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Professionalizing child welfare: An evaluation of a clinical consultation model for supervisors

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Abstract

This article describes a clinical consultation model that was developed and tested with child welfare supervisors in a large urban municipality over a 3-year period. Carried out within the framework of an existing university–child welfare partnership, the project involved faculty from six schools of social work and a large child welfare system. The evaluation methodology included a pre–post self-assessment measure, a consumer satisfaction questionnaire, and follow-up at 3- and 15-month post-program participation. Findings revealed significant increases in scores on the self-assessment scale from years 1 (the pilot study) to 2. Fidelity of the intervention was consistent across years 2 and 3, with statistically significant changes in self-assessment scores in each year as well.

This consultation program offers one tool for professional development that links faculty from schools of social work with MSW-level supervisors in the field, and yields encouraging results for professional decision-making in the provision of direct service. The model is transferable to other large cities and to many state-wide child welfare systems with comparable numbers of staff and clients.

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1. Introduction

The purpose of this article is to describe a clinical consultation model that was developed and tested with child welfare supervisors in a large urban municipality over a 3-year period. While the target population was the child welfare system in New York City, the authors believe that the utility and benefit of the model in a city the size of New York makes it transferable to other large cities and to many state-wide child welfare systems with comparable numbers of staff and clients.

2. Development of the consultation model

This was a 3-year demonstration project with child welfare supervisors. This project was timely in its focus on supervision in child welfare. Although there has been a historic concern with the need for supervision, especially of child protection staff (Davis, 2002; Morrison, 1997), in a review of the empirical research in supervision, Tsui (1997) discovered that, in the 25-year period from 1970 to 1995, only 30 journal articles or book chapters had been published.

The Clinical Consultation for Child Welfare Supervisors program was designed to assist supervisors with their roles as educators, mentors, and coaches for casework staff, specifically in relationship to case practice decisions. Specific objectives included enhancing the supervisors' ability to:

1. Coach, mentor, and involve casework staff in sound decision-making case practices aimed at ensuring children's safety and well being;
2. Convene and facilitate service planning case conferences where permanency and the child's well being are the paramount focus;
3. Improve supervisory practice in the development of child-centered culturally relevant safety plans; and
4. Involve casework staff in the development of individualized, family-focused and culturally relevant permanency plans for children and their families.

Both training and consultation are important modalities in the preparation and retention of qualified child welfare supervisors. The approach in this project centered on consultation partly because the inception of the project coincided with a period in which the public child welfare agency had already committed to providing a 10-day management and administratively focused training program for all public agency supervisors. The consultation program was initiated following the implementation of that project and its largely management-oriented focus. It also coincided with the emergence of a university–public agency partnership in New York City that involved six schools of social work and the public child welfare agency, the Administration for Children's Services (ACS). This type of collaboration, increasingly utilized by school of social work and community agencies (Graham & Barter, 1999), was committed to the professionalization and stabilization of the child welfare workforce in New York City.

Components of the consultation model included: (1) supervisors (mostly MSW-level) from both the public and voluntary child welfare agencies in New York City; (2) consultants who were members of full-time faculty at schools of social work; (3) a curriculum that was based on focus groups and a needs assessment conducted with potential participants of the program; and (4) a 10-session format over the academic year which emphasized participant presentations.

2.1. Background

Nathan (1993) identified a number of reports in which supervision in child protective services was characterized as ad hoc, sessions were missed or infrequent and content was reactive rather than planned. He suggested that the role of the supervisor must be not only to provide administrative clarity but also to deal with the anxiety that the job engenders. He used a consultation group to generate hypotheses about the work, construct a plan, and develop a theoretical framework (Nathan, 1993).

Consultation appears to be more effective than a brief consultation model alone when conducted within the context of an on-going collaboration (Bower & Sibbald, 2000). For example, studies carried out in British social service agencies (Clare, 1988) found that individual supervisory sessions with caseworkers were insufficiently rigorous to improve the quality of case planning. More helpful were outside or external consultants who provided individual or group consultation that offered opportunities for supervisors to explore feelings receive critical appraisal and consider alternative courses of action.

