Introduction

Like all the other States, Missouri recently participated in the Child and Family Services Review (CFSR), a new process initiated by the Federal government in partnership with the States to assess how each State is doing in achieving core outcomes for children and families who come into the child welfare system. As part of that process, Missouri’s Children’s Division developed and is now implementing the State’s Program Improvement Plan (PIP) to address the areas of needed improvement identified in the CFSR.

Missouri has identified eight key strategies in which training and technical assistance (T/TA) is needed from the federally-funded National Child Welfare Resource Centers (NRCs) within the next two years. These key strategies are guided by Missouri's vision, "SAFETY, HEALTH AND WELL BEING FOR EVERY MISSOURI CHILD!" and mission, "TO PARTNER WITH FAMILIES AND COMMUNITIES TO PROTECT CHILDREN FROM ABUSE AND NEGLECT AND TO ASSURE SAFETY, PERMANENCY AND WELL BEING FOR MISSOURI'S CHILDREN." They will help focus the activities within the PIP and will help shape practice throughout the child welfare continuum. These strategies were identified by a core group of leadership staff in the Children’s Division, with the assistance of the Administration for Children and Families (ACF) Regional Office (RO) and the National Child Welfare Resource Center for Organizational Improvement (NRCOI). The key strategies are:

- Safety across the board.
- Improved family assessments.
- Expanded/enhanced Family Support Team meetings.
- Older youth issues.
- Reinforcing concurrent planning.
- Visitation (worker/parent/siblings).
- Supporting supervisors.
- Recruitment and retention of resource families, including relative homes.

While working specifically on these key strategies, there are consistent themes that will be addressed throughout the strategies. These are:

- Ongoing training.
- Supervision, coaching, and training.
- Sustainability strategies.
• Use of data in making decisions (targeted approach).
• Use of the CQI process.
• Coordination with the Juvenile and Family Courts.

**Rationale for Focusing on Child Welfare Supervision**

Even a cursory review of these eight strategies and six themes would conclude that most, if not all, are child welfare issues that are typically addressed in child welfare supervision. Moreover, the field of public child welfare increasingly is focusing on supervision as a strategy for improving practice and outcomes. Across the United States, it is clear that supervisors are the most stable element of the child welfare system, that they are the keepers of the agency's culture, and that to introduce and achieve systemic change, their involvement and support is crucial. These conclusions are reinforced by the fact that over 20 states built improving child welfare supervision as a key strategy in their Program Improvement Plans.

For these reasons, it was decided that one of the first priorities in using T/TA from the NRCs would be to convene a Child Welfare Supervision Work Group in Missouri, and to use that group to study how to better support supervisors and improve supervision and, ultimately, prepare and implement a Child Welfare Supervision Strategic Plan. This Work Group was to be supported through technical assistance provided by staff and consultants of the NRCOI.

This Work Group was formed with the assistance of the Regional Directors and Central Office staff. Thus far, it has met three times: June, August, and October, and additional meetings are scheduled for November and January. Members include supervisors from each of the seven Children's Division's regions (Karen Anderson, Marcia Dunnegan, Lola Fritts, Stacy Meyer Joslyn, Deb Roberts, Lissa Schwach, and Cindy Stone); one circuit manager who continues to supervise (Gwen Spidle); three clinical specialists (Willa Hubbard, Lisa Lawson, and Paula White); three Central Office staff (Cindy Miller, a training manager; Susan Savage, the QA manager; and Lee Temmen, the PIP coordinator); two additional members (JoDene Bogart, a QA specialist, who was recruited because the Work Group was also charged with developing a Supervisory Review Tool (SRT); and Dr. Paul Sundet, who developed the clinical supervision training curriculum which is being piloted in Missouri); and three staff/consultants with the NRCOI (Lynda Arnold, Joe Murray, and Steven Preister).

The three Resource Center consultants have appreciated the time and energy commitments of the Work Group members. Ground rules for the Work Group include sharing the Group’s conclusions with the Children’s Division’s leadership, but keeping the confidentiality of specific individuals’ comments and suggestions.
Sources of Information for This Document

This document, a review of the current state of child welfare supervision in Missouri and a strategic plan to better support supervisors and improve supervision, was developed drawing on the experience and expertise of the Work Group members.

Also helping shape this document were the guiding principles of the Children's Division:

- PARTNERSHIP
- PRACTICE
- PREVENTION
- PROTECTION
- PERMANENCY
- PROFESSIONALISM

Additional information was used to develop this document and strategic plan, including the findings of the CFSR, and the findings of a Child Welfare Supervisors’ Time and Activity Study conducted by the consultants and Work Group members.

