Supervision in child welfare: Integrating administrative and clinical components

Authors: Dill, K. & Bogo, M.
Assistance with Fact Sheet: Christina Yager

FACTOR-INWENTASH FACULTY OF SOCIAL WORK

This fact sheet summarizes a study of supervision in child welfare that explored the perspectives of current supervisors. Qualitative methods were used in two phases to engage supervisors in discussions regarding their beliefs, practices and experiences in their roles as child welfare supervisors. Eight focus groups were held in Children's Aid Societies across Ontario in 2005-2007 involving 51 supervisors from urban and rural agencies. This research is particularly timely given the recent Transformation Agenda outlined by the Ministry of Children and Youth Services.[1] This fact sheet will provide child welfare supervisors and agencies with the study findings, from which recommendations for child welfare supervision practice are drawn.

Context for the Study

The Transformation Agenda embraces a more strengths-based and collaborative practice model with child welfare clients. This evolving model requires child welfare practitioners to possess competence in relationship building and clinical aspects of social work practice. Supervision therefore must provide not only assistance with administrative issues and risk assessment, but also with clinical processes. Classical conceptualizations of supervision have highlighted that administration, education and support are essential aspects of supervision in child welfare.[2,3,4] What is not known is the current experience and perceptions of those offering supervision to front-line staff. How do they view their role and function and how do they offer clinical supervision? What factors facilitate and what factors serve as barriers to their performance?

Summary of Findings: Supervisor's perspectives on their role

The safety of children

Supervisors viewed their primary goal as protecting children in vulnerable circumstances. These individuals saw themselves as accountable for workers' adherence to their agency's child protection mandate and for promoting workers' competence. Based on this commitment and their own behaviour with clients, they expected supervisees to also demonstrate commitment by "going the extra mile for clients."

Interwoven elements of clinical supervision

Supervisors explained how clinical supervision involves a combination of case management and professional development of supervisees (specific approaches are provided below.) Group supervision, especially with new workers, was identified positively as an effective method of delivering supervision. Their roles as manager and evaluator could create tension as they enacted their role as clinical supervisor.

Organizational context

Supervisors spoke of the importance of their organization supporting the new transformation philosophy and the need for more intensive clinical supervision and practice. Supervisors also highlighted the parallels between what they received from their managers and what they were able to provide for their supervisees.

Becoming and developing as a supervisor

Advancing from a front-line worker to a supervisory role was described as including a steep learning curve. For example, when beginning a supervisory role, mastering the administrative tasks was described as preceding clinical supervision with supervisees. Supervisors also expressed that their clinical experiences as workers guided their ability to provide clinical supervision once in the supervisory role. Professional development and support from managers was emphasized to assist supervisors as they develop in the role.

Power and authority

The mandate of child welfare organizations is to ensure the protection and over-all well-being of children and youth through engaging with families. Underlying this philosophy of practice is the ever-present reality of power and authority dynamics that are inherent to the child welfare mandate. Power and authority is framed by the organization's mandate for child protection. This power operates through case decision-making practices that may require the removal of a child or youth from the family home.

UNIVERSITY OF TORONTO

Power and authority (cont'd)

Three focus groups discussed power and authority within the context of child welfare supervisory practice. The findings from these focus group sessions include:

1. **Transformation Agenda:** Supervisors were concerned about the challenges of translating strengths based practice in the context of a predominantly risk focused environment.

2. **Harbingers of Change:** The Transformation Agenda has led to significant change. These changes resulted in supervisors becoming the "messengers of "change". Some felt that transmitting information about systemic and organizational change can leave supervisors in the undesirable position of promoting change within an environment already overwhelmed by new expectations and mounting pressures.

3. Participants highlighted the **"multi-dimensional"** aspects of power and authority based on the following factors:
   - Conceptualizing power and authority issues as a front-line worker: Front-line workers who conceptualize and comprehend their power and authority issues as emerging practitioners are better able to negotiate these issues within the context of supervisory practice.
   - Developmental stage of supervisors: Supervisors report that newer supervisors were more self-conscious of the issues related to power and authority as compared to more experienced supervisors.
   - Senior managers providing place and space for critical reflection: Participants noted that they rarely had the opportunity to critically reflect on power and authority issues within the context of supervisory sessions with their own senior manager. They expressed the desire and need for such critical reflection.
   - Organizational Culture: Some participants reported working within a "culture of fear" and that accountability, rather than clinical practice and critical reflection, was the primary driver for supervisory practice. In other settings, participants noted a different milieu whereby supervisory peers critically reflected on the various dynamics of clinical practice and the paradigm of power and authority.

4. **Relationship Dynamics** were seen as critical elements related to issues of power and authority based on the following:
   - Competence and Trust: Empowering workers to take more control over their own case decisions, and when possible delegate authority to team members.

