a small fracture in the left arm. This fracture could be the result of being hit with a heavy object or stomped.

Assume there is a maternal aunt, Dorothy Palmer, who is willing to care for Anthony while the investigation continues. The Coach will use the chart below to model and illustrate what is expected of the Learner:

**PART E: SAFETY AGREEMENT**

*Purpose:* A safety agreement is used only when there is a specific threat to a child in the immediate or foreseeable future. The plan must be created with the family and must be written in practical, action-oriented language.

*Instructions:* The social worker and the family complete this document. Describe what tasks will be done to assure safety, by whom, how often, and duration. The tasks identified should include actions that need to be taken to keep child(ren) safe now, address risks to safety, and/or are necessary for the child(ren) to be able to return to the home (if the child(ren) leaves the home). Indicate how the social worker will be monitoring the plan. The social worker then reviews it with each parent, guardian, custodian and caretaker who will sign the agreement. The social worker ensures that the parent or caretaker has read and/or understands the document and has initialed each applicable field. The social worker will work with the family to arrange for a review of the plan. The social worker then provides a copy to each person who signs the form.

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the specific situation or action that causes the child to be unsafe? What is the safety threat?</strong></td>
<td><strong>What actions need to be taken right now to keep the child safe?</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nuts and Bolts of Child Welfare Supervision

*July 2018*
What is Motivational Interviewing? How does it apply to supervision?
Motivational Interviewing is a process that helps the client (or in our case, the worker) identify potentially problematic behavior and work through a process of strategic questioning and furthering statements to help the worker come to some conclusions about the need to change problematic or inefficient behavior. This model can be helpful in working with people who are in the process of change and can help the supervisor and worker understand where the social worker may be the continuum of change. This model may be most applicable to situations where supervisors need to have a discussion with a worker regarding performance. Having knowledge of Motivational Interviewing may also be helpful to teach some of the skills to workers so that they can use “motivational talk” with clients.

Core Principles of Motivational Interviewing

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express Empathy</td>
<td>Showing warmth and caring while addressing issues head on</td>
</tr>
<tr>
<td>Develop Discrepancy</td>
<td>Evoking worker’s own reasons for and against change</td>
</tr>
<tr>
<td>Roll with Resistance</td>
<td>Resistance is a predictor of poor outcomes. Supervisors must also be aware of their own resistance.</td>
</tr>
<tr>
<td>Support Self Efficacy</td>
<td>Questions and reflections that help worker realize that change is possible.</td>
</tr>
</tbody>
</table>

Stages of Change

<table>
<thead>
<tr>
<th>Stage</th>
<th>Definition</th>
<th>Supervisors Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Contemplation</td>
<td>Not yet considering change or is unable/unwilling to change.</td>
<td>Raising awareness</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Sees the possibly of change, but is unwilling/uncertain</td>
<td>Resolve ambivalence/ helping to choose change</td>
</tr>
<tr>
<td>Determination</td>
<td>Committed to change but may not know how</td>
<td>Help identify appropriate change strategies</td>
</tr>
<tr>
<td>Action</td>
<td>Taking steps toward change but has not stabilized the change process</td>
<td>Help implement change strategies and learn to eliminate potential reversion to problematic behavior</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Has achieved the goal and is working to maintain change</td>
<td>Develop new skills for maintaining change</td>
</tr>
<tr>
<td>Recurrence</td>
<td>Experienced a recurrence of the problem</td>
<td>Cope with consequences and determine what the next steps will be</td>
</tr>
</tbody>
</table>
Motivational Interviewing Exercise

Instructions

Participants will identify a partner and work in pairs to practice skills identified in the Motivational Interviewing model. Remember, the key functions of MI include:

- OARS Skills
  - Open-ended questions
  - Affirmations
  - Reflections
  - Summary
- Core Principles
  - Empathy, Discrepancy, Resistance, and Self-Efficacy
- Stages of Change

Roles

The Social Worker will play the role of a Child Welfare In-Home Services worker with 1 year of experience. You will use the Johnson Case Scenario (Part IV) to meet with your Supervisor in a pre-CFT planning meeting. You have concerns about Mrs. Johnson’s feelings about the case and do not think she is willing to change. You are also concerned about the case decision. If she did not mean to injure Anthony, and he has a medical condition that makes him susceptible to injury, then why was she substantiated for neglect? You need help understanding how you can motivate change with Ms. Johnson, when you are having a hard time understanding the need for services.

As your Supervisor uses MI skills, think about the following:

- Does the supervisor explain the “why” of your policy questions regarding the case decision?

- Does the supervisor identify the Stage of Change in your thinking? In Mrs. Johnson’s thinking?

- Does the supervisor use questions and reflections that help you understand that change is possible?

The Supervisor will play the role of an In-home Services Supervisor. Your worker has 1 year of experience as an In-home Services Worker. You will use the Johnson Case (Part IV) during a pre-CFT meeting to discuss ways that Motivational Interviewing skills can be used to facilitate change. Your job is to provide support and guidance to help the Worker understand how he/she can use Motivational Interviewing skills to facilitate the change process. As you meet with the Worker, consider the following:
• What is Mrs. Johnson’s current *Stage of Change*?

• What guidance can you give the worker to help him/her develop discrepancy with Mrs. Johnson? What might Mrs. Johnson’s reasons be for wanting to change; and what reasons might she have for not wanting to change?

• What are some of the family strengths?

• Help the worker identify two or three issues that impact safety, permanence and well-being of the children in the home.

• What are some questions and skills that the worker can use to present these issues to Mrs. Johnson and begin the change process?

• What policies should the Worker consider as he/she plans for the CFT?

**Part IV**

**Summary of Assessment / Case Decision**

Findings from the Assessment yielded a case decision of “substantiated for neglect.” The assessment found Mrs. Johnson to be responsible for Anthony’s injuries. The Case Decision Summary concludes that Mrs. Johnson arrived home from work and found Anthony in his room sitting on the bed. He had a bad day at school. He had urinated on himself and had not taken off his soiled clothing; nor did he attempt to clean up. He was sitting on the bed which meant the bed was now also wet with urine. Mrs. Johnson reacted by yelling at Anthony. Anthony attempted to strike his mom and they had a physical altercation, exchanging blows. The injury to Anthony’s arm occurred when Anthony stumbled and fell on the floor. Mrs. Johnson accidentally stepped on Anthony’s arm. Anthony is small for his age. The doctors say he has brittle bones and it does not take much force to injure or fracture him. The injury appears accidental and Ms. Johnson is confused about the case decision. She believes that the incident was truly accidental and that it is unfair that that she has to remain involved with CPS for an In-home Services case.
The case has been transferred to In-Home Services. Aunt Dorothy is still serving as a Safety Resource and has been in the home for several weeks. The assigned in-home worker attended the 7-day case transfer visit with the Assessment worker. There is an upcoming CFT planned, and the In-Home Services plan will be drafted at this time. The Worker is concerned that Ms. Johnson thinks there are some things that need changing within her family, but is very uncertain about this process. She never meant to hurt Anthony but believes in firm discipline. She wants to be cooperative with CPS but is very adamant about maintaining her firm parenting style.
### Day 3 Agenda

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>9a</td>
</tr>
<tr>
<td>Understanding the Supervision Triad: Administrative, Supportive, and Educational Supervision</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td>10:30a</td>
</tr>
<tr>
<td>Continue the <em>Triad</em></td>
<td>10:45a</td>
</tr>
<tr>
<td>Lunch</td>
<td>12p-1p</td>
</tr>
<tr>
<td>Application Exercises</td>
<td>1p</td>
</tr>
<tr>
<td>Ethical Supervision Model</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td>2:30p</td>
</tr>
<tr>
<td>Ethical Supervision Model (continued)</td>
<td>2:45p</td>
</tr>
<tr>
<td>Evidence-based Practice</td>
<td></td>
</tr>
<tr>
<td>Conclusions</td>
<td>4p -4:30p</td>
</tr>
</tbody>
</table>
  * Feedback from the day  
  * Questions for processing  
  * Preparation for Module 4
Competencies and Learning Objectives for Module 3

Competencies

- Understands his/her responsibility in promoting transfer of learning, including supporting staff before, during, and after training.
- Can integrate innovative practices into agency practice.
- Knows and can use various decision-making strategies and can identify the most effective strategy for each situation.

Learning Objectives

A. Explain the Supervision Triad and name at least 3 job responsibilities in each category.
B. Explain 3 ways evidence-based practice can improve child welfare.
C. Describe the four-step process to search for Evidence-Based Practices.
D. Apply the Ethics-ADL Model to a case scenario to improve ethical decision-making skills.
Kadushin and Harkness define the critical supervisory functions as follows:\(^1\):

**Administrative Supervision** – its goal is to ensure adherence to agency policy and procedure by attending to their correct and appropriate implementation. By integrating and coordinating supervisees’ work with others in the agency, supervisors provide a work context that permits supervisees to do their jobs effectively.

**Educational Supervision** – its goal is to address the knowledge, attitude, and skills required to do the job effectively.

**Supportive Supervision** – its goal is to improve worker morale and job satisfaction by helping with job-related discouragement and discontent and giving supervisees a sense of worth as professionals, a sense of belonging in the agency, and a sense of security in their performance. (Kadushin & Harkness 2002: 20-21)

---


**Nuts and Bolts of Child Welfare Supervision**

*July 2018*
Flash Card Exercise – Part 1

Instructions

Participants will be divided into small groups. Each group will have pre-arranged envelopes placed at their tables. Each envelope will contain the following:

- Painter’s tape
- Three large laminated Flash Cards (one for Administrative, Educational and Supportive Supervision)
- 31 standard laminated flashcards with assorted job responsibilities.

At your tables, participants will use the three large flash cards and tape them to the wall using the painter’s tape, to create three columns. Participants will then sort the other 31 cards and do the following:

- Discuss and identify which responsibilities go under each of the three categories.
- Organize the responsibilities in the order in which the most important are listed first
- Use the tape to paste the responsibilities under the respective category.

The group will select a reporter to discuss the findings in the facilitator-led group discussion.

Flash Card Exercise – Part 2

Participants will work in groups to explore the expanded definitions of each of the 31 job responsibilities. Participants will now examine the responsibilities in the context of how they were categorized in Kadushin Table 1. Below.

