

Moving Beyond the Symposium: Creating a Model for Child Welfare Supervision in Ontario

By Katharine Dill and Marion Bogo

Introduction

With the evolving Transformation Agenda of the Ministry of Children and Youth Services and an emphasis on a collaborative and strengths-based approach with clients, the need for a clinical supervisory framework became apparent. A working group led by Andy Koster, Executive Director, Children's Aid Society of Brant created the impetus for research on clinical supervisory practice. More information specifically related to the core elements of clinical supervisory practice in child welfare was required. Katharine Dill, doctoral student at the University of Toronto initiated a study of clinical supervision in child welfare with Marion Bogo, Professor at the University of Toronto. Funded by a Fellowship from the Royal Bank of Canada this study used a qualitative design to examine underlying beliefs, values and core practice elements of clinical supervision from the unique vantage point of the child welfare supervisors.

Study findings were presented at the Clinical Supervision Symposium: Realizing Best Practices in 2007, sponsored by the Ministry of Children and Youth Services and the Ontario Association of Children's Aid Societies on May 15 and 16, 2007. This article uses these findings to provide a framework and guidelines for implementing a supervi-

sory model in organizations at the agency-based level. Individual organizations can use this template to develop a model tailored to specific local need and resources.

Brief Summary of Research Study

Eight focus groups were held in CASs across the province between November 2005 and February 2007. Focus groups provide individuals an opportunity to reflect on their perspectives and ideas with other participants with similar interests (Cresswell, 1998). A total of 51 supervisors participated in the study and provided a significant wealth of information about the core elements of clinical supervision in child welfare practice.

At the Supervisory Level

The foundational literature on social work supervision articulates three interrelated domains of social work supervisory practice: administrative, clinical and educational (Kadushin & Harkness, 2002; Munson, 1993; Shulman, 1993). Supervisors use these domains to achieve the mandate of child protection within the contemporary emphasis on collaboration, strengths, and client empowerment. The following are suggested ways to engage in a model of clinical supervisory practice within the context of child welfare.

Components of Social Work Supervisory Practice

- Administrative supervisory practices involve case assignments, reviewing and approving case recordings, and implementing quality assurance issues relating to case management (Kadushin & Harkness, 2002)
- Clinical supervision entails exploring client situations, focusing on social workers' engagement strategies and interactions with client families, attending to individual and interpersonal dynamics between family members that contribute to child maltreatment, and encouraging critical thinking and analytical skills (Bogo & McKnight, 2005; Collins-Camargo, 2006; Deal, 2003; Kadushin & Harkness, 2002; Munson, 1993; Shulman, 1993).
- Educational supervision shifts the front-line child welfare practitioner from "knowing to doing" (Collins-Camargo, 2006; Kadushin & Harkness, 2002). It applies theoretical knowledge to practice. Educational supervision involves teaching and educating social workers and assisting in developing the skills required to do their work effectively (Gitterman, 2000; Shulman, 1993).

Integrating the literature and voices of supervisors who participated in the study, the following are suggested ideas for infusing clinical supervision into a strengths-based approach to practice.

Instill the Values and Beliefs of Protecting Children and Supporting Families

Supervisors inspire workers through their commitment to the belief in the importance of child welfare work to promote healthy development for children in vulnerable circumstances. In a sense, the supervisor becomes the role model for demonstrating commitment to the safety and protection of children through their willingness to "go the extra mile."

Clinical Foundation

In our study, participants recalled their early experiences as supervisors. Certain individuals emphasized how as front-line practitioners they were trained in a specific clinical model or framework. This foundational knowledge created a "framework for supervision... a clear structure". They in turn drew upon this clinical knowledge when they transitioned into the role of the supervisor.

Some individuals reported that the risk assessment had become their dominant framework for providing child welfare supervision, thereby precluding a clinical emphasis or model of practice. Training agendas should include providing an in-depth clinical framework to front-line staff members, who in turn will become the supervisors of the future.

