

Handouts for the Webinar

Regular Supervision as a Key to Consistency

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Guide to Preparing a Learning Plan

1. Look at what the worker already knows and does well. Focus on strengths and existing knowledge as a base.
2. Look at what needs more work. For a new worker this might mean minimal competence. For an experienced worker this might mean next level skills.
3. Set goals. These should be broad areas of concern focused on priority areas (important tasks and frequent tasks).
4. Set learning objectives (outcome objectives). Objectives should be: timed to coincide with performance appraisal, concrete and measurable, achievable, and central to the job.
5. Decide how the objectives will be achieved (process objectives). List out specific behaviors you and/or worker will engage in to reach objectives.

Source: Whiting Blome, W., Wright, L., & Raskin, M. (1998). *Building supervisory skills*. Washington, DC: CWLA.
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My Learning Plan

1. **STRENGTHS:** Look at what you already know and do well. Focus on strengths and existing knowledge as a base.
2. **NEEDS:** Look at what you need to work on. For a new supervisor this might mean minimal competence. For an experienced supervisor this might mean next level skills. Identify specific areas to work on.
3. **OBJECTIVES:** Write one SMART (specific, measurable, achievable, realistic, and timely) learning objective for each of the areas identified in #2 above.
4. **ACTIVITIES:** Define at least two activities for each of the objectives outlined in #3 above.

Adapted from: Whiting Blome, W., Wright, L., & Raskin, M. (1998). Building supervisory skills. Washington, DC: CWLA

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Team Learning Plan Worksheet

1. How could you involve the team in exploring its own strengths and resources?
2. How could the team then look at areas that need attention?
3. What will the team do to identify common areas of concern?
4. Given those areas of concern, what processes could the team engage in to develop a plan to address those concerns?

Source: Whiting Blome, W., Wright, L., & Raskin, M. (1998). *Building supervisory skills*. Washington, DC: CWLA.
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Available Courses for Child Welfare Supervisors

ncswlearn.org

Introduction to Supervision for Child Welfare Services is designed to work with new supervisors to understand their role within the agency, their strengths as a supervisor, and ways to manage change. This nine day, competency based training will focus on frameworks for building individual and group skills. Rather than being information focused, this training will be taught in a learner-centered format to strengthen and enhance the skills of participants. Participants will be required to engage in self-evaluation in terms of their learning styles as well as attitudes and values that influence them as supervisors. This format emphasizes assessing worker skills; using individual development plans for workers and providing feedback prior to the formal evaluation process. Participants will leave this training with concrete tools to use as they interact with staff and supervisors.

Reasonable Efforts: What Supervisors Need to Know is a 2-hour, self-paced online course. The course is designed to enhance the ability of DSS agencies to provide and document reasonable efforts on behalf of families receiving child welfare services. The training provides a courtroom re-enactment, a review of the legal and policy requirements for judicial determinations of reasonable efforts, a practice framework for providing and documenting reasonable efforts, an interactive supervision scenario, and a structured case review that hone reasonable efforts-related skills and knowledge.

Secondary Trauma: A Course for Supervisors & Managers is a two-day course. It explores how trauma impacts you, your staff and their work with families and children. You will learn and practice a variety of strategies that will help you and your staff prevent and respond to secondary trauma. You will learn effective strategies for targeting STS at the worker, supervisor, and agency level, and you will develop a plan for addressing this issue in your agency.

Staying Power! A Supervisor's Guide to Coaching and Developing Child Welfare Staff is a two-day, classroom-based training that introduces supervisors and agency leaders to advanced concepts, tools, and practices that enhance staff motivation and effectiveness. Applying strengths-based supervision and coaching techniques, participants will improve their ability to retain and develop staff and to build effective teams.

The 3rd Dimension of Supervision: The Role of Supervisors in CFT Meetings is a two-hour interactive synchronous (live) online advanced curriculum. Participants who attend this training will leave with an understanding of how to use the child and family team (CFT) meetings to enhance supervision of staff and ensure quality CFT practices.

Fostering Connections II: Building Local Systems to Improve the Health and Well-being of Children in Foster Care is a 30 minute self-paced, on-demand, online training for child welfare supervisors, managers, and directors from NC County Departments of Social Services. The course provides agency leaders with knowledge and tools to create successful interagency partnerships between DSS, medical homes, and the local community care network.



Rutherford County Department of Social Services

Children and Family Services
Supervision Manual

SUPERVISION REQUIREMENTS

RCDSS Supervision Protocol

Rutherford County Department of Social Services Child and Family Services Supervision Manual Implemented Spring 2015

Section 3

Supervision Scheduling Consultive Supervision

Individual “Case Level” Supervision

Frequency: Weekly

Time Allotted: 1-2 hours per session

Strategies: Focused case supervision, full case review, case record reviews

Purpose: Provide Supervisory oversight for cases
Provide consultation as requested or necessary

Individual “Social Worker Level” Supervision

Frequency: Monthly

Time Allotted: 30 minutes-one hour per session

Strategies: Collaborative, Instructive, Reflective

Purpose: Discuss SW trends, strengths, areas of growth
Conduct formative and summative evaluations
Negotiate Individual Professional Development plans

Individual Field Observation

Frequency: Once per quarter

Time Allotted: As needed

Strategies: Coaching, Mentoring, Structured Feedback

Purpose: Provide in-field instruction, mentoring, guidance

RCDSS Policy and Protocol

1. RCDSS Family and Children’s Services supervisors will provide a minimum of one hour per week uninterrupted “case level” supervision time for unit social workers. Case Level Supervision will follow the guidelines outlined in the RCDSS Supervision Manual.

2. RCDSS Family and Children’s Services supervisors will provide a minimum of thirty minutes and up to as needed, one session per month uninterrupted “social worker level” supervision time for unit social workers. Social Worker Level Supervision will provide formative feedback and follow the guidelines outlined in the RCDSS Supervision Manual.
3. RCDSS Family and Children’s Services supervisors will provide a minimum of one field observation per quarter. Feedback summarized for four quarters will be included as a portion of individual professional development plans, formative evaluations/feedback and annual summative evaluations. Field Supervision will follow the guidelines outlined in the RCDSS Supervision Manual.
4. RCDSS Family and Children’s Services supervisors will develop annual summative performance evaluations for each unit social worker that summarizes and highlights performance strengths and areas of needed growth. Development of Summative evaluations will follow the guidelines outlined in the RCDSS Supervision Manual.
5. RCDSS Family and Children’s supervisors will develop a “social worker professional development plan” during the annual summative evaluation. Development of Professional Development Plans will follow the guidelines outlined in the RCDSS Supervision Manual.

All case level supervision sessions will be tracked on the shared supervisory log. All QC tools will be scanned into the case record.

By signing below, I acknowledge I have read and understand the above policy.

Signature/Date

REQUIRED LEVELS
OF
SUPERVISION

RC DSS Required Levels of Supervision Description

1. Individualized “Case Level” Supervision 1 Hour Per Week Each Social Worker

- ✓ Focused Case Supervision
- ✓ Full Case Review
- ✓ Critical Case Review (Stuck Case Conferences)

Supervision will focus on the following:

- Child safety is being accurately assessed and addressed;
- Case decisions are effective, timely, and appropriate;
- Services and interventions are addressing the needs of the children and family;
- The family has been integrally involved in the casework process;
- Positive outcomes are being achieved for children and families;
- Permanency is being achieved for children in the shortest time frame possible;
- Policy requirements are being fulfilled in the case.

What must be reviewed:

- During every individual case level supervision session you must always assess the risk level and safety of the children and parent(s) in the case. This is true for all assessments, in-home and foster care/adoption cases. During every supervision session you must assess safety and document your assessment.
- Supervisors must review and utilize the supervision reflective practice guides and QC tools (Appendix A-D)
- Supervision tools must be completed during every case supervision session and scanned into the client record.
- Supervisors are required to document case supervision in the client record after each session.

- Supervisors are required to track all cases utilizing the RC DSS Rolling Case Logs and maintain compliance with RC DSS and Case standards. (Appendix E).

