

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2018.09

MODEL OF SUPERVISORY PRACTICE

DATE: May 10, 2018

TO: All DCFS & POS Intact Family Service Workers, Permanency Workers, Child Protective Services Workers, and their Supervisors, Managers and Administrators.

FROM: Beverly J. Walker, Acting Director

EFFECTIVE: **Immediately**

I. PURPOSE

The purpose of this Policy Guide is to issue a comprehensive Model of Supervisory Practice for all Department and Purchase of Service Agency (POS) Intact Family Service, Permanency and Child Protective Services staff. This Model sets out expectations required of Supervisors in each of these direct service areas.

This Policy Guide describes:

- a comprehensive model of supervision applicable to all DCFS/POS Intact Family Service, Permanency and Child Protective Services staff;
- the four functions of supervision (administrative; developmental; supportive; and clinical); and
- expectations for the framework and format of supervision.

II. PRIMARY USERS

The primary users of this Policy Guide are All DCFS & POS Intact Family Service Workers, Permanency Workers, Child Protective Services Workers, and their Supervisors, Managers and Administrators.

III. BACKGROUND

Currently, the roles of direct service supervisors are addressed in:

- Procedures 300.70, Role of the Child Protection Supervisor;
- Procedures 302.388(f), Responsibilities of the Assigned Intact Family Services Supervisor; and
- Procedures 315.300, Role of the Permanency Supervisor.



This Model of Supervisory Practice expands these existing Procedures in order to address a “deficient audit finding” in the area of supervision identified during the Council on Accreditation (COA) Interim Review (completed October, 2017).

The Department’s Model of Supervisory Practice provides a context for supervision in which the Department’s values, philosophy and structure for conducting child welfare practice is supported by Best Practice principles, policy, and training for the purposes of achieving the Department’s Mission:

- To protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them;
- To provide for the well-being of children in our care;
- To provide appropriate, permanent families as quickly as possible for those children who cannot safely return home;
- To Support early intervention and child abuse prevention activities; and
- To work in partnerships with communities to fulfill this Mission.

The Model of Supervisory Practice also reflects the components of the Department’s Family-Centered, Trauma-Informed, Strength-Based Child Welfare Practice Model. This Child Welfare Practice Model supports race-informed practice and strives to improve the outcomes for children of color by reducing and/or eliminating race-based disproportionality and disparities in practice.

IV. MODEL OF SUPERVISORY PRACTICE

In the context of child welfare practice, “supervision” describes a formal, agreed-upon process of professional support and learning that enables subordinate practitioners to develop knowledge and competence. Supervision allows the supervisee (subordinate practitioner) to assume responsibility for his or her own practice, with the intended goal providing enhanced services for the service recipient. Good supervision should assist and enable a supervisee to meet Department objectives.

The Department’s commitment to accountability and effectiveness has impacted the focus of child welfare practice. Supervisors play a pivotal role in ensuring safety, permanency and well-being for children and families involved in the child welfare system. They are responsible for ensuring effective service delivery and are accountable for achieving the desired outcomes of safety, permanency and well-being for children and families in consideration of the child’s sense of time. Supervisors are not only required to manage change - they must lead change. Direct service supervisors are expected to provide the guidance, development and support required for direct service staff to carry out the Department’s mandate.

Administrative and management personnel are responsible to support the work of the direct service supervisor and direct service staff. All administrative and management staff must be cognizant of how their actions and responsibility impact direct service supervisors, direct service workers, and the children and families they serve.

a) **Overview of the Model of Supervisory Practice**

The Model of Supervisory Practice seeks to ensure that the duties and boundaries of supervision are clear and that Supervisors have up-to-date knowledge of legislation; national and state policies; data and research relevant to child welfare that promote the safety, permanency and well-being for children served by the Department.