In another study, Garrett and Baretta-Herman (1995) conceptualized consultation as a form of professional development that could be further subdivided into client-centered and agency-centered processes. The former is concerned with discussion of client dynamics, identification of approaches for helping clients make change, development of new practice skills, and providing information about new and/or effective treatment skills. Agency-centered professional development, on the other hand, is concerned with orienting the staff person to the philosophy of the agency, the processes and procedures, task assignment, the presentation of roles, and resources.

2.2. The clinical consultation program

The clinical consultation program deliberately focused on client-centered dynamics because the management training was clearly agency-centered. Development of the program was guided by the literature cited above as well as by both a *strength-based model* (Cohen, 1999) and the principle of the *self-sustaining supervisor* (Lowe, 2000). Cohen has argued persuasively that the strength-based model, i.e., learning from success, is one of the best motivations for social work innovation and achievement of excellence. He also specifically argued that “Supervision for strength-based practice should not be crisis-driven consultation, initiated when the supervisee ‘needs help’” but rather “proactive supervision provided to the worker on a regular, predetermined time schedule, with the twin purpose of enhancing professional development and sustaining quality control” (p. 464).

The consultation program also sought to develop a “self-sustaining supervisor”. This concept was extrapolated from a conceptual framework introduced by [Lowe \(2000\)](#), in which he described a method to help therapists function as “self-sustaining” therapists. By this, he meant that the therapist is experienced enough to know that his or her own reflections need to be enhanced through consultation with a supervisor, peer, or other professional. This concept became an underlying principle upon which the interventions in the clinical consultation program were based.

Our consultation model was developed using focus groups of supervisors in both the public and private child welfare agencies in New York City, a method that has been utilized successfully in the past to develop training curricula for child welfare staff. ([Dane, 2000](#); [Packard, Jones, Gross, Holman, & Fong, 2000](#)). Needs assessment interviews with key informants in the public child welfare agency were also conducted. After curriculum revisions at the end of the pilot year (year 1), the program was delivered to two more cohorts of supervisors.

Key aspects of this curriculum included an emphasis on (1) an assessment of caseworkers readiness to use an individualized supervisory structure that emphasized an educative as opposed to ad hoc, crisis intervention model of supervision; (2) a focus on the use of group process to enhance the supervisors ability to lead affective team or unit meetings and case conferences; (3) utilization of the stages of change model ([Prochaska, DiClemente, & Norcross, 1997](#)) in educating caseworkers about the motivation of clients to change; and (4) a focus on strategic client problem situations, including sexual abuse, work with adolescents, domestic violence, and mental illness. Each session had a theme, and supervisors were encouraged to bring to the session supervisory issues that addressed that theme. The sessions relied heavily on the participant supervisors to present situations that were providing challenges around casework practice and supervision strategies.

The 10-session consultation curriculum developed for this project incorporated the overall project strategies identified above. Session 1, which stressed the need for individual supervisory sessions; session 2, which addressed the need for the supervisor to assess each of his or her caseworkers; and session 3, which introduced the stages of change model to support this assessment, all share the goal of enhancing supervisors’ ability to coach, mentor, and involve casework staff in sound decision-making case practices aimed at ensuring children’s safety and well being. Session 4 is specifically designed to increase the understanding of group dynamics and reinforce this understanding in the application to case conference situations.

While all of the supervisors in the project were in units which involved working with children in their own homes, sessions 2 and 5 through 7 supported the development of culturally relevant safety and permanency plans. Attention to differences and values-clarification exercise early on in session 2 helped set the framework for this emphasis throughout. Sessions 5 through 9 focus on problems presenting serious challenges to both caseworker and supervisors (sexual abuse, mental illness, domestic violence, substance abuse, and adolescent clients). For session 10, all participants meet together for a half-day forum, which provided for summary and evaluation of the project.

There was a formal assignment each session, with supervisors bringing in a process recording that illustrated interaction between the caseworker and supervisor. Supervisors also completed a log at the beginning of each session that indicated how many individual sessions with caseworkers they had had during the previous week, and if they had held a team meeting in the time period since the last consultation session.