2. Individual “Social Worker Level” Supervision One, 30 minute (Minimum session per month)

- ✓ Developmental feedback and review of Individual Professional Development Plan
- ✓ Performance feedback for specific performance issues/correction
- ✓ Coach to move Social Worker to next level of development

Supervision will focus on the following:

- ✓ Achievement on the performance and expectations and standards, as well as the policy and procedural requirements (Supervision Manual);
- ✓ Strengths in social worker’s performance;
- ✓ Gaps in skills/knowledge areas of problematic or unsatisfactory social worker performance;
- ✓ Trends in the social worker’s caseload (% meeting quality standards, etc.)
- ✓ Performance in terms of case work activities and outcomes;
- ✓ Training needs/**desires**

What must be reviewed:

- Face to face contacts
- Safety Assessments/Risk Assessments
- In-Home/Out of home Service Agreements
- CFT compliance
- Court Reports
- Case Work trends
- Dictation trends

3. Individual Field Supervision 1 session per Quarter per social worker

- ✓ Live Practice Oversight followed by debriefing and coaching
- ✓ Modeling followed by debriefing and coaching
- ✓ Skills Enhancement
- ✓ Safety Training

Supervision will focus on the following:

- Ability to engage family, child, collaterals
- Interviewing/information gathering skills
- Safety Assessment Skills
- Ability to assess, assimilate and report

What must be reviewed:

- Skill level of social worker
- Ability to utilize critical thinking
- Sophistication of judgment and decision making
- Training needs

4. Group Level Supervision 1 1-2 hour sessions per month

- ✓ Live practice oversight followed by de-briefing and coaching
- ✓ Record reviews/record audits/peer record reviews
- ✓ Consultation of specific clinical problems

Supervision will focus on the following:

- Achieving program outcomes and goals;
- Peer to Peer support is strong;
- Feedback is a part of the culture;
- Planning for trends;

Strategies for Group level Supervision Include:

- Providing positive feedback for meeting unit goals;
- Incentive for quality indicators;

5. Peer Group Supervision 1 1-2 hour session per month

- ✓ Live Case discussion with peers
- ✓ Reviews, brainstorm stuck cases
- ✓ Training Opportunities

FOSTER CARE REFLECTIVE
SUPERVISION GUIDE

Rutherford County DSS Foster Care Reflective Supervision Guide

Supervision Briefing

Individual Case Supervision is a scheduled weekly meeting of a minimum of one per week with each social worker. You may need more than an hour when you are staffing a new case. Remember that the goal is to provide “reflective supervision”. This means that you should strive to help social workers to reflect on their work (often through your reflective questions) and beset practice knowledge, to make decision about how to guide the case going forward.

Each supervision session should build on the last supervision session and **you should be able to tell if the social worker is effectively moving the case forward.** If you cannot tell this from the dictation, you may have a dictation problem, or you may have a stuck case. If the case seems stuck, consider scheduling a high risk case staffing as soon as possible.

Case dictation should be of such a quality that the reader is able to assess the progress of the case from where it began to where it is at the time of the reading. The reader should have a sense of where the case is going and if there are any barriers, and how those are being addressed. If you see “splatter dictation”, use this as a teachable moment and demonstrate what quality narration is vs. splatter. Remember, what you do not see if dictation – you cannot accept as done.

First-Before beginning each session, ALWAYS check in with the social worker. Get grounded. Breath – Ask the social worker how they are and what they need to shift into the supervision session. Do they need a minute to unwind and get into a new space? This is important at the beginning of EVERY supervision session. Check moods, sadness and trauma from cases or other events. Act as a sounding board. Be sensitive. The supervision session should build UP the social worker.

A. When staffing about a new case-

Things to talk about with parents:

1. Tell me about the issues that brought the case into DSS custody?
2. Have you reviewed the Strengths and Needs? Should we review it together?
3. Tell me about how you have engaged the parent(s) thus far and what stage of trust your relationship is in. What do you think you could do or try to move the relationship to a higher level of trust? If this seems odd to the social worker – talk about why engagement and trust is so important.
4. What does the family want – what is their dream for their family? How are you demonstrating that you honor what “they” want?
5. Tell me about how you are preparing the family to host a CFT to develop an Out of Home Service Plan. What does the family think needs to be addressed to build on their strengths? What does the family feel they need to work on to address the challenges that get in the way and hinder child safety and permanence? What does the family want to do in terms of their concurrent plan? What support **do you need** to help the family develop a serious concurrent plan?
6. When is the CFT scheduled to work out the OHSA? Who has the family invited and do they need help identifying support persons or agencies? Are there any other supports that SHOULD be invited?
7. What are you including in the OHSA that are “steps the agency will take” to facilitate achievement of the goals?
8. Is the OHSA signed by the mother, father, child, removal caretaker, step mother, step father, placement resource parents, others? If pending –talk about importance of involvement of the different parties and that signatures demonstrate participation **and collaboration with the family.**

9. What can you do to let the family know you are a support for them? Are there concrete needs that must be addressed immediately? Are there mental health and or substance use challenges that need to be addressed immediately, even before a CFT?
10. Have all maternal and paternal family members been notified within 30 days of the child coming into care? How are we reaching out to them?
11. If the child has a sibling in the custody of another adult, was there written notification?

B. When Talking about an on – going case:

Remember to start with – “Where did we start, where are we trying to go, where are we now”? Drill down with the following reflective questions – (Review dictation for the quality of the story telling vs. “splatter dictation”. Give feedback – type into the record.)

1. Tell me about the conversations you have had with parents during your monthly contacts to review the OHSA and talk about what progress is being made toward the goals on the OHSA? What is working well? What are the challenges?
2. Tell me about conversations you have had with parents about the secondary plan? What progress has been made? What are the challenges? What are you doing to help address the challenges?
3. Tell me about the quality of the visits between the parents and the child(ren). When was the last visit and what behavioral observations have you made about the parent’s behaviors? The child’s? How are you facilitating an increase in healthy positive interactions and bonding between the parents and children? Tell me about the sibling’s visits.
4. Tell me about the progress with services the parents are engaged in? Are there any challenges? What are you doing to address the challenges? Tell me about how we are facilitating the development of protective factors. What are the challenges?
5. Tell me about the last CFT? When is the next CFT? When is the formal update to the OHSA due – and what needs to change?

6. Tell me about how the parents are participating in health/medical/educational appointments of the child(ren). How can we increase their participation?
7. Tell me how shared parenting is going? What can we do to increase the benefits of shared parenting?
8. Tell me about the parent visitation plan – is it documented and signed? Does it need to be changed?
9. If the child(ren) are in a kinship placement, how is it going? Are the resource parents receiving enough support to support the children? Are the resource parents working to get their license? What can you do to facilitate their efforts?
10. What do you think the court recommendations for this case need to be?

C. This to ask about the children in custody:

1. How do we know the child is safe? Be specific –
2. Tell me about CFT's and how the child(ren) are able to participate?
3. Tell me about the last visit you had with the child in his/her home? Date of visit?
4. Tell me about how you address safety and if the child is or feels safe in the home? Let's review the Contact Record. (Make sure the writing in the Contact record is MEATY – Not boiler plate.) Did you get a photo of the child?
5. Are the child's well being needs being met?
6. Are the sibling's visiting regularly? How can we increase sibling visits?
7. What are the placement challenges? What are you doing to address the challenges and help the caregivers address the challenges?
8. How is school doing and what information do you have from the school about the child's status? When is the last time you attended an IEP meeting, or met with school teachers or school social worker? What needs to happen to increase the child's success in school?
9. How are therapeutic services going? Are services evidence based? What progress is being made? What have you last spoken with therapeutic

10. providers? Are there any challenges and what is being done to resolve them?
11. How are visits with the parent's going – from the child's perspective? What can be done to increase the effectiveness of visits to ensure that the parent/child relationships are building in a positive manner?
12. What does the child want in terms of permanence? When and how have you discussed this?
13. What has been planned to include the child in court proceedings?
14. Tell me about how the child is able to participate in his/her faith choice?
15. Tell me about how we are ensuring that the child is able to maintain connections to friends, family, sports, clubs, etc. What other "normal" activities does the child want to participate in and how are we ensuring this?
16. How is the development of the child's Lifebook progressing? How are you ensuring that it is an on-going – meaningful activity with the child? Are you taking an active role in assuring that there are no holes in time?

REFLECTIVE PRACTICE QUESTIONS
FOR ASSESSMENTS AND IN-HOME
CASE SUPERVISION

Reflective Practice Questions for Case Supervision

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

- How did you go about engaging the child and family?
- What behaviors of the child and family indicate that they are engaged/not engaged in the service process?
- What did you observe that indicates trust has been established/not established?
- What worked well to establish a working relationship that you would do again?
- Why were these engagement techniques successful?
- What do you think accounts for the family remaining unengaged?
- What are the barriers to establishing a working relationship?
- What would it take to remove the barriers?
- What is the first step you could take?
- What would you do again?
- What would you do differently?
- Does the Child and Family Team include the important people in the child's life? If not, who else should be included?
- How did you establish a working relationship in the family's best interests with the service partners engaged in the case?
- What evidence do you have that each service partner is committed to help the family and to achieving positive results?
- If members of the service team are not committed what could you do to enlist them?