Model of Supervisory Practice Tenets and Approach

- 1) **Excellence.** Each DCFS/POS direct service employee has a duty to strive for and achieve excellence in job performance and service provision. Striving beyond the minimum-required compliance allows direct service staff to focus on the needs of children and families and tailor services to meet their individualized needs in a timely manner.
- 2) **Accountability.** Professional accountability is a key element of protecting children and strengthening families. There are multiple facets to accountability in a supervisory role.
 - First and foremost, Supervisors are accountable to the children and families they serve. They are responsible for ensuring the safety, timely permanency and well-being of children in care, and that the services provided minimize the impact of trauma on children and families while children are in care.
 - Supervisors are accountable to the Department’s Mission and policies, as well as standards set out by federal, state, and accrediting bodies.
 - Supervisors are accountable to their subordinate staff. They provide leadership, administrative oversight, and clinical guidance and support so their staff are best able to effectively do their jobs.
 - Supervisors are accountable to themselves. Direct service supervisors generally hold their positions because they are dedicated to improving the lives of children and families. Their internal measure of their job performance may be the factor that most significantly affects how they carry out their job responsibilities on a daily basis. They hold themselves accountable for ensuring the highest standard of service delivery.
 - Supervisors are accountable to their peers. Through their leadership and actions, supervisors positively impact the culture of their agency and the office in which they work by interacting in a positive and supportive manner with their other supervisors.

- 3) **Evidence-Informed Practice.** This Model of Supervisory Practice is based on evidence-informed practice. Evidence-informed practice involves questioning and assessing the way that child welfare is currently done, and seeking additional research, information, resources, and interventions to guide practice that is ethically and culturally appropriate. It is a process for doing work in a strategically sound way. Evidence-informed practice seeks to produce the same level of stringency as evidence-based practice; however, because research is not always readily available, other valuable resources may be used as part of the evidence-based movement. These are concrete steps leading in the direction on the road to evidence-based practice.
- 4) **Race-Informed Practice.** Race-informed practice is a method of viewing and serving families of color which takes into account implicit bias and the dynamics of institutional racism as child welfare professionals and other system stakeholders develop policy, make decisions about, and provide services.
- 5) **Agency Culture.** Supervisors are in a unique position to have a significant influence on agency culture. Supervisors have a responsibility to model and support a culture of respect with children and families, foster and adoptive parents, staff, peers, colleagues, administration and the community.

b) Vision Statement for Department’s Child Welfare Practice Model

The Department supports a Family-Centered, Trauma Informed, and Strength-Based Child Welfare Practice Model. The Vision of the Practice Model is to identify, intervene, and mitigate the effects of adverse and traumatic experiences of children served by the Department and to build parental capacity by focusing on family and individual strengths. This Vision also continues with efforts to prevent or alleviate secondary trauma experienced by Department/POS direct service staff.

c) Core Values, Principles and Standards of Family-Centered, Child-Focused, Trauma-Informed and Strength-Based Practice

The Department’s practice principles are family-centered, child-focused, strength-based and trauma-informed. Each of these principles is described below.

- 1) **Family-Centered and Child-Focused Practice.** Family-centered practice is a way of working with the family, both formally and informally, across service systems to enhance the family’s capacity to care for and protect the child. It focuses on the child’s safety and needs within the context of the family and community and builds on family strengths to achieve optimal outcomes. Family is defined broadly to include birth, blended, kinship, foster and adoptive families and fictive kin.

Family-centered practice:

- strengthens, enables, and empowers the family to protect and nurture the children;
- safely preserves family relationships and connections when appropriate;
- recognizes the strong influence that social systems have on individual behavior;
- enhances family autonomy;
- recognizes the family's right to define who they consider family;
- respects the rights, values, religious beliefs and culture of the family; and
- focuses on the entire family rather than select individuals within the family.

The family unit, including the child as an individual and continuing member, is the focus of intervention.

The child remains a member of the family even while living in substitute care. Family-centered intervention looks to the extended family members and relatives, not only as caregivers for the family's child, but also as supporters of the family in their work toward reunification.

Through visitation and shared parenting, committed extended family members and relatives provide a wealth of opportunities to support the parents while keeping the child attached as a family member.

The family must be an active participant in all assessment, intervention, review, evaluation and decision processes. Through individual contact with the parents and Child and Family Team Meetings (that may include extended family members and relatives), direct service staff provide:

- engagement, full disclosure and ongoing feedback;
- open, inclusive and frequent planning;
- immediate response to the crisis of placement; and
- review and evaluation of progress toward reunification or an alternative permanency goal.

Family-centered practice provides an opportunity for the family to discuss their progress, casework support, clinical intervention and the effectiveness of the services provided.

- 2) **Strength-Based Practice.** A key to implementing strength-based practice is to begin identifying and documenting observable strengths that can serve to support the family in achieving their goals for safety, permanency and well-being.