3. Description of program implementation

3.1. Participants

The participants in the program were supervisors in child welfare agencies from both the public and private sectors in New York City. Approximately 160 supervisors participated over the 3 years of the project, and the large majority held MSW degrees. They were drawn from preventive services, foster care, and court-ordered supervision units and not from child protective services units. In year 2, the supervisors were drawn from family preservation and court-ordered supervision units in the public agency, and from preventive units in the voluntary agencies. In year 3, the supervisors came from both court-ordered supervision and foster care units in the public agency and from foster care units in the voluntary agencies. They each supervised an average of four to five caseworkers who collectively were responsible for over a hundred cases per unit. They had worked as supervisors for an average of 7.2 years (S.D.=5.8) and represented the five boroughs of New York (see [Table 1](#)).

3.2. Faculty

Faculty who served as consultants were drawn from schools of social work in the New York metropolitan area. By and large, the faculty were experienced practitioners who taught social work practice or clinical courses at their respective schools. In addition to backgrounds in child welfare, faculty brought experience in supervision, group work, sexual abuse, domestic violence, mental illness, adolescence, and substance abuse to their work as consultants. The faculty met monthly with the project director and project evaluator to discuss their sessions with participants, highlight strengths and weaknesses of the program, and plan for the upcoming sessions.

Table 1
Participation by borough

Borough	Frequency	Percent
Bronx	47	29.7
Brooklyn I	49	31.0
Brooklyn II	35	22.2
Manhattan/Staten Island	22	13.9
Queens	5	3.2
Total	158	100

3.3. Program delivery

The program consisted of ten 3-hour consultation sessions, held approximately every 3 weeks from October through the middle of June. To provide maximum flexibility for both faculty and participants, the sessions were held in the field offices of the public agency in four of the five boroughs in New York City. They were also scheduled at a time convenient to group members.

4. Evaluation

4.1. Method

At the first clinical consultation session, participants were asked to complete a Self-Assessment Instrument, which took approximately 15 min to complete. At the last session, they completed an identical Self-Assessment Instrument. Also during the final session, we asked participants to evaluate the overall program, including its content and format, by completing an anonymous Post-Program Satisfaction Questionnaire.

During the summer following the conclusion of the year 3 program, we interviewed 28 former year 2 and year 3 participants for the purpose of determining whether the program's goals were not only achieved but survived at 3-month and at 15-month intervals of time.

4.2. Measures

4.2.1. Self-Assessment Instrument

The overall purpose of the evaluation component was to examine the degree to which the supervisors in the project improved their supervisory skills from program entry to conclusion. We used the same Self-Assessment Instrument in each of the 3 years. The Self-Assessment Instrument has 33 items divided among 5 domains: (1) helping workers with engagement skills, (2) effectively evaluating workers' assessment skills with cases, (3) helping workers with on-going case management, (4) motivating caseworkers, and managing professional challenges. Each item is measured on a 4-point Likert scale (1=strongly disagree, 4=strongly agree) and the items are summed for total domain subscale scores as well as a total scale score. Both the supervisors and the project staff found the instrument to be acceptable and a content-valid measure of skill acquisition. Internal consistency reliability was high (pretest $\alpha=0.97$, posttest $\alpha=0.96$).

4.2.2. Post-Program Satisfaction Questionnaire

This instrument was designed to measure participants' overall satisfaction with the program at its conclusion. The first 10 questions, measured on a 3-point Likert scale (1=not really, 2=somewhat, 3=a lot), comprised a curriculum satisfaction scale. Each item referred to the specific activity of each of the 10 sessions. Questions 11 through 20 covered practical considerations that might have an impact on satisfaction and benefit,

Table 2
Comparison of pretest only and both pretest and posttest groups on education level

Degree	Group				χ^2
	Pretest only		Both pretest and posttest		
	<i>N</i>	%	<i>N</i>	%	
BA/BS	18	25	23	28	0.187
MA/MSW	55	75	60	72	
	73	100	83	100	

such as the frequency and interval between sessions, the quality and preparedness of the facilitator, and the attitude toward the evaluation component. Internal consistency reliability of the first 10 items, which we combined into a scale score, was relatively high ($\alpha=0.79$).