Reflective Practice Questions for Case Supervision

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

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

Reflective Practice Questions for Case Supervision

Planning: Does the Service Agreement address the issues identified in the assessment and lead to safety, permanency, and well-being?

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

Reflective Practice Questions for Case Supervision

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

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

Reflective Practice Questions for Case Supervision

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

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

DEVELOPING AN
EFFECTIVE TEAM

Developing an Effective Team

The goal of DSS Supervisors is to develop a team that is motivated to achieve the mission and goals of DSS as a means of satisfying personal needs and goals. The effectiveness of the Unit is the Supervisors responsibility. An effective Supervisor is one that emphasizes Unit and agency goals, as well as individual goals. Supervisors who do this well foster team cohesion by defining tasks that require interdependence among members and encouraging group participation in defining unit problems and selecting solutions. The style of communication most commonly found in effective teams is the **Star Model** –

Supervisors who want to improve the performance of quality of a group must first work to develop cohesiveness. This is contrary to a top down model of supervision that focuses on compliance. Develop this thought...

Efforts to improve cohesion at the Unit level should not be done to the detriment of agency cohesion. Therefore, Supervisors should direct attention to **how the unit helps DSS achieve its mission.** This means building within the unit a desire for agency-wide success.

The benefits of having a cohesive group are:

- High productivity
- High morale
- Low turnover
- High quality work
- Achievement of outcomes for children and families
- Lower stress in the Supervisors job

RCDSS Supervisors use best practice methods for helping develop a cohesive team and building social worker skills and confidence. These methods include: coaching, guided reflection, mentoring and feedback.

Coaching

Traditional management style typically means being directive or telling staff what to do. This is a quick and easy method for getting the job done. However, coaching helps staff discover the answers through problem solving, as well as helps them develop a sense of personal responsibility and confidence. It enhances the quality of work and develops skills at the same time. It also enhances self-esteem and morale. Coaching involves using specific strategies to change inner thought processes and improve professional behavior. This approach requires the Supervisors to believe that staff has the answers inside of themselves. It also means supervisors have to ask the right questions to facilitate discovery.

Two core skills used in coaching to create awareness in the case worker and promote responsibility are listening and the use of open ended questions. Listening is essential because, in coaching, the social worker guides what issues are addressed. It is often said that the hardest thing a coach has to learn is to be quiet and listen.

Skills necessary for being a good listener include:

- Attentiveness
- Clarifying
- Reflecting
- Analyzing and synthesizing information
- Summarizing
- NO JUDGMENT STATEMENTS

Supervisory Feedback

Types of Feedback

There are several types of feedback—positive, negative, evaluative, and developmental. Positive feedback recognizes the specific aspects of the caseworker's performance. When giving negative feedback, the supervisor comments on those aspects of performance that the caseworker is not doing, or

not doing adequately, sufficiently, or appropriately. The intent is to facilitate change in the caseworker's behavior.

Evaluative feedback compares performance results with standards and expectations. It offers an appraisal of the extent to which desired results were achieved. The appraisal may involve object facts or judgment. For example, telling a caseworker that he or she interviewed all known collateral contacts is objective. On the other hand, telling a caseworker that he or she conducted a thorough evaluation is a statement involving judgment. Both forms of feedback are appropriate, although feedback that involves judgment may be questioned more if it is negative. For this reason, it is important for Supervisors to set standards for expectations with clear evaluation criteria. Supervisors also should remember that regularly providing feedback significantly reduces or eliminates the chance of any surprises for caseworkers during formal performance evaluations.

Developmental feedback incorporates evaluative feedback, but goes a step further by identifying what the caseworker did that contributed to or detracted from achieving the expected result. Sometimes a caseworker may attain a result, but not clearly recognize how or why. Developmental feedback confirms behavior that should be retained and identifies behavior that should be changed. Evaluative feedback alone does not provide this information. For example, following the observation of an interview, a Supervisor may tell a caseworker that rapid-fire, close-ended questions caused the parent to feel defensive and become uncooperative. The uncooperative posture of the parent is the observed result. The rapid-fire questioning explains the reason the parent became uncooperative.

Criteria for Effective Feedback

The following qualities determine the effectiveness of feedback. Feedback is helpful if it is:

Useful—It provides information that clearly confirms desired behavior, identifies what behavior needs to be changed, or specifies the extent to which results were achieved.

Specific—It focuses on objective measures of results or clearly identifies behaviors.

Frequent—It is provided at least weekly about some aspect of performance expectations. Supervisors that are more effective tend to offer three to five times more positive feedback than negative feedback.

Well-timed—It is given at a time when the receiver is able to respond openly to the feedback, and it is given in a reasonable time frame following the performance.

Direct—It is stated specifically and not obscured by irrelevant praise, qualifications, or lengthy explanations justifying the judgment or conclusion.

Helpful—The receiver perceives that the Supervisor is intending to help rather than to harm. Builds trust.

Behavioral—It focuses on behavior rather than the personality or personal characteristics, and does not “label” the individual caseworker.

Clearly understood—The supervisor confirms the message of the feedback by asking the receiver how he or she interprets what has just been said.

Conditions for Effective Feedback

The receiver’s acceptance of feedback, particularly if it is negative, is enhanced when the feedback is:

- Clearly tied to established expectations;
- Derived from credible means of monitoring performance;
- Based on observable and verifiable information;
- Constructed to exhibit the qualities of effective feedback identified above;
- Given in the context of a trusting relationship;
- Given in the context of a clear agency or unit purpose (e.g., meeting time frames), benefiting clients, or improving relationships).

Supervisory Effectiveness in Providing Feedback

Effectiveness in giving staff feedback is based on a Supervisor's level of competence (whether it meets the above criteria); past experiences, beliefs, and attitudes about feedback; and comfort level in dealing with conflict.

Past Experiences with Feedback

A Supervisor's previous experience in giving and receiving all types of feedback has an impact on his or her ease in providing it. For example not all individuals are comfortable with praise or positive feedback. When uncomfortable with a situation, the same individuals may avoid it or become anxious in handling it. Therefore, if a Supervisor is not comfortable with praise, he or she may not give it, may not give effectively, or may not appear genuine in giving it.

Attitudes and Beliefs about Feedback

Certain attitudes and beliefs influence how much feedback a Supervisor gives to his or her staff. For example, if a Supervisor believes that "completing a task should be reward enough" or "only outstanding performance deserves recognition," it is likely the Supervisor is not giving enough positive feedback to staff. If a Supervisor does not care if others like him or her or believes that staff should not bring their personal issues to work, the supervisor may not be giving enough positive feedback because they may not want others to "connect" with them.

Supervisors who have a high need to be liked often find that giving negative feedback is difficult. Negative feedback is perceived as a potential threat to their relationships with staff. Therefore, these Supervisors may avoid or postpone giving negative feedback, or they may temper feedback by making it general, rather than specific, and thus detract from its usefulness.

Comfort with Managing Conflict

Many people feel uncomfortable in situations involving conflict. Because giving negative feedback is likely to result in some form of conflict, the Supervisor may

postpone or delay giving negative feedback as a way to avoid discomfort or may combine negative feedback with false praise. By preparing for a situation involving negative feedback, the Supervisor can feel more comfortable. For instance, the content of feedback should be developed in advance to ensure that the qualities of effective feedback are present. The feedback techniques should be thought out and rehearsed. Possible caseworker reactions should be anticipated and supervisory responses prepared.

How the Supervisor attends to the caseworker's actual reactions is also important. Reflections of the caseworker's thoughts and summarizations of the caseworker's responses should precede the Supervisor's explanations. Such statements communicate that the Supervisor is listening, rather than just forcing information on the caseworker. If the interaction becomes defensive, it may be preferable to stop and regroup. The purpose of feedback is to enhance performance. Defensive statements or reactions rarely produce positive change. Rather, they tend to intensify each person's position and undermine the very intent of feedback.

Recognizing Performance

Positive feedback and recognition are two very important management tools. It is important for the Supervisor to remember the purpose of and distinctions between the two. Positive feedback reinforces those specific aspects of performance that the Supervisor wants a caseworker to continue doing, whereas recognition is a general appraisal of someone's efforts or accomplishments. Examples of recognition include: "Great job." "Keep up the good work." "Good assessment." An example of positive feedback is "When I read your assessment, I got a clear picture of how the family functions and the strengths we can tap into to facilitate behavior change".