All families have strengths and needs. Most parents want to resolve the problems and issues that confront them, and they want to be as effective as possible in their role as parents. Most families have had some success at solving past problems. Drawing on successful experiences helps identify skills already available within the family and gives the family hope for the future. Most families can be guided to draw upon their strengths and resources to resolve the problems and issues confronting them and will be able to engage in some or all of the services needed.

Direct service staff must document the family's identified strengths and discuss openly how the family can use and build upon those strengths to support positive change. This discussion should occur on an ongoing basis and be shared with the family as part of full disclosure regarding case progression and family prognosis in support of permanency for all children in the family.

- 3) **Trauma-Informed Practice.** The Department has stated the following vision for a trauma-informed practice model:

The vision of the practice model is to identify, intervene, and mitigate the effects of adverse and traumatic experiences of children who are entering protective care or currently living in a substitute care placement. This vision also continues with efforts to reduce, if not alleviate, secondary trauma experienced by children while living in out-of-home care. (DCFS Strategic Plan for Trauma, 2007)

A child's reaction to traumatic stress:

- may have both short- and long-term consequences for the child's mental and physical health;
- may adversely impact the child's ability to protect himself/herself from abuse;
- may have both short- and long-term consequences for the child's life trajectory; and
- can adversely impact the child's stability in placements.

The need for placement as a safety intervention must be balanced against the trauma of removal and prolonged separation from the family with whom the child shares membership, tradition and identity. The child's attachment to his/her family, even in the face of maltreatment, is critical to the child's emotional security.

V. **Functions of Supervision**

There are four interwoven functions of supervision:

- administrative;
- developmental;
- supportive; and
- clinical.

These functions should be in balance over time, even though one or the other may be more in evidence. If this balance is not achieved and one function (e.g., administrative) is emphasized at the expense of the other three, supervision can become a cold management tool. Similarly, if the supportive function is emphasized, the boundaries between supervision and counseling may become blurred.

An overarching function of supervision is to build and maintain relationships, including relationships with supervisees, peers, administrators, families, colleagues in the organization, and community partners. Building and maintaining these relationships provide a framework for each of the functions of supervision described below.

a) **Administrative Supervision**

Administrative supervision focuses on promoting high standards of work and adherence to rules, policies, and procedures. Administrative supervision involves the supervisor's ability to effectively manage the supervisee's workload to achieve desired outcomes for children and families. Effective supervision requires workload standards that are manageable and in compliance with Council on Accreditation standards, federal and state requirements, as well as Department policies.

Supervisors act as a vehicle to assist communication up and down the chain of command, and serve to link the supervisee to the agency. This communication may be about agency developments, changes or new policies interpreting and enforcing procedures, briefing agency management about resource deficits, advocating on behalf of the team or individual supervisee and encouraging positive intra- and inter-agency relationships.

Responsibilities in administrative supervision include but are not limited to:

- Establishing objectives and priorities within the team that reflect the Department's Strategic Plan, agency policies, federal and state laws and consent decrees;
- Explaining the rationale supporting policies and procedures and the agency's Mission and Child Welfare Practice Model;
- Supervising field placements and internships to attract qualified staff;
- Summarizing and evaluating data to identify problems and trends for team planning and achieving outcomes; and
- Knowing and complying with laws and policies related to fair hiring and selection processes.

b) Developmental Supervision

The fundamental component of developmental supervision is anchored in life-long professional learning. It is the supervisor's role to create a learning environment, to continue the learning on the job after traditional classroom or online learning, and to use individual and group supervision to foster continued growth and professional development. The most basic component of developmental supervision is on-the-job training and coaching to ensure the transfer of learning from classroom to the field, including both college or university classrooms and the Department training classroom. Research indicates that without continual reinforcement, students retain only about 15% of what they learn in the classroom. Through modeling, coaching and reinforcement, the skills learned in the classroom become integrated into a worker's daily practice. In the quest for excellence, supervisors must help their staff strive for excellence. This includes identifying and building on staff strengths and providing learning opportunities so that staff can reach their full potential. Additionally, supervisors shall work with their supervisees to complete ongoing strength-based staff performance evaluations accordance with agency policy.

