

Supervising for Excellence



Participant's Guide

OFFICE OF FAMILY SAFETY
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

This training,
Supervising for Excellence,
is provided by the Florida Department of Children and Families,
Office of Family Safety.

The ultimate goal of the training is to
increase positive outcomes for Florida's children and their families
by helping Child Protective Investigations (CPI) supervisors
and Community-Based Care (CBC) supervisors
strengthen quality practice in their units.

To this end, the immediate goal of the training is to
help these supervisors improve the efficiency and effectiveness
of their supervisory skills, and, specifically, to
strengthen skills that will allow supervisors to
**build and guide a highly functional team that
flourishes in a family-centered practice environment.**

Acknowledgements

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Course Introduction

Participant Materials



TOPICS

Course Introduction

Family-Centered Practice Model

Supervising for Excellence At-A-Glance

Course Introduction

Introduction

Family-Centered Practice Model

Part One: Self As Supervisor

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DAY TWO

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Use of Power

Working With Others (MBTI)

Building Resilience

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Culminating Project—
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Culminating Project—
Leadership

Culminating Project—
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Culminating Project Presentations

Culminating Project Presentations

Ethics In Supervision

Culminating Project Presentations

Leadership Panel/
Peer Consultation & Action Planning

About this Course

Overview

This supervisor training is required for all new supervisors in Florida's child welfare system. ***Supervising for Excellence*** offers participants an opportunity to learn the skills and information necessary to transition into effective leaders in their new supervisory roles. Participants will learn how to identify their leadership styles, build an effective work team, give constructive feedback, and steer their team's work toward the goals and outcomes necessary in order to ensure the safety, permanence, and well-being of children in Florida.

Purpose

The ultimate goal of everything we do in child welfare is aimed, ultimately, at maximizing every child's chances of flourishing socially, developmentally, physically, emotionally and educationally. The first priority in child welfare is to keep children safe. While safety is paramount, evidence has also shown that children have a greater chance for success if they remain in the home. In light of this research, the Department has adopted the goal of safely reducing the number of children in out-of-home care by 50% by the year 2012.

Effectively negotiating the difficult decisions needed to increase positive outcomes for children and their families requires a highly skilled workforce. From state leadership to the local frontline investigators and case managers, we are all on the same team with the same goal. Sometimes, however, it is difficult to see this unifying goal because of the impact of trauma, bureaucracy and distance.

The effective supervisor is the bridge: The bridge that links policy and state/local leadership with the case manager or investigator; The bridge that carries quality practice and accountability into child welfare case practice; The bridge that supports investigators and case managers in their efforts to make sound decisions and planning for child safety, permanence and well-being.

Supervision transcends simply tracking and monitoring cases for compliance. The most effective supervisor serves not only as a 'supervisor' but also as a coach, using cases as the means to teaching effective practice and problem-solving. Supervision that helps the worker integrate quality measures into everyday approaches with families advances not only the work on each 'case' but guides the ways that workers engage and assist families in developing shared goals and outcomes. When workers effectively translate agency and federal goals and standards into their work with families, parents can demonstrate their ability to provide safety, permanency, and well-being for their children. If parents lack the capacity or desire to make needed changes to safely care for their children, supervisors assist workers in seeking child and family-centered ways to support lifelong connections while attending to the child's needs through alternative permanency goals.

The purpose of this curriculum is to prepare supervisors for their role and responsibilities related to being the bridge—the link, the route, the support—that ultimately leads to positive outcomes for Florida's children and families.

Key Learning Goals

- ✓ Supervisors will identify the necessary changes that need to occur to successfully shift from practitioner to supervisor.
- ✓ Supervisors will have increased mastery in providing support and guidance in a family-centered practice environment.
- ✓ Supervisors will develop skills to assist them in building highly functional staffs and teams.
- ✓ Supervisors will understand their role in the larger system and see the impact of their role on increasing positive outcomes for Florida's children and their families.

Course Introduction

The focus of this day of training is to provide an overview of ***Supervising for Excellence***. The supervisory role in the family-centered practice model is also covered in this introduction because it is the cornerstone of the **ultimate goal of the training**—*which is to increase positive outcomes for Florida’s children and their families by helping supervisors strengthen quality practice in their units.*

Key Learning Objectives

- ✓ Supervisors will identify the goals of the *Supervising for Excellence* course.
- ✓ Supervisors will understand their roles and responsibilities in the implementation of the family-centered practice model.

