



## at the University of Kentucky Training Resource Center



The **Quality Improvement Centers** are funded by the Children's Bureau to improve the Child Protective Services system by addressing issue(s) that are integral to developing new CPS strategies by developing and implementing research and demonstration projects to promote innovation, evidence-based practice improvements, and advancement of knowledge.

### The Southern Regional Quality Improvement Center (SR QIC) Partnership is

- Public child welfare agencies, universities and community partners in Alabama, Arkansas, Georgia, Louisiana, Mississippi, Missouri, Kentucky, South Carolina, Tennessee, and West Virginia.
- Located in a rural south region that has many needs and a wealth of human resources, energy and commitment to work collaboratively to improve the child protective services system. This is a regional network where synergy abounds.

### The Objectives of the SR QIC

- To create **regional Learning Laboratories** that will provide collaborative problem-solving, program evaluation and practice improvement in child welfare that build lasting capacity in public and private agencies throughout the region's protective services. These Learning Laboratories, supported by the QIC, will be places where practitioners, researchers, community partners and recipients of service focus and work together to solve child protection practice issues.
- To provide ongoing collaboration with local communities within the specified region to create **demonstration projects focused on evidence-based practice improvements** that measure outcomes and will improve child welfare delivery systems. Using an evidence base for all programs will provide a foundation of practice that will be expanded and evaluated.
- To support practice improvements that **build lasting capacity** in public and private agencies in the region by expanding university and community partnerships to provide a reinvigorated research and community support base for ongoing work, to train future practitioners in state of the art practice and to provide training partnerships that allow for expanded use of state and federal funding.

### The Focus of the SR QIC is

The **enhancement of casework supervision**, which was noted as the most significant region-wide need through a multifaceted needs assessment, and was also identified as an important part of the solution to many other problems, such as the quality of case assessment and the transfer of assessment data into targeted interventions.

Funded projects are conducting research into whether the use of structured methods of clinical casework supervision in child protection positively impacts **worker practice in assessment and intervention, preventable worker turnover, and client outcomes**. Current supervision practice in public child welfare has become focused on administrative aspects of supervision due largely to the complexities of reporting and accountability. This comes at a great cost—in staff turnover, worker competence and skill, and potentially adverse outcomes for the families and children being served. The casework supervision practice most frequently occurring can be characterized as triage—workers come to the supervisor with a crisis or complex casework problem, and the supervisor provides the solution. This approach, along with many aspects of the traditional child welfare system, promotes a less clinical and perhaps less effective approach to child protection casework—one that focuses on case management and the documentation of activities, not treatment outcomes. Agency administrators, supervisors, and workers alike have expressed a desire for quality supervision and techniques focused on the educational and supportive roles of supervision.

### **The SR QIC Supervision Learning Laboratory Projects are in**

**Arkansas** Mentoring Family Service Worker Supervisors: focused on the mentoring of supervisors by field educators, which has four primary components: 1) classroom training on a model of clinical casework supervision; 2) mentoring by field educators every other week, utilizing structured on-the-job activities; 3) On-line educational offerings on theory and research in the field; 4) Peer group supervision via compressed video in which information from on-line offerings is applied case/supervision situations. Contact: Debbie Shiell, Division of Children and Family Services, 501-682-1554

**Mississippi** Child Protective Service Casework Supervision Project: involving three major components in which the intervention group will participate: 1) classroom training on a clinical casework supervision model; 2) on-site skill lab sessions to reinforce content of training held in between training sessions; 3) a web-based peer support system, including discussion boards, practice exercises and supportive chat. Contact: Kim Shackelford, University of Mississippi, 662-915-1563

**Missouri** Role Demonstration Model in Child Protective Service Supervision: involving the training and provision of consultation on-site with supervisors to implement a four stage role demonstration model: worker observation of the supervisor providing clinical services; cooperative provision of clinical services; observed provision of clinical services by the supervisee; and independent provision of services by the supervisee with clinical feedback from the supervisor via case discussion and group consultation. Contact: Paul Sundet, University of Missouri, 573-882-0915

**Tennessee**: Child Protective Services Supervisors Development Project: focused on three primary components: 1) classroom training; 2) on-site technical assistance for reinforcement of learning; and 3) a mentoring system pairing experienced supervisors with new supervisors to be phased in after the first year. This third component will not be implemented in the first year. Contact: Jenny Jones, 615- 256-1885

### **For more information about the SR QIC, contact**

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