The purpose of recognition is to validate performance, improve self-esteem, help staff feel valued, and improve morale and staff retention. Research has supported that recognition for a job well done is the top motivator of staff performance. Most managers and supervisors do not understand or use the potential power of recognition and rewards. When manager are told of the importance of this, the typical reaction is to insist that employees would appreciate only rewards and forms of recognition that directly translate to their pocket books---raises, bonuses, or promotions.

Informal recognition (i.e., spontaneous rewards and forms of recognition) can be implemented by any Supervisor with minimal planning and effort. Some of the most effective forms of recognition cost nothing or very little. Part of the power of these rewards is that someone took the time to notice the achievement, seek out the employee responsible, and personally deliver the praise in a timely manner. Research has revealed that the type of reward employees most preferred was personalized, spontaneous recognition from their direct supervisor.

STAGES OF
SOCIAL WORKER
DEVELOPMENT

Stages of Social Worker Development

New Child Welfare social workers typically progress through four stages of development – high anxiety, “make it or break it,” basic skills, and relative independence. Social workers usually require at least 1 year of full-time, on the job experience before they are able to function on a more autonomous or independent basis. The following factors affect how quickly social workers move through each of these stages:

- Educational background—Social workers who possess either a bachelor’s or master’s degree in social work are provided with some basic knowledge and skills to do the job (e.g., knowledge of human behavior and psychopathology, social work principles and ethics, and intervention techniques).
- Previous social work or child welfare experience.
- Supervisory interventions—Regular involvement and input by the supervisor that is designed to address the feelings and meet the needs of social workers at each stage of development. This factor helps build social worker capacity and helps to maintain acceptable performance.

The High-Anxiety Stage

The high-anxiety stage begins the first day on the job and often lasts up to 6 months. At this stage, social workers may feel overwhelmed with everything they have to learn and be able to do. Further, they may feel inadequate to perform difficult but necessary Child Welfare tasks. Social workers may be confused about their feelings towards abusive or neglectful parents and about their own roles and responsibilities. They may experience anxiety about being responsible for life and death decisions and the potential impact of those decisions. Social workers also may experience some positive feelings, for example, a sense of excitement, enthusiasm, and challenge. The supervisor often plays an important role in normalizing the social worker’s feelings, as well

as providing opportunities for the social worker to express and resolve those feelings.

To lessen feelings of anxiety, social workers need numerous pieces of information to gain a greater understanding of:

- The agency's mission, organizational structure, and programs
- How the various programs interrelate
- Child Welfare goals, policies, and legal mandates
- Agency and supervisor expectations
- The client population
- Community Resources

Although this period is the most difficult for social workers, it is also the time when the greatest amount of learning and growth takes place. The structured time that supervisors spend with staff at this stage of development will help retain staff and mold them into effective social workers. Supervisors should observe a gradual reduction in the intensity of negative feelings over the 6 months. Some of the developmental hurdles that staff at this stage may exhibit include:

- Becoming immobilized by intense, negative feelings (e.g., having difficulty making any decisions on their own).
- Being afraid of asking too many questions or admitting to mistakes.

Supervisory strategies during the high-anxiety state include:

- **Accepting and meeting social worker dependency needs.** Expecting social worker independence at this stage is premature. It is appropriate for new social workers to seek security and stability from their supervisor.

- Supervisors should be more directive than with experienced social workers. Frequent feedback related to positive performance is critical. Just as supervisors accept the dependency needs of social workers, they should encourage social workers to accept the dependency needs of some of their clients.
- **Providing factual tools.** Supervisors should ensure that social workers clearly understand the expectations for performance. They also should provide social workers with information regarding the agency's mission, services, programs, unit goals, values underlying the goals, legal mandates, policies and procedures, and how they relate to specific cases and casework intervention. During this stage inexperienced social workers need structure and specific instruction.
- **Accepting social worker feelings of confusion and inadequacy.** The confusion and sense of inadequacy felt by new social workers should be viewed as part of their development. If supervisors help normalize these feelings and demonstrate that they are acceptable, social workers will come to accept these feelings and view them as a natural part of professional growth.
- **Encouraging open discussion of feelings.** Undoubtedly, social workers will experience anxiety over their performance, their feelings toward clients and client interactions. Supervisors should encourage social workers to express this anxiety and provide the necessary acceptance, support and reassurance to enable social workers to develop professionally. Supervisors should engage social workers in open discussions regarding any other feelings that they might be experiencing.
- **Being constructive and helping social workers identify mistakes.** New social workers are not always aware that they have made a mistake. They have not developed sufficient knowledge and skills to identify gaps in performance. Therefore, supervisors need to assist social workers in identifying their needs in a way that builds on their strengths and identifies strategies for change.

-
- **Having regularly scheduled supervision meetings.** Beginning with this stage and continuing through the next two stages of social worker development, supervisors should spend approximately 2 hours each week with each new social worker in regularly scheduled supervision meetings. It may be helpful to provide follow-up to these meetings with notes. It is important for supervisors to be readily available to new social workers. In addition, crisis and emergencies also will require extra time and effort on the part of the supervisor
- **Substituting for social workers only in cases of extreme emergency.** Social workers develop a sense of confidence in their skills and knowledge by successfully dealing with issues that surface in their caseload. They need to know that their supervisor will support them and be available to help solve problems and make crucial decisions. However, supervisors also should demonstrate confidence in the social workers' ability to handle specific tasks.
- **Building caseloads slowly.** If possible, for the first 2 months, supervisors should limit the number of cases a new social worker is assigned. Cases should be introduced slowly, and supervisors should use them as tools to reinforce expectations, policies, procedures, and the casework process. This supervisory practice allows time for confidence building and reduces pressure.
- **Clarifying both client and social worker behaviors.** Questions asked during supervision meetings should identify client responses to social worker behaviors. Supervision should also include clarification regarding the reasons for particular client responses. Focusing on both client and social worker behaviors help social workers identify those interventions that are successful and those that need to be modified.

The "Make It or Break It" Stage

This stage often overlaps with the previous stage, begins after approximately 3-4 weeks on the job, and may last up to 6 months. The hallmark of this stage is ambivalence. At this point, social workers have some familiarity with the

supervisor, unit members, job duties, and client population. Consequently, they may be questioning whether this is the job for them and whether they can get their needs met in the agency. By the time they enter this stage, social workers should have developed limited confidence in concrete tasks. However, social workers will continue to feel a sense of inadequacy regarding some of their responsibilities and tasks. They may still experience some anxiety regarding the decisions they must make and the impact of those decisions on the lives of the children and families. They will probably have a greater sense of comfort because their increased understanding of what is expected of them and how to fulfill their responsibilities. Sometime during this stage, social workers develop a sense of belonging to the unit.

Social workers need to know that they are progressing and increasing their knowledge and skills. They need their supervisors to encourage their growing independence while remaining available to provide considerable support, and they will need continued assistance in identifying casework strengths and mistakes. They may need additional information on the children and families they are serving and how to perform specific casework tasks. Finally, social workers will continue to need opportunities to practice new skills, make decisions, and receive feedback on their performance.

Some of the developmental obstacles that staff at this stage may exhibit include:

- Increasing negativity and ambivalence, this could be influenced by some of the more pessimistic members of the unit or agency.
- Questioning the credibility of their supervisor.

Supervisory strategies during the “make it or break it” stage include:

- **Expecting and allowing errors.** At this stage, social workers test new behaviors in their work with clients and, as a result, may experience a loss of confidence when their attempts fail to meet their own expectations. All social workers inevitably make errors and miscalculations. Supervisors should help social workers accept and learn from these errors. When supervisors communicate a willingness to admit and accept their own missteps, they demonstrate to social workers that errors are acceptable. These should be viewed as learning experiences rather than as failures.

- **Reinforcing knowledge.** By this stage, social workers should have acquired most of the basic knowledge to perform CHILD WELFARE functions. Their supervisor's role is to help social workers draw on this knowledge and apply it to specific cases.
- **Helping social workers organize observations and ideas.** At this juncture, social workers should begin to identify patterns and trends occurring across cases. Part of the supervisor's role is to underscore these similarities and help social workers synthesize them into principles of practice.
- **Analyzing intuition without stifling creativity and spontaneity.** As social workers gain confidence, they begin to act on instinct, common sense, and intuition. Supervisors should assist social workers by validating this practice and by helping them analyze what factors led to intuition.
- **Linking social workers with a mentor or with positive, more experienced social workers.** This can help reduce the influence of negative unit members, help create a sense of connection to the unit, and assist social workers with developing the competencies needed for successful performance.
- **Helping social workers feel a sense of connection to the unit.** From the beginning of employment, social workers need to feel a sense of connection to the unit. Consistently recognizing social workers as valuable members of the unit is particularly important in cultivating this feeling.