Course Introduction

Topic	Activities
Course Introduction	<ul style="list-style-type: none"><li data-bbox="695 321 1252 357">▪ A Context For Strengthening Quality<li data-bbox="695 375 1081 411">▪ Participant Introductions<li data-bbox="695 430 1024 466">▪ Working Agreement<li data-bbox="695 485 1239 520">▪ Supervisor Goals and Expectations
Family Centered Practice	<ul style="list-style-type: none"><li data-bbox="695 558 1101 592">▪ The Critical Link Roleplay
Wrap-up	<ul style="list-style-type: none"><li data-bbox="695 678 1049 711">▪ Complete Evaluations

Objectives

Course Introduction

- ✓ Identify the goals and content for *Supervising for Excellence*.
- ✓ Create a working agreement.

Family Centered Practice

- ✓ Compare traditional and family-centered child welfare practices.
- ✓ Identify your roles and responsibilities in the effective implementation of the Family-Centered Practice model.

Handout – Goals and Expectations for Child Welfare Supervision

Supervision is the critical element of best practice and accountability in child welfare case practice. The primary goal of clinical supervision and consultation (as well as peer mentoring) is to support caseworkers' decisions and planning for child safety, permanence and well-being.

A Framework for Supervision of Casework

1. The provision of skilled supervision is a significant factor in the consistent delivery of quality child protective services and assurance that there is continuous review and assessment of safety and permanency throughout the life of each case. At a minimum, all child welfare workers should have benefit of monthly, face-to-face supervisory consultation and review. Supervision should always be available to support key decisions at critical case junctures.
2. Caseworkers are not independent agents of their agency and all crucial decisions must be shared with supervisors. No matter how articulate or experienced a worker is, the ideas and opinions of someone who is not directly involved with a particular case are valuable and necessary. A caseworker should know how to access his or her supervisor at all times, or there should be a clearly articulated chain of command for access to supervision.

Supervisors should determine which of the following levels of supervision and consultation each caseworker will receive, dependent upon where he or she is individually with respect to years of experience, demonstrated skills and completed training and/or education.

- a. As a rule, all new workers should have direct clinical supervision through no less than a weekly conference, with peer consultation from senior co-workers as needed.
- b. When appropriate, an experienced caseworker can be supervised by a casework supervisor through monthly conferencing, with peer consultation support from co-workers.
- c. In the event a newer caseworker is assigned to a more complex case (or the case becomes complex as time passes), the worker should increase direct clinical supervision, with additional peer consultation support from the casework team.

Ideally, new caseworkers should also be matched with a peer caseworker in a mentoring relationship.

Handout, cont.: Workplace Strategies

3. Casework supervisors should, in turn, be supervised in a management structure that promotes child welfare practice expertise and the need for consistent practice principles between supervisors in a single office and statewide.

Goals for Supervision

The following supervision and consultation goals need to be pursued in child welfare, regardless of the daily level of supervision employed with a particular caseworker:

- a) addressing caseworker feelings/confusion/uncertainty/dependency needs
- b) providing tools and technical assistance
- c) clarification of client behavior and worker interventions
- d) broadening worker understanding of certain situations
- e) constructive identification of mistakes
- f) assisting with organization and prioritization of work
- g) appropriate court room decorum and presentation
- h) appropriate use of agency support staff
- i) analysis and validation of worker intuition
- j) addressing worker resistance to client personality/behavior
- k) providing perspective
- l) use of resources such as family members, community partners, foster parents to help in decision-making
- m) listening and feedback
- n) consultation
- o) promoting respect for children and families at all times
- p) modeling supervision
- q) providing a working environment that is supportive and conducive to professional performance
- r) identifying and improving systems problems with other supervisory staff to promulgate effective casework practices

Supervisory Expectations

1. It can take up to several years for a caseworker to reach a level of self-dependent practice. Prior to this point in practice, caseworkers need a gradual transition from intensive supervision to consultation and where a worker falls in this continuum should be considered when assigning cases to workers and determining how best to supervise individual case practice. At the same time, even the most experienced caseworkers need mandatory, regularly scheduled time with a clinical supervisor. "Open door" supervision is not a substitute for regularly scheduled time with a caseworker.