- Empowerment and Power Sharing: Empowering front-line workers to take on more responsibility i.e. chairing team meetings, providing informal coverage when the supervisor is absent for a short period of time.
- Parallel Process: Participants highlighted how one treats a staff member can in turn influence how the staff person treats his or her client.
- Transference and Counter-Transference: Participants noted that their own feelings and relationship with supervisees affected their direction to the staff person. Supervisors sometimes felt caught playing the role of therapist with supervisees instead of focusing on case decision-making.
- Boundaries: Negotiating boundaries with staff persons was seen as an important feature of the power and authority dynamic but many reported that boundaries with various staff members are fluid and cannot always fit into a "box".

Toward a Model of Clinical Supervisory Practice

Findings from this study led to the following recommendations for clinical supervision in child welfare.

At the Organization Level

1. Changing from a risk assessment model to a strength-based approach occurs in an organizational context and is supported by senior management. Senior managers can:
   - Validate supervisors' role as clinicians
   - Provide emotional support to supervisors
   - Help supervisors balance clinical and administrative issues
   - Assist supervisors in attending to their own personal and professional reactions to difficult or challenging case situations.

2. Supervisors benefit from the opportunity to explore their own practice as supervisors with colleagues or managers.
   - Formal and informal peer support for supervisors is perceived as effective. Agencies can provide opportunities for supervisors to link with each other in peer supervision.

3. Training for new supervisors is needed to increase their competence in clinical supervision and to assist in balancing roles and demands. Ongoing professional development in clinical supervision can assist experienced supervisors. Suggested topic areas include:
   - Role of the Child Welfare Supervisor
   - Exploration of Supervisory and Leadership Competencies.

UNIVERSITY OF TORONTO

FACTOR-INWENTASH
FACULTY OF SOCIAL WORK

3. Training for new supervisors... (cont'd)
- ♦ Critical Thinking in Child Welfare Supervision
- ♦ Parallel Process and Supervision
- ♦ Balancing Clinical, Administrative and Educational Supervision
- ♦ Child Welfare Supervisor as Adult Educator
- ♦ Managing and Leading in a Team Environment
- ♦ Impact of Stress on the Child Welfare Supervisor Liability and Supervision
- ♦ Supervision and Anti-Oppressive Practice
- ♦ Leading Evidence Informed Child Welfare Practice

At the Supervisory Level

Supervisors are:
- ♦ experienced and expert child welfare practitioners
- ♦ knowledgeable about current professional literature and model evidence-informed practice

The supervisory relationship rests on:
- ♦ developing a positive relationship with the worker, and one that balances support and challenge
- ♦ a safe environment where workers can discuss counter transference and blocks to effective engagement with clients
- ♦ clearly stated expectations about the goals and process
- ♦ understanding and responding to dynamics in worker-supervisor interactions
- ♦ modeling a parallel process for client and worker relationships

Supervisory sessions are:
- ♦ scheduled and regular, with protected time
- ♦ structured and aim for depth; sessions cover a limited number of issues rather than a review of a multitude of details.
- ♦ informed by the clinical expertise of the supervisor
- ♦ use collaborative and strengths based practice models with clients

Clinical supervision focuses on:
- ♦ risk assessment
- ♦ case management
- ♦ engagement, the dynamics of workers'
- ♦ relationships with clients, including self-awareness
- ♦ understanding family dynamics
- ♦ developing worker's skills

Supervisors educate through:
- ♦ developing an individual learning plan based on worker's experience, learning needs, and style
- ♦ promoting transfer of worker's learning from one case to another
- ♦ using questions and discussion to:
- o stimulate critical thinking and self reflection
- o to identify clinical questions in cases-e.g. linking family dynamics to reasons for involvement with child welfare; enhancing workers' self- awareness about their own reactions to clients' specific behaviours
- ♦ using teaching techniques such as:
- o reviewing videotaped interviews of worker and client
- o interviewing the family with the worker in the office and in home
- o providing supervision through a one way viewing mirror
- o providing feedback about worker's performance highlighting positive interventions and those that are less successful

_____

This fact sheet is a summary of the following articles:

Bogo, M., & Dill, K. (2008). Walking the tightrope: Using power and authority in child welfare supervision. Child Welfare 87(6), 141-157.

Dill, K., & Bogo, M. (2009). Moving beyond the administrative: Supervisors' perspectives on clinical supervision in child welfare. Journal of Public Child Welfare 3(1), 87-105.

Dill, K., & Bogo. M. (2007). Moving beyond the symposium: Creating a model for child welfare supervision in Ontario. Ontario Association of Children's Aid Societies Journal, 52, 3.

References

1. Ministry of Children and Youth Services (2005). Child welfare transformation 2005: A strategic plan for flexible, sustainable and outcome oriented service delivery model. Toronto, ON: Ministry of Children and Youth Services.
2. Kadushin, A., & Harkness, D. (2002). Supervision in social work (4th ed.). New York, NY: Columbia University Press.
3. Munson, C. E. (1993). Clinical social work supervision (2nd ed.). Binghamton, NY: Haworth Press.
4. Shulman, L. (1993). Interactional supervision. Washington, D. C.: NASW Press.

UNIVERSITY OF TORONTO

FACTOR-INWENTASH FACULTY OF SOCIAL WORK