An important word of caution for the first two stages of development—social workers should exhibit a gradual reduction in the intensity of anxious and negative feelings over the first 6-month period. If supervisors do not observe this reduction and a commensurate increase in confident and positive feelings, they should not permanently place these social workers. If there is minor improvement, supervisors may wish to extend probation. Certainly if the social workers have not moved out of the first two stages by 1 year, supervisors should not make the social workers permanent. The job is probably not the “right fit” for them. It also is important that supervisors create an environment allowing

social workers the comfort and support to be able to say if the job is not a “good fit”. It may be better if social workers come to this decision themselves rather than for supervisors to make it for them.

Basic Skills Stage

At this stage, staff possess the core skills needed to perform the job, but do not have the specialized skills for independent practice. Social workers are feeling confident in their ability to perform essential CHILD WELFARE functions. They are generally able to identify and analyze client problems. Basic knowledge and skills have been incorporated into their interventions, and gaps in services are more apparent to them. Social workers are feeling some satisfaction because they see evidence of the impact of their efforts. At the same time, they also may experience some dissatisfaction or disillusionment. Because they have the core skills needed to perform the job, social workers become aware of the obstacles (e.g. high caseloads, lack of resources, ineffective supervision) they face in fulfilling their responsibilities to help children and families. In addition, many social workers recognize the need to develop more specialized skills and to set professional goals for themselves. This is the beginning of independent practice.

Some of the developmental obstacles that staff at this stage may exhibit include:

- Symptoms of “compassion fatigue”;
- Desire for less supervision;
- Lack of growth and development and “getting stuck” in the stage.

Supervisory strategies during the basic skills stage include:

- **Listening carefully.** This is the primary skill necessary in relating to social workers at this stage of development. Although supervisors need to ask clarifying or informational questions, their primary function or supervisors at this point is to listen first and then discuss.
- **Identifying and discussing social worker resistance.** Social worker resistance may require more attention in earlier stages, but it is at this

- stage that may resistance must be specifically addressed in supervision meetings. When social workers are reluctant to deal with certain clients or client behaviors, this reluctance should be assessed in terms of how it affects the social worker-client relationship and the achievement of agency and unit goals. Attention should be directed to the way in which clients react to social workers' interventions and how social workers can use personal and professional strengths to improve relationships with clients.
- **Helping social workers identify and examine options.** While supervisors may agree with the options or ideas presented by the social worker, it is essential, however, to expose the social worker to as many other options as possible. Brainstorming is one way to assist social workers in identifying options for their clients.
- **Providing feedback.** Specific positive and negative feedback is essential at all stages of social worker development. In the earlier stages, feedback takes a more developmental focus. At this stage, it is important to measure social worker performance against agency and supervisory expectations and standards, providing feedback accordingly.
- **Encouraging ongoing growth and development.** If social workers appear to be stuck in this stage, supervisors must create some discomfort. Supervisors should promote self-awareness with these staff, work through resistance, and challenge social workers to stretch and grow.

Relative Independence Stage

Supervisors want all social workers to aspire and reach this stage. These are the best social workers in the unit and the ones supervisors rely on most. Social workers at this stage should have a strong sense of competence and confidence regarding their knowledge, skills and ability to perform their responsibilities and make critical decisions. They can identify problems and options. They typically determine a substantial portion of the agenda for supervision meetings. At this point, social workers have a strong sense of independence and autonomy. However, as in the previous stage, they may be experiencing frustration,

“compassion fatigue”, disillusionment with their cases, and burnout. They may express the need to grow professionally and experience new challenges.

As social workers prepare for new challenges, they need recognition for their accomplishments and efforts. Supervisors must be as creative as possible in assisting social workers to identify ways that they can continue to grow and develop on the job. If social workers feel challenged and experience growth, they are more likely to be motivated.

Supervisory strategies in the relative independence stage include:

- **Encouraging active involvement in supervision meetings.** At this point in their development, social workers are aware of their own supervisory needs. One-hour meetings are still important for clinical supervision, monitoring, and consultation on key decisions. They also provide staff with coaching, direction, and feedback, as appropriate.
- **Assisting social workers in clarifying their professional development needs and identifying educational or training needs.** Social workers need to continue to learn to grow. Supervisors are instrumental resources for identifying opportunities for continuing education and training.
- **Preparing social workers for new roles.** Unless social workers continue to experience new challenges on the job, they lose interest. It is important for supervisors to encourage social workers to take on new and creative responsibilities, which helps them prepare for new roles.
- **Avoiding the most common management trap.** The most common management trap is giving the most difficult, complicated tasks to the best people. This translates to giving the best social workers the worst cases. Over time, the consequence of this practice is social worker burnout.

STAFF PERFORMANCE
EVALUATION

Staff Performance Evaluation

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

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

- ❖ **Summative performance evaluation** is formal oral and written feedback provided at scheduled intervals. Summative evaluations are conducted at the end of the probationary period and annually thereafter. During summative evaluation sessions the supervisee's work performance is evaluated against performance expectations. Weekly and monthly supervision records and written summaries of field in practice observation sessions are reviewed prior to the summative evaluation. The results of the summative evaluation must be derived from on-going supervision records. The most important thing to remember is that summative evaluation should never contain surprise information.

- ❖ **Individualized Annual Development Plan** is a development plan that incorporates the social workers level of development (see section xxx), strengths *to grow* to the next level, special interests and professional goals, and skill/knowledge gaps and deficits. Following the annual summative evaluation, the supervisor and supervisee work collaboratively to develop the Individual Development Plan. Supervisees are given an opportunity to question or refute their evaluations. Summative performance evaluations become part of the supervisee's personnel file. A copy of the evaluation is provided to the supervisee. The goal is for each supervisee to look forward to annual sessions in order to continue to grow.



ADMINISTRATIVE
MONTHLY SUPERVISION
RECORD

Administrative Monthly Supervision Record

Name: _____

Date: _____

Time: _____

Social Worker Needs

Social Workers **MUST** feel that their needs are being met. Review Case Worker Stages of Development for this section: Ask open questions – How else can I support you? What is the most interesting thing you learned this month? How are you incorporating this into your practice?

Job Skills / Competencies Discussed:

Review Purposes of Supervision: Case Level/Case Worker Level/Unit Level. Provide specific feedback at the case level AND “case worker” (across cases) level. (e.g., case level specific feedback and trends across cases including: skill strengths and gaps, documentation, quality interviews, connecting clients with services and follow up.)

Meeting Required Program Mandates:

Depending on the social workers “Stage of Development and Skill, Review NC Program Policies during session and relate to actual performance. (e.g., percent of visits completed, child and family team meetings, case plans.) Praise accomplishments with specific feedback. You made 100% of your contacts this month, AND your documentation reflects your efforts (refer to Reasonable Efforts) in the key areas of the Outcome Measures for Safety, Well Being and Permanency. Here is an example of what to KEEP DOING. “xxxxx”

Ethics/Values/Dilemmas Discussed:

There are ALWAYS ethical/value dilemmas – social workers need to be supported in learning how to identify these and discuss them.

Administrative Functions Discussed:

Sick/Vacation Leave/Time/Whereabouts consistently reported/Relationships with co-workers/Relationships with supervisor and other supervisors/Ability to motivate others and make positive workplace contributions.

Other:

Development Needs/Plans:

Administrative Supervision Follow up Notes:

Social Worker Signature:

Supervisor Signature:

BRINGING LIFE TO 5027s!

Chapter : Managing the Work - Bringing Real Life to the 5027s

As a social worker, and especially as a Supervisor, you have an ethical responsibility to assure, to the best of your ability, that all client paper work is completed accurately and on time, per RC DSS policy, and always by NC/DHHS/DSS policy. RC DSS makes concerted efforts to assure that client paperwork is always up to date and accurate, and several “check points” are in place to make sure work flow is , including how and when case data is entered into the State Data Management Systems. This is not to be treated as mundane, unnecessary paperwork. We LOVE 5027s and 5094s because these forms track the opening and closing of our cases and represent our ability to remain in compliance with State and RC DSS policy. More importantly, the data contained on these forms demonstrates our value that clients must be treated with respect, and this includes managing their cases accurately and according to policy.

You would want to be treated the same way, right? Of course!

The Process Map on the following pages lays out the mechanics of opening and closing cases. Even though you will not be the only person managing the process, our success relies on a team approach for achieving excellence. Each member of the Team must understand the entire work flow.

With the help of a mentoring supervisor you will master the process and gain confidence in your ability process cases appropriately.
Carry on!