Handout, cont.: Workplace Strategies

Until a supervisor is familiar with a caseworker's abilities, he/she should be familiar with all of the individual's work. Subsequently, all new cases assigned to a worker should be followed by the supervisor up to the point of transfer or closure, or until a supervisor determines that a different model of consultation is appropriate for a caseworker.

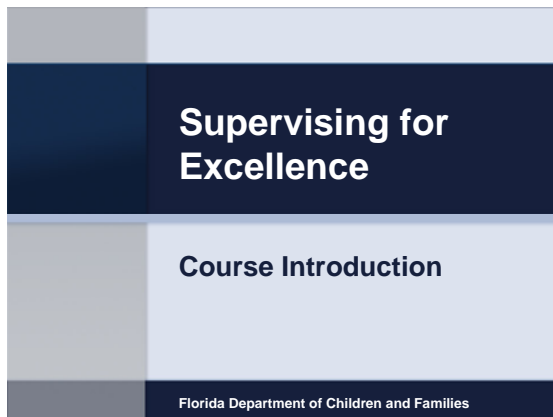
2. There are general considerations for casework supervision that are applicable to assignment of cases:
 - a) Following case assignment, the caseworker should read the case record at the earliest opportunity.
 - b) Case transfer and reassignment of a case should not occur without benefit of a case transfer process that assures the receiving supervisor can adequately assign the case to a new caseworker.
 - c) Graduate student interns should not be assigned complex/high risk cases.
 - d) Caseworkers must have applicable mandatory training before they are assigned cases.
 - e) Job-sharing in casework positions should be avoided. It is confusing to families, it can be difficult for clients who have trouble enduring change, it increases the difficulty parents have building other than an adversarial relationship with their caseworker, and it can provide the opportunity for manipulation by a parent. Most importantly, this arrangement intensifies the possibility of communication gaps that can result in a child being placed at risk.
 - f) Case transfers should not be postponed because of incomplete documentation. If there are ongoing documentation problems, this should be addressed as a performance improvement issue.
 - g) Casework supervisors should have benefit of cross-program; peer management consultation for complex case assessment; and service planning activities that take safety and permanency into consideration throughout the life of the case.
 - h) Supervisors should have benefit of regular management supervision that keeps them apprised of developments related to service and resource availability, policy and program developments, workload issues, and procedural changes that may impact client service delivery.

Activity – Comparison Of Traditional And Family-Centered Child Welfare Practices

Traditional Child-Welfare	Family-centered Child Welfare
Safety	
Safety is the first concern	Safety is the first concern
Engagement	
Efforts focus on getting the facts and gathering information, and not in the building of the relationships.	Families are engaged in ways relevant to the situation and sensitive to the values of their culture.
Assessment	
The assessment focuses on the facts related to the reported abuse and neglect; the primary goal is to determine immediate safety risks and emerging dangers, as well as to identify the psychopathology of the “perpetrator”.	The assessment protocols look at families’ capabilities, strengths, and resources throughout the life of the case and are continuously assessed and discussed. Awareness of strengths supports the development of strategies built on competencies, assets, and resources.
Safety Planning	
The plan is developed by Child Protective Services, courts, or lawyers without input from the family or from those that know the child.	Families are involved in designing a safety plan based on information and support or worker/team members.
Out-of-Home Placement	
Biological, adoptive, and foster families have little contact with one another.	Partnerships are built between families and foster/adoptive families, or other placement providers. Respectful, non-judgmental, and non-blaming approaches are encouraged.
Implementation of Service Plan	
Implementation most often consists of determining whether the family has complied with the case plan, rather than providing services and supports or coordinating with informal and formal resources.	Workers ensure that families have reasonable access to a flexible, affordable, individualized array of services and resources so that they can maintain themselves as a family.
Permanency Planning	
Alternative permanency plans are introduced only after efforts at parental rehabilitation are unsuccessful.	Families, child welfare worker, community members, and service providers work together in developing alternate forms of permanency.
Reevaluation of Service Plan	
Few efforts are dedicated to determining the progress of the family in reaching the plan’s outcomes. Re-evaluation results are not shared with the families.	Information from the family, children, support teams, and service providers is continuously shared with the service system to ensure that intervention strategies can be modified as needed to support positive outcomes.