4.2.3. Interview schedule for post-program evaluation

This schedule was designed to elicit 3-month and 15-month follow-up satisfaction and skill retention data from year 2 and year 3 participants. The schedule includes both closed-end and open-ended questions, with a predominance of the latter. It therefore can yield both qualitative and quantitative data.

5. Findings

One hundred fifty-eight supervisors completed the Self-Assessment Pretest; 73 of these supervisors completed only the pretest and 84 completed both the pretest and the posttest. Four supervisors completed only the posttest self-assessment. The group that participated in both the pretest and posttest self-assessment ($n=84$) is the main focus of the overall evaluation. Those who completed the survey at both occasions were not significantly different from their colleagues who completed only the pretest with regard to education (Bachelors or Masters Degree; see Table 2) or number of years as a supervisor ($t=-0.004$, $df=151$, $p=0.997$).

Table 3
Comparison of total self-assessment scores and subscale scores between pretest only and both pretest and posttest groups

Pretest scales	Group				<i>t</i>
	Pretest		Both pretest and posttest		
	<i>N</i> =74		<i>N</i> =83		
	Mean	S.D.	Mean	S.D.	
Assessment	2.5	0.73	2.6	0.68	-0.98
Helping	2.9	0.82	2.9	0.67	-0.89
Case Management	2.8	0.82	2.8	0.75	0.56
Motivation	2.8	0.73	2.8	0.73	-0.31
Challenge	2.5	0.72	2.5	0.68	-0.71
Total Pretest Score	89.6	21.6	91.6	19.3	-0.62

Table 4
Evaluation participants by borough

Borough	Project year			Total
	1	2	3	
Bronx	4	15	7	26
Brooklyn	8	11	13	32
Manhattan/SI	5	12	2	19
Queens	4	3	0	7
Total	21	41	22	84

They were also statistically equivalent on the Self-Assessment Pretest Total Score and on each of its five subscales (see Table 3). The borough and number of supervisors participating in the complete evaluation are shown in Table 4. The descriptive statistics of the total pretest and posttest scores, and the pretest and posttest subscale scores, are shown in Table 5.

Analysis of covariance with time as a main effect and the Self-Assessment Total Score Pretest or Pretest Subscale Score, respectively, as covariates indicated that both the Total Scale Score and each of the subscale scores were significantly improved from pretest to posttest; in all analyses, years 2 and 3 were significantly greater than year 1 (see Table 6).

In addition, when education, a modifying variables, was added as a factor, it was significant in three of the analyses: supervisors with a Master's Degree improved more than their colleagues with a Bachelor's Degree on the Self-Assessment Posttest and the Challenge and Motivation Subscales (see Table 7). The interaction between program year and education, however, was not significant in any of these analyses. In addition, when education, a modifying variable, was added as a factor, it was significant in three of the analyses: supervisors with a Master's Degree improved more than their colleagues with a Bachelor's Degree on the Self-Assessment Posttest and the Challenge and Motivation

Table 5
Descriptive statistics of pretest and posttest total self-assessment and subscale scores

Domain	Time	Project year					
		1 (N=21)		2 (N=41)		3 (N=22)	
		Mean	S.D.	Mean	S.D.	Mean	S.D.
Total Scale	Pretest	69.7	12.9	99.0	15.7	91.6	19.3
	Posttest	77.9	9.3	110.7	14.8	109.2	12.8
Helping	Pretest	2.3	0.43	3.2	0.64	3.2	0.50
	Posttest	2.4	0.31	3.6	0.39	3.4	0.42
Assessment	Pretest	3.2	0.42	3.2	0.64	2.9	0.72
	Posttest	2.2	0.51	2.7	0.43	3.2	0.50
Management	Pretest	2.2	0.52	3.1	0.71	2.9	0.81
	Posttest	2.4	0.47	2.9	0.44	3.2	0.98
Motivation	Pretest	2.1	0.53	3.7	0.62	3.1	0.49
	Posttest	2.2	0.49	3.4	0.55	3.2	0.98
Challenge	Pretest	1.94	0.55	2.8	0.63	2.9	0.49
	Posttest	2.38	0.36	3.3	0.66	3.4	0.36