The Current Culture of Child Welfare Supervision in Missouri

One of the first tasks undertaken by the Work Group was to describe the current culture of child welfare supervision in Missouri. By culture, we mean issues such as how valued child welfare supervision is, and how child welfare supervisors and supervision are supported in the State.

The Work Group members, based on their experience, believe that public child welfare workers in Missouri value and seek out supervision. Workers believe their supervisors are there for them, and go to them for support, guidance, and knowledge. Coaching of workers is a valued and important role. One role of supervisors is to help their workers buy into the “big picture”: for example, the purpose and practice of family assessments, and the purpose and practice of worker visitations with children, families, and resource families.

At the same time, child welfare supervisors may not necessarily feel supported by the rest of the agency. This is reflected in a variety of ways:

- Child welfare supervisory training is sporadic and, until the clinical supervision curriculum was recently piloted, there has been little advanced or experiential training.

- Supervisors are asked to do a constantly increasing number of tasks that may or may not have anything to do with supervision (for example, administrative tasks that have been delegated, partly as a result of the new organizational structure; responsibility for teaching/sharing policy; staying after hours to do paper work).
As a result, there is not always enough time for supervision and for supervisory tasks such as coaching.

- Compensation for serving as a supervisor (moving from a worker to supervisor) is very small—basically a one-step promotion. And the loss of a regular travel check that occurs when promoted to supervisor means that the financial difference between serving as a worker and serving as a supervisor is insignificant, perhaps even negative. In addition, other means of giving recognition for the services of supervisors are not used.

The Current Structure and Practice of Supervision

The next task was to describe the current structure and practice of supervision in Missouri. By structure and practice, we mean issues such as what is the current expectation across the state of how often and how supervision is provided, and what is the actual practice of supervision (which may or may not be the same as the expectations).

Supervision is clearly valued in the Children’s Division. Moreover, the fact that Circuit Managers generally have child welfare experience is very helpful to supervisors. At the same time, there clearly is room for improvement in the structure and practice of supervision. Based on their experience, Work Group members concluded that:

- There is no consistent definition of child welfare supervision across the state, including a current, consistent job description. Likewise, there is no consistent supervision expectations and practice across the State. Nor is there a consistent performance evaluation for supervisors or workers across Missouri.¹

- This inconsistency has resulted in different supervisors defining their jobs differently. Some supervisors see their job as providing clinical supervision. Other supervisors do not see this as part of their job, but instead, they see their job to be enforcement of compliance and to sign forms. This situation may be exacerbated by the new circuit structure, which is a good structure; however, because circuit managers are stretched, more administrative tasks have been delegated to supervisors, leaving less time for clinical supervision.

- This inconsistency is also evident in supervisor-worker ratios and worker caseloads. The supervisor-worker ratio can be as many as nine workers per supervisor in parts of the State. It is difficult to get a handle on average caseload because of variance county by county and on how cases are counted and what workers actually carry. There is also variance across the State in definition and practice by the type of case.

¹ The exception to this is Jackson County where child welfare is still working under a consent decree. There, child welfare supervision expectations and practice are clearer.
• Finally, there is a lack of consistency in the definition and practice of the work of the clinical specialists. The purpose of the clinical specialists, as the Work Group members understood these positions, was to improve the quality of supervision and practice. However, some clinical specialists are now doing special projects and hence provide less support to supervisors and workers. Work Group members concluded that the clinical specialists’ definition and practice need to be clarified and improved.

A pilot Supervisors’ Time and Activities Study – in which members of the Work Group participated - confirmed variance among the supervisors in both the percentage of time spent (a) in each of the major categories (systemic, personnel/management, case-related/clinical and other) in which they are involved and (b) on activities which are planned versus those that are unplanned. Neither this pilot nor a subsequent opportunity for supervisors statewide to participate in a Time and Activities Study generated a sample size large enough to generalize the resultant data at a detailed level; however, these variances were evidenced in both.

The Purpose of Child Welfare Supervision in Missouri

Next, the Work Group members worked at defining the purpose of child welfare supervision in Missouri. The members used their experience and expertise to prepare a definition of what they would like to become the Children’s Division’s defined purpose of supervision.

The purpose of child welfare supervision in Missouri’s Children’s Division is to:

• Assist workers in achieving positive outcomes for children and families.
• Advance the vision, the mission, and the principles of the Children’s Division.
• Ensure the consistency of practice and policy application.
• Be responsible for worker accountability and fairness in relation to practice standards, service delivery, adherence to policy, disciplinary action, and performance appraisal.