	<u>PROCESS TASKS FOR OPENING AND CLOSING CASES</u>	<u>Who is Responsible?</u>	<u>When is it due?</u>	<u>Notes?</u>
1	CPS intake report accepted for investigation/assessment and assigned to SW	Intake Supervisor	Immediately	Max 2-hours
2	Intake Supervisor or after hours supervisor adds case name and data (including assigned SW) to the CPS Intake Log.	Intake supervisor	Immediately	
3	The children's names are added to social worker "rolling log" with date of report, FA or INV, and the log calculates 45 days for closure goal date.	QC Prof JF	W/in 24 hours	
4	Information for family gathered and built (if not already in our paperless system)	QC Prof KM	W/in 2 hours MAX	
5	Birth record is located for each child. Using information from this, the CS Initial Diligent Efforts to Locate is then completed. If parent information is missing, then a search is done to locate absent parent. This information is tasked to the social worker and a note is typed regarding this information into Activity of the paperless system	QC Prof JF	W/in 72 hours	
6	5027 is opened in Central Registry (SY05) immediately – (one 5027) for each child. Copy for record -	QC Prof KM	W/in 24 hours	
7	Reporter letter (if requested) typed and mailed. Copy for record	QC Prof KM	W/in 24 hours	
8	District Attorney and Law Enforcement letters are completed and faxed/mailed.	QC Prof KM	W/in 24 hours	
9	Central Registry (SY01) checked and put in record for each individual (even adults to see if they were ever victim children)	QC Prof KM	W/in 24 hours	
10	Perpetrator check, (SY01) Criminal check, and Civil check done for all adults (over 16) in the home) and put in record.	QC Prof KM	W/in 24 hours	
11	Maintenance of Effort completed for family (i.e. Medicaid and/or Food Stamps active), signed by SW, and added to record (task to SW to review/sign).	QC Prof KM	W/in 24 hours	

12	5104 opened on each child, and is held in NWs, SW folder until closure.	QC Prof KM	W/in 24 hours	
13	Upon closure or sub'ing of CPS case, 5104 is completed by the SWS (in NW).	SWS	W/in 24 hours	
	<u>NOTE!! NOTE!! NOTE!! NOTE!!</u> <u>PRESSURE POINTS BELOW #13 - #16 – STOPS THE TRAIN IF # 13 is NOT COMPLETE</u>			
13	The SWS closes the 5027 in NW and <u>tasks to QC Prof – K (IF THIS DOES NOT HAPPEN – TRAIN STOPS</u>	SWS and QC Prof KM	W/in 24 hours	
14	When QC Prof gets the TASK of a closed 5027 it is printed and closed in SY05	QC Prof KM	W/in 24 hours	
15	QC Prof opens the corresponding 5104 SW folder and enters the 5104 into the Central Registry System (SY01).	QC Prof KM	W/in 24 hours	
16	The 5027 is then given to QC Worker to enter the closure date on the social worker's rolling log, and highlight it as closed.	QC Prof KM & QC Prof JF	W/in 24 hours	
	Note to supervisors – If you receive rolling logs and names are on the log that you believe you have closed – CHECK WITH QC PROF KM!!! If names are on the rolling log, it means you have not provided the 5027 to QC KM, or that QC KM has not entered the data. Caution signal Names WILL NOT come off the rolling logs until # 14 has been complete. This is a PRESSURE POINT – There are NO exceptions. 😊			
17	Cases not closed within 40 days: A case timeline reminder is sent to the Supervisor, Social Worker, and cc to Program Manager that the closure goal date is near overdue. Caution Signal	QC Prof JF	W/in 24 hours	
18	All cases projected to go over goal closure date must be staffed with PM. Caution signal	SWS / PM	Before case is late	

19	When the closed 5027 (turnaround) comes back from Raleigh via courier mail, it is routed to QC Prof JF	QC Prof JF	Upon Return	
20	QC Prof JF checks the county case number for accuracy. If an error is detected by QC JF, error is noted in red and returned to QC Prof KM for correction in the system. If there were no errors, the 5027 is scanned to the client.	QC Profs JF & KM	W/in 24 hours	
21	When corrected 5027s come back, they are scanned to the client.	QC Prof JF	Upon Return	
22	When the closed 5104 (turnaround) comes back from Raleigh via courier, the QC Prof checks the social security number for accuracy. Then the 5104 form is scanned to the appropriate client and case is made inactive in the paperless system, if no other services are recommended	QC Prof KM	Upon Return	
	<u>PROCESS MAP FOR SUBSTANTIATION OF CPS REPORT</u>	<u>Who is Responsible?</u>	<u>When is it due?</u>	<u>Notes?</u>
1	When a CPS report is substantiated, the 5027 Form (one per child) is coded by the SWS and sent/given to the QC Prof	SWS to QC Prof KM	W/in 24 hours	
2	The QC Prof enters the 5027 in Central Registry (SY05) and opens the 215 code, or foster care code, on the 5027 to designated Social Worker for In-Home or Foster Care Services.	QC Prof KM		
3	The QC Prof date stamps the 5027 form(s).	QC Prof KM		
4	QC Prof opens the CPS Intake Log and notates the closure or substantiation by: 1) the date; and 2) how sub'd.	QC Prof KM		
5	The QC Prof opens this information on the in-home services log.	QC Prof KM		
6	The date stamped 5027's are sent/given to QC Prof JF	QC Prof KM to QC Prof JF		
7	Date Stamped 5027 is used by QC Prof JF to close the case names on the 210 Social Worker's rolling log, and opened to the assigned In-Home Service or foster care worker on their rolling log.	QC Prof JF		

8	When the closed 5027 (turnaround) comes back from Raleigh via courier mail, the QC Prof JF checks the county case number for accuracy. Then the 5027 form is scanned to the appropriate client	QC Prof JF		
9	When the closed 5104 (turnaround) comes back from Raleigh, the QC Prof KM checks the social security number for accuracy. Then the 5104 form is scanned to the appropriate client and case is made inactive in the paperless system, if no other services are recommended.	QC Prof KM		



About this webinar

This webinar was developed through funding from the North Carolina Division of Social Services by the Family and Children's Resource Program, part of the Jordan Institute for Families at the UNC-Chapel Hill School of Social Work.



In the future a recording of this webinar will be available on ncswLearn.org.

Goals for this Webinar

By the end of this webinar, we hope you:

- Increase your understanding of the role supervisors play in the success of social workers
- Learn about some best practices in supervision
- Get new ideas for providing development opportunities as well as oversight in your supervision



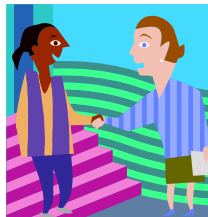
A Special Note About Questions

- We will monitor questions via the chat box and answer them as possible throughout the webinar.
- There will also be a **follow-up document** that answers questions asked during this webinar; this document will be e-mailed to all registered participants and posted with the webinar recording.
- The webinar recording will be on ncswLearn.org and on the Family and Children’s Resource Program webpage (<http://fcrp.unc.edu/webinars.asp>).



Panelists

Dawn Maynor
Amanda McGee
Holly McNeill



Moderator

Rick Zechman

Tech Support


Phillip Armfield
John McMahon

Agenda

- I. Child welfare supervision in NC
- II. Learning plans are a tool
- III. County supervisor experience
- IV. Program manager’s perspective
- V. Q & A



Child Welfare Supervision
In North Carolina




7

What brings us here?

SURVEY SAYS.....

- In 2011, child welfare social workers in NC were surveyed to learn what they needed and wanted in supervision
- 71% of respondents said they wanted to meet with their supervisor 2x per month
- The survey did not differentiate between meeting to **staff** cases, and **actual supervision** focused on the social worker's professional development




8

So, how did we do?

Of all Program Monitoring evaluations conducted in 2016, twice-monthly supervision was noted in the record:

- 54% in CPS Assessment
- 33% in In-Home Services
- 45% in Foster Care



9

— Being a GOOD Supervisor —

Recommendations from the survey:


- 2 individual supervision conferences per month
- Structured format for these conferences
- Protect time for conferences
- Supervisor reviews at least 2 cases per month and provides feedback and coaching
- Supervisors provide coaching and mentoring on how to make the most of these individual conferences



10

Polling Question


How often do you have supervision with your staff?