Table 6
ANCOVA of posttest total self-assessment scale and domain subscale scores with pretest scores as the covariate^a

Dependent variable scale	<i>F</i>	P-value
Self-Assessment Posttest		
Pretest	26.47	0.000
Year	20.53	0.000
Helping Subscale Posttest		
Pretest	1.61	0.208
Year	35.25	0.000
Assessment Subscale Posttest		
Pretest	4.27	0.042
Year	18.03	0.000
Management Subscale Posttest		
Pretest	23.87	0.000
Year	7.57	0.001
Motivation Subscale Posttest		
Pretest	9.11	0.003
Year	13.21	0.000
Challenge Subscale Posttest		
Pretest	14.49	0.000
Year	6.82	0.002

^a All *F* values had 1.83 degrees of freedom.

Subscales (see Table 7). The interaction between program year and education, however, was not significant in any of these analyses.

During the final session each year the supervisors were asked to evaluate the overall program, including its content and format. The first 10 items of the Post-Program Questionnaire requested ratings, on a 3-point Likert-type response scale (1=not really, 2=somewhat, and 3=a lot), of the specific activities and content of the consultation sessions. A general trend, though not significant, was an increase from program year 1 to

Table 7
Self-assessment total scale, challenge, and motivation subscale posttest scores by level of education^a with pretest scores as covariate

Scale	Year	Level of education				<i>F</i>
		Bachelors		Masters		
		Mean	Std. error	Mean	Std. error	
Total Scale Posttest	1	83.5	3.9	87.9	3.2	4.5*
	2	105.4	3.2	110.5	1.9	
	3	98.4	5.3	107.4	2.5	
Challenge Posttest	1	2.6	0.17	2.6	0.14	4.0*
	2	2.8	0.14	3.4	0.08	
	3	3.1	0.27	3.3	0.12	
Motivation Posttest	1	2.2	0.17	2.5	0.14	15.1***
	2	3.1	0.14	3.6	0.08	
	3	2.4	0.26	3.3	0.11	

^a All *F* values had 1.83 degrees of freedom.

* $p < 0.05$.

*** $p < 0.001$.

Table 8
Percent responding “a lot” to post-program questionnaire items 1 through 10 by program year

Post-program question	Program year			χ^2
	1	2	3	
1. Did the program <i>meet the needs</i> you identified for yourself in the first session of the program?	52.4	61.0	80.0	0.185
2. Were you able to <i>implement individual supervisory sessions</i> with your caseworkers?	72.0	82.3	70.8	0.289
3. Did the <i>value clarification session</i> have an impact on your supervisory practice with your caseworkers?	56.0	61.3	68.0	0.84
4. How useful was the <i>stage of change model in addressing caseworker's readiness for change</i> ?	65.2	63.9	72.0	0.607
5. How useful was the <i>stage of change model in assessing your readiness for supervision</i> (especially in areas difficult for you)?	58.3	62.9	76.0	0.491
6. Did you use what you learned about <i>group work</i> process in your supervision practice (team meetings, group supervision, case conferences)?	72.0	62.9	54.2	0.433
7. Did you use what you learned on <i>substance abuse</i> to guide workers who have difficulty confronting clients around substance abuse issues?	37.5	40.0	48.0	0.92
8. How much did the session on <i>domestic violence</i> help in supervising workers who are challenged by clients involved in domestic violence?	31.8	48.4	75.0	11.3**
9. How much did the session on <i>adolescents</i> help you develop strategies for supervising workers who struggle with adolescent clients?	34.8	53.5	82.6	11.2**
10. How helpful was the session on <i>sexual abuse</i> in your supervision of workers around this type of case?	30.0	60.7	60.9	0.183

** $p < 0.05$.

program year 3 in the percentage of supervisors who found the sessions to be useful in their supervisory work. The percentage of supervisors endorsing the sessions on both domestic violence and on adolescents were significantly greater in each subsequent year of the program. Results are shown in Table 8.