Participants should take 10 minutes to individually read their assigned descriptions. After reading the assigned descriptions, in groups, participants will discuss the following questions:

1. Do you agree with the definitions?
2. What resources are needed to carry out these responsibilities?
3. Are you able to complete these responsibilities as described? If no, explain the barriers.
4. Are there any responsibilities that seem new or stand out to you?
5. How do these responsibilities help supervisors ensure they are enhancing children’s safety, permanence and well-being?
<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
<th>Group 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision</td>
<td>Supervision</td>
<td>Supervision</td>
<td>Supervision</td>
<td>Supervision</td>
</tr>
<tr>
<td>Recruit, select, train or arrange for training and retain staff</td>
<td>Build and maintain working relationships with other units in agency</td>
<td>Monitor frontline practitioner’s responsibilities to supervisor</td>
<td>Interpret and influence the organizational culture within the unit</td>
<td>Influence the agency</td>
</tr>
<tr>
<td>Identify, manage and evaluate frontline practitioners’ performance</td>
<td>Manage caseloads in the supervisor’s unit</td>
<td>Provide leadership to their unit</td>
<td>Manage time and workflow for supervisees</td>
<td>Anticipate, address, and manage change within agency</td>
</tr>
<tr>
<td>Facilitate communication and collaboration</td>
<td>Manage time and workflow for supervisor</td>
<td>Provide leadership to their organization</td>
<td>Provide leadership within the community</td>
<td>Use management information systems (MIS)</td>
</tr>
<tr>
<td>Anticipate, address and manage change within the unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Supervision</td>
<td>Educational Supervision</td>
<td>Educational Supervision</td>
<td>Educational Supervision</td>
<td>Educational Supervision</td>
</tr>
<tr>
<td>Provide regular case reviews and staffing</td>
<td>Assure ongoing professional development for supervisor (self)</td>
<td>Demonstrate culturally-competent supervision and develop and monitor practitioners’ cultural competence</td>
<td>Facilitate ongoing professional development for frontline practitioners</td>
<td>Help frontline practitioners apply new knowledge from training, workshops in their day-to-day practice</td>
</tr>
<tr>
<td>Address ethics in caseworker practice and model professional ethics</td>
<td>Develop and monitor frontline practitioners’ family-centered practice competence</td>
<td>Promote evidence-informed practice</td>
<td>Monitor and provide resources to assist frontline practitioners in applying understanding and current knowledge regarding child development</td>
<td></td>
</tr>
<tr>
<td>Address ethics in supervision</td>
<td>Promote practitioners’ self-reflection, critical thinking and case decision-making</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supportive Supervision</td>
<td>Supportive Supervision</td>
<td>Supportive Supervision</td>
<td>Supportive Supervision</td>
<td>Supportive Supervision</td>
</tr>
<tr>
<td>Prevent and address stress, secondary traumatic stress, and burnout for supervisor (self)</td>
<td>Anticipate issues related to safety and manage risk</td>
<td>Prevent and address stress, secondary traumatic stress, and burnout for frontline practitioners</td>
<td>Build and maintain morale and enhance frontline practitioners’ job satisfaction</td>
<td></td>
</tr>
</tbody>
</table>
Table 1. Job Responsibilities Ranked "Most Important (MI)/Important (I)" by Kadushin Categories

<table>
<thead>
<tr>
<th>Job Responsibility</th>
<th>% of Interviewees rating item MI/I</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative Supervision</strong></td>
<td></td>
</tr>
<tr>
<td>Recruit, select, train or arrange for training and retain staff</td>
<td>100%</td>
</tr>
<tr>
<td>Identify, manage and evaluate frontline practitioners’ performance</td>
<td>100%</td>
</tr>
<tr>
<td>Facilitate communication and collaboration</td>
<td>100%</td>
</tr>
<tr>
<td>Build and maintain working relationships with other units in agency</td>
<td>100%</td>
</tr>
<tr>
<td>Manage caseloads in the supervisor’s unit</td>
<td>100%</td>
</tr>
<tr>
<td>Manage time and workflow for supervisor</td>
<td>100%</td>
</tr>
<tr>
<td>Monitor frontline practitioner’s responsibilities to supervisor</td>
<td>100%</td>
</tr>
<tr>
<td>Provide leadership to their unit</td>
<td>100%</td>
</tr>
<tr>
<td>Provide leadership within the organization</td>
<td>100%</td>
</tr>
<tr>
<td>Anticipate, address and manage change within the unit</td>
<td>95%</td>
</tr>
<tr>
<td>Interpret and influence the organizational culture within the unit</td>
<td>89%</td>
</tr>
<tr>
<td>Manage time and workflow for supervisees</td>
<td>89%</td>
</tr>
<tr>
<td>Provide leadership within the community</td>
<td>89%</td>
</tr>
<tr>
<td>Influence the agency</td>
<td>84%</td>
</tr>
<tr>
<td>Anticipate, address, and manage change within agency</td>
<td>84%</td>
</tr>
<tr>
<td>Use management information systems (MIS)</td>
<td>79%</td>
</tr>
<tr>
<td><strong>Educational Supervision</strong></td>
<td></td>
</tr>
<tr>
<td>Provide regular case reviews and staffing</td>
<td>100%</td>
</tr>
<tr>
<td>Address ethics in caseworker practice and model professional ethics</td>
<td>100%</td>
</tr>
<tr>
<td>Address ethics in supervision</td>
<td>100%</td>
</tr>
<tr>
<td>Assure ongoing professional development for supervisor (self)</td>
<td>100%</td>
</tr>
<tr>
<td>Develop and monitor frontline practitioners’ family-centered practice competence</td>
<td>95%</td>
</tr>
<tr>
<td>Promote practitioners’ self-reflection, critical thinking and case decision-making</td>
<td>95%</td>
</tr>
<tr>
<td>Demonstrate culturally-competent supervision and develop and monitor practitioners’ cultural competence</td>
<td>84%</td>
</tr>
<tr>
<td>Facilitate ongoing professional development for frontline practitioners</td>
<td>89%</td>
</tr>
<tr>
<td>Promote evidence-informed practice</td>
<td>84%</td>
</tr>
<tr>
<td>Help frontline practitioners apply new knowledge from training, workshops in their day-to-day practice</td>
<td>84%</td>
</tr>
<tr>
<td>Monitor and provide resources to assist frontline practitioners in applying understanding and current knowledge regarding child development</td>
<td>(not ranked, added after analysis)</td>
</tr>
<tr>
<td><strong>Supportive Supervision</strong></td>
<td></td>
</tr>
<tr>
<td>Prevent and address stress, secondary traumatic stress, and burnout for supervisor (self)</td>
<td>100%</td>
</tr>
<tr>
<td>Anticipate issues related to safety and manage risk</td>
<td>100%</td>
</tr>
<tr>
<td>Prevent and address stress, secondary traumatic stress, and burnout for frontline practitioners</td>
<td>95%</td>
</tr>
<tr>
<td>Build and maintain morale and enhance frontline practitioners’ job satisfaction</td>
<td>95%</td>
</tr>
</tbody>
</table>
Expanded Definitions of Job Responsibilities

Administrative Supervision Responsibilities

Recruit, select, train or arrange for training, and retain staff. The recruitment, selection, and training of frontline practitioners are ongoing activities critical to the quality of child welfare services. Our interviews indicate that persons other than an agency supervisor, such as human resources personnel and agency training staff, often carry out aspects of these activities. However, the retention of frontline practitioners has consistently been found to be associated with the quality of supervision and having a supportive and consultative supervisor (Dickinson & Perry 2002; Jacquet, et al. 2007; Renner, Porter, & Preister 2008). Clearly, staff retention is related to a supervisor’s effective performance of all three supervisory functions.

Identify, manage, and evaluate frontline practitioners’ performance. On an ongoing basis, an effective supervisor must be able to openly discuss and describe what a child welfare practitioner is doing that contributes to desired outcomes or creates problems; identify why a particular behavior should be continued or is problematic; specify what the employee should do similarly or differently; and outline consequences for succeeding or failing to maintain or change behaviors (Hughes, et al. 1991; Salus 2004). Supervisors must reward excellent performance as well as identify, document, and address performance problems and staff impairment as required in agency personnel practices (Center for Advanced Studies in Child Welfare 2009:10; Hopkins & Austin 2004).

Facilitate communication and collaboration. Supervisors share responsibility with other agency supervisors, managers, and administrators for communication within their units, across units, with community agencies and referral networks, and with the public. They also facilitate information sharing and collaboration with foster parents, agency attorneys, guardians ad litem, contractual service providers, and others involved in service provision.

Build and maintain working relationships with other units in agency. To facilitate timely and effective services, collaborative relationships among the agency’s units must be intentionally developed and maintained. Supervisors carry the primary responsibility for these collaborative relationships.

Manage caseloads in the supervisor’s unit. To assure timely and appropriate services, supervisors manage case assignment and monitor services within their units. Assignment of cases takes into account policy regarding reasonable and equitable caseload size, staff members’ experience and abilities, and factors such as case type and complexity.

Manage time and workflow for supervisor. Supervisors must not only know time management principles in child welfare practice, but also persevere in applying them, including determining what investments of time will result in time saved and setting aside time for activities that require concentration.

Monitor frontline practitioners’ responsibilities to supervisor. For supervision to be effective, supervisors rely on their supervisees to share information about their cases with them in a timely way, engage in ongoing self-assessment concerning their training needs and the sources and extent of their stress, and develop an agenda for regularly scheduled supervision. Supervisees should participate in planning the agenda for supervision. By identifying their needs for learning, emotional support, and
assistance with administrative issues, supervisees actively engage in reflection and critical thinking about their practice and share ownership for their professional development and job performance.

**Provide leadership to their unit.** Child welfare practitioners are typically assigned to a unit that is supervised by one supervisor. Supervisors provide leadership to their unit by focusing on shared commitment to the organizations’ service mission and to high quality services; defining best practice; serving as a role model with regard to professional ethics and standards, collaboration, and open communication; and promoting a positive and mutually respectful work culture. Promoting a positive work culture includes supervisory behaviors such as acknowledging practitioners’ efforts, effective performance, and accomplishments; modeling high practice standards; being sensitive to staff needs and feelings; supporting a climate of trust and openness; and using mistakes as an opportunity to teach and learn (CO DHS 1994).

**Provide leadership within the organization.** Within the organization, supervisors are often asked to lend their knowledge and expertise to task groups as well as to initiatives regarding staff recruitment and service coordination, improvement, and/or development. Developing and maintaining positive ongoing relationships within the agency facilitates opportunities for supervisors to provide leadership through such efforts.

**Anticipate, address, and manage change within the unit.** Change is a constant in child welfare policy and practice. Therefore, supervisors must anticipate new circumstances within their units; involve them in generating ideas and plans for implementation of change; encourage receptiveness to change; and monitor and address its effects.

**Interpret and influence the organizational culture within the unit.** Although “organizations rarely think of human behavior as connected to the organization” (Carroll 2001: 61), supervisors not only must think of these connections but also interpret the organization’s formal and informal norms, values, practices, language, etc. to staff in their units. By their words and actions, supervisors should facilitate a positive work culture within the unit that may or may not fully mirror the organizational culture.

**Manage time and workflow for supervisees.** Managing the quantity of work, sequencing tasks appropriately, and meeting legal and other deadlines are ongoing challenges for child welfare staff. Although more experienced practitioners typically manage their own time and workflow, supervisors coach new staff as they learn these skills and monitor experienced practitioners’ management of time and workflow.

**Provide leadership within the community.** Supervisors interact with the community on a daily basis, including foster parents, advocacy groups, governmental agencies and service providers. Maintaining positive relationships and taking a leadership role provides opportunity for improving child and family outcomes.