Course Introduction PowerPoint

Slide I.1

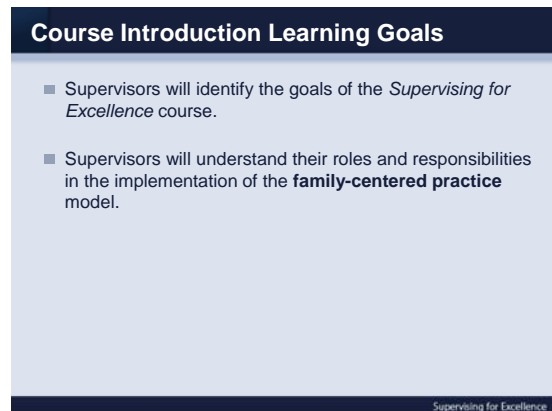


Supervising for Excellence

Course Introduction

Florida Department of Children and Families

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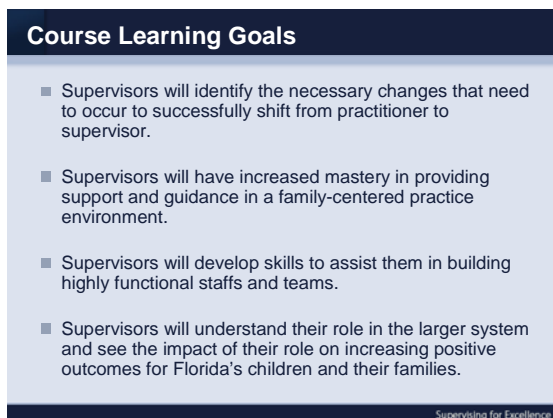


Course Introduction Learning Goals

- Supervisors will identify the goals of the *Supervising for Excellence* course.
- Supervisors will understand their roles and responsibilities in the implementation of the **family-centered practice** model.

Supervising for Excellence

Slide I.3



Course Learning Goals

- Supervisors will identify the necessary changes that need to occur to successfully shift from practitioner to supervisor.
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Slide I.4–I.5



Reaching Our Ultimate Goal

Positive Outcomes

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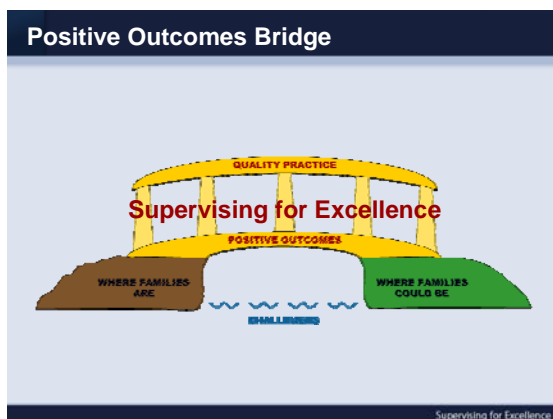
by conducting **Quality Practice**

↑

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Slide I.6–I.9



Positive Outcomes Bridge

QUALITY PRACTICE

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POSITIVE OUTCOMES


WHERE FAMILIES ARE

CHALLENGING

WHERE FAMILIES COULD BE

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Slide I.10



Family-Centered Practice


- **SAFETY** is paramount
- An **approach**, not a prescription
- Effective practice
 - Creativity
 - Flexibility
 - Critical thinking
 - Good decision-making

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Course Introduction PowerPoint

Slide I.11

Best Interests of a Child



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Slide I.12

Family-Centered Approach

- First Concern: **Child Safety!**
- **Early** provision of intensive services
- Focus on **family system**
- Building on **family strengths**
- **Collaboration** with family
- Strong use of **informal support systems**

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Slide I.13

Family-Centered Approach Requirements

- Staff education/training
- Policies and resource priorities of the approach
- Teamwork vs. silos
- Allocation of resources
- Shared risk
- A reinforcement and reward system
- Recognizes, rewards, and reinforces good practice
- Measurement

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Slide I.14

End of Course Introduction

**Thank you
for participating**

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