The Post-Program Satisfaction Questionnaire also asked for feedback on the format, frequency, and location of the consultation sessions and the quality of the faculty facilitator. The same Likert-type format was used for the response scale (i.e., 1=not really, 2=somewhat, and 3=a lot). The results are shown in Tables 9 and 10. The faculty facilitators were uniformly endorsed as good leaders, well prepared, and knowledgeable.

During the Summer of 2003, following the end of the 3-year consultation program, 9 supervisors who had participated in year 2 and 11 supervisors who had participated in year 3 were interviewed about their experience. Most questions were open-ended, i.e., respondents had an opportunity to volunteer as many comments as they liked while a few requested a “yes” or “no” response.

The majority of the supervisors (60%) indicated that they were wary of the request by their agencies to participate in the consultation program, 30% of whom because they were already involved in multiple other training programs and 45% because it seemed like

Table 9
Chi-square analyses of post-program satisfaction questionnaire format questions

Post-program question	Program year ^a						χ^2
	1 (N=25)		2 (N=60)		3 (N=25)		
	N	%	N	%	N	%	
Did you like having the program at the field office? (% a lot)	19	76.0	28	57.1	10	40.0	0.083
Was the length of each session:							2.99
Too short	1	4.0	4	6.7	3	12.0	
Just right	22	88.0	52	86.7	22	88.0	
Too long	2	8.0	4	6.7	–	–	
The ideal time <i>between</i> sessions?							14.2**
2 weeks	15	63.5	16	36.0	9	27.6	
3 weeks	7	29.2	12	20.7	6	24.0	
1 month	2	8.3	30	51.7	10	40.0	
Meeting at Fordham on the first and last session a good idea (% yes)	23	100	55	91.7	24	96.0	

^a Some analyses have missing values.

** $p < 0.01$.

“more work”. Fifty percent said they “dreaded” or expected to be “bored”, while 40% were “excited”. However, once they experienced the consultation format of the first session, 40% of the supervisors said they were “delighted” to be a participant and that they were much “more motivated” and “eager” to take part. Eighty-five percent said that, over the course of the consultation program, they experienced agency support for their participation in the project.

Over half of the supervisors considered the consultation program as an opportunity to “apply knowledge”, 84% as an opportunity to increase their skills, and 32% to address the challenges of their work. Eighty-five percent said that they could apply the materials presented in the consultation session in their role as supervisors, and 75% stated that they found the handouts useful. Sixty percent said that it changed the manner in which they supervised.

Among the expressed benefits of the consultation program over a training format were the participatory nature of the sessions (63% of supervisors), its relevance to their work (32%), and an equal 26% said they liked the individualized attention, feedback they received, and the size of the group, respectively. They particularly liked the interactive-

Table 10
Chi-square analyses of post-program questions related to consultant

Was consultant:	Program year ^a						χ^2
	1 (N=25)		2 (N=60)		3 (N=25)		
	N	%	N	%	N	%	
Knowledgeable? (% very)	25	100.0	55	96.5	25	100.0	0.409
A good leader? (% very)	25	100.0	55	96.5	25	100.0	0.409
Prepared? (% very)	25	100.0	53	91.4	23	92.0	0.322

^a Some analyses have missing values.