**Influence the agency.** Supervisors provide a bridge between administrative/management and frontline practitioners. They continuously interact with personnel at multiple organizational levels as well as with families and children, community service providers, court personnel, out-of-home caregivers, and others. Thus supervisors are in a pivotal position to: assess what they observe and learn regarding client, staff, and community needs and issues; communicate their observations and concerns to others in the

---

**Nuts and Bolts of Child Welfare Supervision**

*July 2018*
agency; and propose and advocate needed change in agency goals, policy, structure, processes, resources, and short- and long-term planning. Agency leadership must actively use various communication opportunities, such as staff meetings or intranets, to validate and support supervisors’ responsibility to communicate up and down the organizational hierarchy.

**Anticipate, address and manage change within the agency.** In addition to anticipating change within their unit, supervisors must also anticipate new circumstances within their agencies. Supervisors must provide information and input to administrators and to frontline practitioners regarding changes in policy, practice, personnel, and organizational structure.

**Use management information systems (MIS).** In the past two decades, MIS data have become important to supervisors for evaluation of permanency and other service outcomes, caseload management, and identification of training and resource needs and of policy problems. MIS can assist supervisors in understanding how their units’ performance contributes to the overall agency performance.

**Educational Supervision Responsibilities**

**Provide regular case reviews and staffings.** Scheduled individual and group reviews and staffings of frontline workers’ practice provide significant opportunities for supervisors to identify and respond to individual and collective educational needs. Supervisors should create an open, safe environment for peer review of case activities and progress, thus facilitating practitioners’ active participation in peer learning and teaching, giving and receiving interpersonal support, encouragement, and mutual aid, even as quality assurance concerns are addressed.

**Address ethics in caseworker practice.** Perhaps more than any other area of professional practice, the ethics of supervisors and the staff assigned to them are intertwined. It is critical for frontline practitioners to learn ethical principles regarding confidentiality, personal and professional boundaries, potential conflicts of interest, and impaired functioning. Supervisors’ integrity and trustworthiness are necessary, although not sufficient, to ensure ethical practice by staff.

**Model professional ethics in supervision.** For staff who have not earned a professional degree or previously worked in human services, adhering to professional ethics requires experiencing and observing ethical behavior.

**Assure ongoing professional development for supervisor.**

Supervisors’ own professional development may be ignored not only by the agency, but also by supervisors themselves. In our interviews, supervisors were much more likely to view their supervisees’ professional development as an important job responsibility than they were their own. Supervisors must create plans for their own professional development and identify and take steps toward reaching their professional goals. Agency leadership and management must honor and support those plans.

**Develop and monitor frontline practitioners’ family-centered practice competence through supervision, the supervisory relationship, and other educational resources.** Recent decades have seen a major shift in emphasis from child-centered to family-centered child welfare practice. Supervisors must help supervisees appreciate the importance of the family, focus on a family’s strengths as well as its difficulties,
and develop knowledge and skills in family assessment, family- centered interventions, and connecting families to resources that address their individualized needs. The supervisory relationship provides an opportunity to model a strengths-based approach to assessment, problem solving, and clear identification of behaviors and expectations to enhance performance.

**Promote practitioners’ self-reflection, critical thinking and case decision-making.** Schon (1983) and others (e.g., Deal 2004; Webb 1996) have encouraged professionals to continually reflect on their patterns of action, the situations in which they practice, and on the case practice knowledge implicit in their practice activities. For child welfare staff, the ongoing development of skills in reflecting on one’s own practice individually, with a supervisor, and with peers, and in applying critical thinking to decisions regarding one’s practice is critical. Supervisors facilitate and reinforce these important skills as practitioners confront unique and uncertain practice situations.

**Demonstrate culturally competent supervision and develop and monitor practitioners’ cultural competence.** Effectively serving and supporting families and children requires the knowledge and skills to work with those from diverse backgrounds and varied social cultures. Supervisors must demonstrate a value for and skills in cultural competence as well as facilitate practitioners’ development of cultural competence as an essential aspect of their practice.

**Promote evidence-informed practice.** Supervisors must reinforce frontline practitioners’ use of evidence-informed practice models. Evidence-informed practice “draws on rigorous reviews of practice-related claims, . . . attends to ethical issues . . . and helps both professionals and clients gain access to practice- and/or policy-related research findings and critically appraise what they find” (Shlonsky & Gambrill 2005:311).

**Help frontline practitioners apply new knowledge from training, workshops, and other educational programs in their day-to-day practice.** Integrating new learning into practice requires that practitioners regularly and self-consciously apply new knowledge and skills in specific situations in their caseloads. Supervisors play a primary role in facilitating this ongoing process. To perform this task, the supervisor must stay open to their own and others’ continuous growth and development.

**Monitor and, when needed, provide educational resources to support supervisees’ ability to understand and apply current knowledge regarding child development, including theory and empirically-based knowledge regarding attachment, separation, and loss.** Frontline practitioners must be well grounded in this knowledge to comprehend the rationales that undergird the desired service outcomes of child safety, well-being, and permanency. Moreover, it is essential that supervisees have a working understanding of the complex ways in which this knowledge must be applied daily in child welfare practice decision-making, such as in selecting appropriate out-of-home placements for children and planning family visits for children in custody.

**Facilitate ongoing professional development for frontline practitioners.** Professional development includes continually acquiring and applying professional knowledge and skills as well as planning for one’s professional career. Supervisors should create a professional development plan.
Supportive Supervision Responsibilities

Prevent and address stress, secondary traumatic stress, and burnout for supervisor. While agencies must develop and have available a variety tools and approaches to reduce stress, supervisors are responsible for monitoring their own stress levels, signs of secondary traumatic stress, and burnout, and indicators that their functioning in the supervisory role may be becoming impaired. They then must immediately use agency and other resources to address emerging problems in these areas.

Anticipate issues related to safety and manage risk. The potential for anger and violence in many of the families and neighborhoods served by child welfare practitioners requires that supervisors be knowledgeable, skillful, and sensitive in anticipating and managing risk for clients, frontline practitioners, and themselves. Relevant tasks include ensuring that case information is current and risk assessments are updated as new information becomes available or case situations change. Current information is essential to the ongoing assessment of risk to children and to making informed decisions regarding children’s safety. Supervisors and staff should always have each other’s current scheduling and contact information available and be familiar with agency protocols for involving law enforcement and using other protective measures. In addition, counseling and support must be readily accessible for frontline practitioners who have been threatened or injured (Salus 2004).

Prevent and address stress, secondary traumatic stress, and burnout for frontline practitioners. Child welfare practice is emotional, demanding, and often depleting. Child welfare practitioners directly observe others’ distress, feel vulnerable as they make life-altering decisions, and experience concerns about their own and their families’ personal safety. Supervisors are responsible for working directly with practitioners and others in the agency to identify sources of stress, secondary traumatic stress, and burnout, and to prevent, decrease, or otherwise address them.

Build and maintain morale and enhance frontline practitioners’ job satisfaction. With both individual supervisees and the team/unit, supervisors are responsible to provide a supportive and open climate by acknowledging practitioners’ efforts and effective performance, conveying the value and importance of their work with families and children, treating them with sensitivity and respect, and helping them “become masters of their immediate environment” (Hughes, et al. 1991).
ATHENA’S STORY – PROCESSING THE SUPERVISION TRIAD EXERCISE

Instructions

Participants will be divided into groups and asked to first individually review “Athena’s Story”. This scenario presents the case of Athena Angeles, a 3-year-old who dies while her case is open with the Connecticut child welfare agency. As you review “Athena’s Story” we would like for you to identify all roles and responsibilities of the Supervisor. As you identify these roles, place them under the category of Administrative, Educational and Supportive supervision. Pay particular attention to the definitions as you assign roles to a specific category. Participants will consider and apply North Carolina Child Welfare policy. After identifying all roles/responsibilities, each group will identify the top 4 roles/responsibilities and complete the Triad Worksheet.

Athena’s Story

Athena Angeles had two black eyes and a swollen face when she walked into a doctor’s clinic in Connecticut on Oct. 18, 2011. Court records say she had been punched in the forehead. About a month later, the 3-year-old girl showed up at her preschool with bruises on her face, lip and left nostril. She showed up with even more bruises on her face the next day. Then, at about 1:30 a.m. on Nov. 23, 2011, Athena was taken to the hospital with a fever and a laceration on the back of her head that required several staples. Court records say she had been shoved in a sink. The child was treated and taken home.

Eighteen hours later, Athena, in cardiac arrest, was rushed back to the hospital. She had bruises on her abdomen and was bleeding internally. Court records say she had been punched in the stomach and rib cage. The dark-haired girl died that day.

In the month leading up to Athena’s death, officials with the Connecticut Department of Children and Families were aware that she was being abused by her mother’s live-in boyfriend, according to court documents.

Athena’s pediatrician and employees from her preschool all reported the suspected abuse to state officials. Yet, in at least five occasions, Athena was allowed to go back to an abusive home in Willimantic, Conn., where she lived with her mother, and her boyfriend. Both have been prosecuted and are serving jail sentences. Athena’s father, who was not implicated in the abuse, is now suing the state in a wrongful death lawsuit against the state of Connecticut. He is alleging that her death “was a direct result of the negligence and carelessness” of the state child welfare employees.

---

1. Role/Responsibility (Be specific) ____________________________

Policy: ____________________________

- Administrative Yes___ No___
- Educational Yes___ No___
- Supportive Yes___ No___

2. Role/Responsibility (Be specific) ____________________________

Policy: ____________________________

- Administrative Yes___ No___
- Educational Yes___ No___
- Supportive Yes___ No___

3. Role/Responsibility (Be Specific) ____________________________

Policy: ____________________________

- Administrative Yes___ No___
- Educational Yes___ No___
- Supportive Yes___ No___

4. Role/Responsibility (Be Specific) ____________________________

Policy: ____________________________

- Administrative Yes___ No___
- Educational Yes___ No___
- Supportive Yes___ No___
SUMMARY OF PERFORMANCE

North Carolina 2015 CFSR Assessment of Substantial Conformity for Outcomes, Systemic Factors, and Performance on Statewide Data Indicators

None of the 7 outcomes were found to be in substantial conformity.
None of the 7 systemic factors were found to be in substantial conformity.
The state's performance met the national standards for the following 1 of 7 statewide data indicators:
   1. Recurrence of maltreatment pertaining to Safety Outcome 1

Children’s Bureau Comments on North Carolina Performance

The following are the Children’s Bureau’s observations about cross-cutting issues and North Carolina's overall performance:

In preparation for the CFSR, North Carolina dedicated resources to develop and implement a process for case review. The state’s efforts resulted in the state’s capacity to review its own cases using county and state staff and afforded the state the opportunity to conduct its own case review during the CFSR as well as the potential to measure improvement. The Children’s Bureau encourages North Carolina to continue to build and strengthen its case review process and fully integrate it with other components of continuous quality improvement.