Moving Beyond the Administrative

Supervisors are knowledgeable about agency proce-

dures, administration, and accountability and can also focus on crucial clinical issues such as client engagement, empowerment, diversity and strengths-based approach. The Transformation Agenda sets the tone for supervisors to move beyond the administrative elements of practice and also to engage in a dialogue with staff members about the clinical components of practice.

Power and Authority

Supervisors understand the tensions inherent in the dual aspects of child welfare work: 1) the worker has power and authority as a result of the agency’s mandate to protect children and 2) the worker is also expected to work collaboratively with clients to assist them in their parenting while holding them accountable for non-abusive parenting practices. Supervisors in turn can use their power and authority with workers based on knowledge and skill about how to manage this tension. Supervisors communicate in a mutual style that invites dialogue and is open to hearing different opinions.

Staying Current

Supervisors are knowledgeable about current professional literature and empirical findings and model evidence-informed practice. This can be achieved through participating in journal or book clubs, peer supervision groups and a linkage to schools of social work to learn about current trends in research and evidence-informed practice.

Supervisory Relationship

The supervisory relationship is highly influential and is characterized by a number of features and processes.

- **Availability of the supervisor:** Supervisors provide regularly scheduled supervision conferences that are structured. They protect the time and find a private place to meet. Since there is never enough time supervisors use their time strategically to focus on worker development.
- **Provide a positive and supportive relationship** where the supervisor demonstrates “faith in the worker’s capacity to learn and grow.” With this strong foundation, trust can develop, difficult issues discussed, and challenge can be accepted as growth producing rather than judgmental or punitive.

Integrate Educational Approaches

- **Supervisors develop an individual learning and development plan** for each worker that takes into account the worker’s experience, learning needs and style.
- **Supervisors develop workers’ skill** through examining workers’ interaction with clients and helping workers transfer new knowledge and skill to their work with subsequent clients

- **Supervisors use questions and discussion to:**
 - ◊ Enhance workers' critical thinking and self-reflection skills, to identify clinical questions in cases (i.e. to formulate assessments that address the dynamics and processes in a specific family that lead to involvement with child protection) and in workers' relationships with clients (i.e. enhancing workers' self-awareness and understanding of their own reactions to specific behaviors and attitudes on the part of clients)
 - ◊ Contribute to workers' understanding of dynamics between worker and supervisor, and in team interactions.
- **Supervisors use teaching techniques** such as case review and observation of workers in their practice through video review, going out with workers to visit families, and observing interviews from behind a one-way mirror. These methods are also useful to assess workers' skill and progress.

At the Organizational Level

Integrating the review of the literature and voices of supervisors who participated in the study, the following are suggestions for organizational support and professional development of supervisors.

New Supervisors

New supervisors require a foundational level of support, guidance and mentoring when they begin in their new role. Just as new workers require orientation, professional training and support, so do supervisors. Organizations require a training plan for new supervisors which should include OACAS training as well as structured observation and discussion of their supervision, peer support and mentoring from more experienced supervisors.

Supervisory Professional Development Series

The following topic areas could become the framework for a supervisory professional development series that can be developed within agencies or provincial zones. Topics in this outline are particularly beneficial for supervisors who are just beginning their role. These suggested themes and subject areas should be supplemented by topics that reflect organizational and geographic characteristics and needs:

- Role of the Child Welfare Supervisor
- Child Welfare Supervisory/Leadership Competencies
- Promoting Critical Thinking in Child Welfare Supervision
- Parallel Process: What is it and how do We Promote Self-Awareness for ourselves and staff members?
- Balancing the Need for Clinical, Educational

- and Administrative supervision
- Role of the Child Welfare Supervisor as the Adult Educator
 - Managing and Leading a Team Environment
 - Impact of Stressors on Front-line and Supervisory Staff
 - Ethical Issues in Child Welfare Supervision
 - Liability Issues for Child Welfare Supervisors
 - Culturally Competent Child Welfare Supervisory Practice
 - Integrating Evidence-Based Practice into Social Work Supervision

Supervision for Supervisors

Supervisors themselves require a venue for exploring issues of parallel process and critical thinking and analysis. Despite this, many supervisors in the focus groups highlighted the lack of structured supervision for themselves to enhance their clinical capacity. Senior managers need to ensure that a structured supervision schedule is in place for their entire supervisory group despite the supervisor's years of experience and level of capacity. All supervisors, new and experienced require a venue for exploring the complex issues of child welfare practice.