What Child Welfare Supervisors Do

The Work Group members also worked at defining what they thought child welfare supervisors should do with their supervisees. These include:

• Helping workers develop skills by modeling, coaching, mentoring, and supporting.
• Helping workers get the big picture.
• Ensuring accurate and timely data entry, and using data to manage for results (outcomes) and manage caseloads.
• Problem solving.
• Trouble shooting.
• Crisis management.
• Time management and helping workers prioritize.
• Direct/monitor casework practice (Supervisory Case Review Tool).

The Structure and Practice of Clinical and Administrative Supervision in Missouri

The Work Group recommends that the following serve as the Children’s Division’s expectations about the structure and practice of clinical and administrative child welfare supervision in Missouri:

• Scheduled, individual supervision of each worker once a week, especially for new workers. This includes on-the-job training. Regularly scheduled supervision should lead to a reduction in “hallway supervision.”

• Regularly scheduled group supervision (both clinical and administrative) of all workers in the supervisor’s unit every month. Additional group supervision should be scheduled if necessary. The State needs to develop a better description of the unit meeting—its purpose, frequency, structure, agenda items for unit meetings, etc.

• Supervisors need to be trained on how to use data to supervise, both for individual and group supervision. The data should be available about the case performance of each worker and unit. Once supervisors are trained in how to use data to supervise, they should be supported in this task.

• The focus of the supervision needs to include:
  o Are the outcomes that have been defined for the case being achieved?
  o Does the worker know what is expected of him or her in each of the worker’s cases?
  o Does the worker have the skills to meet those expectations?
  o How can the supervisor help the worker develop the skills the worker needs to achieve the outcomes that are defined for each case?

Support for Supervisors

In addition to the training of supervisors, which is addressed in specific details in the Strategic Plan, the Work Group developed the following recommendations for supporting child welfare supervisors:

• The Work Group recommends the following regarding supervision of supervisors:
Scheduled, individual supervision of each supervisor twice a month, one of which must be in person (both in person is better). Supervisors’ individual meeting with their supervisors should focus on: the supervisor’s professional development; planning; unit data; individual cases; and personnel.

The group of supervisors meeting with their supervisor needs to be once a month. This meeting should focus on: policy changes (and why); use of data and case reviews (unit specific); best practices; feel the passion for the “big picture.”

The Work Group members believe that in addition to supervisors receiving supervision, other supports are needed for supervisors across the State’s Circuits and Regions. These include:

- Monthly, supervisor peer-to-peer meetings, where supervisors can help each other improve their supervisory skills in “Learning Circles.”
- Clearer access to clinical case consultation.
- Reduction in non-essential tasks to increase time for clinical supervision.
- Greater support for supervisor educational advancement.
- A child welfare supervisor career ladder to that the Children’s Division is ensured of ongoing, excellent leadership in the future.
- A look at how to improve child welfare supervisor compensation over the long-term.

Needed Culture Shifts to Better Support Supervisors and to Improve Supervision

Finally, the Work Group members spent considerable time thinking through the culture shifts that they believe need to take place in Missouri if the Children’s Division is to be successful in better supporting supervisors and improving supervision. By culture shifts, we mean changes in values and practices that will enhance supervision. These include:

- Promotion of the Children’s Division as a Learning Organization: using data at every level, including supervision, to learn about practice and to achieve better outcomes.
- Consistent, statewide definition and implementation of the purpose, practice, structure and support of supervision.
• Proactive supervision: time management, caseload management, clinical/scheduled/proactive supervision to get away from crisis management, with a recognition that there are crises in child welfare that happen on a regular basis and must be handled.

• An attitude that “Your workers are your clients”—what’s good for families is good for workers, too — it’s a parallel process.

• Missouri values supervision:
  o Workers, supervisors are the State Office’s clients.
  o Getting more information.
  o More equitable salary.
  o Education valued and promoted.

• Develop a career ladder for supervisors:
  o Supporting clinical licensure financially, otherwise.
  o Encouraging, mentoring workers toward supervision.

• Trust — trusting supervisors to do the job we’re hired to do—we will back you up.

The Child Welfare Supervision Strategic Plan

After completing the efforts described above, the Work Group began constructing the Child Welfare Supervision Strategic Plan. The Plan addresses strategies in four different areas:

  1. Supervisor Training.
  2. Supervisor Support.
  3. Casework Practice.

For each of these four areas, the Plan addresses five elements of a strategic plan:

• Action Steps.
• Tasks/Time Frames.
• Benchmarks.
• Completion Date (Action Step).
• Persons/Groups Responsible.