Case review results identified concerns in both foster care and in-home cases related to premature case closures when safety concerns were present. Within the in-home sample, some cases were closed before assessing safety or offering services. The case review also revealed that cases were closed without addressing the presenting problem and the reason for agency involvement. The Children’s Bureau encourages North Carolina to examine its practices surrounding case closure to improve safety outcomes for children.

Case review findings identified concerns with the cease reunification order and termination of parental rights (TPR) processes within the state. Stakeholders reported that North Carolina does not have a statewide tracking system to monitor the timely filings and scheduling of TPRs. Compelling reasons to support agency recommendations to cease reunification efforts are not consistently documented in case plans or in court orders. A cease reunification order is generally required before the state can proceed with the TPR process and is most commonly made at a permanency planning hearing as part of a sequential process toward achieving permanency. A cease reunification order relieves the state from actively assisting parents with reunification but does not necessarily result in an immediate TPR or achievement of permanency. Additionally, results of case reviews suggest that in some cases where cease reunification orders were made, it was appropriate and beneficial for the child to have a positive relationship and visits with the parent. The Children’s Bureau encourages the state to consider how practice could be revised to support healthy relationships for children in care.

Stakeholders noted several concerns regarding children’s and parents’ access to health services, including those available through Medicaid-managed care organizations (MCO). Stakeholders reported an overall lack of availability of therapists and other service providers who accept Medicaid. They expressed concern

---

that children experienced interruptions in services when they moved across county lines, as those moves often necessitate a change in the MCO. They also reported significant differences in the availability of health-related services provided by MCOs, based on geographic location.

The lack of a statewide case management information system that allows the state to track child placement episodes across counties affects the state’s ability to readily identify the status of children, including re-entry, placement history, and placement goals. The case review revealed several limitations that impede the state from ensuring the data are always current and accurate. Procedures addressing the frequency for updates at the county level and the time required administrators to enter information into the state’s mainframe, combined with the time required to collect and combine updates from all 100 counties in the state, limits North Carolina from producing timely data. At the state level, information may not provide a complete 12-month experience for children in care. Stakeholders confirmed that children who are discharged from foster care in one county and re-enter care in a different county receive a new identification number. While counties are able to conduct a name search in the central registry for maltreatment report information, they are unable to directly access placement history for foster care episodes that occurred in other counties. The challenges with the statewide information system can result in incomplete historical assessment information on individual cases for county staff working with families. The lack of a timely, complete, and accurate data results in an inability to calculate the state’s performance on many of the statewide data indicators and compromises the effectiveness of the state’s continuous quality improvement efforts.
<table>
<thead>
<tr>
<th>Step</th>
<th>Corresponding questions</th>
</tr>
</thead>
</table>
| **Examine Step**                   | - Is it a practice concern or an ethical dilemma?  
- What exactly is the situation? What are the known facts?  
- Are the pressing issues ethical, moral, legal, or a combination?  
- Who are all the players and their roles, and how are they affected?  
- What values help in understanding the context of the situation?  
  *What are your personal values that apply to the situation?  
  *What are the client values?  
  *What cultural values could impact the situation?  
  *What are the agency values?  

**Think Step**  
Consider ethical issues, principles, standards, laws, or policies that apply to this ethical dilemma.                                                                                       |
| - Who could be harmed in this ethical situation?  
- What is your professional power in relation to the client?  
- What are the specific areas of ethical conflict?  
- Which standards in the NASW Code of Ethics apply?  
- Which federal, state and local laws may impact the ethical dilemma?  
- What written or unwritten agency policies or practices pertain to this situation?                                                                                                                                                      |
| **Hypothesize Step**               | - What are all the reasonably possible ethical choices or actions?  
  *Listing all possibilities as a visual description of actions provides a different level of cognition to decision making process.  
  *Choosing not to act is a legitimate choice.  
  *What have other people recommended?  

**Identify Step**  
Pinpoint consequences of each possible decision or option.                                                                                                                                                                                      |
| - In short and long term, what is the impact of each option on the agency, clients, social worker, society, self, practice settings, the profession and licensing boards?  
- Who will benefit or be harmed the most or least?  
- What are the consequences in terms of finances, legality, emotionally, colleagues, self-esteem?  
- What are the dissonance and ambiguity of the ethical situation?                                                                                                                                                                       |
| **Consultation Step**              | - What has your colleague or superior advised in this ethical situation?  
- What new information, different perspectives, or additional options were gained from colleagues, while maintaining confidentiality?  
- Would a case conference be appropriate in this ethical situation?  
- Could an ethics committee assist in a multidiscipline ethical situation?                                                                                                                                                           |
| **Select Action and get Support Step** | - What are the reasons for or against each course of action?  
- Which option is selected that is the “least harmful” action for each party involved?  
- Which option assures the rights of the most vulnerable?  
- Where can you secure support from colleagues, consultation, ethics codes, licensing, literature, or evidence based practices?                                                                                                               |
| **Advocacy Step**                  | - Does this ethical situation indicate the need for change within the agency, or within the greater social work community?  
- Is change required of local, state, or national policy or laws?  
- What is your advocacy role now that you understand this ethical dilemma?                                                                                                                                                         |
| **Document Step**                  | - What was the process used to determine the ethical decision?  
- What was the rationale for the ethical decision taken?  
- When and whom did you consult?                                                                                                                                                                                                          |
| **Legal Step**                     | - Is the decision prudent: a careful, cautious, “do no harm” choice?  
- Is the decision reasonable: the result of a conscious, thoughtful, planned and deliberate process?  
- Is the decision ordinary: what an average practitioner would do using the NASW Code of Ethics (2008)?                                                                                                                                 |
NATHAN’S STORY

Though state child welfare policy is intended to be uniform across county lines, implementation can vary greatly depending on county culture and resources. Sometimes, there are circumstances that occur in cases where policy does not give clear answers and we must rely on use of professional judgment to guide our decision-making processes. Our personal beliefs, and/or those of agency administrators and attorneys, may conflict with the safety, permanency and well-being of the child. Take a look at the scenario below for an example where this type of conflict may occur.

Nathan is a 14-year-old youth that biologically was born a female. At a very young age, Nathan began to identify more with traditional male characteristics. At the age of 11, Nathan began to ask his teachers and classmates to abandon use of his birth name, Natalie, and insisted that he would now be referred to as Nathan. Nathan now prefers to be referred to by male pronouns such as “his, him, and he.” Nathan entered foster care when he was 13, and it does not seem likely that he will return home, but termination of parental rights proceedings has not yet begun.

Since being in care, Nathan has been seeing a therapist for issues related to the severe neglect that brought him into foster care. When the social worker is updated monthly by the therapist on Nathan’s progress, recent conversations have focused on Nathan’s desire to fully transition to male. He makes statements such as “I hate being a girl. I hate having breasts. I feel like I’m supposed to be a boy but I’m trapped in a girl’s body.” Though Nathan suffered significant neglect from both of his parents’ substance abuse, his mother has always been understanding of his wishes. On the other hand, his father berates him and cannot understand why Nathan wants this. Nathan’s father would not support any medical care that assists in gender transformation. The therapist would like to have a meeting with his psychiatrist, pediatrician, and others that know him well to discuss what his options are to help him transition. The therapist thinks only the mother should be involved in the decision-making process. The therapist believes that Medicaid may cover medical costs in limited circumstances and wants to also explore this further in the meeting.

On several occasions, Nathan has initiated conversations with his social worker about taking hormonal medications so that he can “medically” transition from a biological female to having more “male” features. He has looked on-line and spoken with his therapist about taking hormones that would promote the growth of facial hair, and to overall enhance his physical appearance as a male, since this is the gender he most identifies with. He is excited about the upcoming meeting to discuss what his options are. He truly believes that this change would align with his “real” identity and it would help him be his “true self” and not be in a body that he feels miserably uncomfortable in. Nathan feels that he would not be bullied as much in school, and his self-confidence would be boosted.

As the supervisor, you have been aware of Nathan’s wishes, but your worker is concerned about the agency’s stance on his desire to transition. Your agency is typically conservative in its actions, usually aining on the side of caution and going “by the book.” There is no clear policy about how the agency should handle this. You have spoken to your program manager about this case in the past. The program manager has informed you that the agency is not willing to “sign off” on the type of treatment Nathan is seeking because it is not a medical issue. The program manager feels that this is more of a mental health issue that can continue to be sorted out in therapy. You and your worker disagree and feel that the issue is much more complex. There is an upcoming permanency planning hearing and the judge wants the agency’s recommendations on this matter. You and your worker have an upcoming meeting with your program manager to discuss the case before the court hearing. How will you help your agency make a recommendation regarding this complicated case?
ETHICS – ADL WORKSHEET

Instructions

Apply the scenario from Nathan’s Story to the ETHICS-ADL model and answer the questions below.

| Examine Step | What is the ethical dilemma(s)? Identify the relevant conflicting values. |
| Think Step | What are the child welfare policies that apply to this ethical dilemma? |
| Hypothesize Step | What are all of the options? |
| Identify Step | What are the consequences of each of the options? |
| Consultation Step | Who are the individuals in your agency that you would need to consult with as decisions are made for Nathan? |
| Select Action and get Support Step | What is your final decision? Does this decision promote Nathan’s safety, permanence and well-being? Who will support you in this decision? |
| Advocacy Step | Based on the decision, is advocacy needed in your agency, or at the State policy level for youth who may find themselves in this situation? |
| Document Step | How and where will you document the decision-making process? |
| Legal Step | Is the decision reasonable: the result of a conscious, thoughtful, planned and deliberate process? Are there any legal concerns about the decision or process? |
Evidence Based Practice (EBP) is the integration of best research evidence with practice expertise, and values client preferences and cultural considerations. Evidence is collected from reliable research to inform best practices to create better services outcomes for clients. This means that EBP’s are reliable and have results that indicate that the practice is impactful in addressing clients’ needs. This differs from a random-based approach where uninformed decisions are more likely to be made. It is helpful learn the basics of EBP to better understand common issues related to populations involved with child welfare systems. Child welfare supervisors should have and understanding of EBP in substance abuse treatment, mental health treatment, behavioral and educational needs, and family violence prevention and treatment. This ensures that staffing with supervisees can include conversations about best treatments and interventions for clients’ needs that are based on evidence and are culturally competent.

EBP’s are important in child welfare because they:

- Help social workers and supervisors stay abreast of current research and best practices
- Use evidence that may support additional funding and resources
- Enhance the quality of decisions being made about child safety, permanence and well-being need

---

6 Adapted from: Sackett, D. L., Strauss, S. E., Richardson, W. S., Rosenberg, W., and Haynes, R. B. Evidence-Based Medicine, How to practice and teach EBM. Churchill Livingstone; 1998.
An efficient way to begin to understand EBP is to use a four-step process to help search for EBP’s.

1. Identify the Issue
   Determine the target issue. Are you searching for an EBP related to mental health, substance abuse, treating perpetrators of sexual offenses, or some other issue relative to a case that you are supervising?

   It is also helpful to narrow the population. Are you searching for treatment related to adolescent children or toddlers? Are you searching for an intervention related to adults with developmental delays? Narrowing your focus will help you find an intervention that is most related to the client you/your social worker is working with.