Recognizing that staff turnover occurs and promotional opportunities become available, succession planning is necessary at all levels. Supervisors assist staff in developing skills necessary to move up in their careers and continue to carry out the Department's Mission. Learning from one's experiences in child welfare is a significant factor that helps prevent or alleviate secondary trauma, to which direct service staff are exposed. The supervisor is responsible to assist supervisees in learning from their experiences in child welfare, thereby recognizing the risk of secondary trauma in the workforce and taking action to prevent or alleviate the trauma.

Responsibilities in developmental supervision include, but are not limited to:

- Evaluating and monitoring the quality, quantity and timeliness of staff performance;
- Providing frequent, timely and specific feedback to keep staff apprised of their performance;
- Providing a written performance evaluation of staff a minimum of once per year;
- Preparing new staff for foundational training and providing activities to aid in the transfer of learning from classroom to the field;
- Assessing the knowledge, skills and learning styles of new staff;
- Assessing with staff their personal and professional goals and assisting staff in finding and utilizing educational opportunities;
- Encouraging development of specialized expertise and innovation on new projects staff may embrace;
- Encouraging staff creativity and innovation in new projects and roles;

- Encouraging staff to serve on relevant committees to broaden their perspective;
- Supporting staff in their efforts to obtain positions of greater responsibility and to make other needed transitions; and
- Working with staff to develop and maintain a professional development plan.

c) Supportive Supervision

An effective supervisor is one whose staff are supported to maximize their potential. A supervisor is responsible for the maintenance of harmonious working relationships between staff members and other teams and functions in the Department. A supervisor needs to focus on staff morale and job satisfaction, and attend to vicarious trauma and to the high risk of burnout in the child welfare field.

Supportive supervision is not therapy or counseling, but recognizes the critical role that feelings and emotions play in direct service staff's ability to successfully carry out their work. In some cases, supportive supervision may identify the need for counseling independent of supervision. Clearly, this is a very important function; however, it must be kept in balance with the others.

Responsibilities of supportive supervision include, but are not limited to:

- Acknowledging effective performance, staff efforts, client progress, accomplishments and individual contributions;
- Creating and modeling high standards of practice and motivating staff to meet those standards;
- Acknowledging that we work with families who experience trauma and this work has traumatic effects on both clients and staff;
- Being attuned to one's own needs and practice self-care;
- Supporting staff in self-care;
- Treating staff with genuineness, empathy and respect;
- Supporting a climate of trust and openness that promotes personal and professional growth;
- Creating an environment in which cultural and other differences are respected and appreciated;
- Referring staff to employee assistance or other services when identified;
- Using mistakes and challenges as opportunities to teach and learn;
- Promoting a "can-do" attitude for staff;
- Assisting staff in professionally managing conflict;
- Seeking supervision and consultation to enhance one's own effectiveness;
- Increasing awareness of how one's life experiences and cultural background can impact the supervisor/supervisee relationship;
- Helping staff identify their own biases and the impact of biases on service delivery; and
- Exhibiting flexibility and accepting change in a positive manner.

d) Clinical Supervision

Clinical supervision is the provision of guidance designed to support the work that direct service staff do with children and families. During clinical supervision, family engagement, assessment and service provision of cases are reviewed in relation to safety, timely permanency and well-being. Decisions are made regarding how to facilitate the desired goals for change in families in order to best achieve timely outcomes.

Clinical supervision also reinforces positive social work ethics and values, encourages self-reflection and critical thinking skills, builds upon training to enhance performance, and supports direct service staff through day-to-day casework practice and decision-making.

Responsibilities in clinical supervision include, but are not limited to:

- Using sound professional judgments to make case decisions and promote evidence-based and evidence-informed practice;
- Assessing and considering direct service workers' skills, strengths, interests, areas of needed development and the client's strengths and needs in assigning cases;
- Assisting staff in case assessment, including identifying strengths, needs and safety issues, the dynamics of child abuse and neglect contributing to the underlying needs and safety issues, and the strategies for intervention and development of the plan with the family;
- Assisting and teaching staff the effective clinical application of assessment tools as they relate to individual children and families;
- Increasing staff awareness of how their own attitudes and approaches, life experiences and cultural background potentially impact the relationship with the client and the outcome of intervention;
- Assisting staff in assessing progress towards case goals;
- Supporting staff in making critical case decisions regarding safety, permanency and well-being;
- Encouraging staff to identify and respect the cultural diversity of all families and helping staff develop plans to address individual differences;
- Accompanying each worker in the field once per quarter and provide structured feedback;
- Helping the supervisee explore any emotional blocks to their work; and
- Assessing the supervisee in dealing with job stresses and secondary trauma.