11

Best Practice Recommendations



- Make staffing meaningful...cut down on “pop” conferences
- Tailor your supervision to each worker’s learning needs
- Build resiliency in your staff
- Take care of the whole person, not just the worker
- Model self-care
- Consistently use learning plans



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Learning Plans


- Not a work plan, everyone has one.....even YOU!
- Starts with assessing needs
- Collaborative
- Parallel process to a service agreement, great modeling opportunity
- Will help you document both good work, and lack of progress
- Allows for accountability

13

Analyzing Performance

Ability/ Performance	Willingness/ Motivation	Organizational Systems
Knowledge	Values the work	Tools
Skills	Cares about the work	Support
	Interested in the work	Supervision
	Eager to learn and grow	Caseload size
		Resources



14

Prioritizing



More Important.....More Frequent


More Important.....Less Frequent

More Frequent.....Less Important


Less Frequent.....Less Important



15



Robeson County Supervisor




16

Staffing in Robeson County

Robeson County recommends CPS Assessment supervisors have weekly **staffing**.

- One day is set aside to staff specific cases (closures/transfers) with their immediate supervisor and another supervisor.
 - Schedule is listed on calendar prior to the beginning of the month so workers can plan their schedule accordingly and sign up in advance.
- Supervisors also schedule times with each worker to go over all the cases for which they are responsible.




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Supervision in Robeson County

Recommended weekly for CPS Assessments and 2x/month for other child welfare departments. What this looks like:

- Discuss worker improvements & developmental goals
- Pinpoint areas of needed skill development
- Help prevent “burn out” (allow to vent, help energize, motivate, improve morale)
- Use time to reflect to empower worker; build resilience
- Be an active listener and show understanding
- Concentrate on worker’s needs
- Give valued responses
- Show empathy and value for the conversation



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Group Activities in Robeson

Supervisors meet regularly to discuss changes in policy, issues specific to casework, and strategies to assist staff. Supervisor meetings promote consistency across units.

We have quarterly meetings as a department to:

- Ensure information is shared consistently across units
- Discuss implementation strategies of new policy
- Discuss the stress of the job and encourage teamwork
- Hear from workers what's working and what's not
- Workers realize they may not be the only one having a problem



19



Rutherford County Program Manager



20

So what makes the difference?

- Regular weekly supervision is the single most important element in child welfare for keeping children safe and achieving positive outcomes for our children and families
- Supervisors can foster and help develop excellent social workers who in turn have a positive impact on the lives of countless families
- Do no harm



21

A Supervisory Structure

Levels of supervision:

- Case-level supervision
- Social worker-level supervision
- Field-level observation
- Group-level supervision

RUTHERFORD COUNTY DSS
CHILD AND FAMILY SERVICES
SUPERVISION MANUAL
SPRING 2015

HANDOUT

- Rutherford Supervision

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Supervisory Practice

- Understand and practice using a coaching model of supervision using reflective practice and feedback during individual case supervision and social worker-level supervision
- Understand and practice using formative feedback on an ongoing basis during social worker-level supervision
- Make social worker professional development part of every social worker-level supervision session

Be consistent in your schedule!

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Your Model Matters

Top-down supervision models are *directive*:

- Fosters climate of fear of failure and reduced personal accountability
- Stifles personal growth and skill development
- Contributes to low morale and staff turnover
- Contributes to poor outcomes for children and families

Coaching supervision models are *collaborative*:

- Fosters problem solving and personal accountability
- Fosters personal growth and skill development
- Fosters self-esteem, workplace satisfaction, and longevity
- Foster achievement of better outcomes for children & families
- Builds *critical thinking* skills

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Easier Said than Done

Coaching and reflective supervision:

- Involve a commitment to engagement and collaboration with the social worker
- Help social workers discover answers through problem solving and reflection - this fosters personal responsibility and self-confidence
- Involve specific supervisory skills and strategies to help shape social worker critical thinking skills, including building safety around self-awareness and reflective questioning


Check your habits, practices, and beliefs.

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The Real Hard Stuff

Critical thinkers are:

- Open to new information, seek and consider alternative hypotheses
- Aware that stress and others' opinions can distort thinking
- Able to consider information from multiple sources, even those with opposing views
- Are self-aware, self-reflective, active listeners, and empathetic
- Able to recognize faulty reasoning and logic
- Able to analyze and draw accurate conclusions



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Making Mistakes

- It's important for supervisors to support SW mistakes because they can lead to better future decisions!
- When SWs feel safe talking about case mistakes, they learn more and develop skills and new knowledge more quickly
- When social workers are afraid to make mistakes, they are more likely to conceal them
- Reflective supervision is a key part of coaching social workers through case mistakes
- Individual Development Plans are crucial to ensure continued growth and learning

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How do we achieve consistency?

- Hold ourselves accountable to agreed-upon goals
- Meet weekly for approx. 2-3 hours to discuss our progress, mistakes, and relationships
- Talk about **trust** and keep this topic on the table
- Learning to be open about our mistakes and talk about them openly: we keep trying to get better at this
- Laugh a **LOT**
- Cry together
- Own all our successes and failures **as a team**
- Realize we are a work in progress

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Questions




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Impact on you and your agency


Type into chat....

One thing you will do in response to what you have learned today....




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Additional Training Opportunities

Download the handout in the file share pod now!



Final Steps for DSS Staff

1. Please take a brief survey
 - We will provide link for those logged on
 - Can also access thru ncswlearn.org
2. To receive training credit, you must "Complete Course" WITHIN ONE WEEK
 - ✓ Log in to www.ncswlearn.org
 - ✓ Select "PLP"
 - ✓ Select "Webinars"
 - ✓ Click "Enter"
 - ✓ Click "Complete Course" button



Follow-Up Document for the Webinar

Regular Supervision as a Key to Consistency

Presenters

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Child Welfare Services Section, NC Division of Social Services

Dawn Maynor

Robeson County Department of Social Services

Amanda McGee

Rutherford County Department of Social Services

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NC Division of Social Services

Webinar handouts: https://ncswlearn.org/ncsts/webinar/handouts/50_webinar_handouts_6_26_17.pdf

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Answers to Questions Asked During the Webinar

Responses in this document are from the NC Division of Social Services Child Welfare Services Section.

What is an appropriate time frame for supervision? (e.g., 90 minutes, two hours, three hours?) What is appropriate?

If you're talking about staffing, it might be an hour or so. If you're talking about a meeting focused on the worker's professional development, allow an hour at most. Often you can do it in 30 minutes. However, all this depends on the individual worker's needs.

Is it appropriate to do staffing/supervision simultaneously, where you use the discussion of cases to talk about professional growth, coaching, etc.?

Absolutely. As you saw in responses to survey we discussed during the webinar, people do want time with their supervisor that is focused on their professional development, but group staffing and supervision can be very helpful.

Is there a tool/survey/evaluation that we can use to have our employees evaluate us and give feedback anonymously?

Amanda: will be happy to share ours (see below).

Robeson County, are you saying you set aside one whole day for staffing each week?

Yes. It may not take the whole day. Timeframe really depends on the number of workers needing to staff and the number of cases. We do set a day aside, though. We have a calendar for the whole month so we know what days we are responsible for staffing.

Robeson County, how many workers do you supervise?

In CPS assessments, supervisors are responsible for 4-5 workers. We have five assessment supervisors with five assessment workers each and one supervisor with four assessment workers and two CFT facilitators.

Robeson County, how many cases are you staffing in an hour?

Staffing here means making a decision on a case. We usually have three workers and two supervisors at a time staffing cases. The workers are encouraged to staff up to three cases per week, but this number could increase given need. This is because we push for them to staff weekly. If we allowed large quantities of cases, we find workers don't aim for weekly staffing. Time required for staffing varies; usually a case takes less than an hour. Time varies depending on the complexity of the case. We are set up in a room where we have an overview of the referral; all the documents and the narrative are available. The two supervisors are checking all the documentation while the worker is giving a synopsis of the case. Supervisors are reviewing notes regarding visits, collateral statements, forms, 911s, medical records and any other documentation inside the case record.

Robeson County, what is the caseload size in your county?

We try our best to maintain below the state limit. The caseload typically ranges from 5 to as high as 12.

Robeson County, when you say "case decision," what is the process for closing the case?

In CPS assessments, when we make the joint staffing decision the case is closed or transferred unless we need more information.

What do you think about mandatory time off to support self-care for workers?

Holly: Mandatory time off, while likely well intentioned, is not very collaborative. For some workers if they are going through a hard time at home or work, they may need to be at work. Therefore, a conversation about what they need to care for themselves is key. A worker who has had a tragedy or a really bad case, they may get support from being at work. Others will need time at home. The same is true with tragedy or struggles in their home life; they will know best what will be helpful. Maybe you are "mandating" that they take 3 days off, when what would be more helpful to them is to work half days for a bit in order to still have that distraction or support at work, but have time to take care of their home struggle.