2. Search for Evidence
   Searching for evidence can be challenging given that many social work supervisors do not have access to academic research databases. However, there are a number of free and reliable resources to locate EBP. Check out the resource list included in this handout for a sample of free websites.

   In searching these websites, it is helpful to understand how search engines work. Think about words (i.e. adolescent; severe depression) and phrases (i.e. teen mental health) that would be helpful in your search. Widening your search will give you more results and if necessary, you can always narrow your search to limit your results.

3. Assess Findings
   Now that you have found possible options for EBP interventions, take the time to read and assess your findings. Determine how well the research applies to the issue at hand, and how closely related the research is to the client you have in mind. Is the EBP culturally competent? Would the client be willing to engage? Is this a feasible intervention for the client / worker/ agency/ mental health practitioner?

4. Understand the Impact on Policy & Practice
   Now that you have selected a few possible interventions, evaluate how you / your worker can apply EBP to the situation. Also, ensure that interventions align with NC Child Welfare Policies that promote safety, permanence, and well-being; as well as strengths-based, family centered practices, supported through policy.
Evidence-Based Practice Exercise

Your worker has recently taken an 8-year-old child into custody. The child has been diagnosed with a severe anxiety disorder. The child’s biological family has religious beliefs that do not support the use of “formal” mental health services; however, for the sake of reunification, the bio mom and dad are open to new ideas. There are limited mental health resources in your community and you and your worker are trying to locate a therapist that is skilled in providing services to children with this condition. You have spoken to several therapists who have recommended several treatment options but you and your worker are unclear about which approach would be best for the child. You would like to do some research using evidence-based practices to help better understand what would be the best treatment option.

Answer the following:

1. What is the issue, target population, and outcome sought?

2. Where might you search for evidence?
   
   a) What words or phrases might you use that would be helpful for your search?

3. If you were to find information on your topic, how would you evaluate your findings?

4. What NC Child Welfare policies should be considered as you think about evidence-based options?
Resources for Evidence-Based Practices

California Evidence-Based Clearinghouse for Child Welfare (CEBC)
http://www.cebc4cw.org
The CEBC provides child welfare professionals with easy access to vital information about selected child welfare related programs. Each program is reviewed and rated utilizing the CEBC Scientific Rating scale to determine the level of evidence for the program. The programs are also rated on a Relevance to Child Welfare Rating Scale.

Child Welfare Information Gateway
http://www.childwelfare.gov/
Child Welfare Information Gateway promotes the safety, permanency, and well-being of children and families by connecting child welfare, adoption and related professionals as well as concerned citizens to timely, essential information. They provide access to print and electronic publications, websites, and online databases covering a wide range of topics from prevention to permanency, including child welfare, child abuse and neglect, adoption, search and reunion, and much more.

Child Welfare Capacity Building Collaborative
https://capacity.childwelfare.gov/
The Children's Bureau's Child Welfare Capacity Building Collaborative helps public child welfare agencies, Tribes, and courts enhance and mobilize the human and organizational assets necessary to meet Federal standards and requirements; improve child welfare practice and administration; and achieve safety, permanency, and well-being outcomes for children, youth, and families.

Center for Evidence-Based Practice: Young Children with Challenging Behavior
http://challengingbehavior.fmhi.usf.edu
The Center for Evidence-Based Practice: Young Children with Challenging Behavior is funded by the U.S. Department of Education, Office of Special Education Programs to raise the awareness and implementation of positive, evidence-based practices and to build an enhanced and more accessible database to support those practices.

Matrix of Children’s Evidence-Based Interventions
The NRI Center for Mental Health Quality and Accountability synthesized key literature reviews which summarized the effectiveness of prevention, intervention, and/or treatment programs that can be applied to child and adolescent mental health services. The purpose was not to redefine or create another hierarchy of what constitutes an evidence-based practice vs. a promising practice or emerging practice, but rather to compile a comprehensive list of interventions or programs that have been evaluated or more rigorously tested, and found to have varying degrees of evidence as to their effectiveness.

National Child Welfare Workforce Institute
http://ncwwi.org/
NCWWI aims to increase child welfare practice effectiveness through diverse partnerships that focus on workforce systems development, organizational interventions, and change leadership, using data-driven capacity building, education, and professional development.

SAMHSA: A Guide to Evidence-Based Practices (EBP) on The Web
http://www.samhsa.gov/ebpwebguide/index.asp
SAMHSA provides this Web Guide to assist the public with simple and direct connections to Web sites that contain information about interventions to prevent and/or treat mental and substance use disorders. The Web Guide provides a list of Web sites that contain information about specific evidence-based practices (EBPs) or provide comprehensive reviews of research findings.

Module 4  |  Implementing Key Roles and Functions of the Supervisor

### Day 4 Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>9a</td>
</tr>
<tr>
<td>Review of Modules 1-3</td>
<td></td>
</tr>
<tr>
<td><strong>Typical Day in the Life of a Supervisor</strong></td>
<td></td>
</tr>
<tr>
<td>- Identifying key roles and tasks of day-to-day</td>
<td></td>
</tr>
<tr>
<td>functions of a supervisor</td>
<td>9:40a</td>
</tr>
<tr>
<td>Break</td>
<td>10:40a</td>
</tr>
<tr>
<td>Resume Typical Day...Activity</td>
<td>10:55a</td>
</tr>
<tr>
<td>Lunch</td>
<td>12p-1p</td>
</tr>
<tr>
<td><strong>When Roles Collide-Competing Values and Roles</strong></td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td>2:15p</td>
</tr>
<tr>
<td><strong>Problem Solving Model</strong></td>
<td>2:30p</td>
</tr>
<tr>
<td><strong>Conclusions</strong></td>
<td>4p − 4:30p</td>
</tr>
<tr>
<td>- Feedback from the day</td>
<td></td>
</tr>
<tr>
<td>- Questions for processing</td>
<td></td>
</tr>
<tr>
<td>- Preparation for Module 5</td>
<td></td>
</tr>
</tbody>
</table>
Competencies and Learning Objectives for Module 4 Nuts and Bolts Training

Competencies

- Can use various management strategies and choose a strategy that best achieves the desired outcomes.
- Knows and can apply the steps in a planning process: gathering and analyzing information, defining the problem or opportunity, determining goals and objectives, evaluating resources and barriers, identifying action steps, managing implementation of the plan, and evaluating success.

Learning Objectives

A. Identify and define 5 day-to-day Supervisory Roles.

B. Using a case scenario identify two conflicting supervisory roles, and two strategies for mediating conflict.

C. Apply the 7 basic elements of problem solving in a case scenario in order to identify the problem and determine the goal or outcome for successful case closure.
Supervisory Roles

Leader
As a supervisor, you are uniquely positioned to set the trajectory of your unit’s success. Leaders are strategic, critical thinkers who understand the roles and tasks of their supervisees and delegate according to individual strengths and abilities. Leaders have an intimate knowledge of policy and procedures and are competent and reliable in sharing their expertise and skills to promote the development of their staff. Leaders create learning opportunities to help improve workers’ performance. Leaders are receptive to feedback and welcome new methods that increase efficiency. Most importantly, leaders seek to provide an inclusive environment where employees are heard, understood, and provided with competent guidance in how best to perform their jobs.

Decision Maker
Child welfare supervisors are tasked with making difficult decisions that affect the lives of children and families involved with complex systems. To effectively carry out the role of decision maker, supervisors must be able to take decisive action, sometimes with limited information, which prioritizes child safety, as well as social worker safety. Decisions must comply with laws and policies at multiple levels.

Assessor/Evaluator
Assessment is an ongoing process which supervisors must use critical thinking and analysis to develop processes for strategic planning. Evaluating potential outcomes of decisions affecting cases is just one way a supervisor uses their skills as an assessor. Assessing workers’ performance is another key area of how supervisors use their assessment skills. Supervisors also evaluate ways to increase efficiency with their own management processes and also within their team structures.

Problem Solver
As a problem solver, a supervisor must not always rely on their ability to delegate and simply tell workers what to do. Rather, a true problem solver works to help others develop problem-solving skills. Problem solvers are able to consider multiple ways to solve complex issues and consider policy and best practice while doing so.

Manager/Communicator of Change
Managers utilize organizational skills to monitor workflow and productivity. Assessing efficiency, outcomes, and the need for change are critical skills for child welfare supervisors. Policy changes occur frequently and require the ability to create plans for implementation of new guidelines and processes. This includes the development of a communication plan that helps workers understand the “why” and the “how” of change. Managers must consider the implication of change and how outcomes affect workers, children, and families alike.

Nuts and Bolts of Child Welfare Supervision
July 2018
“**A Typical Day**” Exercise

**Instructions**

**Phase 1:** Participants will work in groups. Each group will be assigned a day of the week. Working together, the members of each group should describe typical activities, i.e. “How did your day begin? What time and how did the day end? What tasks did you perform during the day?” Participants should document, to the best of their ability, everything that happened on their assigned day.

**Phase 2:** Each group will present their “typical day”. The group can only present their assigned day.

**Phase 3:** Participants will apply key concepts discussed in Modules 2 and 3.

**Roles in Action**

Participants will take the flip charts completed from Phase 2 and return to their group. Each group will take their typical day and identify the roles they carried out during each day. Categorize them using the five roles of: Leader, Decision Maker, Assessor/Evaluator, Problem Solver, Manager/Communicator of Change. After identifying roles, groups will return and present how they identified the roles.

**Roles, Policies, Practice and Procedures**

Working in groups, participants will re-read the Athena’s Story case scenario. Each group will identify the policies that should be addressed in the scenario. Groups will determine areas where policy, procedure and practice areas are conflicting. Participants will use the *Roles Collide* handout as a guide for their discussion. Groups must reach consensus regarding the areas to be addressed. Each group will identify a recorder and reporter for their group.
1. If this case were in North Carolina, and accepted for assessment / investigation, what policies would have been applied?
   
   Intake policies:
   Assessment policies:
   In-home / Permanency Planning Services:

2. Were there any conflicts with procedures when the hospital allowed the child to leave before calling the child welfare agency? Explain.

3. Might there have been conflicts with NC policy and practice due to interpretation of definition of ‘caretaker’. Explain.

4. What would have been your process for assessing Athena’s safety?

5. What NC policies would address the repeated injuries and previously closed cases?

6. What NC policies would address the father’s role in the case?
PROBLEM SOLVING MODEL \(^1\)

Now that we have discussed the day-to-day roles and functions of child welfare supervisors, we will now focus on the decision-making process.

Understanding decision making processes is a critical component of performing your supervisory responsibilities. Supervisors are regularly called upon to make important decisions affecting child safety and well-being. These decisions often need to be made quickly and are based on limited information. Many decisions are made with the short-term goal in mind – which is appropriate when attempting to resolve an immediate safety issue. But at what point do you consider the long-term effects of decisions and how to use planning and foresight to become more strategic in how you and your team manage cases?