VI. Objectives of Supervision

The objectives of supervision are to ensure that:

- Clinical practice protects and promotes the Illinois Child Welfare Model of Practice;
- Supervision reflects an ethos of equality, embraces diversity and promotes anti-oppressive practice;
- Race-informed practice is developed so that the supervisor and supervisee are culturally aware and responsive to each other, their clients, the community and other professionals.
- The voices of the child and family are included and evidenced as part of the supervisory process;
- Sound professional judgments are made, and evidence-informed, evidence-based and race-informed practices are promoted;
- Practice will reflect state and national strategies and legislation on protecting children and will be consistent with Department policies;
- Supervision will be carried out in a reflective manner and provide a safe environment where attitudes and feelings may be challenged or explored as necessary;
- Clarity and objectivity in relation to the presenting issues are achieved in order to ensure that decisions are made in the best interests of the child;
- Staff fully understands their roles and responsibilities. The process of supervision will be underpinned by the principle that each staff member remains accountable for his or her own professional practice and that the supervisor is accountable for the advice he or she gives and decisions made;
- Supervision will provide a process of professional learning and support to enable staff to develop and enhance knowledge and competencies; and
- Supervision will provide a process to identify individual training needs, and any areas of practice where improvements can be made.

VII. Framework for Supervision

- a) **Individual Supervision.** Individual supervision is required to be provided to each direct service worker and non-direct service staff on a weekly basis. Individual supervision should include administrative, developmental, clinical and supportive supervision. Case-related supervision shall be documented in SACWIS case notes as required in Department procedures. A supervisor shall document supervision that is not case-related in the supervisory file, including the date and duration of the meeting and a brief summary of what was discussed.
- b) **Group Supervision.** Group supervision is a process where team members come together in an agreed-upon format to share skills, experience and knowledge in order to improve both individual and group capacities. Group supervision is required to be held with the entire team a minimum of once per month. Group supervision should address administrative, developmental, supportive, and clinical supervision. A supervisor shall document group supervision in the supervisory file, including the date and duration of the meeting and a brief summary of the topics discussed and presented in group supervision/team meetings.

Note: Managers and administrators should regularly monitor that case-specific supervision, non-case related supervision and group supervision are conducted and properly documented on a routine basis.

VIII. Format for Supervision

- a) **Uninterrupted (Protected) Time.** Supervisors should ensure that the time slot identified for each individual's supervision is protected from interruptions and distractions.
- b) **Planned and Scheduled Supervision.** Both individual and group supervision should be scheduled in a regular, consistent manner, giving both the supervisor and staff ample time to ensure that they are prepared and available.

IX. Functions and Job Responsibilities of Supervisees in Relation to Supervision

Supervisees also have a responsibility in the supervisor-supervisee relationship. Among the responsibilities of the supervisee are the following:

- Actions agreed upon should be completed within agreed or required timeframes;
- Supervision is critical and this time should be protected;
- Be prepared for the supervision session;
- Supervision that is not case-related will include the identification of critical operational issues, professional development, training, assignments, and follow-up on previous instruction;
- Case-specific supervision will include cases to be discussed, with a brief historical summary, outlining the current safety and risk factors, concerns, protective factors and follow up on previous case instruction;

- Record case related supervision and actions agreed upon in SACWIS;
- The supervisee is responsible for ensuring all follow-up actions;
- The supervisee has a responsibility to raise with the supervisor those instances when the supervisee is not able to fulfill agreed-upon or required actions; and
- The supervisee has a responsibility to foster a healthy and collaborative relationship with the supervisor and team.

X. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or e-mail to DCFS.Policy on Outlook. Persons and agencies not on Outlook can e-mail questions to DCFS.Policy@illinois.gov.

XI. FILING INSTRUCTIONS

Place this Policy Guide immediately following these Procedures:

- Procedures 300.70, Role of the Child Protection Supervisor;
- Procedures 302.388(f), Responsibilities of the Assigned Intact Family Services Supervisor; and
- Procedures 315.300, Role of the Permanency Supervisor.

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