Peer Support

One of the fundamental findings resulting from the study was the ongoing need for peer support for child welfare supervisors. Peer support can occur through informal or formal support networks in-

cluding journal or book clubs, mentoring programs for newer supervisors, and on-line peer support networks for supervisors operating in remote locations.

Organizational Support

All levels of management contribute to the organizational climate for clinical supervision. Understanding the conceptualization of clinical supervision in child welfare, its contribution to positive client outcomes, job satisfaction, and employee retention enables Executive Directors, Directors of Service and Branch Managers to champion and support the time and activities associated with this view of supervision. The role of the senior management team and in particular the Executive Director of the organization is essential to the overall success and sustainability of a clinical supervisory framework.

Executive Directors in particular require an understanding of organizational parallel process: their decisions and actions influence those around them, and these behaviours ultimately have an impact on client outcomes. Executive Directors who understand their own challenges as leaders and are open to dialogue and support the enhancement of supervisory skills can promote and sustain an overarching organizational model of supervisory practice.

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 and challenging case situations

Research and Practice

One of the core functions of the supervisor is to enhance the professional knowledge of supervisees. Therefore, any supervisory model of practice should include the dissemination and integration of relevant research findings into practice. The promotion of critical thinking and analysis of research is critical in the ongoing development and formation of child welfare supervisors. Supervisors can access high quality child welfare and related research through the following links:

OACAS Members website:

www2.oacas.org

Child Welfare League of Canada website:

www.cecw-cepb.ca

Centre of Excellence Website:

www.cwlc.ca/index_e.htm

Provincial Centre for Excellence for Child and Youth Mental Health at CHEO (Children's Hospital of Eastern Ontario) website:

www.onthepoint.ca

Specific findings from this study can be accessed at the Faculty of Social Work, Institute for Evidence-

Based Practice, Competency for Professional Practice Initiative:

www.socialwork.utoronto.ca/competency

As the field grows and develops and further research evolves there will continue to be development of a supervisory model of practice. The ideas presented here are guidelines for supervisors and organizations that emanate from the literature and the voices of child welfare supervisors in Ontario. Ultimately, they will need to be tested to determine their effectiveness in improving client outcomes and performance of the child welfare sector.

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How useful do Ontario Child Welfare Workers and Foster Parents find the Assessment and Action Record in the Looking After Children Approach?

By Sarah Pantin and Bob Flynn

The Looking After Children approach (LAC), originally developed 15 years ago in the United Kingdom but adapted to a Canadian setting, is now being used widely in Ontario. A core document of this approach is the Assessment and Action Record (AAR) which is used annually to assess children in care. The document currently in use is the Second Canadian Adaptation of the AAR, commonly known as the AAR-C2 (Flynn, Ghazal, & Legault, 2006). The purpose of this article is to briefly describe the LAC approach and report the findings of two recent studies which investigated how useful child welfare workers and foster parents in Ontario found the Assessment and Action Record in their work with children.

What is LAC?

In the nineties, there was a growing concern that many children and youth in long term foster care in England were not getting the type of care and resources that they needed (Jackson, 1988/89; Parker, Ward, Jackson, Aldgate, & Wedge, 1991). The LAC approach was developed to address some of these concerns and to try to ensure that workers and foster parents systematically identify and target the child's changing needs. The LAC documentation addresses seven central developmental domains in the child/youth's life (Parker et al., 1991): health, education, identity, family and social relationships, social presentation, emotional and behavioral development, and self-care skills. In