Establishing a format for how you make decisions ensures that your actions and guidance for social workers are purposeful and strategic, and consider both long and short term implications. Exploring the process in how decisions are made will help supervisors identify the steps needed to ensure their decisions are well informed and in the best interest of the child. Though basic, this format can be helpful when making critical decisions such as safety and placement options, or when discussing a case with a worker during case staffing/supervision to help identify the appropriate intervention for the child or family. This process is similar to SMART goals, but goes a step further to help understand both the short-term results and the long-term outcomes of decisions. Below are the basic steps involved in the problem-solving process.

**Identify the Problem or Need**

What is it that needs changing? Oftentimes, the child/family has multiple needs, some of which are more urgent than others. It is easy to become consumed with a parents’ need to complete substance abuse treatment, or gain steady income in order to provide for the child’s needs. These may be appropriate goals, but are not needs or problems that can be solved with immediacy. Here, we have to consider what is the problem or need that takes precedence over others at this time, and focus on this.

**What is the goal?**

The goal is the overall desired outcome. Now that you have identified the problem or need, what is the outcome you are seeking? For example, you are signing off on a Safety Assessment / Temporary Parental Safety Plan. If a 7-year-old child is being left home alone for several hours per day after school because the parent is not able to get home from work until 6pm, you would review the document for a goal that addresses the parents need to identify a safety plan that meets the child’s supervision needs by having an appropriate caregiver present with the child in the parent’s absence.

---

1 Logic modeling: A tool for teaching critical thinking in social work practice. Alter, Catherine; Egan, Marcia Journal of Social Work Education; Winter 1997; 33, 1; ProQuest Central pgs. 87-88.
What are the objectives?

Think of objectives as “mini goals” that will lead to the larger goal. In this example, as a supervisor reviewing a safety plan, we are looking to see “what must the parent do to create an appropriate supervision plan for the child?” This may include tasks such as identifying potential kinship or family members that can provide supervision for the child when the parent is unable to do so; or, helping the parent seek formal day care/after school arrangements.

What inputs or resources are needed?

Tangible inputs allow us to be concrete in what is needed to reach the objective. Think of this as the means or tools needed to help solve the problem. Here the family members, kinship providers, social worker, and day care assistance unit would be considered the tangible resources.

In case planning discussions with workers, we often ask a lot of families. We may recommend that they attend parenting classes, mental health appointments, or substance abuse assessments. In these cases, resources to consider would be things such as transportation – are there transportation resources (personal, agency or community provided) available to help the family get to appointments? Is there a cost for these services? If so, money is a needed resource. Is identification needed for drug testing? If so, the parent’s ID is a tangible resource.

We must understand the concrete things that are needed in order for families to access and engage in services. Without this, we are simply asking families to do things which they may not be able to do, due to lack of resources. As a supervisor, these are considerations we have to make as we help workers evaluated families’ ability to meet safety and case plan goals.

What activities are needed to put the resources into operation?

Think of this as the methods to carrying out the objective. Who will do what? Using the same example, methods would include information on who, specifically, would be contacting the potential relatives or family friends who may be able to provide informal supervision. The social worker may be responsible for contacting the day care unit at the agency to see if there are more formal options or assistance with day care. In reviewing documentation and having discussions with workers about cases, we should be clear about who in the case planning process is responsible for which tasks.

What are the results or short-term impacts of applying inputs and methods?

The short-term results reflect the immediate impact and should be related to your objective. Ideally, contacting the family’s informal resources and formal agency resources would likely yield a plan that provides immediate safe supervision for the child. The informal arrangement may yield a short-term impact. For example, maybe there is a maternal relative that can provide supervision for the child for this week, until a more permanent plan is arranged.

Whenever supervisors are engaged in the decision-making process, they must consider the short-term results and the long-term potential outcomes.
What are the outcomes or long-term impacts of applying inputs and methods?

While the short-term plan is in place, consider the long-term outcomes. Accordingly, you will have to assess what will happen if or when a temporary plan expires. Having this discussion in the planning and decision making stages will help reduce the likelihood of crises as you are strategically thinking about long-term outcomes and creating contingency plans and resources in an attempt to ameliorate foreseeable safety issues.
Seven Basic Elements of Problem Solving

A problem-solving model specifies that given a recognized problem or need, it is solvable with a concrete goal. Read the scenario below and answer the corresponding questions to guide your use of the Problem-Solving Model.

Ms. Smith was accused of neglecting and abusing her 7-year-old twins, Brian and Carlton. A referral was made when she was repeatedly late picking up the children from after school care, and was an hour late on the day of the referral. Ms. Smith’s opioid abuse and untreated bi-polar disorder significantly affects her ability to care for the twins. The twins are developmentally delayed and were not receiving proper supervision or remedial care. There were also concerns about unexplained injuries. The twins were ultimately removed from Ms. Smith, and placed together with a foster family.

After three weeks in care, the twins’ initial foster parents reported that it was too challenging to care for both children and that the social worker had to find a new placement for them. The twins have been in separate placements since.

The children have been in care for 9 months. Ms. Smith is fighting to get her children back, but falls short of meeting the goals on the Out of Home Services Plan. Brian has had a total of three different foster families. Carlton has moved around to a total of four foster families. Carlton’s behavior has worsened and it seems there are no foster families that are able to meet his needs. Carlton’s foster parents are only willing to keep him for 2 more days. They can no longer miss work to take him to appointments, and provide supervision for him when his behavior escalates, and he is sent home from school. Ms. Smith is distraught that Carlton will have yet another placement, and wonders how foster care is the best option for her children if they never have a stable place to live.

Ms. Smith reports she has reason to believe that Brian is being abused at his current placement, but it seems nothing is being done about that; meanwhile Brian is afraid to talk about it now. Ms. Smith alleges that during one phone conversation, Brian tried to explain to her what was happening, and told her the foster father was trying to pull the phone away to prevent the revelations that range from having food taken away as a punishment for poor behavior in school; to having an arm pulled so hard it felt like it was being ripped away from the body. Ms. Smith said the foster parent(s) have been racist toward Brian, who is mixed-race. She is very concerned about both of her children, and wants to know what the agency will do about her concerns. Your worker comes to speak with you about the case and needs guidance.

---

2 Logic modeling: A tool for teaching critical thinking in social work practice. Alter, Catherine; Egan, Marcia Journal of Social Work Education; Winter 1997; 33, 1; ProQuest Central pgs. 87 -88.
<table>
<thead>
<tr>
<th>Problem/Need</th>
<th>Goal</th>
<th>Objective</th>
<th>Inputs</th>
<th>Methods</th>
<th>Results</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The current situation - What needs changing? &quot;what is&quot;</td>
<td>The desired state to be achieved. &quot;what should be&quot;</td>
<td>Milestones or mini goals that lead to achievement</td>
<td>Concrete intangible resources needed to achieve the objectives.</td>
<td>Activities that put the resources into operation.</td>
<td>Short term impacts of applying inputs and methods.</td>
<td>Long term impacts of applying inputs and methods.</td>
</tr>
</tbody>
</table>

The scenario presented problems that need resolution. Chose one of the problems and answer the questions below.

1. What is the identified problem?

2. What is the goal or outcome that you are seeking? What policies are driving your goal?

3. What are the mini-steps you or the worker needs to take to meet the goal identified in Question 2?

4. What resources are needed to implement the mini steps (i.e. people, financial support, community agencies, etc.)

5. Who will complete each task and what is the timeframe?

6. What are the immediate impacts of your actions?

7. What are the long-term impacts of your actions?
### Supervisor Behavioral Competencies by Function in Case Practice

About how often do you do each of the tasks? Please place an “x” in the appropriate box for each item.

<table>
<thead>
<tr>
<th>Task</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring an effective work environment that supports organizational goals, values and policies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide structured supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule and keep regular supervision appointments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orient caseworkers to policies, procedures and expectations for supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assign cases based on social worker developmental and skill level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use a variety of supervision strategies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct record reviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain a written record of my supervision activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep a log of each supervisee’s cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review supervisee’s cases to ensure compliance with policies and laws</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpret rules and regulations for staff to inform decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Facilitating the acquisition and application of organizational and professional knowledge, values and skills.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue my professional development through workshops and courses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess individual staff’s developmental needs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess unit’s developmental needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide in-service programs for my staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

3 Adapted from University of Iowa Social Work National Resource Center for Family Centered Practice. Iowa DHS “Committed to Excellence Through Supervision.” © Copyright 2009 The University of Iowa.

Nuts and Bolts of Child Welfare Supervision

July 2018
<table>
<thead>
<tr>
<th>Coach staff in documenting case management tasks (case plans, court reports, etc.)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Model cultural competence by identifying own cultural values and beliefs</td>
<td></td>
</tr>
<tr>
<td><strong>Identifying and responding to needs of staff.</strong></td>
<td></td>
</tr>
<tr>
<td>Encourage and practice structured self-care activities.</td>
<td></td>
</tr>
<tr>
<td>Normalize unrealistic expectations and defuse anxiety</td>
<td></td>
</tr>
<tr>
<td>Affirm good work and provide positive feedback regularly</td>
<td></td>
</tr>
<tr>
<td>Seek feedback to strengthen my own supervisory practice</td>
<td></td>
</tr>
<tr>
<td>Maintain staff confidentiality</td>
<td></td>
</tr>
<tr>
<td><strong>Using professional knowledge to advise and guide practice.</strong></td>
<td></td>
</tr>
<tr>
<td>Reflectively explore supervisees’ casework decisions, strategies and plans.</td>
<td></td>
</tr>
<tr>
<td>Discuss cultural power and pose relevant questions</td>
<td></td>
</tr>
<tr>
<td>Provide guidance that respects family centered, strengths-based values</td>
<td></td>
</tr>
<tr>
<td>Use policy as a basis for providing guidance to workers</td>
<td></td>
</tr>
<tr>
<td><strong>Systematically assessing staff processes and products.</strong></td>
<td></td>
</tr>
<tr>
<td>Conduct competence-based formative and summative performance evaluations.</td>
<td></td>
</tr>
<tr>
<td>Periodically observe staff to evaluate performance</td>
<td></td>
</tr>
<tr>
<td>Use multiple data sources when assessing performance</td>
<td></td>
</tr>
<tr>
<td>Conduct competence based, formative and summative performance evaluations</td>
<td></td>
</tr>
</tbody>
</table>
Notes
MODULE 5
## Module 5 | Day 5

### Implementing Key Roles and Functions of the Supervisor

**Day 5 Agenda**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>9a</td>
</tr>
<tr>
<td>Review of Homework</td>
<td></td>
</tr>
<tr>
<td>Managing Crises and Unexpected Changes</td>
<td>10:15a</td>
</tr>
<tr>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>Managing Crises and Unexpected Changes</td>
<td>10:30a</td>
</tr>
<tr>
<td>Managing Crises and Unexpected Changes (continued)</td>
<td></td>
</tr>
<tr>
<td>Staff Supervision</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>12:30p</td>
</tr>
<tr>
<td>Working Effectively with Teams</td>
<td>1:30</td>
</tr>
<tr>
<td>Break</td>
<td>2:45p</td>
</tr>
<tr>
<td>Working Effectively with Teams (continued)</td>
<td>3p</td>
</tr>
<tr>
<td>Conclusions</td>
<td>4p - 4:30p</td>
</tr>
<tr>
<td>- Feedback from the day</td>
<td></td>
</tr>
<tr>
<td>- Questions for processing</td>
<td></td>
</tr>
<tr>
<td>- Preparation for Module 6 – Capstone Assignment</td>
<td></td>
</tr>
</tbody>
</table>
Competencies and Learning Objectives for Module 5 Nuts and Bolts Training

Competencies

- Understands the dynamics of crisis and can provide crisis intervention services.
- Knows and can apply strategies to promote collaboration.
- Knows the structure, function, and operations of different types of work teams, and can determine which type of team is needed to achieve the desired outcome.
- Understands group process and development; knows the responsibilities of the leader/facilitator; and knows leadership strategies for groups at different stages.