Table 11
 Responses to open-ended interview questions about consultation program^a

Open-ended question	Count	% Total responses	% of cases
What were your initial feelings about participation?	(20)		
Excited	8	40.0	40.0
Bored or dreading it	10	50.0	50.0
Mixed	2	10.0	10.0
What affected your feelings about participation?	(32)		
Too much other training	6	18.8	30.0
Felt like more work	9	28.1	45.0
Unsure what to expect	4	12.5	20.0
The facilitator was welcoming	1	3.1	5.0
Other group members appeared positive	1	3.1	5.0
Getting away from the office	2	6.3	10.0
An opportunity to broaden knowledge	4	12.5	20.0
other	5	15.6	25.0
What are your primary goals for this program?	(38)		
Address the challenges of my work	6	15.8	31.6
Increase my skills	16	42.1	84.2
Apply knowledge	11	28.9	57.9
Other	5	13.3	26.3
How do you envision your role as a supervisor?	(24)		
Leader	7	29.2	46.7
Motivator	6	25.0	40.0
Administrator	2	8.3	13.3
Educator	7	29.2	46.7
Other	2	8.3	13.3
How consultation was different from training?	(70)		
Individualized attention	5	13.9	26.3
Participatory	12	33.3	63.2
Relevant to job	6	16.7	31.6
Feedback	5	13.9	26.3
Size of group	5	13.9	26.3
Other	3	8.3	15.8
Helpful things done by the consultant?	(28)		
Focused the group	5	17.9	33.3
Role play	3	10.7	20.0
Brainstormed	4	14.3	26.7
Was assessable	3	10.7	20.0
Gave handouts and other resources	7	25.0	46.7
Gave individual attention	6	21.4	40.0
What were the benefits of the consultation model?	(44)		
Rewarding	8	18.2	42.1
The feedback	8	18.2	42.1
Networking	6	13.6	31.6
Validation—the group process	9	20.5	47.4
The handouts	2	4.4	10.5
The facilitator (consultant)	1	2.3	5.3
Other miscellaneous	10	22.7	52.6

^a Many supervisors provided multiple responses.

Table 12
Responses to close-ended interview questions

Interview question	Count	Percent
Did you have confidence in your consultant?		
Yes	18	90.0
Mixed	2	10.0
Important the consultant had child welfare background?		
Yes	18	90.0
No answer	2	10.0
Could you apply the materials to your supervision?		
Yes	17	85.0
No answer	3	15.0
Which session particularly stands out in your memory?		
None	2	10.0
Case presentation	3	15.0
Stages of change	1	5.0
Mental health	4	20.0
Substance abuse	1	5.0
Domestic violence	3	15.0
Sexual abuse	1	5.0
Don't know	3	15.0

participatory nature of the consultation, and the chance to “share” their experiences and professional frustrations with supervisors from other offices.

Particularly noteworthy is the fact that many who had taken the mandated supervisory core training introduced by the Administration for Children’s Services and coinciding with the implementation of this project felt that this basic training prepared them to make better use of the consultation model (Tables 11 and 12).

6. Summary and conclusions

In this project, a clinical consultation model for child welfare supervisors in both the public and private agencies was developed and tested. After curriculum revisions at the end of the pilot year (year 1), the program was delivered to two more cohorts of supervisors. Significant differences on pre–post self-assessment scores were achieved within each cohort from the beginning to the end of the project for each of the 3 years. Year 2 and year 3 cohorts were not significantly different from each other on the pre–post self-assessment measure, although both showed greater gain than the first pilot year group, suggesting that the revisions made in year 1 were effective and fidelity of the clinical consultation methodology was achieved in the delivery of the program in years 2 and 3.

The Post-Program Questionnaire was a consumer satisfaction instrument that captured the reaction to the content, format, consultant knowledge, and style. Approximately two-thirds of the participants in years 2 and 3 of the program felt that they had been helped “a lot” by the themes addressed in each of the 10 sessions. Most appreciated the format and they almost universally positively endorsed the knowledge and skill of the consultants.

The interviews with supervisors from years 2 and 3 at 3-month and 15-month intervals post-completion of the program provided reinforcement for the positive results obtained on the pre–post Self-Assessment and the Post-Program Questionnaires. Factors motivating high levels of satisfaction appear to include the opportunity for feedback from group members, the child welfare knowledge of the faculty member, and the skill of the faculty member in facilitating group process. In terms of the content of the consultation program, the stage of change framework for evaluating caseworkers and the ability to focus on the frequently occurring and difficult client problem areas of mental illness, sexual abuse, and domestic violence were found to be particularly helpful.