Amanda: I agree, it depends on the scenario. If a social worker appeared to me to be really, really stressed, we might offer the social worker time to talk to someone privately. The trauma social workers

feel is very real and important to recognize. We might suggest they take comp time. I have never mandated someone take time off, but if they were not performing in a safe, effective way due to work stressors I might confer with our director and HR and we might ask that person to take time off.

Dawn: I would just add that there are resources in our agency and county to help social workers as needed, including a nurse and an employee assistance program (EAP).

Robeson County, the supervisors on the case staffing: is it the SW's supervisor and another, or just 2 SWS from CPS?

Our staffing is the immediate supervisor and another of the same discipline. We do bring in another supervisor from case management or foster care if it is a case that we may have difficulty on or that we need their feedback.

Rutherford County, what is the process of closing out the case on the supervisor's end?

The closing out process for CPS and in-home cases is the responsibility of the supervisor, who is making the decision with the social worker. When another opinion is requested, the supervisor confers with another supervisor and/or the program manager. This is an area where we try to achieve consistency across units. Training and utilization of the quality assurance tool has helped a great deal.

What happens if a social worker's documentation does not reflect what they staffed if the case decision is made?

We work with the social worker on that. Documentation is so important. It is up to the supervisor to ensure that staff members can assess, assimilate, and report information accurately. Supervisors need to know policy and provide ongoing guidance, keeping an eye on the skills of the social worker.

Rutherford County, what is the caseload size in your agency now?

Our CPS caseloads are now consistently below state mandate of 10. We were at 60-90 per social worker. Now CPS in-home and foster care are also under or at state standards.

Rutherford County, when you say you had 60-90 cases, how long did it take to get the cases below state standard?

Amanda: It's a process, like turning an ocean liner: set direction, confer with state reps, make a plan, and get people's buy-in. I'd be happy to share what we did. It took us a while. Positivity and confidence from leadership that you can do this is key.

Holly: The stance Amanda described leaders must take is a great example of Bridges' "Neutral Zone"!

Rutherford County, how much comp time did staff/supervisors accumulate in order to get caught up?

Amanda: I don't recall precisely. Our comp time was very high. Moving people to other areas within child welfare in our agency was a helpful strategy in reducing our backlog. Our comp time has drastically reduced since the CPS backlog has been eliminated and in-home and foster cases have come into compliance with caseload sizes. We have not had a CPS backlog in almost two years. Our ability to remain in compliance is sustainable.

Robeson County, are any other soft skills you talked about included in your annual reviews? If so, how?

We did add extra questions to our staffing/supervisory tools to focus on key areas we needed more focus on (e.g., contacting absent fathers/ensuring meeting staffing deadlines). The NC DSS program monitors have complimented our county on teamwork amongst workers. Workers commonly make contacts for other workers to ensure families' needs are met and they are being seen on a regular basis.

If documentation isn't completed, how can you ensure that items on the monitoring tool are completed?

Amanda: We don't close a case unless the documentation is 100% complete and the case is in compliance with state standards. Social workers utilize the state monitoring tool throughout the case as a helpful guide; documentation is also reviewed during supervision sessions. When the supervisor and social worker review a case for closure, the completed state monitoring tool is reviewed again to be sure the case is in compliance before it is approved for closure. We also use the tools for foster care and it has helped.

Participant responses to the question:

What is one thing you will do in response to what you have learned today?

- Use the grid/suggestions regarding "Analyzing Performance"
- Bringing more supervision/coaching into individual case-level staffing times
- Ensure supervisors use staff development time
- Formally log staffings and supervisory oversight
- Learning Plans for my individual SW's and Team
- Using the learning plan, team learning plan, too
- Try to use less "pop in" staffings, visits, etc.
- Do more structured individual staffings
- Develop Learning Plans
- More professional development with my workers during conferences
- Give more one on one supervision time to workers
- Minimize pop conferences
- I will share this information with the agencies I work with!
- In next group supervision, discuss "mistakes"
- Think about how to use the program monitoring tool before closing a case
- I will ask for feedback from my workers about supervision time. I don't think this webinar was really geared to foster care supervision though...
- I would not sign off on a case without the documentation being up to date and accurate.
- Learning plans
- Make sure that I emphasize the importance of supervision in addition to staffing.
- Develop learning plans
- Reduce pop up supervision
- Learning plans
- Decreasing "pop in" supervision
- Encourage SWers to have their documentation complete BEFORE they staff for case decision
- Spend more time talking with SW about professional development during staffings.
- I will be diligent about keeping staffing times and individual conferencing times with staff
- Develop learning plans
- Learning plans to focus on workers development
- Develop learning plans with each of my workers in conjunction with their upcoming yearly reviews
- Lessening "pop up" staffings
- Learning plans
- Staff with PM
- Explore Group Staffing again
- Learning plans for my workers
- Learning plans
- I'm 4 weeks in to Supervision and I'm on the list for state training August; definitely will use Learning Plans!!
- Field accompaniment
- Limit pop in supervision
- Update learning plans
- Return back to a "kudos" for staff/successes they have had and share with all of services
- Make sure that all documentation is completed before closing all of our cases.
- More staff development individually
- Review questions I ask sws in about their cases; check in on them regularly, not just when they are having a difficult case.
- Giving more one on one supervision to my workers
- More consistency in staffing/coaching with my supervisors individually.
- Make a "stop" sign to help protect staffing time & hold staff accountable for attending consistently
- Quarterly in the field visits with my workers
- Limit pop up conferences
- Do supervision meetings not just case staffing
- Increased field supervision
- I need to continue to work on asking my workers their needs before I insert my observations/insight
- Learning Plans for each social worker in my unit
- Adjust the format/structure of our individual staffings to provide formative feedback
- Develop my own learning plan with my supervisor
- Do more visits with FC SW's
- Minimizing pop conferences
- Balancing and listening to some "personal" stuff with my staff in order to better support workers and help them to manage
- More involvement in going out in the field for observations

Annual Survey Assessing Job Satisfaction

This survey was sent to staff using Survey Monkey. Confidentiality was assured that staff submissions would not be traced to individuals. Scaling responses were utilized (Strongly Agree, Agree, Not Sure, Disagree, Strongly Disagree). In addition, open-ended response questions were utilized.

1. How long have you worked at Rutherford County DSS? (pre-populated responses were utilized)
2. I believe the quality of supervision I receive is good.
3. I feel comfortable bringing concerns or complaints to my supervisor.
4. If I have a concern regarding my supervisor I feel comfortable taking it to the next level of management.
5. My supervisor is available to me for questions about my cases and/or work in general.
6. My supervisor knows and understands the problems associated with my workload.
7. I meet with my supervisor regularly.
8. Employees are treated equally and fairly.
9. My supervisor tells me what is expected of me.
10. The expectations of my supervisor of me are realistic.
11. My supervisor has the skill and ability to mentor, train and coach social workers (new and tenured social workers).
12. Management cares about employee job satisfaction.
13. I believe that management is fair.
14. I am treated with dignity and respect by supervisors and management.
15. Management understands the problems we face in our jobs.
16. My opinions and ideas are valued.
17. Plans, goals and policies are communicated timely and effectively, and in a manner that ensures understanding.
18. In my work I am encouraged to build new skills and try new strategies.
19. Management and supervisors are willing to accept mistakes made in the process of trying new skills and strategies.
20. I feel empowered in my job to make decisions.
21. I am allowed to make decisions to solve problems for my clients.
22. Rutherford County DSS follows federal and state program policy and all applicable laws.

23. I have been directed by a superior to do something that I believed was inconsistent with our ethics or not in the best interest of a consumer.
24. I receive fair and honest performance evaluations.
25. I receive recognition for the job I do.
26. My salary level is fair for the work I do.
27. I have the tools and resources I need to do my job well.
28. I have the training I need to do my job effectively.
29. The people in my unit coordinate and work well as a team.
30. I know how the quality of my work is measured.
31. I know how to review the quality of my work to see if changes are needed.
32. I understand how quality assurance activities will improve my work and the outcomes for children and families.
33. I have clearly defined quality goals.
34. I feel my work is helping families and individuals meet their needs.
35. I feel a sense of achievement at work.
36. I feel there are opportunities to advance within the agency.
37. The clients I work with are satisfied with my work.
38. I am actively seeking a career change.
39. I am actively seeking a new position within my current career.
40. I work at Rutherford County DSS because.....
41. My satisfaction with my job would increase with my job if.....
42. If you could change the level of support that you receive from your supervisor and management in any way, what would it be?
43. What ideas do you have about how we can increase teamwork and trust?
44. Do you feel safe in the office and in the field?
45. What ideas or suggestions you have about how we can make our agency better?