Learning Objectives

A. Create a “Supervisory Emergency Preparedness Plan” utilizing a case scenario.
B. Differentiate between a routine or foreseeable emergency and a crisis or emergency.
C. Identify 3 action steps to decrease barriers and/or strengthen assets to promote collaboration within a child welfare unit.
D. Describe the role of the supervisor in mandated meetings (i.e. CFTs, CFRs and multidisciplinary team meetings): before the meeting, during the meeting and after the meeting.
Emergency Preparedness Exercise

Instructions

Participants will practice creating a *Supervisory Emergency Preparedness Plan* utilizing the case scenario below. *The Problem Solving Model* will be used as a guide for the development of a plan. You are encouraged to refer to the Foster Care Services Review Tool Reference Guide, located in the appendix, so that your plan is informed by policy and best practice.

**Case Scenario**

A young child with severe injuries is at the hospital. In the intake report, medical staff have confirmed that the injuries are not accidental. Your worker initiates the case immediately, and confirms the injuries and their non-accidental nature. Despite the parent’s report, information gathered indicates the parents have injured the child and the parents are refusing to respond to questions about the injury. There are no other safety resources. You are busy helping your other social workers manage cases and must drop what you are doing to address this issue. Your worker needs your help immediately in knowing what the next steps should be. You are concerned because you are accompanying another worker to an important court hearing in an hour.

1. Is unexpectedly having to take custody of a child a foreseeable emergency or an unexpected crisis? Given your time restraints, is it possible that you would make decisions hurriedly, or make a decision that you would not ordinarily make in haste?

2. What would be your primary goal? What policies influence this goal?

3. What resources and actions are needed?

4. What are the short-term impacts of your decision(s)?

5. What are the long-term impacts of your decision(s)?
Emergency Preparedness Worksheet

Think of a reoccurring issue that frequently interrupts your day as planned. This could be an issue with staff, or something that frequently arises in cases. Then, answer the following:

1. Identify the whether the issue is a routine emergency versus a unexpected crisis.

2. What is the goal?

3. What “mini steps” are needed to achieve the goal?

4. What resources are needed for the mini goals?

5. What actions are needed?

6. What are the short-term impacts?

7. What are the long-term impacts?

   a. For your identified crises, summarize your Crisis Preparedness plan.

   b. Explain how your workers could have become familiar with the plan ahead of time. How would advance planning have been helpful?
Based on results from the 2009 Best Practice Study and a two-year pilot of best practices in supervision, the NC Division of Social Services and Child Welfare Supervisors Advisory Committee made the following recommendations for supervision in child welfare. After endorsement by the NCACDSS Children’s Services Committee, the Division formalized the recommendations in a June 2011 “Dear County Director” letter, which cited the following recommendations as vital to improving the *supervision in child welfare across the state*:

1. Child welfare supervisors hold weekly scheduled supervision with staff and at least two scheduled individual conferences per month;
2. Child welfare supervisors protect scheduled time by being truly available to the worker (i.e. placing “do not disturb” notices on phones and doors, not answering e-mails during worker meetings, etc.);
3. Child welfare supervisors and workers use a structured, purposeful format for supervision;
4. Child welfare supervisor coaches and mentors staff to use supervision time more purposefully;
5. Child welfare supervisors use a consistent case review tool on at least two case records from each staff member each quarter.
Recommended Best Practices for Child Welfare Supervision Exercise

Instructions

The recent Child and Family Services review discussed areas such as workers’ quality of engagement with children, families and parents. Supervision goes beyond checking to see if the correct forms and tools were completed and attention should be given to how workers are able to articulate their actions in their work with families. Their engagement should be purposeful and focused on including the parent in the safety and case planning process; thus ensuring the child’s best interest, and safety, permanency, and well-being needs are met.

Participants will work in groups to identify how and where 5 Best Practices are addressed in policy. Participants will use the Services Review Tool Reference Guide in the Appendix and the “Pilot Policy Manual” to search for policies that address the assigned Best Practice.

1. Child welfare supervisors hold weekly scheduled supervision with staff and at least two scheduled individual conferences per month. Revised Policy Manual addresses staffing requirements. Revised Policy Manual provides requirements for staffing not supervision.

2. Child welfare supervisors should protect scheduled time by being truly available to the worker (i.e. placing “do not disturb” notices on phones and doors, not answering e-mails during worker meetings, etc.) How do you minimize distractions and protect workers’ time with you in supervision?

3. Child welfare supervisors and workers should use a structured, purposeful format for staffing. Using the Services Review Tool, and considering recent CFSR results, what are some key areas in your practice that you should discuss during supervision? Specifically identify how you address areas pertaining to parent engagement, and child safety, permanence and well being needs.

4. Child welfare supervisors should coach and mentor staff to use supervision time more purposefully. What are some ways you do this in your supervision? How can you enhance your practice?

5. Child welfare supervisors should use a consistent case review tool on at least two case records from each staff member each quarter. How often do you review worker case files? Based on your service area, what should you be looking for in these files?
**Requirements of a Team**

- **Expectations** – teams require a high level of commitment, involvement, cooperation, and support.
  - Supervisors have a key role in helping the individual members of the unit understand the importance of commitment to performing case responsibilities according to stated policies and procedures.
  - Supervisors will work to help individual members understand the level of involvement they will have in the cases assigned to workers in the unit. Supervisors will clearly explain areas where responsibilities are shared and the level of cooperation that will be needed.
  - Finally, supervisors will work to ensure that every member of the team is supported.
- **Communications** – teams require sophisticated communication structures because the need for exchanging information, group decision making, developing openness, and building relationships is high.
  - We talked about the importance of structured supervision in the previous session. Communication must also be structured. Think about the various decisions we make on a day-to-day basis. A structure for how the supervisor will communicate with the team is needed to support the formation of the team and decisions making processes.
- **Process** – team members need to work well together because of greater dependency on each member in order to accomplish their goals effectively.
  - The supervisor has to have processes that will help workers understand the interdependency of their case responsibilities. At no time should a worker feel he/she is solely responsible for a case. By working as a team, individual members are able to not only share tasks but they also share outcomes.
- **Intimacy** – the level of intimacy between team members should be dictated by the degree and nature of interdependency. Because intimacy involves disclosure and risk, you want to generate it only if needed for the team’s effectiveness.
  - Unit members are not members of a family. Participants should think back to the discussion of use of self/self-assessment. The first step to establishing a team is for the supervisor to complete a self-assessment. Know yourself and how who you are effects the development of your team.
  - Supervisors are also responsible for determining the level of personal knowledge individual members need to have about each other. Remember this is a team not a family.

---

Supervisory Roles in Mandated Meetings Worksheet

Instructions

Working in groups, participants will refer to the Services Review Tool Reference Guide and Policy Manual to explore supervisory requirements for each meeting that you may be a part of in your respective service area. Participants will address the following:

*Child and Family Team Meeting*

**Role** – What is the supervisor’s role:

- Before the meeting?
- During the meeting?
- After the meeting?

**Purpose** – Why is this meeting important for the supervisor?

**Frequency** – How often or when should these meetings occur?

**Structure** – Who is usually present and who takes the lead in these meetings?

**Documentation** – As a supervisor, how do you document your presence and what was discussed in the meeting?

**Barriers** – What challenges may supervisors encounter in the preparation and participation of these meetings?

**Benefits** – How are these meeting beneficial for supervisors?
Multi-Disciplinary Meetings

Role – What is the supervisor’s role:

▪ Before the meeting?

▪ During the meeting?

▪ After the meeting?

Purpose – Why is this meeting important for the supervisor?

Frequency – How often or when should these meetings occur?

Structure – Who is usually present and who takes the lead in these meetings?

Documentation – As a supervisor, how do you document your presence and what was discussed in the meeting?

Barriers – What challenges may supervisors encounter in the preparation and participation of these meetings?

Benefits – How are these meeting beneficial for supervisors?

7 day conferences and other Court Hearings

Role – What is the supervisors’ role:

▪ Before the meeting?

▪ During the meeting?

▪ After the meeting?
Purpose – Why is this meeting important for the supervisor?

Frequency – How often or when should these meetings occur?

Structure – Who is usually present and who takes the lead in these meetings?

Documentation - As a supervisor, how do you document your presence and what was discussed in the meeting?

Barriers – What challenges may supervisors encounter in the preparation and participation of these meetings?

Benefits – How are these meeting beneficial for supervisors?

Child Fatality Review Teams

Role – What is the supervisors’ role:

- Before the meeting?

- During the meeting?

- After the meeting?

Purpose – Why is this meeting important for the supervisor?

Frequency – How often or when should these meetings occur?

Structure – Who is usually present and who takes the lead in these meetings?
**Documentation** - As a supervisor, how do you document your presence and what was discussed in the meeting?

**Barriers** – What challenges may supervisors encounter in the preparation and participation of these meetings?

**Benefits** – How are these meeting beneficial for supervisors?
Fatality Review Teams Exercise

Instructions

Participants will take 5-10 minutes to individually re-familiarize themselves with “Athena’s Story”. The scenario presents the case of Athena Angeles, a 3-year-old who dies while her case is open with the Connecticut child welfare agency.

Athena’s Story

Athena Angeles had two black eyes and a swollen face when she walked into a doctor’s clinic in Connecticut on Oct. 18, 2011. Court records say she had been punched in the forehead. About a month later, the 3-year-old girl showed up at her preschool with bruises on her face, lip and left nostril. She showed up with even more bruises on her face the next day. Then, at about 1:30 a.m. on Nov. 23, 2011, Athena was taken to the hospital with a fever and a laceration on the back of her head that required several staples. Court records say she had been shoved in a sink. The child was treated and taken home.

Eighteen hours later, Athena, in cardiac arrest, was rushed back to the hospital. She had bruises on her abdomen and was bleeding internally. Court records say she had been punched in the stomach and rib cage. The dark-haired girl died that day.

In the month leading up to Athena’s death, officials with the Connecticut Department of Children and Families were aware that she was being abused by her mother’s live-in boyfriend, according to court documents.