Additionally, supervisors where participation in this program followed other, more generic and/or administratively focused supervisory training believed that they were better able to make use of consultation model. They also liked the fact that the sessions were held in field offices, reducing the time spent in traveling. Of particular relevance for potential replications of this model is the finding that if supervisors had an MSW, they were more likely to experience greater benefit from the program. Our hypothesis about this finding is that experience in graduate school with the field supervisory model prepared them to accept and utilize well the consultation program.

The project was not without difficulties, however. Attendance was a problem, particularly in year 3. As the issue of low attendance was analyzed, it was concluded that this was related to conflicting training demands and other agency demands on supervisors' time, particularly in the context of budget shortfalls and retrenchment of the child welfare system that was experienced by the child welfare system in New York City by year 3 of the project. This affected both the number of supervisors available to attend the program in the first place and the ability for them to arrange for the time to attend the consultation sessions. It also affected enrollment from both the public and private agencies. If this program was to be replicated, the core conditions for maximizing attendance appear to be:

- (1) Program areas from which staff are drawn should be relatively free of exceptional organizational stressors (i.e. completion of re-organization or retrenchment activities, appointment of a new head of a department completed) before staff is recruited for the program;
- (2) Administrative support for the training, including clear sanction for time to attend and provision of coverage for staff in the office;
- (3) Sensitive introduction of training opportunity to staff with attention to substantive learning opportunities that will accrue to the participant as well as the administrative support for time in training.
- (4) Provision of one training opportunity at a time, so that staff is not in conflict about multiple training requirements.

6.1. Conclusions

Social work educators and child welfare professionals have historically been concerned with the provision of services to one of the most disadvantaged groups in society, that of children and families coming to the attention of the child protection and foster care system

(Scannapieco & Cornell, 2003; Zlotnik, 2003). One of the more encouraging trends in recent years has been the mobilization of child welfare systems in partnerships with schools of social work to attempt to further the stabilization and professionalization of the child welfare workforce, the introduction of innovative systems of care, the translation of research findings into practice, and the evaluation of new programs and services (Briar-Lawson & Zlotnik, 2003; Clark, 2003; Hudgins & Allen-Meares, 2000; Lawson, Anderson-Butcher, Petersen, & Barkdull, 2003; Scannapieco, Bolen, & Cornell, 2000; Young, 1994; Zlotnik, 2003; Zlotnik & Cornelius, 2000). In this project, the nature of the university–child welfare agency partnership and the involvement of faculty from the schools of social work in the implantation of the model provided an important “window into the field” that informed classroom teaching as well as field advising. It also provided an important avenue of continuing education for MSW-level staff and, while not specifically evaluated, holds some promise as one mechanism for supporting and encouraging the retention of MSW-level staff.

The continuing need for a professional, well-trained, and stable workforce constitutes a crisis in child welfare (Zlotnik, 2003). Central to this crisis is the under-representation of social work knowledge and skills in both direct practice and supervision. There are numerous reasons for the decline in client-centered supervision in child welfare, including the rise of large public bureaucratic child welfare agencies in the 1930s (Brashears, 1995), the focus on statutory accountability after the shift in focus to child protection as a main activity for child welfare agencies since the 1970s (Scott & Farrow, 1993), and the fact that the child protection system was never, by and large, staffed by MSW-level practitioners at either the direct or supervisory level. All of these trends led to the development of a supervisory model in child welfare that is characterized largely by a crisis-oriented, ad hoc approach to supervision which emphasizes the administrative and accountability aspects of the work.

Efforts to rectify this have become increasingly widespread (Briar-Lawson & Zlotnik, 2003) and include social work educational programs, training programs and a range of other interventions designed to both professionalize child welfare and strengthen the ability of child welfare staff to utilize state of the art knowledge and skills in supervision and direct practice. This consultation program offers one tool for professional development that links faculty from schools of social work with MSW-level supervisors in the field, and yields encouraging results for professional decision-making in the provision of direct services to children and their families.

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