Athena’s pediatrician and employees from her preschool all reported the suspected abuse to state officials. Yet, in at least five occasions, Athena was allowed to go back to an abusive home in Willimantic, Conn., where she lived with her mother, and her boyfriend. Both have been prosecuted and are serving jail sentences. Athena’s father, who was not implicated in the abuse, is now suing the state in a wrongful death lawsuit against the state of Connecticut. He is alleging that her death “was a direct result of the negligence and carelessness” of the state child welfare employees.

---

**Preparation for Module 6**

In preparation for Module 6, participants will read the Capstone Assignment Scenario as a homework assignment. Participants should consider policy and best practices, and take note of the roles that relate to their respective service area, in addition to universal supervisory roles. Participants will use this information to engage in the Capstone Assignment.

**Capstone Assignment Scenario**

Emily Franks is a 14-year-old girl who has several hobbies and lots of friends. She enjoys sports, and especially likes participating in gymnastics after school and on the weekend. She has a 17-year-old brother, James Franks, who also lives in her home. Both of Emily’s parents, Lisa and Steve Franks, live in the family home. Lisa is a receptionist at a local small business, and Steve is a plumber. The household has moderate income and the parents make enough to meet the children’s basic needs, engage in recreational family activities, as well as support the children’s extracurricular activities.

One weekend, Emily spent the night with her best friend Michelle Smith. Emily disclosed to Michelle that her father Steve, has touched her sexually for many years, and in the last several weeks has had sexual intercourse with her at least three times. Panicked, Michelle told her own mother about Emily's disclosure. Michelle’s mom contacted law enforcement (against Emily and Michelle’s wishes) and child protective services became involved.

The safety plan for Emily is for her to stay with her best friends’ family, the Smith’s, during the investigation. While the father denies the allegations, Emily gives credible accounts of the alleged sexual abuse that her father perpetrated upon her. Citing financial issues, mom, Lisa, does not believe it is a good plan for Steve to leave the home. Additionally, she is doubtful the abuse occurred because the physical exam yielded no physical evidence of sexual abuse. The school social worker contacts you because Emily seems withdrawn from social and extracurricular activities. She heard that she is living with the Smith’s and wants to know more about what’s going on. The investigation concludes by substantiating sexual abuse on Steve. At the time of the case decision, Emily remains with the Smith’s and James remains in the family home. There was no information that he was sexually abused or was exposed to Emily’s abuse.

Emily remains with the Smith family when the case is transferred to in-home services. Your agency has decided not to file a petition at this time to see how things may go in hopes of resolving the case without court intervention. Things seem to go well for the first five weeks of the in-home case and then the Smith family decides that the arrangement is not working. It is becoming too costly to care for Emily and the resource family feels that they are spending too much time tending to Emily’s needs (taking her to medical and mental health appointments), and are not able to give their own children the time and attention they need. Upon reviewing the case with your worker, you discover that the social worker has not made contact with James since the initial CFT, over five weeks ago. You also note that the social worker is significantly behind on the dictation and paperwork of this case, as well as seven other cases.

Emily has to leave the home immediately. There is a maternal grandfather that Emily is close with who is interested in providing care for Emily. Growing up, she has spent summers with him and even spends some weekends there, helping him out around his home. The agency now decides to take custody of Emily.
since she cannot return home safely. Because the In-home worker’s case file is missing a lot of information, it is unclear whether other family or kinship options have been explored. Emily stays in a temporary group home shelter for three weeks while awaiting the return of background checks for her grandfather. It turns out that he has criminal history from over 10 years ago for possession of drugs. Emily’s grandfather lives in a different school district so there are questions about how this may affect her educational and extracurricular activities. The grandfather reports he has not used drugs for the past 5 years, but he does have a few beers every evening. He works part-time at a convenience store, receives disability, has an old (sometimes unreliable) car, and lives in a small, one bedroom trailer in the next county over. He has disgusted about the allegations and outraged that this has happened to his granddaughter. He has vowed to protect her from harm. Emily has talked about a paternal aunt that is a lawyer and her maternal uncle that is a nurse. Emily says each lives in the “nice part of town.” She has not seen either of them “for a few years.” Emily’s time at the shelter has come to an end and as the supervisor, you need to determine an appropriate placement for Emily, or determine how other placement options will be explored.

While the court processes have initiated, the foster care social worker works to create a services plan for Emily’s parents. Steve (Emily’s father) still denies the allegations but is willing to go to a mental health assessment. Lisa (Emily’s mother) contends that she loves her daughter but has a hard time believing that Steve abused his own daughter because “there is no physical evidence” that he did this. Your worker is having a difficult time identifying goals and objectives for the services plan. Also, what are her permanent plan options?

Just before the next court hearing, the assigned social worker has a medical emergency and has to be out of the office for the next six weeks. As the supervisor, you have to make a plan about the upcoming court hearing and who will continue to work on the case in the absence of the other worker.

The case has now been open for over one year. Emily is now 16. Ultimately, the court decided that Emily cannot return home and termination of parental rights proceedings take place. The parents’ rights are terminated by the court.
MODULE
6
# MODULE 6 | DAY 6 CAPSTONE ACTIVITY

## Putting the Pieces Together

### Day 6 Agenda

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>9a</td>
</tr>
<tr>
<td>Introduction of Capstone Activity</td>
<td></td>
</tr>
<tr>
<td>Capstone Activity</td>
<td>Participants may take breaks as needed during this time</td>
</tr>
<tr>
<td>Lunch</td>
<td>12:15p</td>
</tr>
<tr>
<td>Capstone Presentations</td>
<td>1:15P</td>
</tr>
<tr>
<td></td>
<td>Group 1 – 1:15p – 1:45 p</td>
</tr>
<tr>
<td></td>
<td>Group 2 – 1:45p – 2:15p</td>
</tr>
<tr>
<td></td>
<td>Group 3 – 2:15p – 2:45p</td>
</tr>
<tr>
<td></td>
<td>Break – 2:45p – 3p</td>
</tr>
<tr>
<td></td>
<td>Group 4 – 3p – 3:30p</td>
</tr>
<tr>
<td></td>
<td>Group 5 – 3:30 p -4p</td>
</tr>
<tr>
<td>Conclusions</td>
<td>4p - 4:30p</td>
</tr>
<tr>
<td>• Feedback</td>
<td></td>
</tr>
<tr>
<td>• Evaluation</td>
<td></td>
</tr>
</tbody>
</table>
Competencies and Learning Objectives for Module 6 Nuts & Bolts Training

Competencies

- Has the knowledge and skills necessary for effective practice in his/her area of responsibility and can model and teach needed knowledge and skills.

Learning Objective

Demonstrate application of skills and knowledge learned throughout the course by participating in a capstone activity to create a mock Child Welfare Unit.
Capstone Exercise

Introduction

The purpose of this exercise is to demonstrate application of skill and knowledge of applicable policies and techniques learned from this course. In this exercise, participants will work in groups and spend two to three hours of the morning session developing their child welfare unit. Each group will utilize information learned in the previous five days of training to build their own Child Welfare Services Unit. As a guide to creating your units, we will explore the Seven Elements of the Emerging Model for Child Welfare Supervision.\(^1\) These elements will ensure that you are able to:

1. Clearly articulate in writing your unit’s practice philosophy and approach and acknowledge the statutory and policy requirements that shape your unit’s practice;
2. Identify the functions and specific job responsibilities of child welfare supervisors:
   - administrative supervision
   - educational supervision
   - supportive supervision
3. Recognize the centrality of supervisors’ building and maintaining relationships with their supervisees and others to carrying out their supervisory responsibilities effectively;
4. Discuss the importance of manageable standards for caseload size and supervisor-supervisee ratios;
5. Define expectations regarding the frequency and format for supervision of frontline practitioners;
6. Clarify your expectations for ongoing evaluation of frontline practitioners; and
7. Describe the support supervisors need in their roles as unit leaders and change agents in areas such as:
   - systematically being involved with quality assurance activities, program evaluation, and redesign of information systems, forms, and procedures;
   - receiving training for all policy and practice changes;
   - involving supervisors in the recruitment, selection, and training of new frontline practitioners; and
   - frequently recognizing their own and their units’ accomplishments.

Instructions

In your specific groups, you will collectively identify who currently represents the specific roles and service areas listed below:

a. Supervisors for each service area
   i. Intake
   ii. Investigations/Assessment
   iii. In-home Services
   iv. Out-of-Home Services
   v. Continuous Quality Improvement
   vi. Foster Home Licensing

You will develop a written vision statement regarding the unit’s practice philosophy and approach. Think of this as a statement of how you want your unit to function. Acknowledge the statutory and policy requirements that shape your unit’s practice.

Next, refer back to Emily’s Story (located in Module 5). As you read, consider the roles that relate to each service area in addition to universal supervisory roles. After reading the scenario, you will work within your units to identify the roles, policies, practices, and procedures that must be performed in each supervisor’s role. Roles should relate to your specific service area and pertain to the case scenario.

Each group will present their unit and case scenario. Each group will have 30 minutes to present their case. Suggestions include a presentation of mock meetings (i.e. role plays), PowerPoint presentation, or other creative ways that demonstrate the ability to apply concepts learned. Presentations will include the topics below and each member of the group will be expected to select one of the five areas below for discussion:

- Presentation of your unit’s practice philosophy
- A discussion of the roles of the supervisor of each service area
- Policies related to each service area identified in the scenario
  - Were there areas of compliance?
  - Were there areas of non-compliance?
  - Discuss how policies are designed to meet safety, permanence, and well-being needs.
- A discussion of how case supervision would have been structured. How would decisions be made about who Emily may have been placed with?
- What are the next steps for the case? What is the recommendation regarding a permanent plan for Emily?
CAPSTONE ACTIVITY

Suggested Topics for Discussion

As you create your units, you may consider the following topics for discussion and presentation.

Unit Philosophy

- Vision statement regarding your unit’s practice philosophy and approach
- Identify specific NC Child Welfare policies laws that may be referenced
- Description of commitment to confidentiality and the appropriate sharing of client information.
- Identification of key policies that reflect family-centered practice as well a child safety, permanency and well being
- Identification of parents’ roles and how are they included in the case planning process
- Quantity (how often) and quality (content) of supervisor-supervisee staffing
- Description of plans to integrate the Supervision Triad
- Importance of relationships with employees and a plan for recognition of their accomplishments
- Explanation of the case evaluation processes
- Strategies to promote interagency and community collaboration

Responses to Emily’s Story

- Description of how your unit’s philosophy fits in with the expectation of supervisors and social workers
- Explanation of case steps (policies, procedures, forms) for consideration in each service area
- Consideration of which community agencies are involved with each service area and why are they important to the case
- Description of supervisory communication in addressing performance issues (i.e. Coaching, Motivational Interviewing, etc.)
- Incorporation of administrative, educational, and supportive supervision
- Identification of ethical dilemmas which could be a conflict between supervisory roles, policies, practices, or persons involved with the case
- Describe case review process
- Addressing issues with caseload ratios
- Discuss supervisory “next steps” for the case
- Identifying a permanent plan for Emily